



The Royal
Australian &
New Zealand
College of
Psychiatrists



Education Activities Report 2016

RANZCP Fellowship Program

September 2017

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Letter from the Education Committee Chair

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) implemented significant changes to the training and education programs in 2016. One of the key events was finalising transition to the new Fellowship program. This saw the trainees' from the 2003 Fellowship program move to the new competency based Fellowship program. This represents a key milestone for the RANZCP, the Education Committee and its constituent committees, trainees, supervisors, Directors of Training and RANZCP staff. Throughout 2016 a key focal point has been the establishment and implementation of new resources and support mechanisms, such as the Learning Management System – Learnit, the online Continuing Professional Development (CPD) portal and in the future a training management system. The RANZCP looks forward to the further development of these items across 2017 and into 2018.

There are now over 1400 trainees at the RANZCP with a record intake of 256 across the 2016 training year. Trainees have entered Stage 3 and the first to attain Fellowship are expected to do so from December 2017.

In 2016, the RANZCP had a number of key achievements including:

- The finalisation of transition between Fellowship programs
- The implementation of the Learnit with 72 online courses developed by the RANZCP and 283 modules from the Royal College of Psychiatry UK CPD online platform
- The continued development of an online CPD portal
- The completion of the Formal Education Course (FEC) evaluation
- The largest number of candidates sat for the Multiple Choice Questions (MCQ) examination
- The first 2012 Fellowship program Objective Structured Clinical Examination (OSCE) was held
- The completion of the review into the processes and support for Specialist International Medical Graduate (SIMG) candidates
- The transition of SIMG candidates to the realigned to 2012 Fellowship program specialist pathways
- Accreditation visits to Western Australia, Northern Territory, South East Sydney/Illawarra, North and Central Queensland
- The development of new trainee welfare material and resources

In 2017-18, the RANZCP will focus on

- The development of an online training management system
- An investigation into the mechanisms for the provision of feedback to supervisors
- Further training and support modules through Learnit
- The implementation of the MyCPD online portal
- The implementation of new CPD regulations and requirements
- The collation of a comprehensive report to the Australian Medical Council
- Development of further online support and resources for trainees

This year's report focuses on the 2012 Fellowship program (now referred to as the Fellowship program). Trends data will focus only on the Fellowship program with data representing the 2003 program being available on the [RANZCP website](#).

Yours Sincerely,



Dr Margaret Aimer
Chair of the Education Committee and Director
The Royal Australian and New Zealand College of Psychiatrists (RANZCP)

1. INTRODUCTION

RANZCP Education Committee (EC)

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) Education Committee (EC) provides a sustainable governance structure for the College's education program. The EC brings together the education-related activities of the RANZCP and is responsible for formulating and developing strategic education policy for the College's Board.

The EC has governance of education for the College, and its high level strategic and policy advice aims to unify the education experience from pre- to post-Fellowship and promote life-long learning. The EC and its committees, whilst overseeing the training and assessment activities, also seek to monitor the changing community and health service context, seeking opportunities for quality improvement in the College's training and education and particularly in looking to further align postgraduate and continuing medical education. For more information on the EC and the education programs, please go to the [RANZCP website](#).

This report outlines the education and training activities of the RANZCP for the period January 1 2016 to December 31 2016. The report includes all data from the Fellowship program including trends across the duration of the program. The education and training activities are conducted under the EC¹ and the following committees:

- Accreditation Committee (AC)
- Committee for Continuing Medical Education (CCME)
- Committee for Educational Evaluation, Monitoring and Reporting (CEEMR)
- Committee for Examinations (CFE)
- Committee for Specialist International Medical Graduate Education (CSIMGE)
- Committee for Training (CFT)

The Education Activities Report (EAR) includes the following topics:

- Training program summary
- Training intake and total number of trainees
- Training and assessments summary
- Advanced Certificate Training
- Specialist International Medical Graduates (SIMGs)
- Pathways to Fellowship - incorporating analysis of training experiences of those attaining Fellowship in 2016
- Continuing Professional Development (CPD) activities
- Workforce summary

Importantly, the data published in the respective sections are an aggregate for each state and territory and for New Zealand. The data in this report are collated from the RANZCP database. Please note that New South Wales (NSW), New Zealand (NZ) and Victoria are divided into smaller training regions. These are listed below.

- New South Wales
 - NSW Newcastle
 - NSW Northern Sydney/Central Coast
 - NSW North Western Sydney
 - NSW South Eastern Sydney Illawarra
 - NSW Sydney South Western
- New Zealand
 - NZ Auckland
 - NZ Christchurch
 - NZ Dunedin
 - NZ Upper Central North Island (Hamilton)
 - NZ Lower Central North Island (Wellington)
- Victoria
 - Victoria Northern
 - Victoria Southern
 - Victoria Western

¹ [RANZCP Governance Structure](#)

Accreditation

In 2012, the RANZCP submitted a comprehensive report outlining the details of the Fellowship program to the Australian Medical Council (AMC) and Medical Council of New Zealand (MCNZ). The AMC accredited the Fellowship programs until March 31st 2018. The RANZCP are required to respond to recommendations by the AMC and MCNZ, further details can be found online in the [RANZCP education reports](#) section of the website.

Accreditation of Training Programs

The Accreditation Committee (AC) conducts accreditation visits to training programs in Australia and New Zealand. Visits occur on a five-year cycle and provide a mechanism for first-hand communication about training regulations and accreditation standards and a forum for discussion about other training matters. The Accreditation team is made up of four site visitors including a Lead Fellow, a Second Fellow, a trainee (all from another training program) and the RANZCP Accreditation Officer, responsible for training program accreditation. The accreditation team is able to provide comparative information regarding training in programs other than those being visited and thus, the visit encourages a sharing of knowledge.

Accreditation visits promote a high standard of training within College programs and ultimately, the provision of high quality patient care. An accreditation team ascertains whether the program meets the requirements as outlined in the Standards for Accreditation of Training Programs². Accordingly, the team visiting the training program assesses the:

- degree to which the apprenticeship model of training is applied
- adequacy of lines of clinical responsibility
- extent to which supervision meets RANZCP requirements
- range of individual posts throughout the training program that ensure the delivery of satisfactory training and a sufficiently broad clinical experience
- working conditions, workload of trainees and the facilities provided, such as office accommodation and library services
- trainee safety, welfare and wellbeing in the workplace
- overall organisational aspects of the program
- adequacy and appropriateness of the accreditation procedures that the College has adopted

In addition to the practical aspects of the training program, the AC assesses the atmosphere and morale that exists within training programs.

To allow the accreditation team to assess the training program in the time available, the Director of Training (DOT) provides comprehensive information addressing each accreditation standard prior to the visit and arranges meetings with key stakeholders including trainees, supervisors and consultants, clinical administrators and training co-ordinators.

Upon receipt of the final report from the accreditation team, the AC reviews the recommendations for issues that require attention and liaises with the relevant Branch Training Committee (BTC) or New Zealand National Training Committee (NZNTC) to ensure that the recommendations are implemented.

The AC performed the following key activities in 2016:

- The implementation of revised accreditation standards
- The introduction of new Formal Education Course (FEC) accreditation standards
- The accreditation of College FECs
- The inclusion of trainee welfare and safety in accreditation standards and FEC accreditation standards

Accreditation Site Visits

In 2016, five site visits were conducted, these are detailed in Table 1. Accreditation visits in 2017 include:

- Western Australia March 2017
- Northern Territory July 2017
- SE Sydney/Illawarra October/November 2017
- North Queensland October 2017
- Central Queensland November 2017

²[RANZCP assessors and supervisors information](#)

Table 1 Accreditation Visits Conducted, by Geographic Region: 2016

Location	Training Region	Sites Visited	Date of Visit
NSW	NSW North/Central Coast	<ul style="list-style-type: none"> • Royal North Shore Hospital • Manly Hospital • Gosford Hospital • <i>By videoconference</i> <ul style="list-style-type: none"> ○ Macquarie Hospital ○ Wyong Hospital ○ Bloomfield Hospital, Orange ○ Broken Hill Base Hospital ○ Dubbo Base Hospital 	31 October and 1 November
Victoria	Victoria Western	<ul style="list-style-type: none"> • Swanston Centre, Barwon Health • Jigsaw Youth Mental Health Drug and Alcohol service, Barwon Health • Royal Melbourne Hospital • John Cade Adult Acute Inpatient Unit • <i>By videoconference</i> <ul style="list-style-type: none"> ○ Northern Hospital ○ Mildura Base Hospital 	10 and 11 October
New Zealand	Lower Central North Island (LCNI) - Wellington	<ul style="list-style-type: none"> • Nga Wahi Akonga, Porirua • <i>By videoconference</i> <ul style="list-style-type: none"> ○ Wellington Hospital 	29 February
New Zealand	Auckland	<ul style="list-style-type: none"> • Greenlane Training Centre • Waimarino Health Centre • Middlemore Hospital, Ko Awatea • Auckland City Hospital • <i>By videoconference</i> <ul style="list-style-type: none"> ○ Whangarei Hospital ○ North Shore Hospital ○ Waitakere Hospital 	7 and 8 April
New Zealand	Upper Central North Island (UCNI) - Hamilton	<ul style="list-style-type: none"> • Waikato Hospital • The Henry Rongomau Bennett Centre 	1 March

Research and Evaluation Activities

Overview and Background

The Committee for Educational Evaluation, Monitoring and Reporting (CEEMR) is responsible for the research and evaluation activities for the College training and education programs. The CEEMR's primary role is to undertake the monitoring and evaluation of training, assessment and other education activities. Key responsibilities include:

- Promoting and undertaking evaluation activities including reviews and monitoring processes across the training program.
- Monitoring annual reporting requirements to the Education Committee, the College, and external stakeholders.
- Developing and providing expertise in evaluation, monitoring and reporting.
- Undertaking any relevant research programs/projects as directed by the Education Committee.

Summary of Completed Work

- The review of the processes and support for Specialist International Medical Graduates (SIMG). Recommendations have been provided to the Board, EC and the CSIMGE.
- The design, analysis and reporting of the 2015 evaluation surveys for trainees and supervisors in Stage 1 and Stage 2.
- The review of RANZCP reports for the Australian Medical Council (AMC) and the Medical Council of New Zealand (MCNZ).

- The analysis of the admission to Fellowship survey of new Fellowship applicants' perceptions of the training program and intentions in the workforce was also completed.
- The evaluation of the Formal Education Courses (FECs) was completed and reviewed by the Board.

These [reports and evaluations](#) are available on the RANZCP website.

Current Work

A review of the processes for the provision of feedback to supervisors.

Specialist Training Program (STP)

Overview

The Specialist Training Program (STP) is an Australian Government initiative that provides funding to health organisations to support specialist medical training experiences in settings beyond traditional public teaching hospitals. The RANZCP participates in this program as part of its commitment to expanding training opportunities for specialist trainees.

Such settings might include:

- private hospitals
- specialists' rooms
- clinics and day surgeries
- Aboriginal community-controlled health services
- publicly funded health-care facilities that can provide training opportunities not available in major public teaching hospitals (such as regional, rural and community health settings)
- non-clinical settings (such as simulated learning environments).

The program aims to:

- increase the number of training opportunities for specialists in training
- supplement the specialist workforce in outer metropolitan, rural and remote locations
- better reflect demand and the way health services are delivered.

This partnership was formalised in 2009, when the College entered into an agreement with the Commonwealth Department of Health (DOH) to act as contract manager of STP Psychiatry posts. As part of this agreement, the College also received funding to complete a number of projects aimed at strengthening support for existing STP infrastructure.

In 2016 the RANZCP was awarded 14 Integrated Rural Training Pipeline (IRTP) training posts by the DOH, with funding to commence in 2017. An Expression of Interest process was undertaken in late 2016, and concluded in 2017. The IRTP is intended to increase the retention of specialist doctors in rural and regional areas by allowing them to undertake the majority of their training in a rural or regional area. In contrast to the STP, trainees in IRTP positions must commit to completing at least 66% of their training in an RA2-5 area.

Successful STP Positions

The College managed 181 STP posts across Australia in 2016 to achieve the contracted FTE of 160. Table 2 shows the total managed positions from 2010-16.

Table 2 STP Psychiatry Positions Managed by College 2010-16

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total
2010	2	10	2	20	2	1	31	4	72
2011	2	15	2	26	5	3	48	9	110
2012	2	16	2	26	7	3	48	10	114
2013	2	32	3	33	7	4	60	10	151
2014	3	38	4	43	9	4	64	13	178
2015	3	39	4	43	9	4	64	13	179
2016	3	42	5	42	8	4	64	13	181

Sustainable Support Projects

The aim of the sustainable support projects are to develop and deliver support infrastructure in order to ensure the sustainability of the expanded training setting posts and provide appropriate supports for trainees and Specialist International Medical Graduates (SIMG) on the pathway to Fellowship, including their passage through a range of expanded training settings. The support projects also extend to the recruitment of new trainees into the College training program.

Recruitment into Psychiatry Project

For 2016, the Recruitment into Psychiatry Project deliverables included:

- The Psychiatry Interest Forum reached over 1800 members.
- Four Introduction to Psychiatry short courses were held in Adelaide, Sydney, Melbourne and Brisbane, allowing 121 students and early career doctors the opportunity to find out more about psychiatry directly from Fellows.
- Twenty students attended the 2016 Congress in Hong Kong and took part in a dedicated student program. In addition, five of these PIF members presented as part of the scientific program.
- The development and distribution of resources including a subspecialties brochure

Rural Psychiatry Project

In 2016, the Rural Psychiatry Project saw a number of initiatives implemented including:

- Rural Educational Grants of up to \$2,000 for 49 rural trainees.
- A rural mentoring program was commenced in 2016. Twenty two mentoring partnerships were established, with a total of 44 members (trainees and Fellows) participating in the program.
- Additionally a pilot of a Branch level mentoring program was commenced in Victoria, with 11 mentoring partnerships.

SIMG Support Project

The SIMG Support Project aims to support SIMG candidates on the pathway to Fellowship. A number of SIMG support initiatives were offered in 2016 including:

- Funding provided for delivery of six state-based exam preparation programs.
- Seventeen one-on-one coaching grants were approved, offering SIMG candidates grants of up to \$3000 to access paid coaching support.
- Two Australian Clinical Practice Skills workshops were delivered in Melbourne and Brisbane with 24 SIMGs attending.

For more information on the STP projects, please see the STP website at:

<http://www.ranzcp.org/Resources/Specialist-Training-Program.aspx>

Training More Specialist Doctors in Tasmania

In December 2013, the College entered into an agreement with the DOH for additional support for the training and retention of psychiatrists in Tasmania. This agreement included support for three training posts, two supervisor positions and a range of professional development activities. In 2016:

- twenty FEC events were conducted
- seven CME meetings were supported
- a mood disorders workshop was held with 33 participants
- two successful weekend CME events were held, with 73 Branch members attending.

