Australian
Medical Council Limited

2026 Monitoring Submission to the Specialist Education Accreditation Committee

Royal Australian and New Zealand College of Psychiatrists

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Monitoring submissions by accredited specialist medical colleges

Once the AMC has accredited programs and their providers, under the *Health Practitioner Regulation National Law* it must monitor the program and provider to ensure that they continue to meet the accreditation standards.

The AMC seeks submissions from accredited specialist medical colleges to satisfy this monitoring requirement. Monitoring submissions ensure that the AMC is informed of developments within individual colleges and of responses to recommendations and conditions in colleges' accreditation reports.

Monitoring submission procedures

The Specialist Education Accreditation Committee considers monitoring submissions in the following way:

- AMC staff seek commentary on the submissions from an experienced AMC reviewer.
- AMC staff may ask the college to clarify information in the submission at the request of the reviewer.
- The Specialist Education Accreditation Committee's, Progress Monitoring Sub Committee, considers the monitoring submission and the commentaries on them.
- The Sub Committee reports to the Specialist Education Accreditation Committee on its findings in relation to each college. Any matters that may affect the accreditation status of a college are reported in full to the Committee for a decision.
- The Committee needs to decide if, on the information available, it is substantially satisfied that the program(s) and the provider continue to meet the accreditation standards. It takes account of both the submission overall and the provider's response to any conditions on accreditation.
- The Committee makes one of the following decisions:
    1. the submission indicates that the program and provider continue to meet (or substantially meet) the accreditation standards, or
    2. further information is necessary to make a decision, or
    3. the provider and program may be at risk of not satisfying the accreditation standards.
- After the Committee has made its decision, AMC staff send the AMC's findings and feedback on the monitoring submission to the provider including:
    - Whether standards are met, substantially met or not met
    - Conditions which are satisfied and do not need to be addressed again.
    - Any questions concerning the submission or supplementary information required
    - Any issues that the provider should address in the next report.
- If the Committee considers that the provider may be at risk of not satisfying the approved accreditation standards, then the issue is referred to the AMC Directors, as per the *AMC Unsatisfactory Progress Procedures*. Providers are also advised if any major changes require assessment via correspondence and/or site visit.

For bi-national colleges, the monitoring submission is also provided to the Medical Council of New Zealand to be considered by its Education Committee.

The *Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs by the Australian Medical Council 2023* are available on the AMC's website here.

The *Procedures for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs by the Australian Medical Council 2024* are available on the AMC's website here.

Guidance of how to provide the requested information

Section A: Reporting against the standards and accreditation conditions

The following should be addressed for each standard:

1. College activity towards satisfying AMC conditions or otherwise addressing the accreditation standards rated as ‘substantially met’ or ‘not met’
2. Requests for additional information from the AMC response to the 2025 monitoring submission (if applicable)
3. Statistics and annual updates, if requested

Please append documents, such as policy or discussion papers as evidence of changes or plans described.

1. Addressing accreditation conditions

The AMC Accreditation Report on the College’s programs includes a series of commendations, quality improvement recommendations, and conditions on the accreditation. The AMC sets conditions when a program and provider substantially meet the accreditation standards but do not fully meet the all the requirements. Conditions are intended to lead to the program meeting the standard in “a reasonable time[1]”.

The AMC has included all conditions with dates up to and including 2026.

Please provide an update on conditions due by or before 2025.

The College **may choose** to provide an update on progress towards conditions due in 2026.

AMC staff can organise advice to a college on specific conditions, if necessary.

- Please explicitly address each of these conditions individually providing: a summary of the action(s) taken to address the condition, and details of the outcome(s) of that action. Where applicable, include a summary outlining the reasons for a particular course of action, along with any available evidence that the college considers demonstrates that the action(s) have or are likely to satisfy the accreditation standard.
- For colleges with multiple training programs, please indicate which training programs are covered by each college response. If policy and process varies from program to program, please explain significant variations. AMC conditions and recommendations that apply to multiple training programs should be addressed for each such program.
- If the College believes it will not be able to address 2025 (or earlier) conditions in the timeframe detailed in the accreditation report, please outline the reasons why and indicate when it is likely be addressed or what other arrangements are in place to meet the related standard/s that are currently ‘substantially met’.

When assessing the education provider’s response against a condition, the AMC reviewer will be looking for the following:

1. What work the education provider has undertaken in the monitoring period to address the condition.
2. Does the information provided satisfy the condition, or otherwise address the standard/s that are substantially met.
3. If the condition is not satisfied and the relevant standard/s have not otherwise been met, what else does the education provider need to do and/ or provide in order to close the condition.

[1] Section 48 Health Practitioner Regulation National Law

2. Statistics and annual updates

Please provide annual data and/or an annual update under the relevant accreditation standard on:

Standard 1

- The number of appeals heard by the college and the outcome of those appeals, for each of the key assessments/progress decisions

Standard 5

- Each summative assessment activity (e.g. Part 1 and Part 2 exams) and the number and percentage of candidates sitting and passing each time they were held
- Combined summative assessment data showing the number and percentage of Indigenous trainees and Specialist International Medical Graduates sitting and passing each time they were held

Standard 6

- Evaluations undertaken, the main issues arising from trainee evaluations and supervisor evaluations and the college's response to them
- Evidence of actions stemming from MTS results
- Evidence of actions stemming from the Torohia, Aotearoa New Zealand's new medical training survey.

Standard 7

- The number of trainees entering each college training program, including basic and advanced training
- The number and gender of trainees undertaking each college training program
- The number of trainees exiting from each program (prior to attaining Fellowship)
- The number of trainees who completed training in each program (attained Fellowship)

Standard 9

- The numbers of applicants and outcomes for Specialist IMG assessment processes for the last 12 months, broken up according to the phases of the specialist international medical graduate assessment process.

The data should reflect both Australian and Aotearoa New Zealand activity for bi-national training programs.

Section B: Summary of significant developments

This section gives the AMC information on the continuing evolution of the College's programs and assists the AMC to determine if these programs are continuing to meet the approved accreditation standards.

Please provide a brief summary of significant developments completed or planned.

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program.

Guidance on format and submitting to the AMC

The AMC appreciates a focused approach to the information colleges provide in their monitoring submissions. As a guide, a report of no more than approximately of 30-50 pages overall is preferred. Lengthy reports on all the changes in the training programs are not required.

The monitoring submission is a standalone document with a separate, indexed folder of the appendices sent by email to the AMC. We ask that the submission is provided to the AMC using the template provided below. **Please do not submit a separately formatted document**.

Formatting guidelines

- Number appendices according to the relevant standard. For example: Appendix 1.1 and 1.2 are the first two appendices for Standard 1
- Provide an electronic link to the appendices if an appendix and the relevant page/s is referred to in the submission.
- Provide any spreadsheets as 'protected' Excel/Access sheets to improve readability.
- Please ensure that both the submission and the collated appendices are 'searchable' by use of the 'find' function

Please note the College must use the template provided by the AMC. Monitoring Submissions not submitted in the AMC template will not be accepted.

Trainee Committee submission

As part of its accreditation processes, the AMC invites trainees to provide feedback concerning the strengths, and areas for improvement in the processes and programs of accredited education providers, in the interests of quality improvement.

For a number of years, the AMC has invited the Trainee Committee of colleges undergoing an accreditation extension submission to provide its own submission addressing the accreditation standards. From 2025, the AMC has extended this process to invite Trainee Committees to provide comments annually, at the time of the College submitting its monitoring submission to the AMC.

The AMC will invite the College's Trainee Committee to coordinate a submission, addressing the accreditation standards. The College will be copied into all of our correspondence to the Trainee Committee regarding providing this feedback.

The AMC will consider the submission from the Trainee Committee alongside the College's monitoring submission. This process is strictly confidential, and submissions are kept internal to the AMC.

Trainee feedback is one source of information available to the AMC. The AMC would not change the accreditation status of a specialist medical program on the basis of a trainee committee submission alone. The AMC may notify the College if significant concerns or suggestions for improvements were raised in the trainee committee and seek the College's feedback before making any decisions that affect the College's accreditation.

Further Information

Please contact Simon Roche, Policy and Programs Officer, via email at specaccred@amc.org.au if you have any questions about the submission.

Monitoring Submission Template

College Details

(Please correct or update these details if necessary)

College name	*Royal Australian and New Zealand College of Psychiatrists*
Address	*309 La Trobe Street, Melbourne, VIC 3000*

Accreditation History

Date of last AMC accreditation decision	*2022*
Periodic submissions since last AMC assessment	*2023, 2024, 2025*
Next accreditation decision due	*31 March 2028*

To be completed by the College

Officer at College to contact concerning the submission	*Anita Hill*
Email	*anita.hill@ranzcp.org*
Phone number	*+61 (03) 9601 4951*
Submission verification *The information presented to the AMC is complete and represents an accurate response to the relevant requirements, signed by the Chief Executive Officer/executive officer responsible for the program/s*	
Verified by	*Damian Ferrie*
Signature	
Date	*16/06/2026*

Summary of 2025 findings

Standard	2025 Findings	No. of Conditions remaining
Overall	Substantially Met	34
1. The context of education and training	Substantially Met	4
2. The outcomes of specialist training and education	Substantially Met	3
3. The specialist medical training and education framework	Substantially Met	4
4. Teaching and learning methods	Not Met	4
5. Assessment of learning	Substantially Met	7
6. Monitoring and evaluation	Substantially Met	3
7. Issues relating to trainees	Substantially Met	3
8. Implementing the training program – delivery of educational resources	Substantially Met	3
9. Assessment of specialist international medical graduates	Substantially Met	3

Section A – Reporting against the standards and accreditation conditions

Standard 1: The context of training and education

Areas covered by this standard: governance of the college; program management; reconsideration, review and appeals processes; educational expertise and exchange; educational resources; interaction with the health sector; continuous renewal.

1. Activity against conditions

Condition 1				Due Date: 2025*
<u>*Undertake and complete*</u> *the planned external review of governance structures, decision-making, and management of conflicts of interests and confidentiality, with relevant consultation, benchmarking mechanisms, implementation, and evaluation. (Standard 1.1)* **Due 2023: Review and evaluation* **2024: Implementation* **2025: Evaluation of changes*				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			X	
2026 College response				

Following significant work to identify and address governance issues across the Royal Australian and New Zealand College of Psychiatrists (RANZCP; as outlined in the RANZCP's 2024 and 2025 submissions), the RANZCP Board endorsed the establishment of a Governance Reform Taskforce (GRT) at its December 2025 meeting to oversee a College-wide Governance Reform Project. The GRT reports directly to the RANZCP Board.

The GRT has now been formally established, with its Terms of Reference (TOR) (Appendix 1.01) endorsed by the Board and has held three meetings at the time of this report.

Supporting the GRT, a Governance Reform Working Party (GRWP) has been established, comprising RANZCP staff who will map the current state, research and design the future governance framework, and support implementation of the new model. The GRWP commenced in May 2026 and includes representation from the Education and Training Department.

The GRT aims to address longstanding challenges such as the complexity and duplication of governance structures, unclear or slow decision-making pathways, administrative burden, gaps in representation and feedback, alignment between governance arrangements and strategic delivery, and insufficient clarity regarding the

delineation between governance and management functions. Through multiple sources (including reports, observations and AMC accreditation feedback) the GRT has already identified a range of governance issues. These issues will be triaged and prioritised across the phases of the project. Systems and processes will be developed to improve transparency and ensure Members and College staff understand decision-making pathways and can navigate the organisation efficiently.

