Education and Training Policy

Consultation and Engagement Policy

Authorising Committee/ Department:	RANZCP Board
Responsible Committee/ Department:	Education Committee
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Acknowledgements

Acknowledgement of Country

We acknowledge Aboriginal and Torres Strait Islander Peoples as the First Nations and the Traditional Owners and Custodians of the lands and waters now known as Australia, and Māori as tangata whenua in Aotearoa, also known as New Zealand.

We recognise and value the traditional knowledge held by Aboriginal and Torres Strait Islander Peoples and Māori.

We honour and respect the Elders past and present, who weave their wisdom into all realms of life — spiritual, cultural, social, emotional, and physical.

Advancing Equity in Mental Health Care for Indigenous Peoples

The RANZCP is committed to addressing the longstanding inequities experienced by Aboriginal and Torres Strait Islander peoples in Australia, and Māori in Aotearoa New Zealand, in both health outcomes and access to culturally safe mental health care. Central to this commitment is the College's work to grow and sustain the Indigenous psychiatric workforce, promote cultural safety for both patients and psychiatrists, and embed culturally responsive practices across training, policy, and service delivery.

Guided by its vision, the RANZCP acknowledges the enduring disparities in health outcomes for Aboriginal and Torres Strait Islander peoples and Māori, which reflect systemic barriers to appropriate health services and the social determinants of health. The College is advancing this agenda through multiple initiatives, including increasing representation of Aboriginal, Torres Strait Islander and Māori peoples among its membership and staff, strengthening education in culturally appropriate care, and implementing its Reconciliation Action Plan and commitment to Te Tiriti o Waitangi.

Acknowledgement of Lived Experience

We recognise those with lived and living experience of mental health challenges and distress, their chosen families, whānau, carers and kin. Their contributions, diverse perspectives, insight, and courage keep us grounded and inclusive, and focused on humanity, healing, and hope. We strive to work in genuine partnership in all that we do, honouring their voices by centring their experiences and expertise.

Statement of Intent

The College is committed to consultation and engagement that are respectful, inclusive, and grounded in relationships. Consultation is not a procedural requirement alone, but a responsibility to engage meaningfully with those affected by change, including people with lived and living experience, Aboriginal and Torres Strait Islander peoples, and Māori.

In honour of Aboriginal and Torres Strait Islander Peoples cultural knowledge and ways of being, Te Ao Māori, and tikanga Māori, alongside the College's Lived and Living Experience Strategy, the College commits to consultation practices that uphold shared understanding, cultural responsibility, and trust. This includes recognising the knowledge, time and experiential wisdoms contributed through consultation processes are enduring and treated as taonga, to cared for with integrity.

1. Purpose

1.1. Overall purpose

To guide how the College consults and engages with internal and external stakeholders on matters of education and training, ensuring a consistent, inclusive, and transparent approach.

1.2. Connection to the Trainee Engagement Strategy

The *Trainee Engagement Strategy* supports a College-wide approach to strengthening relationships with trainees, ensuring they feel heard and valued. This Consultation and Engagement Policy applies specifically to Education and Training matters, outlining high-level guidelines for stakeholder engagement in this context. Both documents confirm and reflect the need to meaningfully involve stakeholders in developments, quality improvements, and changes within the College.

1.3. Connection to the Change Management Policy

Stakeholder consultation and engagement typically occur within broader change initiatives, projects, or quality improvement efforts. Any changes beyond Business As Usual (BAU) (defined in Section 2.2 below) must align with the *Change Management Policy*, which provides the overarching framework for effective change management.

2. Scope

2.1. In Scope

This policy applies to all activities within the Education and Training department that involve non-routine (see Definitions below) consultation or engagement with internal or external stakeholders. It applies to all employees, contractors, consultants, volunteers, and others undertaking work or representing the College.

Education and training matters within the department include the Fellowship program, SIMG training pathways, accreditation practices, and Continuing Professional Development (CPD).

2.2. Out of Scope

This policy does not apply to routine consultation or engagement activities that form part of established Business as Usual (BAU) operations.

Examples include:

- Regular updates with stakeholders and internal committees for information sharing, this includes standing agenda items.
- Routine liaison with regulatory, industry, or community partners as part of existing agreements or compliance requirements.

- Consultation that occurs as part of routine reporting, review, and evaluation activities (e.g., consultation on recommendations arising from the Medical Training Survey).
- Established feedback channels as part of continuous improvement or regular operational activities (e.g., regular questionnaires or evaluations).