2. THE RANZCP FELLOWSHIP PROGRAM - SUMMARY

Structure of the Training Program

The RANZCP Fellowship program is based around the CanMEDs model and involves a curriculum that is designed around Fellowship competencies, learning outcomes, and developmental descriptors. The Fellowship program is completed across 3 stages, Stage 1 (12 months FTE), Stage 2 (24 months FTE) and Stage 3 (24 months FTE). During each stage, trainees complete rotations in approved areas of practice including adult psychiatry, child and adolescent psychiatry and consultation liaison psychiatry. Elective rotations such as psychiatry of old age, addiction psychiatry, psychotherapies, forensic psychiatry, or indigenous (either Aboriginal and / or Torres Strait Islander or Māori) psychiatry can also be completed.

During training trainees undergo assessments including – the Multiple Choice Questions (MCQ) examination, the Essay-style examination, Objective Structured Clinical Examination (OSCE), Psychotherapy Written Case (PWC) and a Scholarly Project.

The Fellowship program requires trainees to complete [Entrustable Professional Activities \(EPAs\) and Workplace-based Assessments \(WBAs\)](#). For each stage, trainees must complete a number of mandatory EPAs. WBAs are used to inform the entrustment of the EPAs and to provide structured feedback for trainees' in the workplace. For further information on the program and on the EPAs and WBAs. Further details are provided on the [RANZCP website](#).

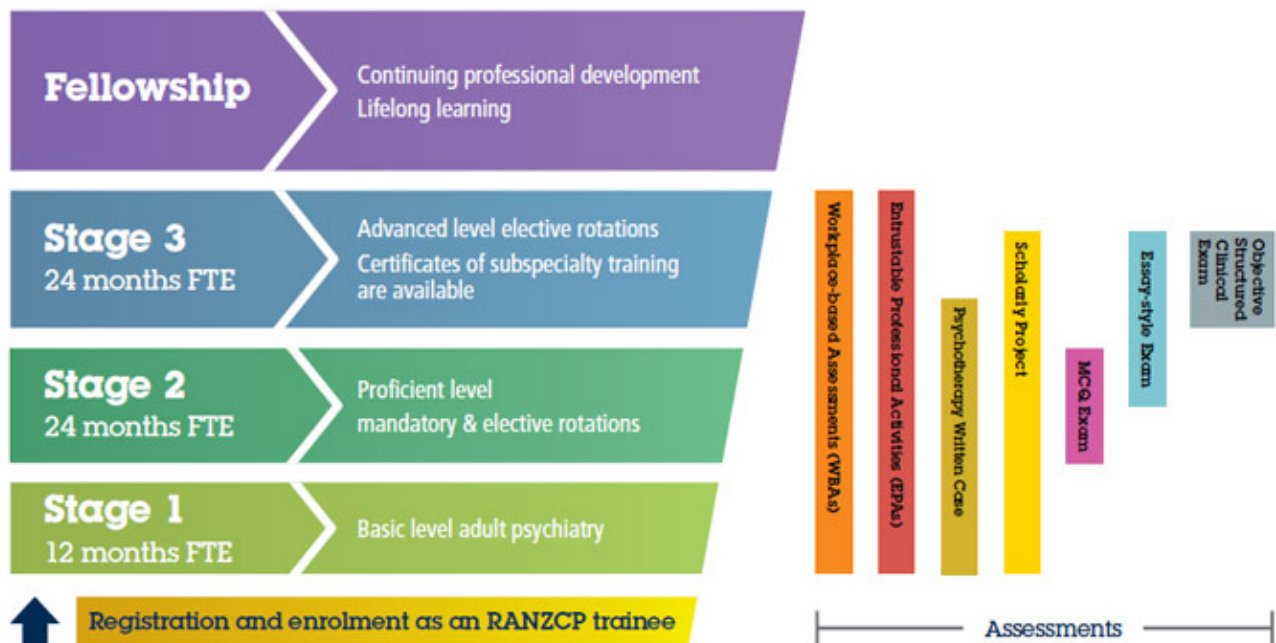


Figure 1 2012 Fellowship Program and Stages of Training

Certificates of Advanced Training

In addition to the core Fellowship program, the College also offers optional two-year Certificates of Advanced Training in the following areas of practice:

- Addiction psychiatry
- Adult psychiatry
- Child and adolescent psychiatry
- Consultation-liaison psychiatry
- Forensic psychiatry
- Psychiatry of old age
- Psychotherapies

These Advanced Training Certificates can be completed concurrently with the Fellowship program, or as additional certified training post-Fellowship.

Stages of Training

The requirements for each stage of training are summarised below, more in-depth information can be found on the [RANZCP website](#). The formative and summative assessments are summarised in Table 3 and Table 4.

Stage 1 Training Requirements Summary

12 Months FTE Training in Adult Psychiatry	6 months FTE training in adult psychiatry (acute setting)
	6 months FTE training in adult psychiatry (acute or non-acute)
Stage 1 EPAs	In order to complete Stage 1, trainees must attain the two Stage 1 Entrustable Professional Activities (EPAs).
	In addition to the two Stage 1 EPAs trainees are eligible to complete the Stage 2 General psychiatry or Psychotherapy EPAs.
Observed Clinical Activity (OCAs)	Minimum one OCA per each 6-month FTE rotation
In-Training Assessments	Mid-rotation ITA form per each 6-month FTE rotation End-of-rotation ITA reports per each 6-month FTE rotation
Supervision Requirements	Minimum of 4 hours per week for 40 weeks, including: <ul style="list-style-type: none"> • 2 hours per week exclusive of ward rounds and case review • At least 1 hour per week of individual supervision of clinical work

Stage 2 Training Requirements Summary

24 Months FTE Psychiatry Training	12 months FTE in mandatory rotations	6 months FTE training in consultation-liaison psychiatry
		6 months FTE training in child and adolescent psychiatry
	12 months FTE in additional elective rotations	6 months FTE training in a recognised area of practice
		6 months FTE training in a recognised area of practice
Stage 2 EPAs	General psychiatry	four general psychiatry EPAs (during any Stage 1 or 2 rotation)
	Psychotherapy	trainees must attain two of the three EPAs by the end of Stage 2
	Child and adolescent Psychiatry	two child and adolescent psychiatry EPAs (during the mandatory rotation in this area of practice)
	Consultation-liaison psychiatry	two consultation-liaison psychiatry EPAs (during the mandatory rotation in this area of practice)
	Addiction psychiatry	two addiction psychiatry EPAs (during any Stage 2 rotation)
	Psychiatry of old age	two psychiatry of old age EPAs (during any Stage 2 rotation)
	Stage 2 Elective Rotations	two EPAs from each elective Stage 2 rotation undertaken (if not addiction or psychiatry of old age).
Observed Clinical Activity (OCAs)	Minimum one OCA per each 6-month FTE rotation	
In-Training Assessments	Mid-rotation ITA form completed during each rotation End-of-rotation ITA reports completed at the end of each rotation	
Supervision Requirements	Minimum of 4 hours per week for 40 weeks, including at least 1 hour per week of individual supervision of clinical work	

Stage 3 Fellowship Training Requirements Summary

24 Months FTE Psychiatry Training	Four rotations of 6 months FTE training in a selected area of practice
Stage 3 EPAs	During Stage 3, trainees must attain eight EPAs (a minimum of two for each 6-month rotation).
	Trainees must attain the final stage 2 Psychotherapy EPA by the end of Stage 3 (if not already complete).
Observed Clinical Activity (OCAs)	Minimum one OCA per each 6-month FTE rotation
Psychotherapy Requirement	Trainees must provide psychotherapy to a minimum of three patients for at least six sessions each.
Leadership and Management Requirements	Leadership and management content forms part of the Stage 3 knowledge base. Each Branch Training Committee approves the options for formal leadership and management training in their state/territory/country.
In-Training Assessments	Mid-rotation ITA form completed during each rotation End-of-rotation ITA reports completed at the end of each rotation
Supervision Requirements	Minimum of 4 hours per week for 40 weeks, including: At least 1 hour per week of individual supervision of clinical work

Training Program Summary

Summative and Formative Assessment in Training

Trainees are required to complete both formative and summative assessments throughout the Fellowship program. Summaries are provided in Table 3 and Table 4. Full details are provided on the [College website](#).

Table 3 2012 Fellowship Program - Formative Assessment

Assessment	Description
Workplace-based Assessments (WBAs)	Trainees receive structured feedback on their performance in authentic workplace settings (e.g., discussing cases with their supervisors, or being observed during initial patient assessments, during clinical encounters and giving presentations to an audience). A minimum of 3 WBAs are used to inform the assessment of each EPA. Trainees must complete one Observed Clinical Activity (OCA), a type of WBA, per 6-month FTE rotation.
Mid-Rotation In Training Assessment (ITA)	The mid-rotation In-Training Assessment (ITA) is used to assess the trainee's performance against the learning outcomes for that rotation. The Mid-rotation ITA is completed mid-way (or earlier) through each rotation by the trainee's principal supervisor. If the trainee's performance is not satisfactory at this point, a supportive plan must be developed.

Table 4 2012 Fellowship Program - Summative Assessment

Assessment	Description
Entrustable Professional Activities (EPAs)	EPAs are used to measure competence in the activities of psychiatric practice. Each EPA corresponds to a particular activity. Two EPAs must be attained for each 6-month FTE rotation. Additionally, Stage 2 has particular EPA requirements in addition to the rotational EPAs.
End of Rotation In-Training Assessments (ITAs)	The end-of-rotation In-Training Assessment (ITA) is a summative assessment used to assess the trainee's performance against the stages learning outcome for that rotation. The end-of-rotation ITA is completed at the conclusion of each rotation by the trainee's principal supervisor.
Scholarly Project	Original research in an area related to psychiatry or mental health as selected by the trainee (e.g., clinical audit, a systematic and critical literature review, original and empirical research, a case series or other approved activity).
Psychotherapy Written Case	One long intervention (approximately 1 year or 40 sessions) with a written assessment of 8000–10,000 words.
Multiple Choice Questions (MCQ Examination)	The MCQ examination comprises Extended Matching Questions (EMQs) and Critical Analysis Problems (CAPs). The MCQ is a computer based examination.
Essay-Style Examination	The Essay-style examination comprises Modified Essay Questions (MEQs) and a Critical Essay Question (CEQ). Trainees must pass the CEQ component in order to be eligible to pass the Essay-style examination. The Essay-style examination is a paper based assessment.
Objective Structured Clinical Examination (OSCE)	The OSCE is a summative clinical assessment. This examination consists of a multi-station assessment using eleven examination scenarios including eight 'short' stations, three 'long' stations and one bye station that may be active or inactive. The OSCE aims to test competency in skills, knowledge and professional attitudes of trainees in a valid and reliable way. The examination is set at end of Stage 3 standard.

Training Intake and Trends

One hundred and ninety-six (196) trainees commenced Stage 1 in December 2015 (NZ) and January 2016 (Australia). By the end of 2016, 256 trainees had entered Stage 1 (see Table 5, Figure 2 and Figure 3) this includes a mid-year intake, withdrawals and any transfers that may have occurred throughout the year. Please refer to [selection of trainees section](#) of the website for full details of the selection criteria.

Table 5 Training Intake, by Location/Year: 2013-16

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUST	NZ	Total
2013	4	37	0	35	14	2	48	11	151	19	170
2014	4	69	3	37	16	1	50	18	198	26	224
2015	4	55	0	44	16	7	35	12	176	22	198
2016	4	71	7	42	17	4	52	21	218	38	256

* Excludes candidates classified as no zone and not in training.

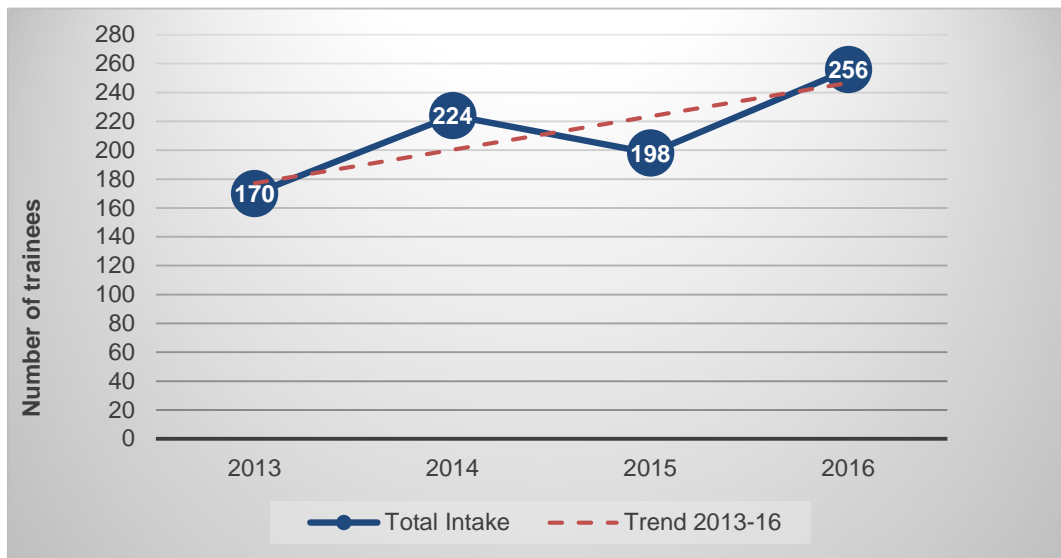


Figure 2 Trends in Overall Trainee Intake 2013-16

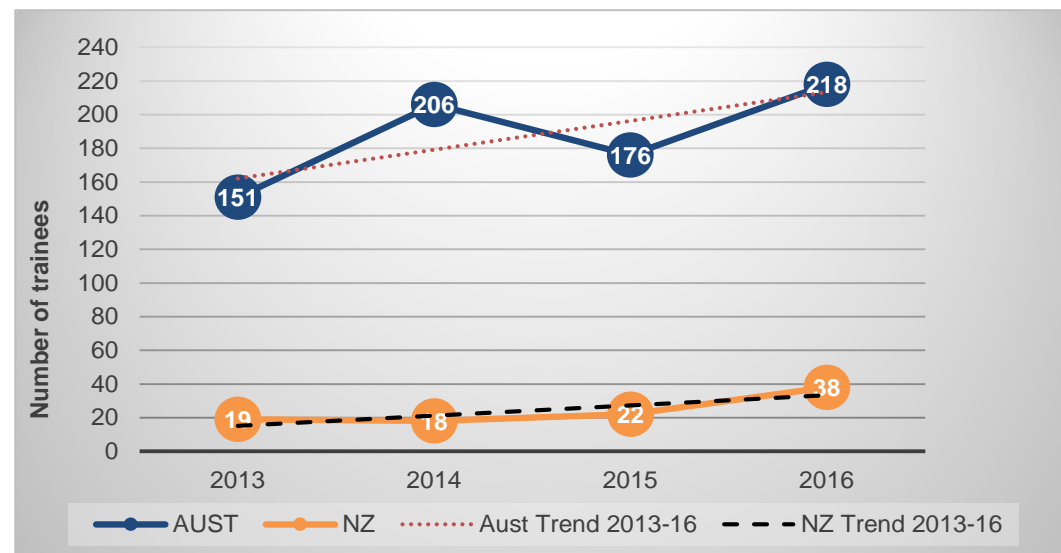


Figure 3 Trends in Australian and New Zealand Trainee Intake 2013-16

Training Numbers

Total Trainees – Fellowship Program

Overall, the College has 1426 trainees (1249 in Australia, 173 in New Zealand and 4 overseas) see Table 6 and Figure 4 to Figure 6. Overall, 899 trainees have started under the 2012 regulations and 527 have transitioned from the previous Fellowship program. The distribution of trainees across each stage of training and location are presented in Table 6. Twenty-one (21) trainees were classified as being on a break in training and 99 were training part time.