The reform will be delivered in four phases (Appendix 1.02):

- Phase 1: Set the foundation – Board and Board committees (2025–2026), which will include the Education Committee (EC)
- Phase 2: Extend integration – Management committees, RANZCP committees, Faculties, Sections, Networks and Branches (2026–2027)
- Phase 3: Embed cultural change and continuous improvement (2025–2028)
- Phase 4: Prepare and implement constitutional change (2027–2028).

The GRT will provide recommendations to the Board regarding the commissioning, consolidation, redesign or decommissioning of RANZCP bodies. It will also develop principles to guide the rationalisation, continuation and creation of groups. This work will include the development of consistent TOR, delegation protocols, membership criteria, and clearly defined roles and responsibilities within a committee (including for Members, RANZCP staff and secretariat support).

Focus will then shift to implementation, including culture change, embedding continuous improvement, and supporting learning across the organisation. Any constitutional amendments will then be considered and presented to the Annual General Meeting in 2027.

This work aligns with the 2026–2030 Strategic Plan and the Phase 2 organisational restructure (see also Section B Significant Developments), with a focus on improving clarity and efficiency across roles and responsibilities. The key deliverable of the governance reform work will be a contemporary, fit-for-purpose, future-focused Governance Framework and Operating Model, including revised:

- Risk Management Framework
- Policy Framework
- Delegation of Authority Framework.

New executive roles are in place to support the operationalisation of the new Governance Framework, including the Executive Dean and Executive Operations Manager within the education area, strengthening the RANZCP's ability to meet legislative and regulatory obligations and support continuous improvement (see Section B on significant developments). An evaluation phase will be put in place to review and improve the work, and an ongoing monitoring system will form part of business as usual.

To provide an update on the delegations of authority policy mentioned in our last submission; it has undergone a comprehensive review, and the associated Schedule of Delegations has been identified as a core deliverable of the Governance Reform Project (GRP). As the new governance structure and Committee architecture are finalised within an overarching Governance Framework, delegations will be redesigned to be more robust, consistent, and transparent. The intended outcome is a clear and coherent system that supports effective decision-making and clearly delineates authority across staff and Committees.

Implementation of new definitions for Faculties and Sections and the "Committee Effectiveness Rubric" (Appendix 1.03), will proceed as part of the GRP. The Committee Effectiveness Rubric will be reviewed and expanded to cover all Committees and groups, ensuring consistent delegations, functions and purposes.

Condition 2				Due Date: 2025*
To ensure appropriate College governance and transparency, and improve the confidence of the broader group of trainees and their perceptions of the College: *(i) Identify methods to systematically monitor consistent application of College policies in branch and national committees and training committees in Australia and Aotearoa New Zealand, respectively. (Standards 1.1 and 6.1) - Satisfied* *(ii) Review and implement changes to address barriers created by the Deed of Undertaking to ensure a balance between effective governance and confidentiality protection, and engagement of and communication with trainees. (Standards 1.1 and 7.2) - Satisfied* *(iii) Implement the Binational Trainee Committee and Trainee Advisory Committee with regular evaluation mechanisms to ensure effectiveness of the new governance structure. (Standard 1.1.3) - Satisfied* *(iv) Ensure regular processes for revising and centrally monitoring conflicts of interest to manage actual or perceived bias in decision-making. (Standard 1.1.6)* **Due 2023: Scoping and development of actions for i, ii and iv; 2023: Implementation of iii* **2024: Evaluation of iii; 2024: Implementation* **2025: Evaluation of changes*				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			(iv)	(i), (ii)
2026 College response				

2 (i) Satisfied, update requested from the AMC

This part of the condition was assessed by the AMC as satisfied in 2025 and the following provides an update on implementation, as requested.

Implementation update

The targeted audit process was delayed in 2025 by a RANZCP-wide organisational restructure, as the original team was disbanded and audit activity paused. Policy audit and monitoring responsibilities have now been reassigned, and implementation has resumed with a revised approach that strengthens systematic oversight.

A comprehensive register of RANZCP policies that apply to Branch Training Committees (BTC) has been developed (Appendix 1.04) and informs a rolling audit program (Appendix 1.05), providing methodical monitoring of the application of BTC/New Zealand Training Committee (NZTC)-relevant policies over a five-year cycle. This program replaces the earlier random selection approach, while still allowing for targeted reviews outside the schedule where emerging risks or issues are identified.

Audits underway in the current reporting period

For the current year, the RANZCP is auditing the application of two priority policies with direct relevance to governance, transparency, and trainee confidence:

1. BTC/NZTC TOR and Regulations
   Alignment of committee composition with approved TOR; maintenance of conflict of interest (CoI) registers; and compliance with reporting requirements, including provision of minutes to the parent committee where required.

2. Selection Policy (*Registration for Entry into Training*)
   Key actions relating to application of the selection policy across jurisdictions, through consultation with BTCs/NZTCs, with requests for supporting documentation where clarification or verification is required.

3. *Exit and Re-entry Policy*
   Application across jurisdictions, including voluntary and involuntary exit processes, and re-entry eligibility and requirements, through consultation with BTCs/NZTCs.

Insights arising from these audits will be documented, reported through appropriate governance pathways, and be used to identify barriers and facilitators to effective policy implementation, as well as areas requiring further guidance to committees.

The current audits are scheduled for completion by November 2026, with outcomes to inform ongoing policy monitoring.

Trainee involvement in the audit process

The revised audit program (Appendix 1.05) embeds trainee governance input by establishing the Binational Committee for Trainees (BCT) as a source of input for BTC/NZTC-relevant policy audits, addressing the AMC's previous feedback.

2 (iii) Satisfied, update requested from the AMC

The bi-annual survey of trainees, assessing their understanding and awareness around functions of the Trainee Advisory Committee (TAC) and BCT, was conducted in December 2024, June 2025, and again in December 2025 (results provided in Appendix 1.06). Overall, trainee awareness of the TAC and BCT has improved, with fewer trainees reporting that they are "not aware" or "not sure" of these bodies. Results were broadly consistent across the two surveys conducted in 2025. Confidence in knowing how to contact representatives has gradually increased; however, approximately 20% of trainees remain unsure how to do so.

In December 2025, there was a slight increase in the number of trainees who viewed the committees' priorities as appropriate, while most still report they don't know what the priorities are, and perceptions around the impact of the BCT remain largely unchanged.

In response to the findings, the RANZCP has completed the relevant actions under the 2023–25 Trainee Engagement Strategy. These include strengthening visibility of both committees through trainee orientation sessions, welcome packs, website information, and regular RANZCP communications (including BCT updates, newsletter features and a podcast explaining the roles of the TAC and BCT). Trainee awareness will continue to be monitored through the bi-annual survey with results reported to the BCT.

2 (iv)

At its meeting on 13 February 2026, the Board approved an updated CoI Guideline and endorsed its transition from a guideline to a Policy. The revised Policy was informed by the conflict-of-interest policy template from the Australian Charities and Not-for-profits Commission, findings from the RANZCP's 2024 audit of CoI records, and a review of frameworks used by six other specialist medical colleges.

The Policy outlines management and disclosure of interests and where these interests become a conflict (actual, potential or perceived); the process for disclosure; the information to be recorded; and the steps for managing disclosed interests and conflicts of interests in decision-making (Appendix 1.07). The Policy has been published on the RANZCP website.

The RANZCP undertook its first audit of CoI declaration in 2024 primarily to inform the review of the RANZCP's CoI guideline (now the CoI Policy). Due to the organisational restructuring in late 2025 and a significant vacancy in the governance team, a further audit was not undertaken in 2025. During this period, priority was given to developing and publishing the revised CoI Policy to support a consistent, centrally managed approach.

Implementation of the CoI Policy is underway with a focus on communication to staff, updating governance processes and supporting documentation, and providing targeted guidance to staff who support committees and decision-makers. The relevant Executive and the Governance team will provide ongoing support as required. The policy's provisions are also reflected in the induction processes that have been recently enhanced for committee members.

Condition 5				Due Date: 2025*
Develop and implement a program of systematic collaboration with relevant internal and external stakeholder groups on: *(i) Key issues relating to the College's purpose, education, and training functions.* *(ii) An enhanced leadership role in workforce planning for the specialty to meet the needs of communities in Australia and Aotearoa New Zealand. (Standards 1.4 and 1.6.4)* - ***Satisfied.*** **Due 2024: scoping and Development* **2025: Implementation*				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			(i)	
2026 College response				

The draft stakeholder consultation policy and procedure provided in the 2025 submission has continued through an extensive, iterative consultation process (consultation report in Appendix 1.08). In response to feedback, the document has been separated into a standalone policy and a standalone procedure (Appendix 1.09). This approach improves clarity, and enables the core principles to remain stable, while the procedural guidance (the 'how-to') can be updated to reflect changing contexts as needed.

Significant changes to the policy since the RANZCP's 2025 submission primarily reflect consultation with First Nations committees and representatives, as well as the RANZCP's Lived and Living Experience (LLE) committees and Advisers. This consultation prompted a shift away from a process-heavy framing toward a more values-led approach, positioning consultation as a meaningful relational practice. Aboriginal and Torres Strait Islander and Māori values (including Te Ao Māori and tikanga),

alongside LLE perspectives, are embedded as foundational to how consultation is designed and delivered as set out in the policy (Appendix 1.09, see the Statement of Intent and section 4).

As part of this, there was an overall restructure and refocus of the policy content which included drawing on concepts such as kaitiakitanga - recognising that those who lead consultation hold responsibility to ensure that those most impacted are appropriately represented (section 8), and that consultation processes are flexible, accessible, and able to learn from stakeholder input (sections 6 and 9). The revised policy also more explicitly honours the expertise, lived experience, and knowledge of various stakeholders (section 7).

Finalisation of this policy and procedure was delayed due to the iterative nature of consultation, substantial revisions, and resourcing constraints. The revised policy has been endorsed by the EC, approved by the Board, and is now published. Implementation and communication of this policy and procedure is underway (Appendix 1.10).

Despite the delay, consultation practices consistent with the revised approach have already been applied across a range of education and training initiatives. These include implementation of the Council of Medical Colleges Cultural Safety Training Plan for Vocational Medicine in Aotearoa (CSTP; see Condition 7, Standard 1), development of the change management and crisis management policies (Condition 22, Standard 5), and implementation of the RANZCP's Lived and Living Experience (LLE) Strategy within the Education and Training area (see Section B, Significant Developments). These activities applied the principles underpinning the policy while formal approval and publication of the policy were being finalised.