Additional out of scope activities include consultation arising from a crisis or situation requiring urgent change. In these situations, an abbreviated process is followed as outlined in the *Crisis and Urgent Change Management Policy*.

3. Definitions

Term	Definition
External stakeholders	Individuals, groups or organisations external to the College. This could include: Individuals outside the College who are: • Lived and living experience advocates (such as tāngata whai ora or their whanaunga and whānau). • Aboriginal and Torres Strait Islander. • Māori. Entities outside the College such as: • Peak national, state, or regional bodies. • Mental health, wellbeing, and lived and living experience (LLE) organisations • Service provides, including Formal Education Course (FEC) providers. • Health services and employers. • Associations or representative bodies of psychiatry trainees. • Other medical colleges and professional associations.
Internal stakeholders	College-related committees, representatives, staff, and members. This includes: - Fellows; trainees; SIMGs; Supervisors; Directors of Training (DoTs); College branches; the College's Lived and Living Experience representatives; and various College committees - for example, the Aboriginal and Torres Strait Islander Mental Health and Te Kaunihera Committees.
Major Change	**A** Major Change is a subset of Non-Routine change that requires additional stakeholder consultation and engagement steps under this policy. A Major Change is defined as any Non-Routine change that: • Is assessed as high to extreme risk on the College's risk matrix. This includes potential disruption to College operations, members, or the community; reputational damage; or serious regulatory implications. • Includes any non-routine modification that has significant impact on the structure, delivery, scope, or experience of the education and training program. These may include but are not limited to: o changes to the scope, structure, or pedagogical design of Formal Education Courses, the curriculum, workplace-based training, or examinations and assessments o introduction, suspension, or discontinuation of programs, courses, or assessments o changes impacting trainee progression guidelines and pathways.
Non-Routine (referring to change or	This policy should be used for all Non-Routine change. Non-Routine change falls outside of regular operations or established

consultation)	BAU processes. It is beyond-BAU change that is not part of usual continuous improvement or day-to-day adjustments. These activities typically take the form of a project or planned initiative.
Small centres	Training posts or health and community centres that meet these classifications: • Modified Monash category 3-7 in Australia • Rural 1-3 in Aotearoa New Zealand

4. Strategic Alignment

This approach to consultation is underpinned by the RANZCP Lived and Living Experience Strategy, the principles of Te Tiriti o Waitangi, and the equality and rights of Aboriginal and Torres Strait Islander peoples, Māori, and people with disabilities as reflected in the United Nations Declaration on the Rights of Indigenous Peoples, and the United Nations Convention on the Rights of Persons with Disabilities.

5. Guiding Principles

5.1. Inclusive: Consultation and engagement must prioritised those impacted by the change to ensure relevance and sustainability. Barriers to participation should be reduced to enable broad and diverse perspectives.

5.2. Clear Purpose: The reason for consultation is clearly communicated. Stakeholders understand the purpose, scope, and expected outcomes of their involvement.

5.3. Timely: Stakeholders are involved early enough for input to influence outcomes, and adequate time is allowed for participation.

5.4. Collaborative: Consultation fosters genuine collaboration and stakeholder engagement where contributions inform decisions, and where relevant, are thoughtfully incorporated into the work.

5.5. Cultural Integrity and Safety: Consultation and engagement processes respect First Nations cultural identity, indigenous knowledge, mātauranga māori (Māori knowledge systems), languages, traditions, and holistic views of wellbeing. Processes honour cultural authority, kaumātua and Elders, uphold self-determination through genuine partnership, and use culturally safe and inclusive methods of engagement.

5.6. Respect and Openness: Team members involved in engagement acknowledge and respect the perspectives, expertise, and needs of stakeholders. They are open to unlearning dominant assumptions and embrace diverse worldviews to support understanding and meaningful engagement.

6. What Meaningful Consultation Is (and Is Not)

Meaningful consultation is a principles-led process that creates genuine opportunities for those affected by change to inform thinking, shape decisions, and influence outcomes. It is grounded in relationships, respect and transparency, and recognises the knowledge, experience, and perspectives that stakeholders bring.

Meaningful consultation:

- occurs early enough for input to influence decisions, not after key directions have been set
- is clear about purpose, scope, and what is open to influence

- is culturally safe, inclusive, and accessible, taking account of power imbalances and different ways of participating (see section 12)
- values lived and living experience, cultural knowledge, and professional expertise as legitimate sources of insight
- is responsive, with feedback acknowledged and outcomes communicated transparently.