Table 6 Total Number of Trainees by Training Program and Location (correct as of December 31 2016)

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUST	NZ	OS	Total
2012 Trainees	20	254	11	160	58	14	201	69	787	111	1	899
Stage 1	4	69	4	47	16	7	57	12	216	25	1	242
Stage 2	12	155	7	94	35	5	104	47	459	67	-	526
Stage 3	4	30	-	19	7	2	40	10	112	19	-	131
Transitional Trainees	11	143	4	110	30	10	122	32	462	62	3	527
Stage 1	-	4	-	3	-	-	-	-	7	-	-	7
Stage 2	-	22	-	18	2	4	14	3	63	9	1	73
Stage 3	11	117	4	89	28	6	108	29	392	53	2	447
Total	31	397	15	270	88	24	323	101	1249	173	4	1426

*Excludes trainees classified as no zone; or not in training these are not included in totals. This table does not include Fellows completing advanced certificates.

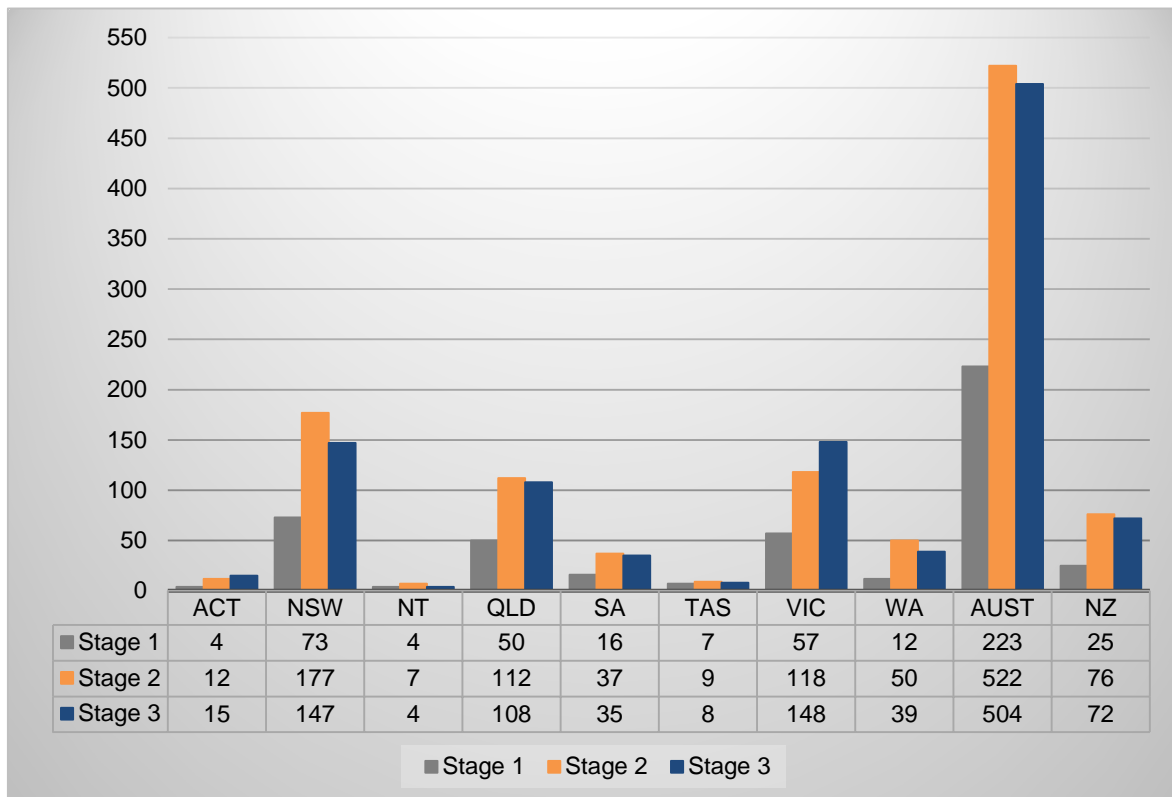


Figure 4 Location of Trainees

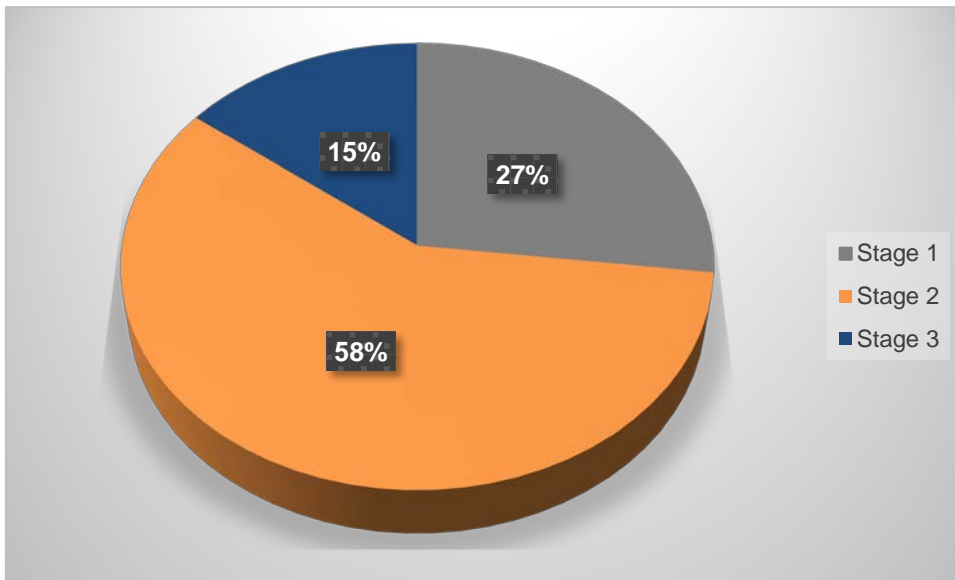


Figure 5 Total Trainees by Stage of Training – 2012 Fellowship Program Trainees

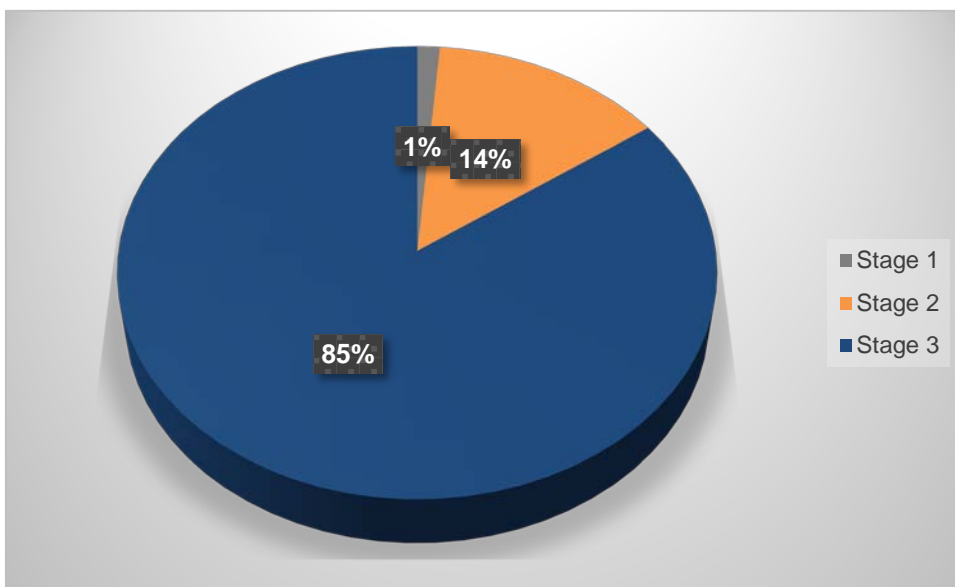


Figure 6 Total Trainees by Stage of Training – Transitioned Trainees

Table 7 Training Status by Location: 2016

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUST	NZ	Total	Percent %
Full Time	29	377	14	249	85	22	289	85	1150	152	1302	92%
Part Time	2	16	1	18	2	1	26	14	80	19	99	7%
Break in training	-	4	-	3	1	1	8	2	19	2	21	1%
Total	31	397	15	270	88	24	323	101	1249	173	1422	
Percent %	94%	95%	93%	92%	97%	92%	89%	84%	92%	88%	92%	

* Excludes trainees listed as being overseas and No Zone trainees.

Females in Training

The total number and percentage of females in training are presented in Table 8, Figure 7 and Figure 8.

Table 8 Females in Training by Stage Location: 2016

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUST	NZ	OS	Total
Female	21	203	6	143	49	12	190	66	690	83	2	775
Stage 1	2	42	1	27	10	2	30	11	125	16	1	142
Stage 2	6	94	2	57	19	4	71	26	279	34	-	313
Stage 3	13	67	3	59	20	6	89	29	286	33	1	320
Male	12	202	9	125	39	13	136	41	577	88	2	667
Stage 1	2	39	4	21	7	5	26	7	111	18	-	129
Stage 2	6	81	3	57	18	5	52	18	240	39	1	280
Stage 3	4	82	2	47	14	3	58	16	226	31	1	258
Total	33	405	15	268	88	25	326	107	1267	171	4	1442
% Females in Stage 3	76%	45%	60%	56%	59%	67%	61%	64%	56%	52%	50%	55%
% Females in Training	64%	50%	40%	53%	56%	48%	58%	62%	54%	49%	50%	54%

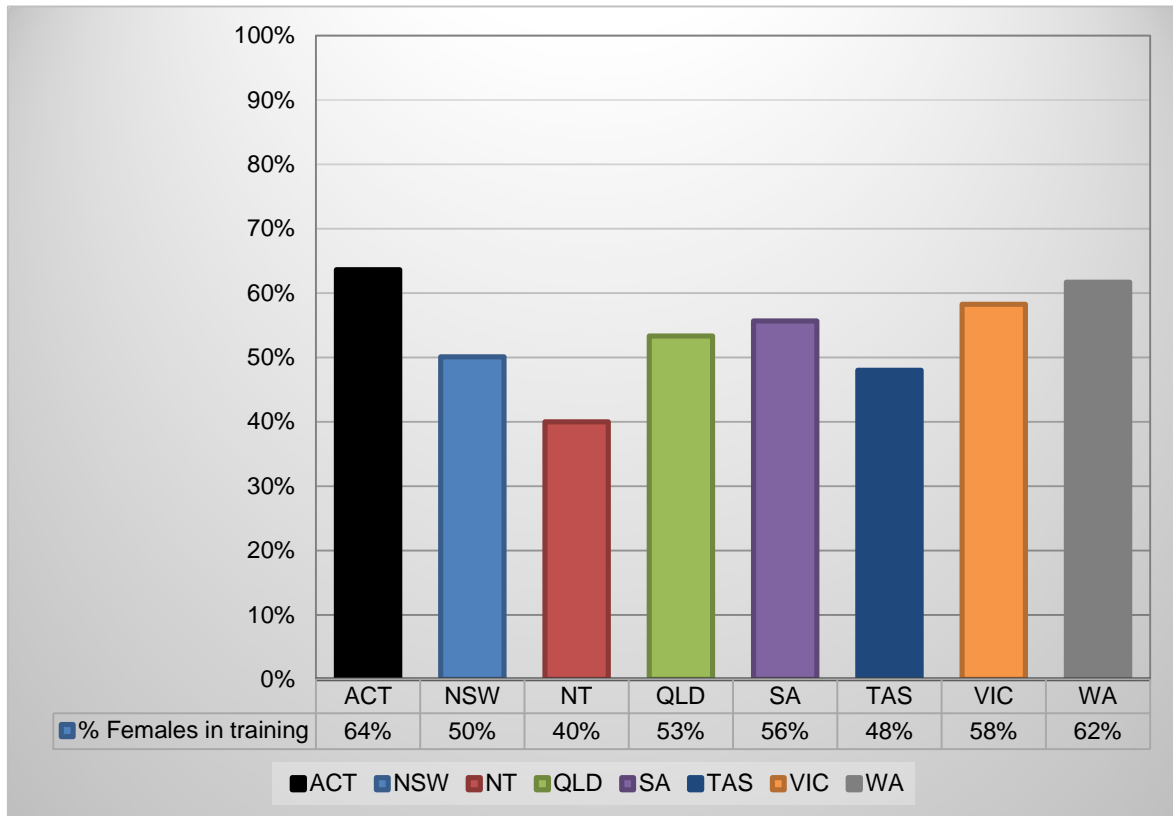


Figure 7 Percentage of Females in Training – Australian Branches

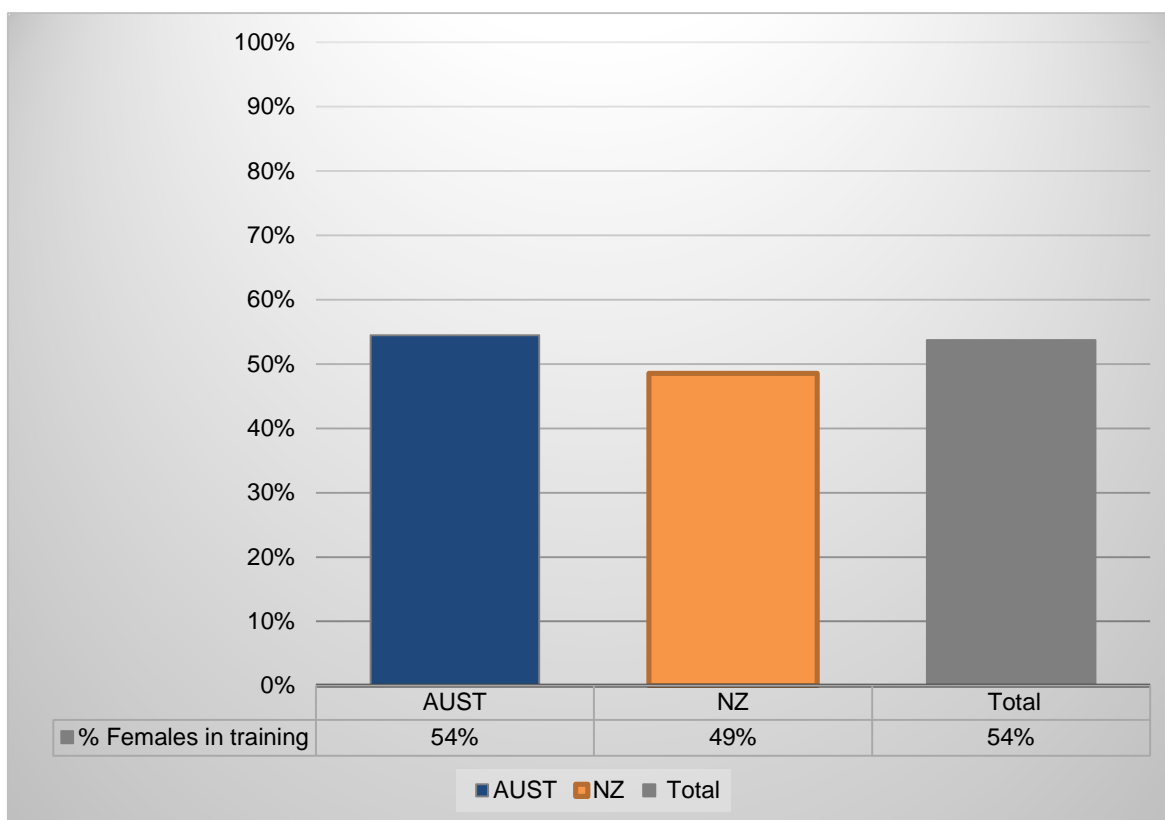


Figure 8 Percentage of Females in Training – by Country and overall

Discontinuation of Training

The number of trainees that have withdrawn from training in 2016 are reflected in Table 9. The numbers of trainees that have discontinued (i.e., stopped training) or withdrawn from advanced certificates in 2016 are also reflected in Table 9. These figures do not include Fellows that have ceased engagement in advanced certificate training. The increased numbers in 2016 are attributed to the transition between programs and the audit of trainees (and Fellows) completing advanced training certificates.