Condition 7				Due Date: 2026
Demonstrate commitment to Aboriginal and Torres Strait Islander and Māori expertise, leadership, health, and culturally safe practice by developing a strategic engagement framework that grows and supports the Aboriginal and Torres Strait Islander and Māori psychiatry workforce, supports culturally safe practice, addresses health inequity and ensures a culturally safe college by: *(i) Involving the Aboriginal and Torres Strait Islander Mental Health Committee and relevant community stakeholders in the development and implementation of the Innovate Reconciliation Action Plan, includes those actions relating to training, CPD and SIMG assessment programs. (Standards 1.1 and 1.6.4, 2.1.2, 2.2, 2.3)* ***- Satisfied*** *(ii) Establishing relationships with Te Whatu Ora (Health New Zealand) and Te Aka Whai Ora (Māori Health Authority) to address workforce needs and health equity for Māori and the broader community in Aotearoa New Zealand. (Standard 1.6.4)* ***- Satisfied*** *(iii) Embedding cultural safety training for all fellows, trainees, specialist international medical graduates and College staff through the implementation of the CMC Cultural Safety Training Plan for Vocational Medicine, with appropriate modification for the Australian context, across the training, CPD and SIMG assessment programs. (Standard 1.7, 2.1.2, 2.2, 2.3)* *In 2024, Condition 7 and 12 were consolidated, with Condition 12 retired and the timeframe for Condition 7 extended from 2025 to 2026*				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied

			(iii)	
2026 College response				
Colleges may choose to provide an update on progress towards conditions due in 2026 The CSTP has been adopted as the foundational framework to guide RANZCP's approach to cultural safety training across both Australia and Aotearoa New Zealand. To support this work, a targeted literature review was undertaken to identify best practice principles, and the findings have been reviewed by the CSTP Steering Group (CSTP SG). The CSTPS SG includes representation from Aboriginal and Māori communities and is co-chaired by the Chair of Te Kaunihera and the Chair of the Aboriginal and Torres Strait Islander Mental Health Committee. This work has informed the RANZCP's draft CSTP Framework, with additional time required to tailor the content ensuring it is relevant and aligned with the specific context of psychiatry. The CSTP SG approved the draft (Appendix 1.11) in May, and it will now proceed to relevant committees for further approval, including Te Kaunihera and the Aboriginal and Torres Strait Islander Mental Health Committee. This is expected to be finalised before the end of 2026. In parallel, existing cultural safety resources have been reviewed to assess their suitability for inclusion within the CSTP. Based on this review, a suite of self-reflection resources is being adapted for delivery through online learning modules (Appendix 1.12). Once approved, the online module is expected to be released for RANZCP members in June 2026, available through MyCPD and Learnit. This was delayed from the original plan to ensure appropriate consultation with relevant RANZCP committees. These Self-Reflection Tools are intended to be used by individual practitioners to stimulate critical consciousness development and encourage self-awareness, reflexivity, and transformative actions.				

4. Requests for additional information

Requests for additional information from the AMC response to the 2025 monitoring submission	
Request	**College Comment**
The College is asked to clarify why it has four steps in the three-tiered RRA process.	The RANZCP Review, Reconsideration and Appeal (RRA) Policy has a three-tiered approach. In 2023, a further option was introduced, Early Resolution. This Policy and Procedure was created to provide an opportunity to resolve complaints about decisions without accessing more formal review processes. The intent was that it only be used where it is likely there will be a timely outcome achieved. More complex complaints will be referred to the formal RRA Policy and Procedure. The RANZCP acknowledges that the current RRA Policy and Procedure are complicated and there is an opportunity to streamline the process and improve the Member experience. Work is underway to assess the current state and revise this to improve and simplify the pathway.
The College is asked to include numbers and outcomes of Early Resolution requests in its annual data reporting.	During 2025, eight Early Resolution requests were received. One request resulted in the original outcome being overturned, four were not supported with original decisions upheld, two resulted in alternative procedural outcomes (permitting resubmission or a procedural second review of the assessment), and one was assessed as outside the scope of early resolution and progressed through other review pathways.

3. Statistics and annual updates

Please provide data in the tables below showing:

- the number of reconsiderations, reviews, and appeals that were heard **in 2025**, the subject of the reconsideration, review or appeal (e.g. selection, assessment, training time, specialist international medical graduate assessment) and the outcome (number upheld, number dismissed).
- the outcomes of its processes for evaluating the reconsideration, reviews and appeals to identify system issues.

Please do not alter the text in the table.

Requests for Reconsideration in 2025 (per program)			
Subject of Reconsideration	Number of reconsiderations	Outcome	
		Upheld	Varied
Failed In-training Assessment	1		1
Specialist Assessment Outcome	4	3	1
Failed Exam	2	1	1

Requests for Review in 2025 (per program)			
Subject of Review	Number of reviews	Outcome	
		Upheld	Varied
Specialist Assessment Outcome	3	1	2

Requests for Appeal in 2025 (per program)			
Subject of Appeal	Number of appeals	Outcome	
		Upheld	Varied
N/A			

Standard 2: The outcomes of specialist training and education

Areas covered by this standard: educational purpose of the educational provider; and, program and graduate outcomes

1. Activity against conditions

The numbering of conditions matches that used in the AMC Accreditation Report.

Please address each of these conditions individually.

Condition 9				Due Date: 2024*
Explicitly define the College's commitment to Aboriginal and/or Torres Strait Islander peoples and Māori health outcomes and perspectives, and community responsibilities in its educational purpose and within key College documents. (Standard 2.1) **Due 2023: Development and consultation* **2024: Implementation*				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			X	
2026 College response				

Constitutional Review

As outlined in the response to Condition 1, constitutional review is a key milestone in the broader, organization wide GRP. A roadmap for this project, including the Constitutional review, has been developed (Appendix 1.02). This work will consider the RANZCP commitment to First Nations peoples, including recommendations already received from the RANZCP's partnership committees.

A detailed project plan for the GRP has been developed, and each task/item has been assessed to ascertain whether it will require constitutional change (this includes an item specifically related to First Nations considerations). Once the breadth and scope of required constitutional amendments is confirmed, and subject to Board approval, constitutional changes will be progressed. A further targeted plan will be developed to draft resolutions and communicate adequately and appropriately with Members to ensure the meaning and reasons for change are understood. As outlined in the response to Condition 1, the timeframe for constitutional change is set for 2027-2028.

Commitment to Aboriginal and/or Torres Strait Islander peoples and Māori health outcomes and perspectives

The statement defining the RANZCP's commitment to Aboriginal and/or Torres Strait Islander peoples' and Māori health outcomes and perspectives (provided in the 2025 submission), has been embedded within all key RANZCP documents including:

- Aboriginal and Torres Strait Islander mental health webpage
- Commitment to Māori mental health webpage
- RANZCP Strategic Plan 2026-2030 (see also Section B Significant Developments, Appendix B.1)
- Annual review, financial report and strategy | RANZCP webpage
- Constitution | RANZCP
- CPD Program guide and CPD program webpage
- Accreditation of a Training Program regulation
- Accreditation policy and Removal of accreditation policy and procedure
- Review, reconsideration and appeals process webpage
- Appeals and complaints resolution webpage
- Training regulations webpage
- Code of Conduct
- Code of ethics

In addition, the Strategic Plan 2026–2030 embeds the RANZCP's commitment to Aboriginal and Torres Strait Islander peoples and Māori health outcomes within its organisational purpose, positioning equity and cultural responsibility as central to the RANZCP's role. Equity is explicitly articulated as a core value, including a commitment to cultural safety and embedding of Aboriginal, Torres Strait Islander and Māori perspectives across RANZCP activities. The Vision for 2030 further reinforces this commitment and signals the importance of cultural safety and working in partnership as long-term strategic priorities from which operational activities will follow.

Condition 10				Due Date: 2026 (Extended in 2024)
Ensure program and graduate outcomes acknowledge and address equity in healthcare for Aboriginal and/or Torres Strait peoples and Māori. (Standards 2.2 and 2.3) **Due 2025: Development and consultation* **2026: Implementation*				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			X	

2026 College response
Colleges may choose to provide an update on progress towards conditions due in 2026 **Current program updates** In 2026, the RANZCP has progressed priority changes from revised Program and Graduate Outcomes (PGO) to ensure that learning outcomes acknowledge and address equity in healthcare for Aboriginal and/or Torres Strait Islander Peoples and Māori. Key elements of the revised PGOs (the development of which was outlined in our 2025 submission) have been reviewed against the current 2012 Fellowship Program. Approval has been sought to implement key changes within the existing program, rather than waiting for the introduction of the new Fellowship program. These priority changes are reflected within the learning outcomes and syllabus and strengthen expectations relating to cultural safety, cultural responsiveness, trauma-informed care, advocacy, and human rights–based practice. They place greater emphasis on addressing health inequities, stigma, racism and discrimination, and on the psychiatrist's responsibilities to deliver person-, family-, kin-, whānau- and community-centred care, including for Aboriginal and Torres Strait Islander peoples, Māori, and other marginalised communities (Appendix 2.01). Subject to final approval, these changes will be embedded in teaching from 2027, following a 12-month lead-in period, with assessment changes to follow in 2028 after one full cycle of teaching. **Future Fellowship Program** Throughout 2025 and 2026, consultation and review of the revised PGOs have continued, as it is the foundation of the new Fellowship program. An updated version of the PGOs (Appendix 2.02) has been presented to the EC and endorsed by the New Fellowship Program Taskforce (NFPT). The endorsed PGOs provide the curriculum framework for the new Fellowship program proposed for 2030. In the meantime, priority elements of this framework are being incorporated into the current 2012 Fellowship Program, so trainees can benefit from the NFPT's work before the new program is introduced. The revised outcomes place a stronger and more explicit emphasis on cultural safety and cultural responsiveness, including a clearer articulation of the psychiatrist's role as an advocate. The NFPT has noted that this content should continue to be treated as dynamic, with further refinement occurring in preparation for the implementation of the full set of revised outcomes in the new Fellowship program.

Condition 11	Due Date: 2025*
Expand the College's educational purpose, program outcomes and graduate outcomes to reflect community need for non-acute mental health services across a range of settings. (Standards 2.1, 2.2 and 2.3) **Due 2024: Development and consultation*	

2025: Implementation and communication				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			X	
2026 College response				

Updated educational purpose

The RANZCP recognises that the Fellowship curriculum must evolve in response to changing demographic patterns, epidemiological transitions, service delivery models and community need, including increasing demand for care in non-acute and community-based settings.

As a direct response, the RANZCP has updated the educational purpose of the *current* Fellowship Training Program to more explicitly articulate these expectations. An updated public purpose statement has been approved by the EC and published on the RANZCP's website:

> ***Program purpose and training approach***
>
> *The Fellowship Training Program prepares psychiatrists for independent practice by developing cultural safety and responsivity, sound clinical judgement, and the ability to deliver ethical, evidence-based, trauma-informed, recovery-oriented, and human rights–focused care in partnership with individuals, families, carers, kin, and whānau.*
>
> *The program aims to respond to increasing demand for care in non-acute and community settings, striving to reflect changing community needs. Trainees gain experience across a range of environments and levels of acuity, developing skills in continuity of care, management of complexity, and working across services.*
>
> *Through progressive responsibility and supervised practice, trainees learn to assess, manage, and lead care in diverse environments. Graduates are prepared to work collaboratively within complex systems, respond to the needs of Aboriginal, Torres Strait Islander and Māori peoples, and partner with lived and living experience to improve outcomes across Australia and Aotearoa New Zealand.*

Program and Graduate Outcomes – future Fellowship Program

In parallel, with updating the purpose of the current program, the RANZCP has commenced substantial curriculum renewal work through the NFPT (see also Condition 10). This work recognises that broader and more structural curriculum change is required in response to contemporary service patterns and community need.

Revised PGOs have been developed (Appendix 2.02), embedding expectations that Fellows practice effectively across the continuum of care, including in non-acute and community-based settings, through outcomes and competencies focused on communication, advocacy, leadership, and multidisciplinary and community practice.

In 2025, the NFPT reviewed multiple concurrent education reform activities and recommended that reform be consolidated through the development of a new Fellowship Program. The Board approved this recommendation to provide a clearer, more integrated approach to curriculum re-design, assessment reform and

implementation. This decision also reflected the view that ongoing incremental amendments to the 2012 Fellowship Program were contributing to confusion, fatigue and misalignment. The Board also approved deferral of implementation of the full set of revised PGOs until the new program (Appendix 5.02).

