Accreditation Committee Guideline

Appropriate Community Patient Workload for RANZCP Trainees 2026

Background

Royal Australia and New Zealand College of Psychiatry (RANZCP) trainees undertake community psychiatry placements at various stages of training. Across all stages, community work provides important opportunities to develop assessment, formulation, management and continuity-of-care skills.

While early training includes specific requirements for general adult and acute psychiatry experience, community placements may occur at different points in training depending on program structure, service configuration, and individual learning needs.

Purpose

Given the variation in community service configurations across Australia and New Zealand, this document does not provide prescriptive requirements for community placements. Instead, this document aims to provide some guidance in relation to supervision, acquisition of desired skills, and caseload monitoring for RANZCP trainees undertaking community placements across all stages of training.

Scope of Use

Trainees completing community rotations, Consultant Psychiatrists supervising trainees in Community Mental Health Teams (CMHTs) and Team Coordinators of CMHTs with trainees.

Roles and Responsibilities

Trainees:

Expectations may vary according to stage of training, experience, and level of entrustment, and should be agreed between the trainee and supervisor.

In the first week of the rotation Trainees are expected to create, with their supervisor, a learning plan for the upcoming six months. The learning plan should include:

- Entrustable Professional Activity (EPA) plan.
- A regular time for supervision.
- Leave plans for the rotation and identifying if external supervision is required (if the primary supervisor is going on an extended period of leave).

Trainees are expected to notify their CMHT of any approved planned leave and their Formal Education Course (FEC) dates and times.

Trainees are expected to engage with their supervisor around their caseload numbers if they believe the numbers are too high or too low.

Trainees are expected to gain experience with relevant jurisdiction-based clinical Mental Health Acts (MHA) which govern the legal, medical, and human rights of individuals receiving psychiatric care, and their application within the community mental health environment. Each Australian state and territory has its own dedicated act, while New Zealand operates under a single national framework. The College website provides a summary of the MHAs across Australia and New Zealand.

Consultant Psychiatrist Supervisors:

Supervisors should be working in the same clinical setting as the trainee for a sufficient proportion of time to provide appropriate supervision, oversight, and support, consistent with College supervision

requirements and the trainee's stage of training, noting the extra supervision requirements for Stage 1 trainees (which applies to both inpatient and community rotations). Additionally, supervisors are required to be working in the same clinical setting as the Stage 1 trainee for at least 0.3 FTE (or 0.5 FTE for remote supervision, following the RANZCP Remote Supervision Guidelines).

The focus and intensity of supervision should be appropriate to the trainee's stage of training. For trainees earlier in training, this may include closer observation of assessments and greater emphasis on foundational clinical skills. For more advanced trainees, supervision may focus on complexity, autonomy, and clinical leadership. Supervisors are encouraged to keep track of the total number of individual supervision sessions achieved per rotation in line with the College supervision requirements for the trainee's stage of training, and to contact the Director of Training (DoT) if clarification is required.

Supervisors are encouraged to create a suitable learning environment in their CMHT and ensure that a wide range of opportunities are available for trainees to develop their clinical skills. This includes regular opportunities for trainees to be observed or observe their supervisor in joint assessments. It is important for supervisors to schedule clinic time for observed interviews during the trainee's rotation.

Supervisors are expected to be aware of the patients under the clinical care of the trainee.

Supervisors should monitor allocation of trainee activities and workload.

During periods of planned leave, Consultant Psychiatrist Supervisors should ensure that:

- another accredited supervisor is arranged to provide supervision and support to the trainee
- clinical lines of responsibility and escalation pathways are clearly agreed and documented
- observed interviews and other required supervision activities continue where appropriate
- the trainee, covering supervisor, CMHT, and relevant clinical leadership are informed of the arrangements before the leave commences.

Guidelines

Given the diversity of community mental health services across Australia and New Zealand, and the variation in models of care, this guideline does not prescribe specific caseload requirements. However, the following factors are recommended to be considered for community posts:

- All trainees should have their individual and clinical supervision built into their work duties and calendar.
- Trainees should have their formal training time (to attend the FEC) blocked out in their calendar, along with travel time if required.
- Programs and services should be able to clearly see that trainees are allocated to the required individual supervision time and clinical supervision time alongside their supervisor.
- For trainees, the focus should be on the allocation of time for activities, rather than patient numbers:

    - New Patient Assessment: Trainees should be allocated a minimum of 60 minutes for a new patient assessment, noting that Stage 1 trainees may require longer for a new assessment (approximately 90 minutes) including preparation time and time after the assessment to seek advice. Stage 2/3 trainees should require less.
    - Existing Patient Review: Stage 1 trainees should be allocated 30 to 60 minutes for the review of existing patients. More advanced trainees may require less time, depending on experience and case complexity, and should therefore be allocated up to 30 minutes.
        - Administration: All Trainees should be provided with an additional 90 minutes per day specifically allocated for administrative work, which includes (but is not limited to) writing case/progress notes and assessments, care/treatment plans, liaison with primary care/other health specialists, coordinating support services and caseload transitions.

- Trainees should be exposed to a variety of CMHTs based experiences including:
    - The assessment of new referrals and building of their own caseload.
    - The discharge of clients who no longer require CMHT care.
    - Acute assessments if provided by the CMHT.
    - Exposure and experience with a range of MDT members including psychologists where possible (especially if group work is done in a CMHT).
    - Engagement with families, carers and whanau.
    - Opportunities to see patients in group settings.
- Workloads should be monitored closely by the supervisor and discussed with the Service Manager/Clinical Director. If workload concerns cannot be addressed satisfactorily, the concerns should be referred to the Director of Training and/or Training Committee.

Ideally a trainee does not inherit a significant caseload at the start of the rotation to maximise opportunities to conduct new assessments. Furthermore, if a trainee assesses a new client acutely, they should be encouraged to pick up the client for continuing care, where possible, depending on the community service functions.

Acute work

Where community placements include exposure to acute or crisis services, this should be appropriate to the trainee's stage of training and balanced against continuity-of-care responsibilities. Working with an acute team (crisis and/or home-based treatment) for a proportion of the trainee's time has the capacity to significantly enhance the trainee's community experience. However, this should be carefully balanced against their continuing care work, and a clear line of supervision for every session needs to be outlined. Ideally, this should not involve more than one and a half days per week. It is important for rotations that have exposure to both acute and community services, that there is adequate supervision provided to both areas.

The above recommendation does not apply for trainees who are allocated solely to crisis intervention and assessment services, where acute work comprises the entirety of their workday.

Handovers

The trainee, as part of management planning, should then be responsible for moving most of their patients onto the next phase of treatment. This could involve a planned discharge to primary care or continued follow up in the CMHT. Toward the end of the rotation, the trainee should actively discuss these issues with their clinical supervisor to ensure that adequate plans are in palace and actioned.

REVISION RECORD

Document Owner: Education and Training Department

Contact: Manager, Accreditation and Standards

Date	Version	Approver	Description
11/09/2026	1.0	Education Committee	New Document. Approved by AC on 31/08/2026.
NEXT REVIEW: September 2029			