Table 9 Discontinuation (withdrawal) of Trainees, by Year 2013-16

	2013	2014	2015	2016
Stage 1, Stage 2 and Stage 3	27	32	33	40
Advanced Certificates	2	2	3	12

3. TRAINING AND ASSESSMENT SUMMARY

Assessments

The RANZCP Fellowship program requires trainees to complete mandatory summative assessments comprising of the MCQ and Essay style examinations, Scholarly Project, Psychotherapy Written Case (PWC) and an OSCE. Data on completed summative assessments are provided in Figure 9 and Table 10 to Table 19. The OSCE was offered for the first time in 2016 and limited submissions for the Scholarly Project had been received by the end of 2016. Due to the potential identification of the candidates through the limited number of Scholarly Project results, this data have been collated to preserve confidentiality.

Summative Assessments

The pass rates for the completed summative assessments in 2016 are summarised in Figure 9. There were limited submissions for the Scholarly Project in 2016 with 4 passes and 1 conceded pass or a 100% pass rate.

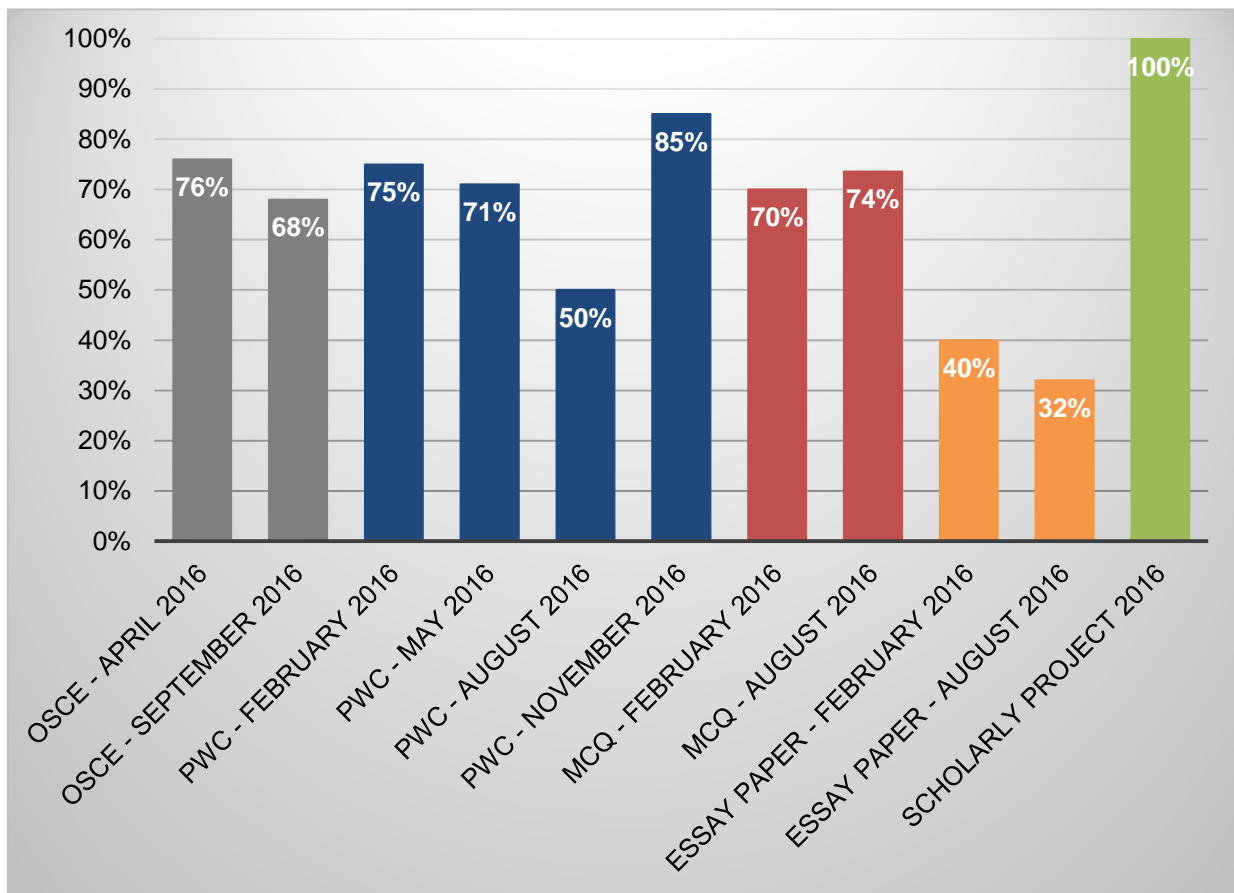


Figure 9 Assessment Pass-Rates 2016 – Percentage (%)

Multiple Choice Questions (MCQ) Examination

The 2016 MCQ examinations results are summarised in Table 10 and Table 11.

Table 10 February 2016 MCQ Examination Results – Trainees by Location

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUST	NZ	Total
Total	4	39	-	30	7	2	40	5	127	14	141
Pass	4	29	-	21	6	2	22	3	87	11	98
% Passing	100%	74%	-	70%	86%	100%	55%	60%	69%	79%	70%

Table 11 August 2016 MCQ Examination Results – Trainees by Location

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUST	NZ	Total
Total	1	52	2	30	8	-	53	9	155	19	174
Pass	1	42	1	17	5	-	41	6	113	15	128
% Passing	100%	81%	50%	57%	62%	-	77%	67%	73%	79%	74%

Results by Year

The results for the MCQ examination are summarised by year in Table 12 and by attempt in Table 13.

Table 12 MCQ Results by Location and Year (%)

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUST	NZ	College Average
2014	-	67%	-	75%	100%	-	79%	85%	75%	-	75%
2015	0%	56%	-	60%	100%	-	65%	63%	61%	75%	62%
2016	100%	78%	-	63%	73%	-	68%	64%	-	78%	69%

Table 13 MCQ Results by Attempt and Year

	1st Attempt		2nd Attempt		3rd Attempt	
	N	%	N	%	N	%
2014	51	74%	-	-	-	-
2015	94	65%	15	40%	-	-
2016	250	73%	52	61%	13	84%

Essay-Style Examination

The Essay-style Examination results for 2016 are summarised in Table 14 and Table 15. Results for both trainees and Specialist International Medical Graduates (SIMGs) completing the Specialist Pathways are included.

Table 14 February 2016 Essay Style Examination Results – Trainees and SIMGs by Location

All	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUST	NZ	Total
Total	2	13	-	11	1	-	9	3	39	3	42
Pass	1	2	-	3	1	-	6	3	16	1	17
% Passing	50%	15%	-	27%	100%	-	67%	100%	41%	33%	40%
Trainee	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUST	NZ	Total
Total	2	12	-	8	1	-	7	3	33	3	36
Pass	1	2	-	2	1	-	5	3	14	1	15
% Passing	50%	17%	-	25%	100%	-	71%	100%	42%	33%	42%
SIMG	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUST	NZ	Total
Total	-	1	-	3	-	-	2	-	6	-	6
Pass	-	0	-	1	-	-	1	-	2	-	2
% Passing	-	0%	-	33%	-	-	50%	-	33%	-	33%

Table 15 August 2016 Essay Style Examination Results – Trainees and SIMGs by Location

All	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUST	NZ	Total
Total	-	21	-	28	1	1	33	10	94	6	100
Pass	-	3	-	10	1	0	14	2	30	2	32
% Passing	-	14%	-	36%	100%	0%	42%	20%	32%	33%	32%
Trainee	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUST	NZ	Total
Total	-	21	-	20	1	1	29	10	82	5	87
Pass	-	3	-	7	1	0	13	2	26	2	28
% Passing	-	14%	-	35%	100%	0%	44%	20%	32%	40%	32%
SIMG	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUST	NZ	Total
Total	-	-	-	8	-	-	4	-	12	1	13
Pass	-	-	-	3	-	-	1	-	4	0	4
% Passing	-	-	-	37%	-	-	25%	-	33%	0%	31%

Results by Year

The Essay Style Examination results are summarised by year in Table 16 and attempt in Table 17.

Table 16 Essay Style Examination Pass Rate By location and Year (%)

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUST	NZ	College Average
2015	0%	32%	-	11%	0%	-	29%	50%	29%	30%	29%
2016	50%	15%	-	32%	100%	-	50%	38%	35%	38%	35%

Table 17 Essay Style Examination Pass Rate by Year an Attempt (%)

	1st Attempt		2nd Attempt		3rd Attempt	
	N	%	N	%	N	%
2015	66	28	7	42	-	-
2016	106	32%	31	36%	5	80%

Objective Structured Clinical Examination (OSCE)

The Objective Structured Clinical Examination (OSCE) was held for the first time under the 2012 regulations in 2016. The results for the April and September 2016 OSCE are summarised in Table 18 and Figure 10. The results are broken down into trainees that started under the 2012 regulations, those that transitioned from the 2003 program and SIMGs on the Partial Comparability (PC) pathway.

Table 18 2016 OSCE Results by Trainee Type and Pathway

	2012 Trainees	Transitioned Trainees	Trainee Total	SIMGs	Overall
April 2016					
Total Candidates	11	54	65	23	88
Pass	11	46	57	13	70
Fail	0	8	8	10	18
% Passing	100%	85%	88%	57%	80%
September 2016					
Total Candidates	31	58	89	19	108
Pass	28	40	68	5	73
Fail	3	18	21	14	35
% Passing	90%	69%	76%	26%	68%
2016 Overall					
Total Candidates	42	112	154	42	196
Pass	39	86	125	18	143
Fail	3	26	29	24	53
% Passing	93%	77%	81%	43%	73%

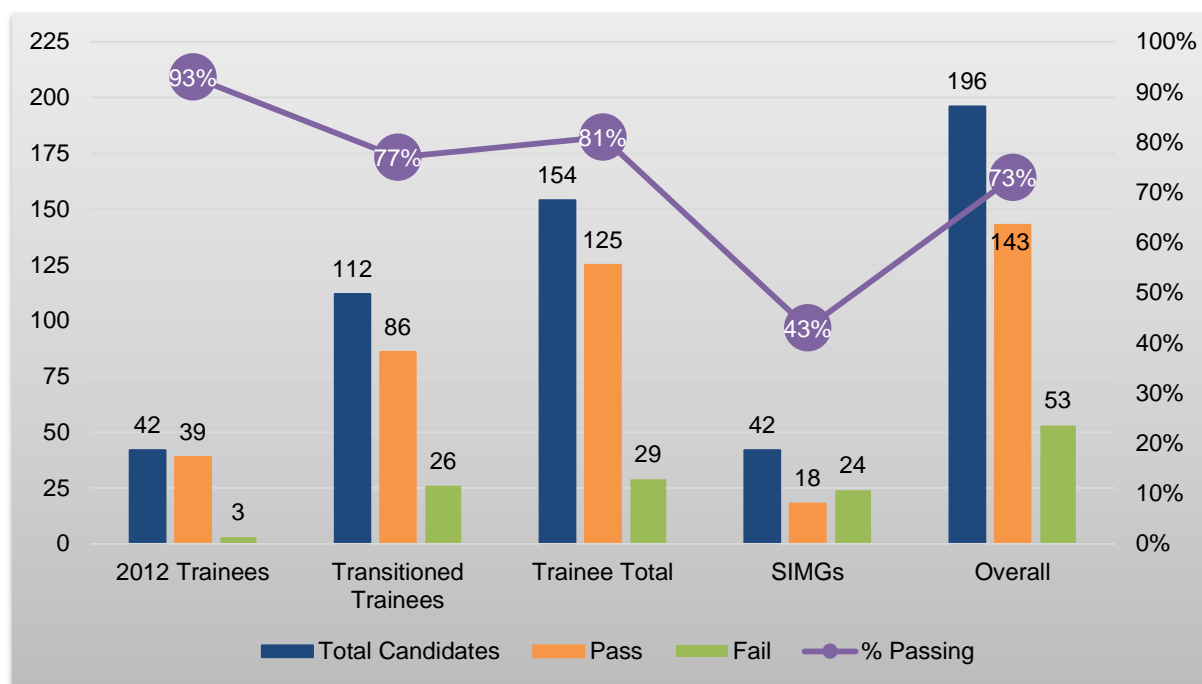


Figure 10 2016 OSCE Results by Trainee Type and Pathway

Psychotherapy Written Case

The Psychotherapy Written Case (PWC) results for all submissions in 2016 are summarised in Table 19 including the pass rates by attempt. The results are for a small number of submissions only and caution must be used when interpreting. A review of the data shows that pass rates for the second and third submission in 2016 are 100%.

Table 19 PWC Results by Submission Date and Attempt 2016

Attempt No.	Total Submissions	Total Pass	Pass Rate %
Feb-16			
1	6	4	67%
2	2	2	100%
Total	8	6	75%
May-16			
1	3	1	33%
2	3	3	100%
3	1	1	100%
Total	7	5	71%
Aug-16			
1	7	2	29%
2	3	3	100%
Total	10	5	50%
Nov-16			
1	16	13	81%
2	4	4	100%
Total	20	17	85%
Overall 2016			
1	32	20	63%
2	12	12	100%
3	1	1	100%
Total	45	33	73%

Scholarly Project

Between 2013-16, 101 proposals for the Scholarly Project were received. To date only a limited number of submissions have been received. During this time, 69 applications for exemption were received and 48 were granted³ see Table 21 and Table 20. Table 22 includes data on proposals and exemptions. The Scholarly Project results for 2016 were 100% with 4 passes and 1 conceded pass. Three submissions received in 2015 all failed, leaving an overall pass rate of 62.5%.