Program and Graduate Outcomes - current Fellowship Program

As outlined under Condition 10, while development of the new Fellowship Program is underway, priority elements of the revised PGOs that strengthen trauma-informed, culturally responsive and equity-focused psychiatric practice in community and non-acute contexts have been identified for early incorporation into the existing 2012 Fellowship Program learning outcomes and syllabi (Appendix 2.01). These elements are intended to be embedded in teaching from 2027 (following a 12-month lead-in), with corresponding assessment changes to follow in 2028.

Educational Purpose - future Fellowship Program

In developing the 2030 Fellowship Program, the NFPT has drafted the Vision and Guiding Principles, and endorsed a revised set of PGOs, for further refinement before implementation. These documents explicitly articulate the RANZCP’s educational purpose and incorporate the requirement to address community need for non-acute mental health services across a range of settings.

2. Statistics and annual updates

Nil.

Standard 3: The specialist medical training and education framework

Areas covered by this standard: curriculum framework; curriculum content; continuum of training, education and practice; and curriculum structure

1. Activity against conditions

The numbering of conditions matches that used in the AMC Accreditation Report.

Please address each of these conditions individually.

Condition 13				Due Date: 2026*
Develop and implement an overarching curriculum framework and enhanced mapping aligned with program and graduate outcomes, syllabi, and assessment for all stages of training. This work should include implementation timelines and coordinated with: *(i) Completing the planned review of the syllabus in Stage 1 and 2 of training.* *(ii) Establishing a clear syllabus and curriculum map for Stage 3 of training. (Standards 3.1 and 3.2)* **Due 2024: Scoping and development* **2025: Communication* **2026 Implementation*				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			(i), (ii)	
2026 College response				

Colleges may choose to provide an update on progress towards conditions due in 2026

13(i) Syllabus review for Stages 1 and 2

The review of the knowledge base for Stages 1 and 2, conducted in collaboration with the Australian Council for Educational Research (ACER), is complete. The revised knowledge base (Appendix 3.01) has been endorsed by the NFPT and will inform curriculum development for the new Fellowship program. However, key additions arising from the review are being incorporated into the 2012 program syllabi (Appendix 2.01) on completion of the current approval process.

To provide additional context, the revised Stage 1 and 2 syllabi introduce targeted enhancements rather than structural redesign, addressing priority gaps identified through the curriculum framework review and ACER-supported analysis. The proposed changes strengthen emphasis on trauma-informed and recovery-oriented

care, cultural safety (including explicit Aboriginal and Torres Strait Islander and Māori perspectives), neurodevelopmental conditions, intellectual disability, consumer and carer partnership, and human rights–based practice. These changes are embedded within the existing syllabus framework to support continuity for trainees and training programs.

13(ii) Stage 3 syllabus and curriculum map

The RANZCP acknowledges the AMC's feedback on the importance of Stage 3 trainees having access to a published syllabus under the current (2012) program. In response, a proposed Stage 3 syllabus for the 2012 program has been developed and is currently proceeding through the approval process (Appendix 2.01).

The proposed Stage 3 syllabus provides a consolidated and clearly articulated set of learning expectations for the final stage of the current (2012) program. The proposed syllabus explicitly focuses on integration, independent clinical practice and leadership, including management of complex presentations, supervision and teaching, ethical and legal decision-making, cultural safety, and advocacy. It is designed to provide clear guidance for Stage 3 trainees while remaining implementable within the existing program framework.

Condition 14	Due Date: 2026*

Review and implement enhanced curriculum content, including explicit learning outcomes and relevant minimum clinical experience to ensure all graduates have capabilities in:

- *(i) Psychotherapy and high prevalence disorders to prepare graduates for non-acute presentations.*
- *(ii) Neuroscience, addictions, trauma-informed care, and intellectual disability.*
- *(iii) Leadership and working in multidisciplinary teams to prepare for roles in both public and private practice and community settings.*
- *(iv) Delivering high quality, patient centred mental health care with understanding of health inequities and systemic barriers in Australia and Aotearoa New Zealand. (Standards 3.2.3, 3.2.4, 3.2.5, 3.2.6 and 3.3.2)*

**Due 2024: Scoping and development*

**2025: Communication*

**2026 Implementation*

Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			(i), (ii), (iii), (iv)	

2026 College response
Colleges may choose to provide an update on progress towards conditions due in 2026 The RANZCP notes the AMC's recognition of ongoing educational reforms and provides an update on implementation plans for all four areas of this condition. The RANZCP has used the curriculum framework and syllabus review process, including the work conducted with ACER (see Condition 13), to identify specific additions and changes to the 2012 program that address the curriculum content areas outlined in this condition. These changes are being integrated into the current program (Appendix 2.01). The RANZCP acknowledges that the current (2012) program has inherent limits on the extent to which curriculum content can be comprehensively reformed. The new Fellowship program under development by the NFPT provides a greater opportunity to address these areas more fully and systematically (outlined in Condition 11, and Section B Significant Developments). In the interim, targeted additions and enhancements to learning outcomes and syllabus content are progressing through approval for incorporation into the 2012 Fellowship Program (Appendix 2.01), with teaching intended to commence from 2027: • 14 (i) Psychotherapy and high-prevalence disorders: Assessment and management of common conditions (e.g. anxiety, autism, ADHD, eating disorders). • 14 (ii) Neuroscience, addictions, trauma-informed care, and intellectual disability: Neurodevelopmental conditions, intellectual disability and applied trauma-informed practice. • 14 (iii) Leadership and working in multidisciplinary teams: Clinical leadership, supervision, quality improvement and effective multidisciplinary and inter-agency practice. • 14 (iv) High quality, patient-centred mental health care, health inequities, and systemic barriers: Recovery-oriented and culturally safe care, health inequities, advocacy and social, economic, and system-level barriers, informed by community and stakeholder engagement (Appendix 3.02; see also Condition 21(ii) and 21(iii)).

Condition 15				Due Date: 2026*
Develop and implement explicit learning outcomes for trainees to develop culturally safe practice in Australia and Aotearoa New Zealand supported by and mapped to specific learning resources and assessments. (Standards 3.2.9 and 3.2.10) **Due 2023-2024: Completion* **2025: Communication* **2026: Implementation*				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied

			X	

2026 College response
Colleges may choose to provide an update on progress towards conditions due in 2026

The RANZCP is progressing this condition through two streams of work: implementation within the existing 2012 program, and development of a more comprehensive approach through the CSTP and the NFPT.

Implementation within the 2012 program

The RANZCP has decided not to re-structure the 2012 program (see condition 11 for context). Instead, the existing program is being amended to incorporate additional competencies reflecting proficiencies outlined in the CMC Cultural Safety Training Plan for Vocational Medicine in Aotearoa (see Conditions 7 and 10 for timelines; Appendices 1.11 and 2.01). This approach introduces explicit expectations for culturally safe practice while also signaling that cultural safety will be more fully incorporated – through a dedicated role – in the new Fellowship program.

In relation to resources, a Learning Path module on cultural safety in supervision (as referenced in Condition 24, 2025 submission) is undergoing final approval prior to publication and will provide both trainees and supervisors with targeted learning within the current program. Additional resources are planned, supported by recently secured government funding for culturally safe supervision, including the development of guidebooks and other training materials.

The mandatory requirement for trainees to complete e-learning modules on Aboriginal and Torres Strait Islander mental health care remains. In addition, a requirement for trainees to complete a locally delivered cultural safety activity, which may include employer-mandated requirements, is expected to be communicated shortly and will become mandatory following a 12-month notice period. Completion of these activities contributes to meeting Fellowship program requirements and informs assessment of trainees' capability in culturally safe practice.

The CSTP project provides an overarching framework for this condition, coordinating the development of learning outcomes, resources, and self-assessment approaches across the current training program and Continuing Professional Development (CPD) program. As part of this work, online learning modules with self-reflection tools are being developed for launch to all members this year (see Condition 7).

Assessment of trainees' culturally safe care — emerging approach

The RANZCP acknowledges the AMC's specific request to comment on how trainee provision of culturally safe care will be assessed. This is being actively considered through the CSTP project and in conjunction with the NFPT. Preliminary thinking includes the following approach:

- Strengthening supervisor and assessor capability to make informed judgements about cultural safety and cultural responsiveness is viewed as a foundational step, given that meaningful assessment of culturally safe practice requires assessors who are themselves equipped to recognize and evaluate it.
- Appropriate ways of including LLE and First Nations persons in the assessment of culturally safe care.
- Trainees will likely be required to engage with the Cultural Safety Self-Reflection (CSR) tool annually and document a corresponding learning plan, providing a

structured mechanism for ongoing self-assessment and development in this area.

- Additional assessment visibility will be explored through the Modified Essay Question (MEQ) and Multiple-Choice Questions (MCQ) assessments, as well as through the In Training Assessment (ITA) and Observed Clinical Activity /Independent Observed Clinical Activity (OCA/IOCA) processes, which offer natural touchpoints for making culturally safe practice more explicit in workplace-based assessment.

New Fellowship Program

The new Fellowship program provides a significantly greater opportunity to embed culturally safe practice as an explicit graduate outcome with comprehensive mapping to learning resources and assessments. The NFPT is incorporating cultural safety as a core consideration in curriculum design. Early design work is exploring the inclusion of longitudinal capability strands, with Indigenous health identified as a core component within the development of relational and cultural capabilities across all stages of training.

Condition 16				Due Date: 2024*
Develop and implement mechanisms to centrally monitor the application of the College's "break in training" and part-time policies at local training sites. (Standard 3.4.3) **Due 2023: Development and consultation* **2024: Implementation*				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
		X		
2026 College response				

The RANZCP has established central monitoring of part-time training (PT) and breaks in training (BiT) through InTrain which monitors the application of the associated policies. However, as noted in the AMC's feedback for 2025, this process does not capture barriers to flexible training.

While employment decisions rest with employers, the RANZCP can identify systemic barriers within training systems to advocate for equitable access to flexible training.

Understanding barriers to flexible training

Consistent with the AMC's advice to avoid additional surveying due to low response rates, the RANZCP has taken a cross-departmental approach, drawing on existing data sources across the College together with targeted consultation to understand barriers to flexible training.

- **Trainee perspectives:**
  Free-text responses from the 2024 Trainee Support Needs (TSN) Survey were re-analysed following discussion with the BCT in June 2025. This analysis specifically examined references to barriers and enablers to flexible training and informed Recommendation 2(b) of the TSN report (Appendix 3.03; see also Condition 36(ii)).

  Work led by the RANZCP Gender Equity Subcommittee also informs the identification of structural and cultural factors affecting equitable participation in training. This committee is also actively addressing barriers by engaging service leaders and promoting cultural and structural changes that enable flexible and part-time training (Appendix 3.04).

- **Targeted engagement with trainee representatives:**
  Trainee leaders were consulted in April 2026 to seek more themes from their experience where requests may be denied by the employer prior to formal application for flexible training with the RANZCP. Feedback indicated that there are, at times, expectations within the workplace for trainees who are approved for part-time training to return to full-time participation for certain mandatory rotations. Trainee leaders also described inconsistent perceptions regarding how maternity leave is treated for training progression. In addition, perceived differences were noted in how the legitimacy of part-time training requests is assessed by employers, with reasons such as burnout or childcare responsibilities often regarded as less legitimate than requests related to illness or parental leave.