Meaningful consultation is not:

- a one-way communication or information-sharing exercise
- a compliance task or box-ticking activity
- engagement undertaken after decisions have already been made
- extractive use of people's time, knowledge, or lived experience without care, feedback, or follow-through.

7. Honoring Stakeholder Knowledge

The College recognises that knowledge shared through consultation may include lived and living experience, taonga (something precious and entrusted into care), and community-held wisdom. Expertise is held in many forms, including cultural knowledge, professional experience, and lived experience. These forms of knowledge are legitimate, valuable, and essential to informed decision-making.

Knowledge shared through consultation must be treated with integrity and not extracted, diminished, or used out of context.

8. The Role of Consultation Leads

Consultation leads act as custodians (kaitiaki) of the consultation process. They hold custodial responsibility for the integrity of engagement, meaningful inclusion of those most affected, and alignment of consultation with this policy.

Consultation leads are typically project or program leads with appropriate seniority and decision-making authority for the initiative, supported by staff who design and deliver consultation activities.

9. Inclusive Stakeholder Consultation Based on Impact

Consultation must include those who are directly or disproportionately impacted by the proposed change and provide them with a meaningful opportunity to contribute.

Impact may be:

- **Direct** – where a change affects people's rights, roles, access, safety, progression, or lived experience.
- **Disproportionate** – where a change affects some groups more significantly than others.
- **Indirect** – where there are flow-on effects that inform awareness or system understanding but do not materially alter people's position.

Not all stakeholders are impacted in the same way. Consultation effort should be proportionate to impact, prioritising those most affected while engaging broader stakeholder groups through appropriate mechanisms.

Depending on the initiative, important stakeholders may include:

- People with lived and living experience (consumers and carers)
- Aboriginal and Torres Strait Islander peoples and Māori

- Specialist International Medical Graduates
- Trainees, including those from smaller health services or rural posts (classified in Australia using the Modified Monash category 3-7 and in New Zealand as Rural 1-3).

10. Triggers for Mandatory Consultation

Consultation with certain committees is mandatory for changes classified as a 'Major Change' (see Definitions). Such changes must consult relevant College committees, including:

- Trainee committee(s)
- Partnership committees
- Committee for Training
- Education Committee

11. Minimum circulation period before feedback for RANZCP committees

For any 'Major Change', where written consultation papers or materials will be provided to RANZCP committees, these must be circulated with sufficient lead time to enable meaningful feedback. Consultation materials should be circulated by the committee's paper submission deadline, or where unclear, at least 10–15 business days before feedback is due, however more time may be appropriate for complex changes.

Please note that consultation and engagement are not limited to written materials or formal papers (see Section 12 below).

12. Engagement Channels

Engagement channels should be selected to support inclusive, accessible, and culturally safe participation, and take into account the purpose and impact of the consultation. Consultation and engagement are not limited to written materials or formal papers and should be tailored to the ways in which participation from the relevant group is most effectively elicited.

Engagement approaches should foster safe environments for feedback, protect privacy where identification may limit openness, and be mindful of cultural and historical factors, including the colonial load experienced by Indigenous stakeholders. Indigenous cultural protocols (including tikanga Māori) can inform how consultation is undertaken to support meaningful, culturally safe engagement.

13. Documentation

Consultations should be documented (with appropriate confidentiality), including who was consulted, the key themes heard, decisions made, and how feedback influenced outcomes.

14. Closing the Loop

For 'Major Changes', outcomes must be communicated back to consulted stakeholders, including how their input shaped the final decision.

15. Related Documents

- Change Management Policy
- Crisis and Urgent Change Management Policy
- Evaluation and Monitoring Framework
- Cultural Protocols guideline

16. Policy Monitoring and Review

The Education Committee shall oversee the implementation, monitoring and reviewing of this policy.

This policy will be reviewed every three years or as necessary and updated as required.

Revision Record

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Contact person:	Executive Operations Manager		
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03/05/2026	v1.0	Board	New document. Approved by EC on 17/04/2026
23/10/2026	V1.1	Education Committee	Minor update to Section 4 (Strategic Alignment) as requested by CCC to strengthen alignment with lived experience, Indigenous rights and disability rights frameworks.
NEXT REVIEW: Oct 2029			