Table 20 Total Approved Scholarly Project Proposals by BTCs and Location – 2013-16

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUST	NZ	Total
Total Approved Proposals by BTCs	-	27	1	18	8	1	23	14	92	9	101

³ Includes all data from 2013 to December 2016, 6 are pending.

Table 21 Total BTC Approved Scholarly Project Proposals by Project Type – 2013-16

Project Type	Total Approved by BTCs
Quality assurance project or clinical audit	37
Qualitative or quantitative research	32
Literature review	23
Case Series	3
Qualitative research	2
Case report	1
Prevalence study	1
Other	2
Total	101

Table 22 Percentage of Trainees with Approved Proposals or Exemptions for the Scholarly Project by Location – 2013-16

	ACT	NS W	NT	QLD	SA	TAS	VIC	WA	AUST	NZ	Total
Total Proposals Approved by BTCs	-	27	1	18	8	1	23	14	92	9	101
Total Approved Exemptions and Passes	2	14	-	9	7	1	8	4	45	4	49
Total Approved Proposals/Exemptions/ Passes	2	41	1	27	15	2	31	18	137	13	150

* Excludes trainees that are registered as being overseas or those that are designated as being No Zone or Not in training.

4. CERTIFICATES OF ADVANCED TRAINING AND FELLOWS IN TRAINING

In addition to general psychiatry training, the RANZCP offers Certificates of Advanced Training in various areas of practice to enable trainees and Fellows to extend their training in the field.

Trainees undertaking a Certificate of Advanced Training program and Stage 3 of the Fellowship Program concurrently must follow the requirements for both programs. Certificates of Advanced Training cannot be commenced until a trainee is eligible to enter Stage 3 has satisfied the selection criteria of the relevant certificate. In order to be eligible to enter any of the seven Certificates of Advanced Training, trainees must have at least:

- passed the MCQ exam
- participated in an interview with the relevant Director of Advanced Training (DOAT) or their delegate (where progression in other assessments can be considered, e.g. Essay-style Examination, Psychotherapy Written Case, OSCE, Scholarly Project)
- been formally selected to the Certificate of Advanced Training

Additional selection requirements are applicable for the forensic psychiatry and psychotherapy programs.

Trainees may select from up to two of the following certificates of advanced training:

- Addiction Psychiatry
- Adult Psychiatry
- Child and Adolescent Psychiatry
- Consultation-Liaison Psychiatry
- Forensic Psychiatry
- Old Age Psychiatry
- Psychotherapies

For further details, please go to [Certificates of Advanced Training section of the College website](#).

Advanced Certificates Intake and Total - Trainees

The number of trainees that started an advanced certificate in 2016 are displayed in Table 23 to Table 24. The total number of trainees enrolled in a certificate of advanced training are summarised in Table 25.

Table 23 Advanced Certificate Intake - Trainees, by Location/ Area of Practice: 2016

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUST	NZ	Total
Addiction Psychiatry	-	9	-	3	-	-	2	-	14	1	15
Adult Psychiatry	2	-	-	10	-	-	2	1	15	4	19
Child and Adolescent Psychiatry	1	8	-	12	3	-	14	2	40	4	44
Consultation Liaison Psychiatry	-	7	-	5	2	-	10	-	24	-	24
Forensic Psychiatry	-	6	-	2	2	-	5	1	16	2	18
Psychiatry of Old Age	1	10	-	6	3	1	8	2	31	3	34
Psychotherapies	3	3	-	2	2	-	3	1	14	-	14
Total	7	43	0	40	12	1	44	7	154	14	168

Table 24 Advanced Certificates Total (Trainee) Intake, by Area of Practice/Year: 2013-16

	2013	2014	2015	2016
Addiction Psychiatry	5	4	1	15
Adult Psychiatry	4	3	0	19
Child and Adolescent Psychiatry	14	14	9	44
Consultation Liaison Psychiatry	7	8	2	24
Forensic Psychiatry	9	4	4	18
Psychiatry of Old Age	13	10	0	34
Psychotherapies	10	2	3	14
Total	62	45	19	168

Table 25 Total Trainees in Advanced Training, by Area of Practice /Location: 2016

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUST	NZ	Total
Addiction Psychiatry		13	1	3			4		21	3	24
Adult Psychiatry	2			12			3	1	18	16	34
Child and Adolescent Psychiatry	1	16		15	7		20	4	63	7	70
Consultation Liaison Psychiatry		11		7	4	1	13		36	4	40
Forensic Psychiatry		9		3	3		7	2	24	4	28
Psychiatry of Old Age	1	17		9	3	1	11	6	48	8	56
Psychotherapies	3	3		2	3		4	1	16	-	16
Total	7	69	1	51	20	2	62	14	226	42	268

Fellows in Training

The total number of Fellows completing certificates of advanced training are summarised in Table 26 and Figure 11.

Table 26 Fellows in Training - Enrolments in Advanced Certificates, by Area of Practice / Location: 2016

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUST	NZ	Total
Addiction Psychiatry	1	9	-	6	-	1	1	1	19	2	21
Adult Psychiatry	1	-	-	1	-	-	-	-	2	2	4
Child and Adolescent Psychiatry	-	9	-	5	-	-	2	2	18	2	20
Consultation Liaison	-	12	-	7	2	1	7	-	29	-	29
Forensic Psychiatry	-	6	-	7	1	-	-	-	14	3	17
Psychiatry of Old Age	-	18	-	8	6	-	5	3	40	2	42
Psychotherapies	-	30	-	7	11	-	14	3	65	1	66
Total	2	84	0	41	20	2	29	9	187	12	199

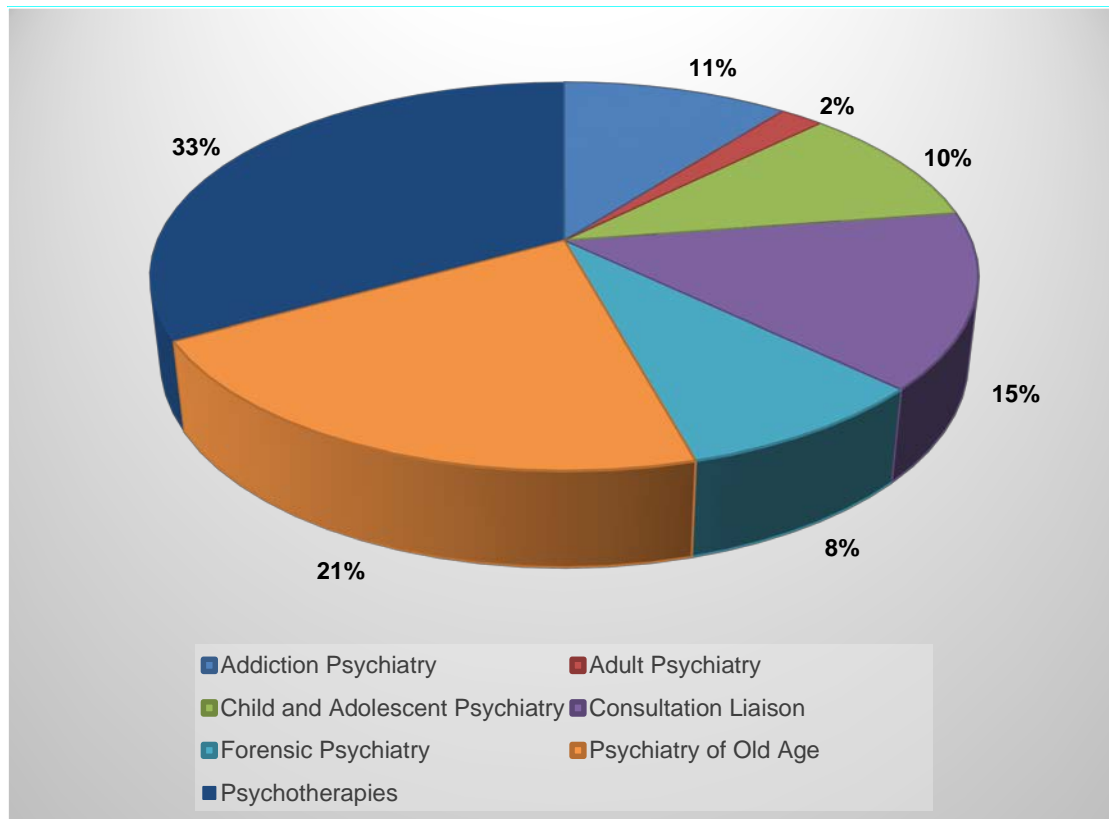


Figure 11 Fellows in Training by Areas of Practice - Percentage

Table 27 Total Enrolments in Advanced Certificates – Fellows in Training and Trainees – 2016

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUST	NZ	Total
Addiction Psychiatry	1	22	1	9	0	1	5	1	40	5	45
Adult Psychiatry	3	0	0	13	0	0	3	1	20	18	38
Child and Adolescent Psychiatry	1	25	0	20	7	0	22	6	81	9	90
Consultation Liaison Psychiatry	0	23	0	14	6	2	20	0	65	4	69
Forensic Psychiatry	0	15	0	10	4	0	7	2	38	7	45
Psychiatry of Old Age	1	35	0	17	9	1	16	9	88	10	98
Psychotherapies	3	33	0	9	14	0	18	4	81	1	82
Total	9	153	1	92	40	4	91	23	413	54	467

Table 28 Total Trainees and Fellows in Training in Advanced Training, by Location: 2013-16

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUST	NZ	OS	Total
2013	2	150	1	79	23	7	128	33	423	65	-	488
2014	5	152	2	81	23	7	135	37	442	66	2	510
2015	6	175	2	87	34	6	125	40	475	64	4	543
2016	9	153	1	92	40	4	91	23	413	54	-	467

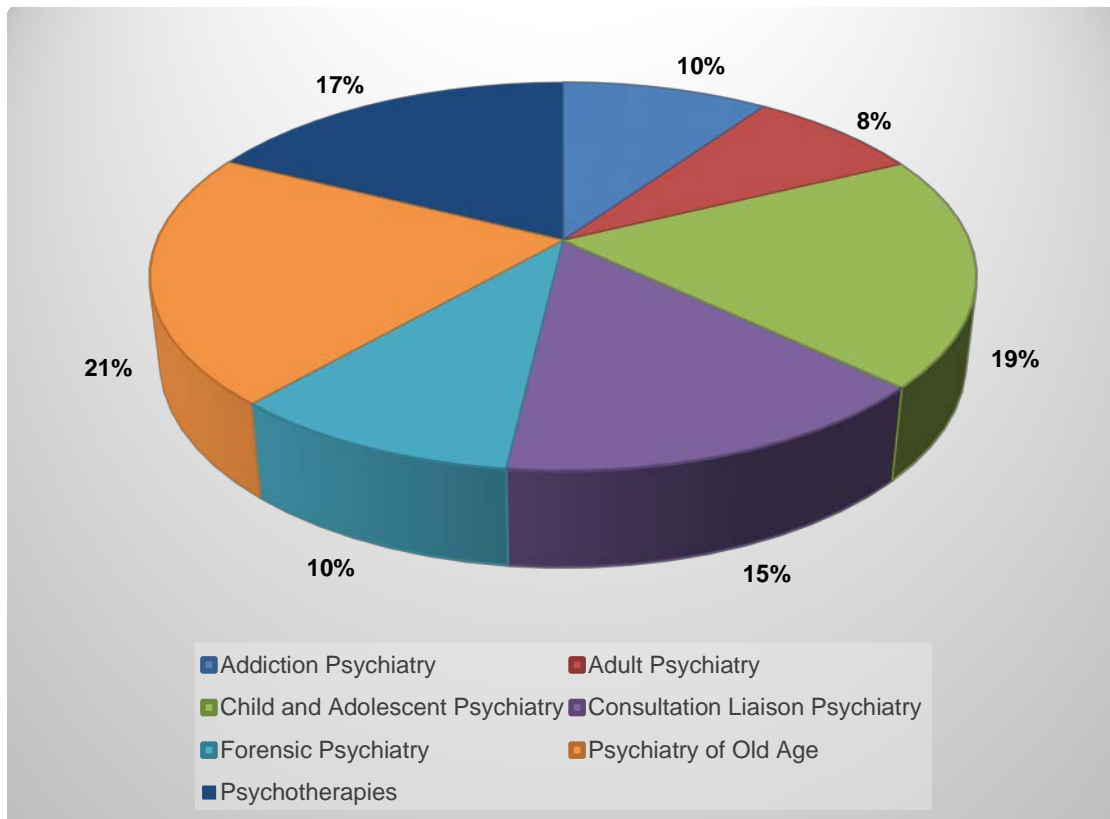


Figure 12 Advanced Certificate Enrolment – Fellows in Training and Trainees - Percentage

5. SPECIALIST INTERNATIONAL MEDICAL GRADUATES

Assessment Policy and Procedure

To qualify for the specialist pathways Specialist International Medical Graduates (SIMGs) must have obtained the highest specialist Psychiatrist qualification in their country of qualification at the time of qualification and have attained registration as a specialist Psychiatrist in that country. SIMGs must also wish to remain and work in Australia permanently.

SIMGs who wish to practice Psychiatry in Australia have to apply directly to the RANZCP for an assessment of their comparability to an Australian trained specialist in Psychiatry (see Figure 13). The RANZCP's SIMG assessment process evaluates the training, qualifications and experience of the SIMG for comparability with an Australian or New Zealand trained Psychiatrist. Subsequent clinical experience and the nature of the applicant's current practice, including participation in continuing professional development activities and overall contribution to the profession, is considered. All applications are assessed in accordance with the RANZCP training and assessment regulations and the [eligibility criteria for specialist assessment](#). The eligibility criteria for specialist assessment indicates the categories of assessment currently available and indicate the nature of experiences and assessments required on the pathway to Fellowship, for the candidate. The Committee for Specialist International Medical Graduates Education (CSIMGE) has oversight of [the specialist assessment process](#).