- **Consultation with Directors of Training/Directors of Advanced Training (DoTs/DoATs):**
  In 2025 DoTs confirmed that, from a training delivery perspective, there are no barriers to PT training at ≥0.5 Full Time Equivalent (FTE), and that training requests below this level are escalated to the Committee for Training (CFT; as per the policy) and approved where progression is not compromised. Further consultation with DoTs and DoATs in March 2026 sought to identify barriers from a workforce perspective. DoTs reported that employers generally do not object to PT training, except in isolated cases not related to the FTE requested. One jurisdiction, Western Australia (WA), identified potential workforce-specific issues, and further consultation with WA stakeholders is being planned to clarify workforce constraints.

- **Existing data sources:**

  Data from the 2025 Medical Training Survey (MTS) (Appendix 3.05) and the Fellowship Attainment Survey (Appendix 3.06) were analysed. Reported barriers to flexible working included a lack of available opportunities, role limitations, discomfort in requesting flexibility, and perceptions that flexible arrangements were not an option, indicating ongoing structural and cultural constraints within workplaces that require further attention.

Overarching themes from the data above will be identified and used to inform the RANZCP's advocacy approach (outlined below), as well as any associated actions.

Interpreting the current evidence on flexible training

The RANZCP is recognised for its flexible training arrangements, and data from the 2025 MTS showed that 26% of trainees reported accessing flexible training arrangements, which remains slightly above the Specialist college average. In addition, 71% of trainees agreed that the RANZCP supports flexible training arrangements, eight points above the sector average, and continues a positive upward trend since 2022 (Appendix 3.05).

Consistent with this, findings from consultation to date suggest that the RANZCP's policies and approval processes enable flexible training and do not create systemic impediments to part-time training or breaks in training. Where barriers have been identified, they appear to arise largely at the employer or workforce level and may

be jurisdiction-specific rather than indicative of bi-national practice. This highlights the importance of the RANZCP's advocacy role, rather than the need for policy changes or changes to how existing policies are applied.

Using insights to support advocacy

Insights from trainees and DoTs have informed an initial advocacy approach. The RANZCP is refining a proposal (Appendix 3.07) for RANZCP Branch Committees to advocate to State Governments and health departments for increased support and funding for PT training positions, to enhance flexibility offered by employers and strengthen the attractiveness of the training program.

The impact of advocacy efforts will be monitored through trends in PT training uptake, training duration, and jurisdictional variation, as captured in InTrain and associated reporting.

Centralised monitoring

The RANZCP has implemented a centralised approach to monitoring the application of PT training and BiT policies. An overview of these mechanisms is set out below.

- Integrated InTrain forms for PT and BiT that flag requests outside policy parameters.
- Enhanced data capture of reasons for PT and BiT requests at the point of application.
- Power BI dashboards providing real-time central oversight of PT and BiT training, enabling monitoring of trends over time by program, jurisdiction and reason category.
- Dashboard reports are accessible to relevant RANZCP staff and DoTs for their respective jurisdictions.
- Annual reporting of PT and BiT data to the DoT Advisory Group and the CFT at their yearly face-to-face meeting.
- Ongoing twice-yearly review of ITA data to confirm compliance with FTE and training requirements.

2. Requests for additional information

Requests for additional information from the AMC response to the 2025 monitoring submission	
Request	**College Comment**
The College is asked to reflect on its approach to central oversight and understanding of barriers to flexible training through consultation with its trainee representative groups	Refer to the RANZCP's response under Condition 16, which outlines the RANZCP's approach to central oversight and to understanding barriers to flexible training through consultation with trainee representative groups.

3. Statistics and annual updates

Nil.

Standard 4: Teaching and learning methods

Areas covered by this standard: teaching and learning approach and methods

1. Activity against conditions

The numbering of conditions matches that used in the AMC Accreditation Report.

Please address each of these conditions individually.

Condition 17				Due Date: 2025
Develop, implement, and monitor increased opportunities in non-acute settings and longitudinal care to facilitate the expansion of skills of trainees to manage high prevalence, low acuity disorders. (Standards 4.2.1 and 3.2)				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			X	

2026 College response
The InTrain Post Setup Redesign is an active program of work, supported by a detailed project plan (Appendix 4.01), to improve training-post data quality and consistency. This strengthens post/setting classification and enables reliable monitoring and reporting of trainee opportunities in non-acute and longitudinal care settings. The redesign: • standardises post/location/setting attributes (including accreditation status and FTE) • introduces clearer controls to reduce invalid or duplicated entries • strengthens data integrity to support Condition 17 monitoring and reporting. Deliverables include a redesigned post setup interface; an approved set of business rules; a data dictionary for post/location/setting, accreditation and FTE; data entry standards and guidance; migration preparation and validation activities; and a training and communications program to support adoption. The current schedule in 2026 is: • Q1/Q2 initiation and finalisation of rules, planning to build and preview

- Q2 User Acceptance Testing and migration validation
- Q2/Q3 training and communications
- Q3 launch
- Q3/Q4 post-launch support, monitoring and transition to business as usual.

Psychiatry Workforce Program funding
Funding for 10 FTE training posts and supervision in Medicare Mental Health Centres has been granted by the Australian Department of Health, Disability and Ageing (DHDA). Medicare Mental Health Centres are a new model of care, providing services to an undifferentiated community patient population. Planning for this pilot program is underway. Expressions of Interest will be sought in 2026, with training to commence in 2027. This pilot will be evaluated and has potential for expansion of psychiatry training and services to meet local community needs.

Condition 18				Due Date: 2027 (Extended in 2024)
Evaluate the utility of Formal Education Courses, addressing their purpose as a valid educational tool, and develop and implement measures to address variations in content, course fees and equity of access for all trainees. The evaluation should involve relevant stakeholder consultation from the onset and transparent reporting of outcomes. Developmental measures should include contemporary modes of delivery to align with trainee's clinical placements. (Standard 4.2.2) **Due 2023: Evaluation* **2027: Implementation*				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
		X		
Colleges are not required to provide an update on progress towards conditions due in 2027.				

Condition 19				Due Date: 2025
Curate a central set of educational materials and activities and roadmap to support consistent delivery of teaching and learning, aligned with program and graduate outcomes, and assessments. (Standard 4.2.2)				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied

			X	
2026 College response				

The RANZCP has established a central Education Library to support consistent delivery of teaching and learning for current trainees and supervisors (Appendix 4.02).

To ensure clarity and usability during a period of curriculum transition, the RANZCP has revised its approach to mapping educational resources, mapping them to the current Learning Outcomes rather than the syllabus, recognising that the syllabus will be subject to revisions prior to implementation of the 2030 Fellowship program.

The Education Library is now live and provides an accessible, curated, and centralised collection of resources drawn from multiple RANZCP platforms, including Learnit, podcasts, and the RANZCP website. It is organised by the seven core Fellowship competencies, based on the CanMEDs Roles, with Learning Outcomes nested within each competency. The library provides a roadmap for trainees and supervisors to locate relevant educational materials while acknowledging that materials are not prescribed readings. Search functionality also enables users to locate additional resources across RANZCP online platforms.

This represents the RANZCP's interim but operational solution for aligning learning resources with curriculum expectations pending implementation of the revised Fellowship program. It will be updated in the coming year to reflect revised learning outcomes (see Condition 10; Appendix 2.01).

Ongoing user feedback mechanisms have been incorporated into the library webpages to support continuous improvement. Lessons from this work will inform future refinement and transition of the library to the 2030 Fellowship program.

Condition 20				Due Date: 2025*
Develop and implement central College monitoring of trainee development of independence, with clear articulation of service expectations, required skills and responsibility for Stage 1 trainees. (Standard 4.2.4) **Due 2023: Development* **2024: Consultation* **2025: Implementation*				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
	X			
2026 College response				

The RANZCP acknowledges the AMC's feedback that the underlying issue associated with this condition relates to limitations in early entrustment and the potential risk of inappropriate levels of independence for Stage 1 trainees.

The RANZCP currently uses Stage 1 Entrustable Professional Activities (EPAs) as part of its training program; however, these EPAs are primarily designed to support developmental assessment across the first year and do not necessarily function as an explicit early-stage safeguard controlling the point at which trainees commence independent clinical duties. Even so, available data indicates that foundational EPA-based entrustment occurs early in training. The two mandatory Stage 1 EPAs (Antipsychotic Use and Providing Psychoeducation) are not required until completion of Rotation 2, however, approximately 50% of these EPAs submitted since 2018 have been entrusted within the first six months of training (noting each rotation is six FTE months). In addition, trainees frequently complete other EPAs voluntarily during this period, including in areas such as mental health legislation, risk assessment, and cultural awareness (Appendix 4.03).

Together, this suggests that early entrustment practices are occurring in part within the existing program. However, the RANZCP accepts the AMC's advice that more explicit early-stage mechanisms are required to manage entrustment risk. In response, the College will consider introducing a mandatory EPA within the first rotation and strengthening monitoring through reporting of the extensive data mined from entrustment decisions in the first year of training.

In parallel, with the assistance of DoTs, the RANZCP has developed a structured orientation and early-practice checklist designed to be completed jointly by trainees and supervisors within the first few weeks of Stage 1 training (Appendix 4.04). This process supports explicit discussion and confirmation of supervision arrangements, scope of practice, escalation pathways, and limits of responsibility.

The checklist is designed to complement existing local orientation processes and ensure that expectations are clearly articulated and documented. Outcomes of the checklist are centrally visible, enabling oversight of how scope of practice is communicated across training programs.

The RANZCP proposes to pilot this early-stage mechanism with one or two programs prior to considering full system implementation. Findings from the pilot will be used to refine the approach and to determine how it can be integrated into the RANZCP's established IT systems and broader monitoring framework.

To further strengthen the RANZCP's role in setting minimum expectations in early-stage practice, two relevant Accreditation Committee guidelines have been published following extensive consultation: the *Acute Adult Inpatient Workloads for RANZCP Trainees* (previously titled the *Acute Inpatient Numbers Guideline* in the 2025 submission) and the Guideline for Stage 1 Trainees (Appendix 4.05 and 4.06). Both guidelines were developed through iterative consultation with DoTs, supervisors and trainees. An additional guideline for Community patient workload is currently being finalized.

The *Acute Adult Inpatient Workloads for RANZCP Trainees* sets stage-sensitive expectations for acute inpatient workload, supervision, and escalation. It also orients services and supervisors to the risks commonly encountered early in training and provides guidance for establishing and monitoring appropriate workloads.

The *Accreditation Committee Guideline: Stage 1 Trainees* sets expectations specific to the first year of training, including both requirements and recommendations relating to orientation, supervision, and readiness to commence after-hours work. It also articulates developmental descriptors and expected performance standards at the end of Stage 1, supporting clearer service expectations and understanding of appropriate scope of practice for early-stage trainees.

In relation to the previously reported Stage 1 trainee survey (see the 2025 submission), data was analysed (Appendix 4.07) and shared with relevant committees. Consistent with the planned approach, committees requested further iterations to assess trends over time prior to determining any actions, and key findings were disseminated to relevant Directors of Training for awareness. Following AMC feedback in 2025, this survey approach has not been continued, with ongoing monitoring now supported through the planned EPA monitoring, onboarding measures, and guidelines described above.

2. Statistics and annual updates

Nil.

Standard 5: Assessment of learning

Areas covered by this standard: assessment approach; assessment methods; performance feedback; assessment quality

1. **Activity against conditions**

The numbering of conditions matches that used in the AMC Accreditation Report.

Please address each of these conditions individually.

Condition 21				Due Date: 2025*
Develop, implement, and monitor the outcomes of the Assessment Framework review with evidence of: *(i) Improved alignment of assessment methods to program and graduate outcomes.* *(ii) Effective engagement with relevant stakeholders, including those with lived experience, in development and implementation plans.* *(iii) Embedding of culturally safe and inclusive practice, and feedback from those with lived experience, in the program of assessment.* *(iv) Effective monitoring of the workload of supervisors and Directors of Training to ensure wellbeing is looked after with appropriate support and training. (Standards 5.1, 1.6.4, 6.1, and 8.1.3)* **Due 2023: Development* **2024: Implementation* **2025: Monitoring and evaluation*				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
		(i), (iii)	(ii), (iv)	
2026 College response				

21(i) Alignment of assessment methods to PGOs

The PGOs (Appendix 2.02) have undergone further consultation and review and have now been endorsed by the NFPT to inform the design of the 2030 Fellowship Program, with only iterative refinement anticipated prior to implementation (see also Condition 10).

Detailed mapping of the current program of assessment against the PGOs, has been completed, led by ACER as Phase 3 of the assessment framework review (Appendix 5.01). This work provides a picture of the extent to which existing assessment methods align with the PGOs, and highlights opportunities for improvement that are now informing program-level assessment reform under the NFPT (see below for more). As a continuation of this work, the NFPT undertook an exercise in

preliminary mapping of the revised PGOs to a proposed assessment shortlist to inform the new Fellowship Program design. This work will be further developed through the more detailed design process ahead of implementation in 2030.

The recommendations of the Assessment Framework Working Group has been integrated into the broader Fellowship program redesign, being led by the NFPT, to ensure assessment alignment is addressed cohesively as part of the new curriculum rather than through continued incremental changes to the 2012 Fellowship Program. Consistent with this approach, the Board has limited major structural change to the current 2012 program to support stability for trainees and supervisors (Appendix 5.02), reflecting consistent feedback about change fatigue (supported by evidence provided in Appendices 5.03 and 5.04 under Condition 21iv).

To support the current program and cohort of trainees, selected enhancements to existing learning outcomes and syllabi – drawn from the revised PGOs – are planned for implementation in 2027 (see Conditions 10, 11, 13, and 14; Appendix 2.01). These changes will be aligned to the current assessment program through blueprinting, with associated assessment adjustments introduced from 2028.

Other interim improvements have been implemented including the retirement of the Critical Essay Question (CEQ), introduction of the Critical Thinking in Psychiatry learning modules, introduction of the IOCA in Stage 3, and supervisor training in the use of OCAs and IOCAs (more information on the IOCA project is provided in Section B, Significant Developments). These changes reduce unnecessary assessment burden, strengthen observed clinical assessment, and support more consistent assessor judgement.

ACER assessment mapping findings

ACER mapped the full suite of workplace-based assessments and learning activities to the PGOs, with mapping undertaken primarily at the level of 'enabling competencies' to ensure accuracy and to avoid overstating coverage at a higher level (Appendix 5.01). The mapping identified which competencies are currently assessed, and which could be assessed through targeted modification of assessment criteria.

Key findings from the mapping include:

- All workplace-based assessments map to multiple revised graduate outcomes, although there is significant overlap, and modest revision of assessment forms or rubrics could enable a larger variety of competencies to be assessed.
- Observed assessments (including Mini-CEX, OCA and IOCA) demonstrate strong alignment with Psychiatric and Medical Expert and Communicator competencies, with scope to strengthen assessment of collaboration, professionalism, leadership and cultural safety through clearer competency-based criteria.
- EPAs draw on multiple Workplace-Based Assessments (WBAs), and the current EPA suite would benefit from simplification and clarification, noting the need to align EPAs to key competency levels, remove learning outcome references that do not map to either the old or new curriculum, and address ambiguity for assessors regarding entrustment expectations and overlap between EPAs.
- In relation to centrally administered written examinations (the MCQ and MEQ), while they are supported by detailed item- and syllabus-based blueprinting under the current curriculum, there is not yet an assessment framework explicitly designed around the revised Graduate Outcomes. As a result, MCQ and MEQ examinations cannot be fully mapped to the revised PGOs until the new curriculum and associated assessment frameworks are finalised.

21(ii) Effective engagement with stakeholders including those with lived experience

The RANZCP undertook extensive engagement on the revised PGOs throughout 2025. This included a three-month open consultation process through which RANZCP members and community members provided feedback, supplemented by several additional targeted conversations with community members through email, online survey submissions and meetings (Appendix 3.02). Feedback from community participants and First Nations representatives informed refinements to the revised PGOs, including the explicit embedding of cultural safety and trauma-informed practice across all roles; strengthened expectations for partnership with families, whānau and carers; clearer suicide-prevention and safety-planning outcomes using non-stigmatising, human-centred language; and the integration of LLE in research and quality improvement activities (Appendix 3.02).

In addition to broader consultation, the revised PGOs were reviewed and endorsed by the NFPT (inclusive of LLE and Indigenous representation), providing an additional layer of oversight.

21(iii) Embedding of culturally safe and inclusive practice and lived experience in the program of assessment

As reported in 2025, the Program and Graduate Outcomes were revised to incorporate feedback from internal and external stakeholders, including in areas of cultural safety and lived and living experience, see Appendix 3.02 for evidence.

LLE and First Nations perspectives are now integrated into assessment development as standard practice. The newly implemented Consultation and Engagement Policy (Appendix 1.09, see also Condition 5i) and Change Management Policy (Appendix 5.05, see also Condition 22ii) require that major changes to assessment tools include consultation with LLE and First Nations committees ('partnership committees').

This shift in approach is at an early stage and has begun through the development and implementation of the IOCA. The assessment was presented on multiple occasions to the Community Collaboration Committee (CCC) (Appendices 5.06, 5.07, 5.08). Feedback received through this LLE forum informed design amendments prior to implementation. These included:

- inclusion of a structured prompt within the IOCA tool for the assessed person (consumer) to provide feedback on the trainee's performance
- incorporation of explicit consent requirements for the assessed person (consumer)
- revision of the IOCA video resource to include a patient persona based on an actual patient experience.

Ongoing application of this approach is supported through minimum consultation requirements set out in the policies mentioned above, and the continued involvement of two Senior LLE Advisors on staff who guide the LLE consultation process.

In addition, the RANZCP has recently secured government funding to develop resources that support culturally safe supervision, which may include guidebooks and training modules for supervisors, supporting consistency in practice around workplace-based training activities and assessments.

21(iv) Effective monitoring of the workload of supervisors and Directors of Training

In 2025, a survey for supervisors, DoTs and DoATs was conducted to collect both quantitative and qualitative data on workload pressures, wellbeing impacts, and areas where additional support and training are required. The data have been analysed and reported separately for supervisors and DoTs/DoATs, with findings identifying key workload and wellbeing risks and such as workforce pressures and the perceived burden of making summative judgments using workplace-based assessments (Appendix 5.03 and 5.04).

These findings have informed a set of recommendations focused on strengthening supervisor support, training and wellbeing (Appendix 5.03 and 5.04). These

recommendations are being progressed through relevant RANZCP governance committees for consideration.

The 2025 survey findings are informing the development of a broader biennial supervisor survey, to be launched in 2026, into which this monitoring of workload and wellbeing will be incorporated under the Monitoring and Evaluation Framework.

Condition 22				Due Date: 2024*
As part of an overarching plan that includes other planned reviews and the integration of these reviews with each other and the program of assessment: *(i) Provide evidence of the application of valid project/program management and change management methods to ensure appropriate integration and sequencing of work, accountability for delivery, timely implementation, and effective communication of actions and rationale related to the Assessment Framework.* *(ii) Develop a policy and roadmap, in consultation with trainees, on timelines for the notification of changes to training program requirements. (Standard 5.1 and 7.3)* **Due 2023: Development* **2024: Implementation* *Conditions 22 and 35ii consolidated in 2024*				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			(i), (ii)	
2026 College response				

22 (i)

Since the previous report, the RANZCP has further considered the integration and sequencing of assessment reform through a comprehensive review undertaken by the NFPT. The NFPT reviewed all education and training reform activities, including assessment projects, and made recommendations regarding prioritisation, sequencing, and risk-based staging of reform, which were endorsed by the Board (Appendix 5.02). In line with the NFPT’s recommendation, the Board endorsed a proposal to limit changes to the current program ahead of the new Fellowship Program being designed for 2030.

This review has informed a revised approach to assessment projects for the current 2012 Fellowship Training Program. Only reform that is essential to current program integrity and feasibility will proceed, including:

- implementation of the Critical Thinking in Psychiatry Learning modules (referred to as the Critical Reflection Activity in our last submission) in place of the CEQ – implemented in 2025, becoming mandatory for trainees in August 2026
- implementation of the IOCA for Stage 3 trainees – implemented in 2025 with supervisor training ongoing (see Section B Significant Developments)

- development of the Clinical Competency Portfolio Review (CCPR) for launch in September 2026 to replace the Clinical Competency Assessment – Modified Portfolio Review (CCA-MPR)
- continued review of in-training assessments.

Substantial reform of the Scholarly Project (SP) and Psychotherapy Written Case (PWC), along with implementation of major assessment changes such as IOCA for Stage 2 trainees and the revised EPA program, have been deliberately deferred to enable coherent and coordinated reform aligned with the development of the new Fellowship Program commencing in 2030. Targeted trials of revised EPAs will continue to inform future design (see Section B Significant Developments).

All active assessment projects continue to be monitored through the central project register, supporting oversight, accountability, and coordination. A detailed assessment reform plan for the new Fellowship Program will be provided through the NFPT's report to the Board in September 2026.

22 (ii)

The Change Management Policy (Appendix 5.05), which establishes required timelines for the notification of changes to training program requirements, has been finalised following iterative consultation with a range of committees, including trainee bodies (Appendix 1.08). Almost all feedback was incorporated. The policy was endorsed by the EC, approved by the Board, and has been published on the RANZCP website.

A policy around notification of urgent changes (e.g., regulatory or board-directed requirements outside the control of the Education team) requiring implementation in less than 12 months has also been developed through extensive consultation (Appendix 1.08) and has been approved and published (Appendix 5.09).

Trainee representatives on both the EC and the Board noted that consultation on these policies was collaborative, thorough and well received. First Nations committees also expressed appreciation for being kept informed and for the transparent incorporation of their feedback.

Implementation has commenced, including staff communication and training, with support provided to teams applying the policy to current and new projects (Appendix 1.10). Finalisation and implementation of the policy occurred later than initially anticipated due to expanded consultation and concurrent resourcing demands associated with NFPT activities. However, during this period, changes to education and training were undertaken in line with the expectation of 12 months' notice, including projects such as moving the MEQ to an online format and introducing mandatory critical thinking modules.

Condition 23				Due Date: 2024*
Systematically review the breadth of assessment methods with a view to reducing the burden of assessment on trainees and their supervisors. This includes an evaluation to determine reasons for the high prevalence of breaks in training undertaken in order to complete summative assessments, so that there is improved alignment of assessment requirements and program duration. (Standards 5.1 and 5.2) **Due 2023: Development* **2024: Implementation*				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied

			X	

2026 College response

The RANZCP has undertaken a review of its assessment program, informed by the findings of the *Burden of Assessment in the RANZCP Fellowship Program* report (provided in the 2025 submission), with a focus on reducing assessment burden for trainees and supervisors and addressing factors contributing to breaks in training. This review has been undertaken within the work of the NFPT and is guiding both interim decisions in the current program and the design of the future Fellowship program (Appendix 5.02). Table 1 outlines this consideration across the assessment suite.