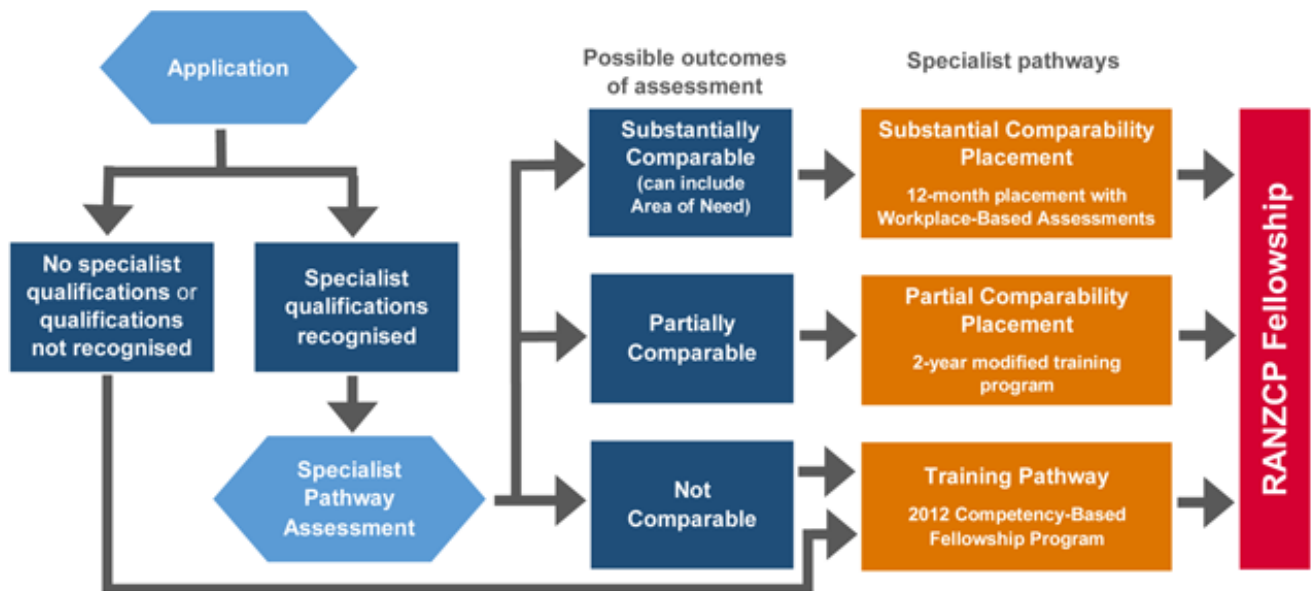


Figure 13 Specialist Pathways to Fellowship

Specialist Pathway to Fellowship – 2012 Fellowship Program Alignment⁴

SIMGs who are seeking registration to practice as a psychiatrist in Australia or New Zealand are required to complete specialist pathways that are aligned with the RANZCP Fellowship program. To be considered eligible for this assessment SIMGs must first meet specific criteria. Then, depending on the outcome of the assessment process, SIMGs will be provided with one of three possible outcomes:

1. Not Comparable
2. Partially Comparable (PC)
3. Substantially Comparable (SC)

The requirements for those completing the [RANZCP specialist pathways](#) under the 2012 Fellowship program regulations can be found on the RANZCP website.

Partial Comparability Requirements

The Partial Comparability (PC) placement is one of the ways in which SIMGs can work towards Fellowship. PC candidates are required to successfully complete a minimum of 24 months full-time equivalent (FTE) time on the Specialist Pathway, which involves the completion of a series of workplace-based assessments and

⁴ Details for applicants and assessment processes are outlined in detail on the College website alongside handbooks and support material. <https://www.ranzcp.org/Pre-Fellowship/Overseas-specialists.aspx>

centrally administered summative assessments. The modified training program includes exemptions or additions to specific areas of training where appropriate. All PC candidates are required to complete:

- four (4) formative Observed Clinical Activities (OCAs)
- eight (8) summative Entrustable Professional Activities (EPAs) from Stage 3; three of these EPAs must be from a prescribed EPA list for SIMG candidates.
- four (4) summative end of six (6) month period In Training Assessment (ITA) reports
- Objective Structured Clinical Examination (OSCE)
- Essay style examination
- Psychotherapy – three (3) patients for at least six (6) sessions each (Stage 3 requirement)
- Leadership and Management training (Stage 3 requirement)
- Indigenous experience
- Any additional gaps in training and experience as identified by the state assessment panel assessment and interview that will be detailed in the final outcome letter requirements.

Summaries of the results for the Essay - style examination and OSCE are provided in Section 3 – Training and Assessment Summary.

Substantial Comparability Requirements

The Substantial Comparability (SC) placement involves:

- undertaking a supervised work placement for a period of at least 12 months full-time equivalent (FTE)
- satisfactory completion of regular Workplace-Based Assessments (WBAs) during the placement period.

SC candidates need to commence their job at least 3 months before the placement start date, allowing enough time to complete the workplace orientation time required by the College. This time allows the candidate to familiarise themselves with the new position in a new country and, if they choose, to complete some of the additional requirements such as the Indigenous experiences. Candidates must obtain Australian Health and Practitioner Regulation Agency (AHPRA) or Medical Council of New Zealand (MCNZ) registration and start their job and the placement within 12 months from the date of the assessment outcome letter. Candidates will be issued with an assessment schedule (including assessment due dates) prior to commencing the placement as outlined in Table 29.

Table 29 Substantial Comparability Placement Requirements and Timeline

Stage	Assessment
Start	3-month job orientation complete
2 months	Formative Case-based Discussion Supervisor's Report 1
3 months	Summative Case-based Discussion 1
6 months	Summative Case-based Discussion 2 360° Feedback Supervisor's Report 2
9 months	Summative Case-based Discussion 3
10 months	Supervisor's Report 3
12 months	Supervisor and Employer End-of-Placement Declaration

Further information regarding the WBAs to be completed during the SC placement is available in the [Handbook for Workplace-Based Assessments](#).

Additional Training Requirements

If the mandatory rotations or experiences of a SIMG are found to be incomplete as compared with RANZCP training, then some aspects of the RANZCP training program may need to be completed. These additional requirements, usually referred to as 'gaps in training' are determined by the CSIMGE during the specialist assessment process.

SIMGs in New Zealand

In New Zealand, RANZCP Fellowship is not a requirement for specialist registration, whereas in Australia, Fellowship of the College is required for any doctor to gain specialist medical registration. In New Zealand, the RANZCP New Zealand National Branch acts as an agent of and only at the request of the MCNZ to make recommendations regarding the qualification and experience of a SIMG with reference to the standard that the MCNZ has identified for registration in a psychiatry vocational scope. The MCNZ considers the RANZCP

recommendations and determines whether to grant medical registration and what (if any) restrictions or conditions apply. If a SIMG who is working in New Zealand wishes to become a Fellow of the College, the same application process applies.

Applications for Area of Need Positions in Australia

The Medical Board of Australia (MBA) may declare an Area of Need (AON) location or position where there is a shortage of specific medical practitioners or unfilled medical positions even after recruitment activities in Australia. AON applies to both public and private sector positions.

Following assessment of the application and interviewing of the applicant by the relevant SAP of senior RANZCP Fellows, the Committee makes a recommendation to the MBA regarding the suitability of the applicant for the position and the level of supervision required; that is significant. Data on the applications for the AON positions are located in Table 30 to Table 35.

Specialist Assessments Applications

The CSIMGE considers applications for PC, SC and/or AON, the outcomes of applications are shown in Table 30 to Table 35.

Table 30 Number of Applications Received by Specialty - 2016

	Total
Specialist recognition applications only	49
Area of need (AON) applications only	0
Combined AON and Specialist recognition	24
Total	73

Table 31 Number of Applications Withdrawn by SIMGs (and at which point of process) 2016

	Total
Withdrawn before interim assessment – voluntary	1
Withdrawn before interim assessment – not voluntary	0
Withdrawn between interim assessment and final assessment - voluntary	19
Withdrawn between interim assessment and final assessment - not voluntary	0
Total	20

Table 32 SIMG Application Data Outcome of Interim Assessment for 2016

	Total
Not comparable	4
Partially comparable	42
Substantially comparable	27
Total	73

Table 33 Summary of Area of Need Application Outcomes for 2016

	Total
Suitable for the AON position	17
Not suitable for the AON position	7
Total	24

Table 34 Country of Primary and Specialist Qualifications of SIMG Applicants - 2016

Primary Qualification	Total	Percent %	Specialist Qualification	Total	Percent %
India	37	51%	India	26	36%
United Kingdom	8	11%	United Kingdom	25	34%
Egypt	4	5%	Egypt	4	5%
South Africa	4	5%	South Africa	4	5%
Sri Lanka	4	5%	Germany	2	3%
Pakistan	3	4%	Iran	2	3%
Germany	2	3%	Nigeria	2	3%
Iran	2	3%	Sri Lanka	2	3%
Nigeria	2	3%	The Netherlands	1	1%
Ireland	1	1%	Pakistan	1	1%
Italy	1	1%	Romania	1	1%
The Netherlands	1	1%	Singapore	1	1%
Romania	1	1%	United States	1	1%
Ukraine	1	1%	Serbia	1	1%
United States	1	1%	-	-	0%
Serbia	1	1%	-	-	0%
Total	73		Total	73	

Table 35 Applications for Extension of Specialist Pathway Status by Location– 2016

	ACT	NSW	N T	QLD	S A	TAS	VI C	W A	AUST	N Z	Total
Extension/Renewal	0	0	0	0	0	0	0	0	0	0	0
Extension/Renewal of Specialist Pathway Status and Area of Need (AON)	0	0	0	0	0	0	0	1	1	0	1
Extension of Area of Need (AON)	0	2	0	4	0	0	0	1	7	0	7
Total	0	2	0	4	0	0	0	2	8	0	8

Applications for Specialist Specified Training (SST) in Australia

Overseas-trained Specialist Specified Training (SST) endorsement allows SIMGs in the final two years of their specialist training to undertake short-term supervised workplace-based training in Australia with a view to enhancing the individual's level of practical skill in a particular area of expertise. Applicants usually return to their country of origin to resume and complete their training after gaining this short-term experience in Australia. The local BTC assesses the proposed outline of training for each SST applicant and provides recommendations to the CSIMGE for endorsement to the Medical Board where appropriate.

Table 36 Specialist Specified Training Medical Board Endorsements Issued by Location: 2016

Applications	ACT	NSW	NT/QLD	SA	TAS	VIC	WA	Total
SST Initial Applications	0	3	7	0	0	14	0	24
SST Extensions	0	0	2	0	0	2	1	5

Overall Number of SIMG Candidates

In 2016, there were 174 SIMG candidates completing specialist pathways at the RANZCP, see Table 37. Nineteen (19) candidates who have been assessed but have not started with the College are not included in these totals. Application data for the specialist pathways in 2016 will be available in the mid year review during 2017.

Table 37 Total SIMG Numbers by Comparability Status and Location - 2016

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUST	NZ	Total
Partial Comparability	2	15	-	31	5	1	43	10	107	6	113
Substantial Comparability	3	10	1	26	1	1	10	8	60	1	61
Total	5	25	1	57	6	2	53	18	167	7	174

Note: OS refers to overseas location at time of publication.

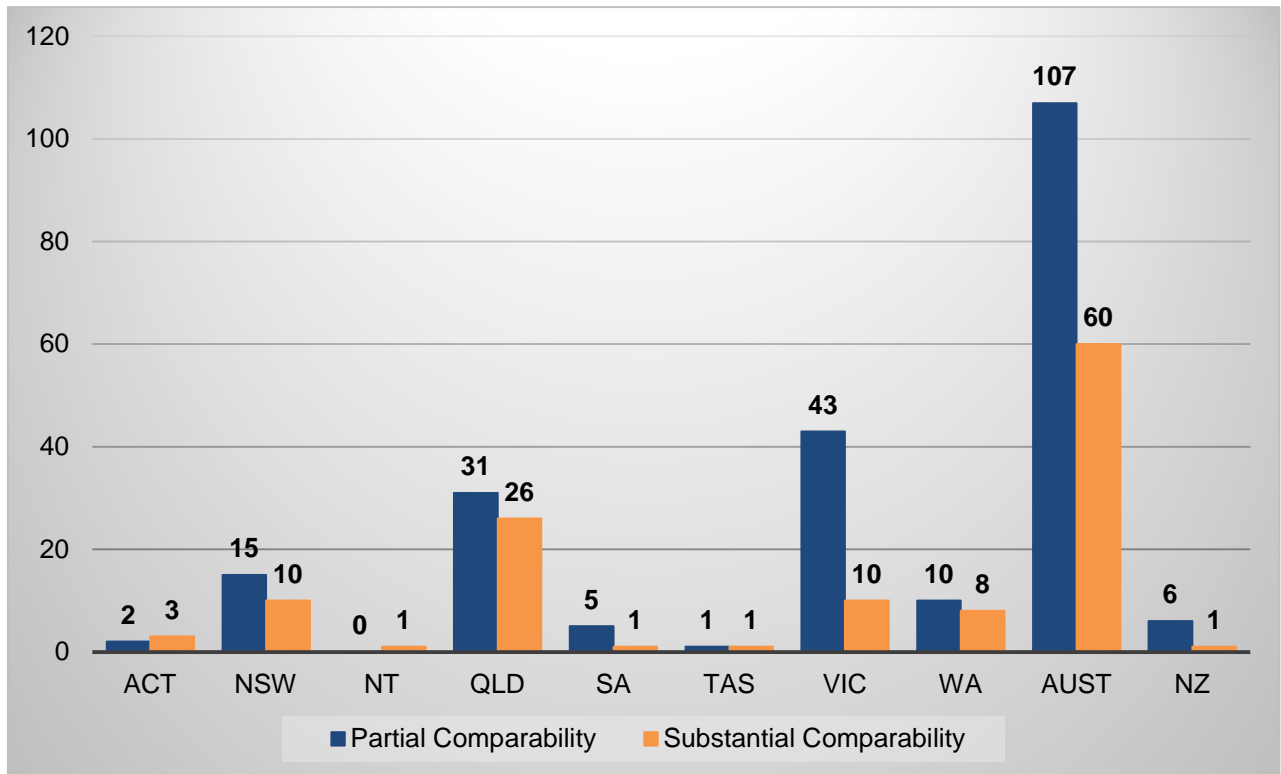


Figure 14 Specialist Pathway Candidates by Pathway and Location – Totals

6. PATHWAYS TO FELLOWSHIP FOR NEW FELLOWS IN 2016

Admission to Fellowship

Candidates are admitted to Fellowship following successful completion of the RANZCP Fellowship program (training pathway) or for SIMGs, following specialist assessment and completion of requirements defined by the RANZCP eligibility criteria for specialist assessment. The data presented in this section represents those that attained Fellowship in 2016 under the 2003 Fellowship program. The first trainees from the 2012 Fellowship program could be eligible to attain Fellowship from December 2017 (New Zealand) and January 2018 (Australia).

New Fellows

Table 38 to Table 42 display data related to the admission to Fellowship. In 2016, 126 trainees and SIMGs attained Fellowship.