Table 1: Assessment category and review outcomes

Assessment category	Review outcome
MCQ / MEQ	Retained as core knowledge assessments.
Clinical assessments (OCA / IOCA)	IOCA introduced at Stage 3 only; decision taken not to expand it into other stages to avoid increasing burden prior to new Fellowship program. Supervisor training implemented to support supervisors.
Clinical competency portfolio review (includes ITAs, WBAs, EPAs)	ITA descriptors under review to improve clarity and reduce administrative burden. New program of EPAs to be piloted for evaluation purposes before the new Fellowship program.
SP	Currently retained in the 2012 program; contribution to Stage 3 bottleneck acknowledged. Structural reform deferred while the NFPT completes its work to avoid disruption prior to new program. Consideration of AI use underway.
PWC	Currently retained in the 2012 program; stability prioritised. Consideration of AI use underway.

As a result of this review, the RANZCP has implemented changes to reduce assessment burden. The CEQ has been retired and replaced with learning modules focused on the development of critical thinking skills. This change has reduced the number of high-stakes written assessments and is particularly beneficial for trainees who experience disadvantage in written assessments.

The IOCA has been introduced in Stage 3 only, following consideration of assessment burden, complexity and change fatigue. Supervisor training associated with the IOCA has been implemented to support consistent assessment practice and has reduced cognitive load for supervisors across both the IOCA and the Objective Clinical Assessment (OCA) by improving shared understanding of assessment criteria and expectations.

The ITA is being reviewed to clarify developmental descriptors and strengthen its intended formative role. Once complete, training will be developed to support supervisors' understanding of the tool, with the aim of improving efficiency and reducing the complexity of ITAs.

The SP and PWC have been considered as part of the assessment review. To avoid further disruption and assessment change fatigue in the lead-up to the new Fellowship program, no major structural reforms to these assessments will be undertaken until the NFPT has concluded its work. However, the RANZCP is actively considering its position on the appropriate use of artificial intelligence in supporting completion of written assessments to ensure integrity while recognising workload impact.

A key element of reducing the burden of assessment is improving assessment literacy among supervisors and trainees. A supervisor development program, guided by a newly established Supervisor Reference Group, will be developing shared resources and guidance to reduce perceived complexity, variation and cognitive load.

The review also confirmed that a significant contributor to assessment burden is the bottleneck that occurs in Stage 3, where multiple summative assessments must be completed before graduating. Despite being accessible earlier in training, trainees commonly defer commencement of large written assessments until Stage 3, resulting in clustering of assessment activity and, for some trainees, the need to take breaks in training to complete requirements. These findings are informing the design principles for the new Fellowship program, including clearer alignment between assessment timing, type, and assessment volume.

Condition 24				Due Date: 2025
Develop and implement systems to monitor workplace-based assessment practices and assessors across different training sites and posts, to ensure comparability across training locations, including standards for performance assessment. (Standards 5.2, 5.4.2 and 8.1.3). *Condition updated in 2024*				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			X	
2026 College response				

The RANZCP acknowledges the AMC's finding that earlier initiatives, while improving supervisor assessment capability, had not yet demonstrated that geographical or assessor-based variation in WBA was being identified, measured, or addressed. In response the RANZCP undertook consultation with other specialist medical colleges (including the Royal Australian College of General Practitioners (RACGP) and the Royal Australasian College of Ophthalmologists (RANZCO)) and sought clarification from the AMC. This informed the design of a fit-for-purpose monitoring approach, with work commencing in Q2 2026.

The RANZCP has confirmed the availability of WBA data within InTrain and has commenced development of a program-level reporting approach to enable monitoring of assessment practices across jurisdictions, aligned with the Monitoring and Evaluation (M&E) Framework. This work focuses on ITA, EPA and WBA activity, with both quantitative data and qualitative supervisor commentary captured as part of these assessments. While exploration of reporting approaches for this dataset is at an early stage, it has the potential to support analysis of the type and frequency of WBAs and EPAs used across jurisdictions. It may also enable benchmarking of rating patterns across WBAs, EPAs and ITAs to identify variation at the level of supervisors and jurisdictions, supporting reflective calibration against program or bi-national averages. Analysis of the data may further identify trainee performance patterns, including areas where trainees consistently perform less well—either within specific jurisdictions or across the program—indicating domains that may require additional support. Development of the reporting approach remains at an

early stage.

Complementing this data, the College collects trainee insights into the perceived educational value of WBAs through the annual Fellowship Attainment Survey. In 2025, 77% of respondents agreed that WBA tools facilitated effective feedback and 73% that they were appropriate for training purposes, with EPAs rated similarly (Appendix 3.06).

Findings from these data sources will inform actions through the Supervisor Development Program. Any consideration of assessor-level data will occur after program-level review and within established RANZCP governance and quality assurance processes.

The RANZCP is also exploring avenues to maximise the use of this data. Program-level WBA information may be incorporated into the annual Training and Assessment Report, complementing centralised assessment statistics, and shared with DoTs to support benchmarking across programs. Aggregated longitudinal data could also support accreditation activities, including mid-cycle and reaccreditation reviews.

In addition to the emerging system, the RANZCP already undertakes several quality assurance activities that support consistency in assessment practice. All ITAs are reviewed by the training team, with identified issues (such as minimum supervision requirements not being met or discrepancies between ratings and narrative feedback) escalated to the CFT for consideration. Also, feedback collected following IOCA training workshops indicates improved calibration of assessment judgements, with most participants reporting that peer discussion supported alignment of ratings across supervisors (Appendix 5.10, see questions 4 and 6). Further, the ITA is being redesigned to improve clarity of descriptors, strengthen the meaning of rating levels, and support narrative justification of ratings (through incorporation of a free text box). Learning modules on the revised ITA are proposed to reinforce consistent assessment practice.

The RANZCP acknowledges that this work is at an early stage in demonstrating measurable outcomes and is committed to providing evidence as the monitoring arrangements mature.

Condition 25				Due Date: 2024*
<u>Monitor and evaluate</u> the Clinical Competency Assessment as an appropriate replacement for the Objective Structured Clinical Examination. (Standard 5.2) **Due 2023: Evaluation* **2024: Implementation*				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			X	
2026 College response				

The RANZCP has established a CCPR evaluation framework to assess the quality and effectiveness of the new assessment commencing from its implementation in September 2026 (Appendix 5.11). The evaluation will analyse educational impact, candidate outcomes, and critical processes to support continuous improvement of

the assessment.

The evaluation framework considers the core components of the CCPR, including IOCAs, OCAs, ITAs, and the overall portfolio review process. This includes both the quality of assessment data generated and how that data is synthesised in decision-making.

Feedback is collected at multiple points to support both early insights and longer-term review. IOCA feedback is gathered following completion of each assessment to capture usability, feasibility, feedback engagement and the experience of trainees and assessors, including any logistical or implementation challenges (Appendix 5.12). ITA feedback will be collected following implementation of the revised ITA form, with a focus on clarity of criteria, consistency in application, and its utility in supporting meaningful feedback and progression decisions. Consideration will also be given to the portfolio review process, including the clarity of guidance provided to assessors and the consistency of decision-making at panel level.

A broader evaluation of CCPR is planned after two assessment cycles to allow sufficient data to review outcomes and processes in a more comprehensive way. This will include examination of candidate progression patterns, distribution of outcomes, and any emerging issues related to fairness and consistency.

The findings from these evaluation activities will be used to support ongoing refinements to the assessment, including improvements to tools, guidance, and assessor calibration processes.

Condition 27				Due Date: 2027*
Develop and implement the outcomes of the review of Entrustable Professional Activities (EPAs) with evidence of: *(i) Opportunities to reduce the number of EPAs to focus on high-quality, high relevance activities.* *(ii) Engaging Aboriginal and Torres Strait Islander and Māori expertise within the College to lead development in assessing culturally safe practice and care.* *(iii) Engaging the expertise of consumer and community stakeholders with lived experience in development of the EPAs. (Standard 5.2)* **Due 2023: Review* **2025: Implementation* **2026: Operational* **2027: Evaluation* *Timeframes extended from 2025 to 2027, in 2024*				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			(i), (ii), (iii)	
Colleges are not required to provide an update on progress towards conditions due in 2027.				

Condition 28				Due Date: 2025
Develop and implement outcomes arising from the 2020 ACER Review recommendations in summative assessments to: *(i) Ensure robust blueprinting, standard setting, and calibration for all College assessments. (Standards 5.2.2 and 5.4)* *(ii) Enhance the quality and timeliness of individualised feedback to both pass and fail candidates. (Standard 5.3) - **Satisfied.*** *(iii) Ensure special considerations are applicable to all aspects of assessment and examinations, including for emergency situations. (Standard 5.1.3) - **Satisfied*** **Due 2024: Development and Communication* **2025: Implementation*				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			(i)	(iii)
2026 College response				

28 (i)

Blueprinting

The RANZCP has implemented detailed and systematic blueprinting processes across all current assessments.

For the MCQ Examination, blueprinting is conducted at the item level against the RANZCP curriculum, including specific topics, competencies, and domains (e.g. ethics, professional communication, disorders, and areas of practice) (Appendix 5.13). This enables granular tracking of item distribution and candidate performance across domains (Appendix 5.14). The Written Examinations Subcommittee (WSC) monitors item usage longitudinally, identifying underrepresented areas and informing future item development. This ensures appropriate content coverage and continuous improvement of the item bank.

For the MEQ Examination, blueprinting is mapped to the syllabus topics and learning outcomes found in the Writtens Syllabus document (Appendix 5.15). Blueprinting includes coverage of topics, age groups, and competencies, and is applied at the sub-question level. This supports detailed performance analysis and enhanced feedback to candidates, including feedback on the breakdown of score on each sub-question and targeted curriculum area.

The PWC is blueprinted against the RANZCP curriculum roles and learning outcomes, primarily mapping to the Psychiatric and Medical Expert and Communicator roles, particularly in relation to conducting person-centred assessments, synthesising clinical information, planning therapeutic interventions, and documenting clinical encounters.

The SP is blueprinted to the Scholar role within the RANZCP curriculum and mapped to learning outcomes related to integrating evidence into practice and contributing to the generation and dissemination of knowledge. Assessment requirements and marking criteria are mapped to these learning outcomes, ensuring assessment of scholarly capability across approved project types.

The RANZCP notes ACER's findings in 2020 that blueprinting processes for Written examinations are "thorough, considered and robust," particularly in relation to item-level mapping and reporting capability.

Calibration

MEQ

Prior to the commencement of marking for each examination, MEQ markers are required, as part of the calibration process, to mark a set of 5–7 calibrated scripts for their assigned sub-questions (Appendix 5.16). Completion of this pre-marking exercise and attendance at the calibration meeting are mandatory for participation in marking.

A member of the WSC or the Committee for Examinations (CFE) serves as Team Leader for each MEQ question. Marker scores are collated and reviewed by the Team Leader to compare scoring patterns and identify areas of variation, including any outliers. Variations are discussed during the calibration meeting to ensure consistency in the application of the marking rubric. Discrepancies are systematically reviewed, and consensus is reached on the expected standard before marking proceeds.

The Team Leader marks the same set of calibrated scripts across all sub-questions (e.g. MEQ 4.1, 4.2, 4.3) to establish a reference standard and guide calibration discussions.