Table 38 New Fellows, by Pathway/Location: 2016

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUST	NZ	OS	Total
Trainee	1	29	1	21	7	1	24	6	90	7	1	98
Partial Comparability	-	2	-	-	1	-	1	-	4	-	-	4
Substantial Comparability	-	-	-	17	-	1	1	5	24	-	-	24
Total	1	31	1	38	8	2	26	11	118	7	1	126

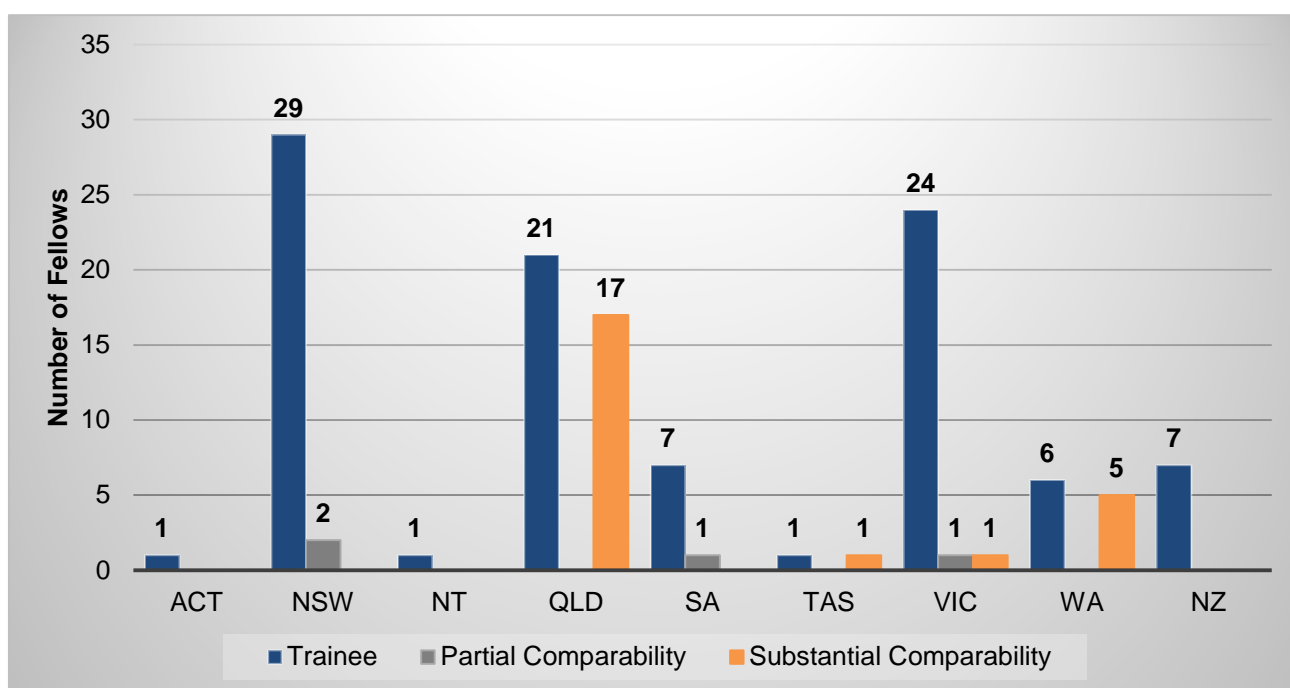


Figure 15 New Fellows, by Status/Location: 2016

Table 39 Female New Fellows, by Pathway/Location: 2016

Pathway	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUST	NZ	OS	Total
Trainee	-	22	-	12	5	1	13	4	57	3	1	61
Partial Comparability	-	1	-	-	-	-	-	-	1	-	-	1
Substantial Comparability	-	-	-	3	-	-	-	2	5	-	-	5
Total Females	0	23	0	15	5	1	13	6	63	3	1	67
<i>% Female of all new Fellows</i>	<i>0%</i>	<i>74%</i>	<i>0%</i>	<i>39%</i>	<i>63%</i>	<i>50%</i>	<i>50%</i>	<i>55%</i>	<i>53%</i>	<i>43%</i>	<i>100%</i>	<i>53%</i>

Training Pathway

During 2016, 98 new Fellows completed the training program and were admitted to Fellowship. Of these, 57 or 53% were Female. The time to Fellowship, from entry into training to attainment of Fellowship, can be considered in terms of total time in training or accredited training time (which accounts for the effect of part-time and breaks-in-training). A number of candidates attained Fellowship after starting in the late 1990s and early 2000's. This has seen the average time to complete rise for 2016. These data are summarised in Table 40.

Table 40 Time in Training for 2016 New Fellows (Training Pathway)

	Accredited Training Time (No PT/BIT)	Overall (all New Fellows)
Average (years)	6.7	7.3
Median (years)	6.4	6.8
Max (years)	10.9	15.0

Note: PT= Part time and BIT = Break in Training

For the new Fellows in 2016, the median time in training was 6.8 years (mean = 7.3 years), however in terms of accredited training time the median was 6.4 years (mean = 6.7 years) (see Table 40 and Table 41). Part-time or a break-in-training status were classified if a trainee's record documented this at any time during training. Forty-five percent (45%) undertook a period of part-time training and/or a break-in-training. This figure is different from previous years, e.g., 64% in 2013. The time to complete Fellowship is also inflated due to a number of Fellows that had taken significant time off during their training.

Table 41 Age at Fellowship and Time to Complete for New Fellows by Gender: 2016

	Average Age at Fellowship – Years (Training Pathway)	Average Age at Fellowship – Years (Partial Comparability Pathway)	Average Age at Fellowship – Years (Substantial Comparability Pathway)	Time to Fellowship in Years (Median – Training Pathway)
Female	38.9	36.0	44.6	6.6
Male	40.2	40.3	43.5	7.2
Overall	39.4	39.3	43.7	6.8

Note: Accredited training refers to the total amount of training time to Fellowship excluding breaks in training and training part time.

Summative assessments (case history submissions, written and clinical exams) during training represent possible delays to progression through the training program and, along with part-time and break-in-training can contribute to the extension of time in training. For the 2016 new Fellows, 57% passed every assessment on first attempt and a further 33% require one additional attempt (see Figure 16). Noting that these figures encompass trainees that were transitioned and were required to complete workplace based Observed Clinical Activities (OCAs) in place of the Observed Clinical Interview (OCI). The number of attempts to pass each of the assessments are summarised in Table 42. The impact of the summative assessment on progression through the training program is demonstrated in Figure 17 where the time to pass the assessments in training is shown. The median time to complete the written examination was 25 months; the First Presentation Case took 38 months; the Psychological Case 51 months, OSCE (separated) 50.5 months and the OCI (separated) 53 months.

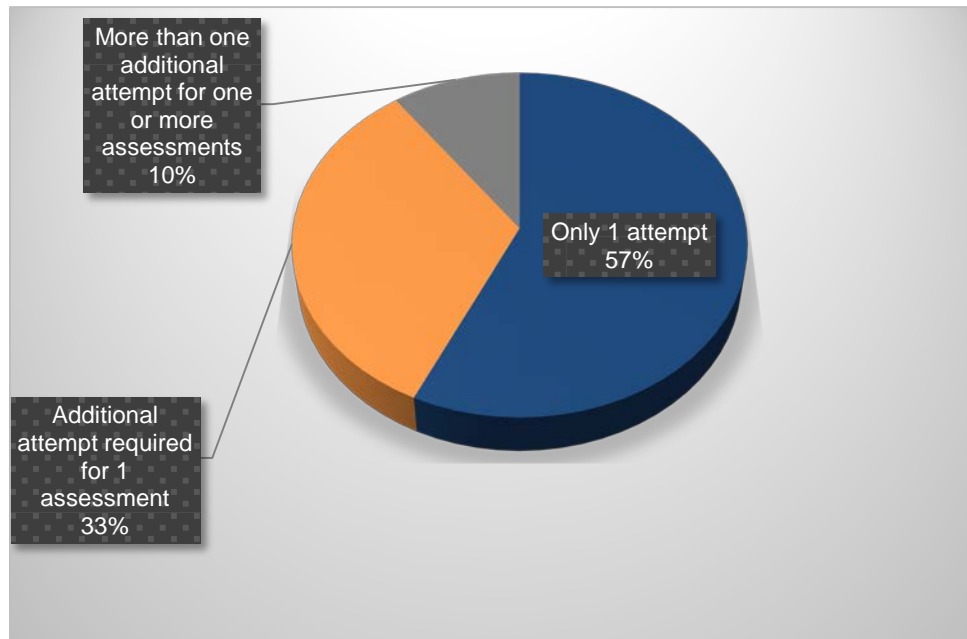


Figure 16 Number of Attempts to Pass all Assessments (Training Pathway) - 2016

Table 42 Proportion (%) of Candidates Passing by Attempt for 2016 New Fellows (Training Pathway)

	1 st Attempt		2 nd Attempt	
	N	%	N	%
First Presentation Case*	89	92%	8	8%
Psychological Methods Case*	86	89%	11	11%
Written examination	88	90%	10	10%
OCI#	83	87%	12	13%
OSCE#	93	98%	2	2%

Note: * One candidate was exempt due to retro-accreditation. #Three candidates completed the combined clinical examination and are not included in this table, all passed on their first attempt.

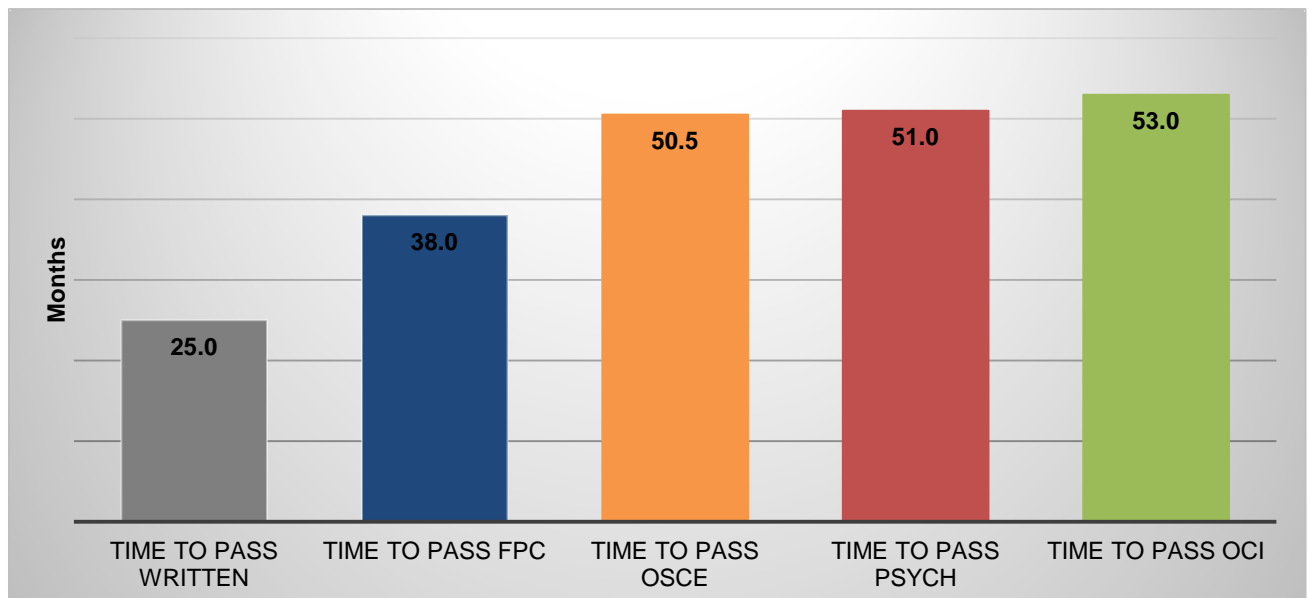


Figure 17 Time to Pass Assessments in Months (Training Pathway)

Note: FPC is short for First Presentation Case and Psych is short for Psychological Methods Case. This data includes those that had breaks in training and trained part time.

Completed Certificates of Advanced Training 2016

The total number of completed certificates of advanced training are presented by area of practice in Table 43 and Table 44.

Table 43 Certificates of Advanced Training Awarded by Area of Practice: 2016

Description	AUST	NZ	Total
Addiction psychiatry	5	-	5
Adult psychiatry	2	5	7
Child and adolescent psychiatry	27	6	33
Consultation-liaison psychiatry	6	-	6
Forensic psychiatry	15	5	20
Psychiatry of old age	13	5	18
Psychotherapies	21	1	22
Total	89	22	111

Table 44 Certificates of Advanced Training Awarded, by Area of Practice /Year: 2013-16

Speciality	2013	2014	2015	2016
Addiction psychiatry	4	4	1	5
Adult psychiatry	2	6	6	7
Child and adolescent psychiatry	28	11	24	33
Consultation-liaison psychiatry	5	9	4	6
Forensic psychiatry	1	9	11	20
Psychiatry of old age	6	17	4	18
Psychotherapies	10	5	13	22
Total	56	61	63	111

7. CONTINUING PROFESSIONAL DEVELOPMENT

Overview of the CPD Program

The College program for Continuing Professional Development (CPD) provides a pathway for psychiatrists to review and further develop their professional practice. The aim of the CPD program is to ensure a continued high standard of psychiatric care and patient outcomes. The CPD program's annual obligations, which are based on the requirements of the Medical Board of Australia (MBA), the Australian Medical Council (AMC) and the Medical Council of New Zealand (MCNZ), include gaining at least 55 credits (with a minimum of 50 hours), including:

- At least 15 credits (10 hours at 1.5 credits per hour) of peer reviewed activities
- At least 20 credits of self-guided learning
- For practitioners within New Zealand, a minimum of one clinical audit (for all New Zealand requirements please refer to the MCNZ information on [maintaining registration](#)).

The [CPD guide](#) containing all information relating to CPD requirements is available on the RANZCP website. Detailed [policies and procedures](#) for the Continuing Professional Development (CPD) program are also available.

New Developments

In 2015-16, the College through a working group of the Committee for Continuing Medical Education (CCME) completed a review of the Continuing Professional Development (CPD) program. The working group was charged with reviewing and updating the CPD program to align with current regulations/requirements from the MBA and MCNZ as well as incorporating best practice. The working group reviewed all of the updated requirements from both the MBA and the MCNZ, these were discussed and incorporated during the CPD review.

The College has updated the CPD program guide to reflect the changes made to the program. The redeveloped program included amendments to the use of hours and credits to just the use of hours, the removal of the triennium option and consolidated the program into four core areas:

- Professional Development Plan (PDP) (Standardised 5 hours over the course of the CPD year)
- 10 hours of Peer Reviewed Activities
- 5 hours of Practice Development, Quality Improvement and Review
- 25 hours of Self-Guided Learning

The overall annual requirements remain unchanged at 50 hours. The new program and requirements will be implemented from the start of 2017.

Enrolments

Participants in the College CPD program include Fellows of the College, Affiliates and other practicing psychiatrists and medical practitioners who are not members of the College. Participation in a CPD program has been mandatory in Australia and New Zealand since 2010. Completing an annual CPD claim online and participating in annual CPD audits as requested by the College are requirements of the program. Table 45, Table 46 and Table 47 display data on the enrolments in the RANZCP CPD program. The College has 91% of Fellows enrolled in CPD, when those that reside overseas are removed this increases to 94%⁵.

Table 45 Active CPD Enrolments by Location – 2016

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUS T	NZ	OS	Total
Total CPD Enrolments	56	109 1	15	698	290	64	996	341	3551	624	52	422 7
Total Fellows Enrolled	55	107 5	15	688	289	61	974	325	3482	359	51	389 2
Total Fellows in College	62	115 8	16	728	317	69	105 9	342	3751	391	144	428 6
% Fellows Enrolled	89 %	93% %	94 %	95 %	91 %	88 %	92% %	95 %	93% %	92 %	35 %	91% %

* OS refers to Fellows or members that are currently registered as being overseas.

⁵ It is noted that with the introduction of revised CPD regulations and a new online portal the reporting requirements will change.

Table 46 Active Enrolees in CPD (as at Dec 2016)

Membership Type	Number	% CPD Enrolees
Full Fellow	3892	92%
Affiliate	208	5%
External Enrolee	127	3%
Total	4227	

Table 47 Full Fellows Enrolment Status in CPD (as at Dec 2016)

Enrolment Category	Number	% Full Fellows
Active	3892	91%
Deferred	15	0.4%
Retired	178	4%
Inactive	180	4%
Total	4265	

CPD Claims and Audit Processes 2016

Participation is indicated by the submission of an annual CPD claim form. The total claims for the 2016 CPD year are provided in Table 48.

Table 48 CPD Participation for All CPD Participants: 2013-16

Year	Enrolled in CPD	Claim Form Submitted	% of Enrolees
2013	3891	3626	93%
2014	4157	3753	90%
2015	4253	4009	94%
2016*	4227	4094	97%

The Travelling Professor Program

The Travelling Professor program is conducted annually to enable a distinguished overseas psychiatrist or allied health professional to visit Australia and New Zealand to exchange ideas and information through educational activities and site visits. The 2016 Travelling Professor was Professor Lars Vedel Kessing, who is a Professor at the Psychiatric Centre Copenhagen and the University of Copenhagen, Faculty of Health and Medical Sciences. Previous recipients for 2013-16 are listed in Table 49.

Table 49 Previous Travelling Professor Recipients 2013-16

Year	Funding	Recipient	Location
2013	College Funded	Professor Anthony Holland	UK
2014	College Funded	Dr Josh Sparrow	USA
2015	College Funded	Professor Charles F Reynolds III	USA
2016	College Funded	Professor Lars Vedel Kessing	The Netherlands

8. WORKFORCE DATA AND FELLOWSHIP NUMBERS

As of December 31 2016, the College had 5889 Fellows, trainees, Affiliates and SIMGs with 5009 in Australia and 735 New Zealand. There were 145 residing overseas. Within Australia, there were 3571 Fellows, 174 SIMGs, 22 Affiliates and 1249 trainees. In New Zealand, there were 374 Fellows, 181 Affiliates, 173 trainees and 7 SIMGs.

Table 50 RANZCP Total Workforce Numbers 2016

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUST	NZ	OS	Total
Affiliate	-	2	-	2	-	2	12	4	22	181	-	203
Fellow	55	1075	15	688	289	61	974	325	3482	359	51	3892
Trainee	31	397	15	270	88	24	323	101	1249	173	4	1426
SIMGs	5	25	1	57	6	2	53	18	167	7	-	174
Total	91	1499	31	1017	383	89	1362	448	4920	720	55	5695

*Excludes trainees classified as no zone; #Active Fellows only, those that are retired or other; these are not included in totals.

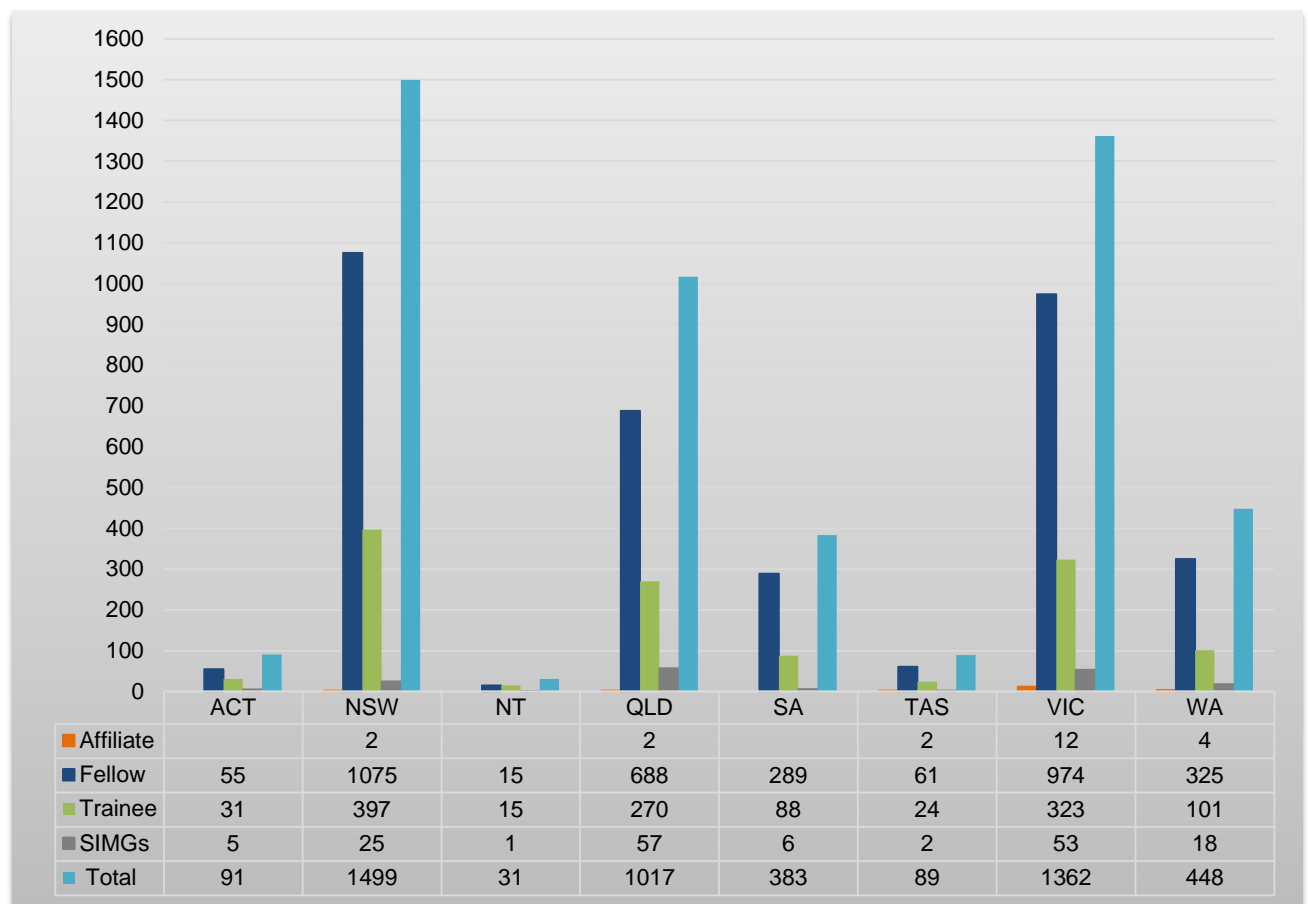


Figure 18 Distribution of Psychiatry Workforce by Type - Australia – December 31 2016

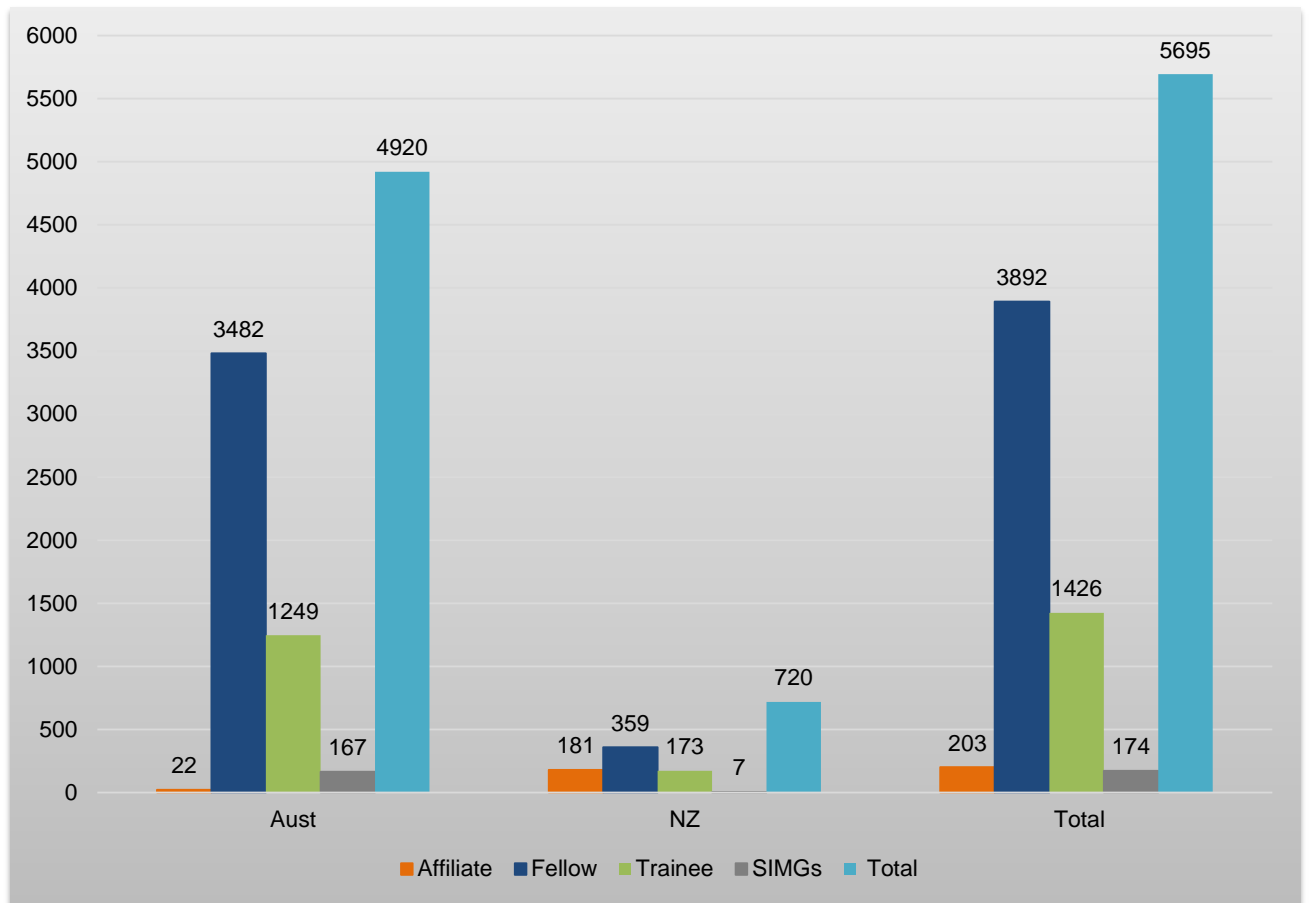


Figure 19 Distribution of Psychiatry Workforce by Type and Country – December 31 2016

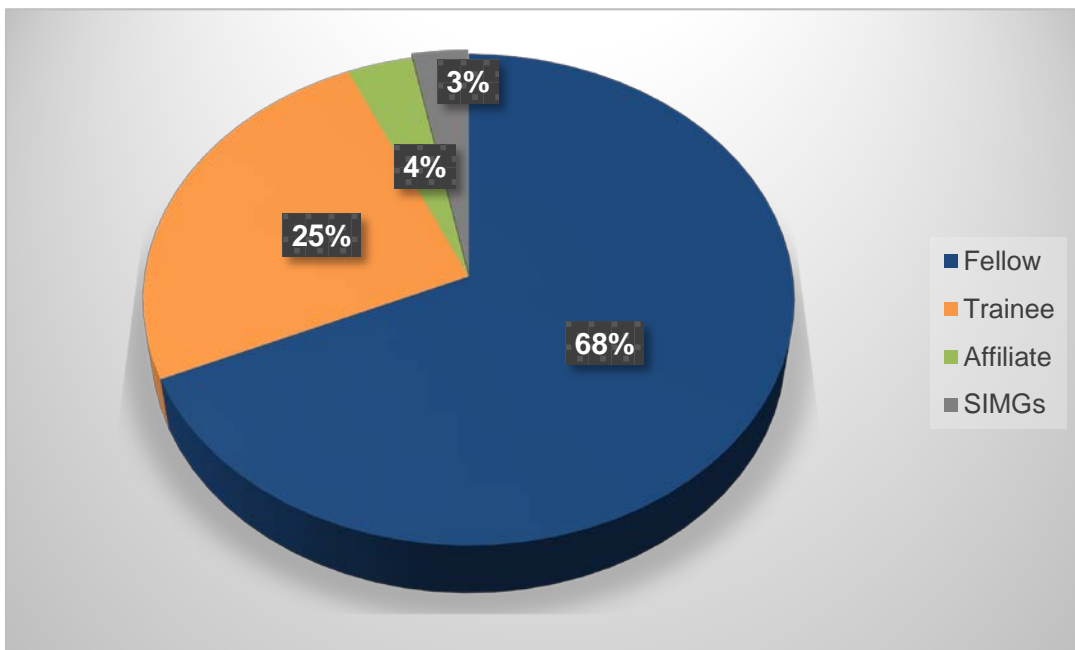


Figure 20 Psychiatry Workforce by Percentage and Type – 2016

GLOSSARY

AC	Accreditation Committee
AHPRA	Australian Health Practitioner Regulation Agency
AMC	Australian Medical Council
BTC	Branch Training Committee
CAP	Critical Analysis Problem
CbD	Cased based Discussion
CBFP	Competency Based Fellowship Program
CCME	Committee for Continuing Medical Education
CPD	Continuing Professional Development
CEEMR	Committee for Educational Evaluation, Monitoring and Reporting
CEQ	Critical Essay Question
CFE	Committee for Examinations
CFT	Committee for Training
CGRC	Corporate Governance and Risk Committee
CSIMGE	Committee for Specialist International Medical Graduate Education
DFTP	Dual Fellowship Training Program
DOH	Department of Health
DOT	Director of Training
DOAT	Director of Advanced Training
EAR	Education Activities Report
EC	Education Committee
EMQ	Extended Matching Question
EPA	Entrustable Professional Activity
FEC	Formal Education Course
FTE	Full Time Equivalent
HWNZ	Health Workforce New Zealand
MCNZ	Medical Council of New Zealand
MEQ	Modified Essay Question
MTRP	Medical Training Review Panel
OSCE	Objective Structured Clinical Examination
OTP	Overseas Trained Psychiatrist
OCA	Observed Clinical Activity
PGY1	Post Graduate Year One
PGY2	Post Graduate Year Two
RANZCP	Royal Australian and New Zealand College of Psychiatrists
SAT	Sub-Committee for Advanced Training
SIMG	Specialist International Medical Graduate
STP	Specialist Training Program
TRC	Trainee Representative Committee
WBA	Workplace-based Assessment