Following marking, examiners provide structured feedback on candidate performance and question quality. This includes strengths and weaknesses of the cohort, strengths and limitations of questions, clarity and comprehensiveness of the marking guide including appropriateness of mark allocation, and any other possible acceptable responses. Suggestions by examiners for improvements to the marking and examination process are also encouraged.

This feedback is collated and reviewed alongside psychometric data at the post-examination results meeting. The analysis also supports the development of post-examination reports and candidate feedback.

SP and PWC

For both the SP and PWC assessments, examiners are required to participate in at least one calibration session per year to maintain accreditation. Fellows seeking to become SP or PWC examiners must attend a relevant calibration session to ensure a clear understanding of expected standards and marking criteria.

Structured calibration sessions are conducted throughout the year. Examiners are provided with three SP projects or three PWC cases to review and mark independently in advance of the sessions. Cases are selected from prior examination cycles by Chairs and senior examiners, typically representing a range of performance levels and borderline cases, to support meaningful discussions regarding expected standards.

During calibration sessions, examiners compare their ratings and through facilitated discussion reconcile differences, clarify interpretation of criteria, and align judgements with agreed performance standards.

In each marking round, in the event of a "fail" outcome for a SP or PWC, a second examiner will mark the project or case independently. If the second examiner also arrives at the same outcome, then the "fail" outcome will be confirmed. However, if the second examiner's outcome differs, the project or case is referred to the Chair for final determination.

Standard Setting

Standard setting for the MEQ Examination is undertaken by the Committee for Examinations (CFE) and satellite groups using the Modified Angoff method. The process is based on a defined standard of competence expected of a minimally competent trainee at the end of the relevant stage of training. Panel members review each examination question and independently estimate the score that a minimally competent end-of-stage trainee would be expected to achieve. These estimates are then discussed and calibrated through a structured consensus process, with panel members considering the expected level of performance, and the difficulty of the question. The agreed estimates are used to determine an Estimated Pass Mark for each question. These marks are aggregated and adjusted using psychometric measures to derive the final cut score (Appendices 5.17, 5.18).

28 (iii) Satisfied. Update requested from the AMC

The inclusion of WBAs in the Special Consideration Policy came into effect in June 2025. To date, no applications have been made for special consideration of a WBA. This is not unexpected, given the range of flexibility already built into the RANZCP's model of WBA.

A review of the application of the revised policy, incorporating trainee views of the changes, will be undertaken when a dataset of cases is available in 2027 (or as part of the standard policy review cycle in 2028).

2. Requests for additional information

Requests for additional information from the AMC response to the 2025 monitoring submission	
Request	**College Comment**
The College is asked to explain the high repeat-attempt rates for PWC and what it is doing to address this workload for trainees and supervisors.	The RANZCP introduced a revised marking rubric for the PWC from the May 2025 marking round. It was developed to improve the clarity of performance descriptors, strengthen the explanatory guidance within each marking domain, and update terminology to support greater consistency in marking and clearer feedback to trainees. Prior to implementation of the rubric for marking, all PWC examiners completed calibration and training. The revisions were informed by feedback from trainees, DoTs, and examiners. The revised rubric provides a clearer basis for judgement and supports a more transparent and consistent feedback process for candidates. The first-submission pass rates between 2023 and 2025 (see Table 1 below) suggest some improvement in pass rates over time, including following implementation of the revised marksheet in May 2025. However, at this stage, it is premature to attribute any change in pass rate trends solely to the revised rubric. The RANZCP will continue to monitor outcomes over time to assess consistency and inform any further refinements to the process.

	Table 1 First-submission pass rates 2023-2025 Year / February / May / August / November 2023 / 48% / 56% / 59% / 51% 2024 / 61% / 61% / 72% / 59% 2025 / 57% / 57% / 71% / 63%

Table 1 First-submission pass rates 2023-2025

Year	February	May	August	November
2023	48%	56%	59%	51%
2024	61%	61%	72%	59%
2025	57%	57%	71%	63%

The RANZCP considers that repeat submissions primarily reflect the complexity of the PWC as an integrative, reflective assessment. Some candidates require more than one submission cycle to fully demonstrate alignment with the required performance standards, using targeted examiner feedback to address specific areas for improvement identified at first marking.

For second submissions, the marker is provided with the candidate's first submission, the original feedback sheet, and the second submission. Where a candidate is unsuccessful at second submission, the third submission is marked by the Chair of the Case History Subcommittee. The number of candidates progressing to a third attempt is low, typically ranging from one to seven submissions in each cycle.

To support supervisors and trainees, the Case History Subcommittee has developed resources, including video materials and quick guides. These include "Starting the PWC quick guide for trainees and supervisors", as well as a video series covering:

- Resources for Supervisors for the PWC (Introduction)
- Tips for New Supervisors, which explains the process of supporting trainees through the PWC
- Supporting Trainees with the PWC Write-Up, which outlines what trainees should include and avoid in the written case
- Marking the PWC, which covers common issues in the PWC, what markers are looking for, and how supervisors can support trainees

These measures are intended to reduce avoidable repeat submissions by improving clarity of expectations at first submission, supporting supervisors to provide targeted guidance earlier in the process, and improving the quality and consistency of examiner feedback. This is expected to reduce the workload associated with repeat attempts for both trainees and supervisors over time.

3. Statistics and annual updates

Please provide data **for 2025** in the table showing each summative assessment activity (e.g. Part 1 and Part 2 exams) and the number and percentage of trainees who passed at their first, second, third and subsequent attempts.

	1st attempt			2nd attempt			3rd attempt			4th or greater attempt		
Assessment Activity	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed
MCQ – March	258	236	91%	25	21	84%	8	7	88%	5	3	60%
MCQ – September	217	204	94%	22	18	82%	9	8	89%	9	8	89%
MEQ-March	152	131	86%	50	35	70%	29	20	69%	42	27	64%
MEQ-September	250	203	81%	36	19	53%	24	13	54%	33	13	39%
SP- March	62	52	84%	35	35	100%	-	-	-	3	2	67%
SP-July	60	47	78%	26	23	88%	1	1	100%	4	2	50%
SP-November	92	66	72%	31	31	100%	2	0	0%	5	5	100%
PWC-February	68	39	57%	26	24	92%	4	4	100%	-	-	-
PWC-May	77	44	57%	30	25	83%	2	1	50%	-	-	-
PWC-August	103	72	70%	39	30	77%	2	2	100%	1	1	100%
PWC-November	88	55	63%	40	38	95%	7	5	71%	-	-	-
CCA-April	198	194	98%	4	4	100%	1	1	100%	-	-	-
CCA-September	135	133	99%	3	3	100%	-	-	-	-	-	-

*Data correct as of 16 March 2026

In the table below, please provide combined summative assessment data **for 2025** showing the number and percentage of the cohort who passed at their first, second, third, and subsequent attempts.

MCQ	1st attempt			2nd attempt			3rd attempt			4th or greater attempt		
Cohort	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed
Aboriginal and/or Torres Strait Islander trainees	4	2	50%	4	2	50%	1	1	100%	-	-	-
Māori trainees	3	2	67%	-	-	-	-	-	-	-	-	-
Pasifika trainees	4	4	100%	-	-	-	-	-	-	-	-	-
Specialist International Medical Graduates	-	-	-	-	-	-	-	-	-	-	-	-

*Data correct as of 16 March 2026

MEQ	1st attempt			2nd attempt			3rd attempt			4th or greater attempt		
Cohort	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed
Aboriginal and/or Torres Strait Islander trainees	3	2	67%	-	-	-	-	-	-	1	0	0%
Māori trainees	6	5	83%	-	-	-	-	-	-	2	1	50%
Pasifika trainees	1	0	0%	1	1	100%	-	-	-	-	-	-
Specialist International Medical Graduates	50	37	74%	18	7	39%	14	6	43%	19	8	42%

*Data correct as of 16 March 2026

SP	1st attempt			2nd attempt			3rd attempt			4th or greater attempt		
Cohort	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed
Aboriginal and/or Torres Strait Islander trainees	-	-	-	2	2	100%	-	-	-	-	-	-
Māori trainees	2	1	50%	-	-	-	-	-	-	1	1	100%
Pasifika trainees	1	1	100%	-	-	-	-	-	-	-	-	-
Specialist International Medical Graduates	-	-	-	-	-	-	-	-	-	-	-	-

*Data correct as of 16 March 2026

PWC	1st attempt			2nd attempt			3rd attempt			4th or greater attempt		
Cohort	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed
Aboriginal and/or Torres Strait Islander trainees	2	2	100%	2	2	100%	-	-	-	-	-	-
Māori trainees	3	2	67%	2	2	100%	-	-	-	-	-	-
Pasifika trainees	-	-	-	-	-	-	-	-	-	-	-	-
Specialist International Medical Graduates	4	1	25%	3	3	100%	-	-	-	-	-	-

*Data correct as of 16 March 2026

CCA	1st attempt			2nd attempt			3rd attempt			4th or greater attempt		
Cohort	No. sitting	No. passed	% passed	No. sitting	No. passed	% passe d	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed
Aboriginal and/or Torres Strait Islander trainees	3	3	100%	1	1	100%	-	-	-	-	-	-
Māori trainees	3	3	100%	1	1	100%	-	-	-	-	-	-
Pasifika trainees	2	2	100%	-	-	-	-	-	-	-	-	-
Specialist International Medical Graduates	58	56	97%	3	3	100%	-	-	-	-	-	-

*Data correct as of 16 March 2026

Standard 6: Monitoring and evaluation

Areas covered by this standard: program monitoring; evaluation; feedback, reporting and action

1. **Activity against conditions**

The numbering of conditions matches that used in the AMC Accreditation Report.

Please address each of these conditions individually.

Condition 30				Due Date: 2024*
Finalise the monitoring and evaluation framework with a timely implementation plan, key performance indicators, demonstration of diverse stakeholder engagement in co-design and mechanisms to capture qualitative data. (Standard 6.1) **Due 2023: Development* **2024: Implementation*				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			X	
2026 College response				
The RANZCP has published the M&E Frameworks for the RANZCP Training Program and the Specialist International Medical Graduates (SIMG) pathways (Appendices 6.01, 6.02). Both frameworks have been approved by the EC and Board and are publicly available on the RANZCP website. Consultation with individuals with LLE was undertaken to ensure that community perspectives were reflected in the framework structure and implementation. The RANZCP's LLE Senior Advisors facilitated this process. Two workshops were conducted with participants from Australia and Aotearoa New Zealand, including lived-experience educators, carers, community advocates, and individuals with direct lived experience of psychiatry. The outcomes of this consultation are documented in the *Lived Experience Engagement Report: Monitoring and Evaluation Framework Feedback* (Appendix 6.03). The recommendations were reviewed by the Committee for Educational Evaluation, Monitoring and Reporting (CEEMR) in collaboration with its CCC representative. CEEMR considered the recommendations and ensured that relevant feedback was incorporated into the final version of the frameworks. The CCC representative confirmed that the final version appropriately reflected the key recommendations from the lived experience consultation. The finalised frameworks will guide the RANZCP's ongoing monitoring and evaluation of training program outcomes and will support regular reporting and				

continuous improvement activities.

Condition 31				Due Date: 2024*
Implement regular and safe processes for trainees in smaller centres, specialist international medical graduates, Aboriginal and/or Torres Strait Islander peoples and Māori, employers and consumers to provide feedback on program delivery, development and program and graduate outcomes. (Standards 6.1.3 and 6.2.3) **Due 2023: Development* **2024: Implementation*				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			X	
2026 College response				
The M&E Frameworks for the RANZCP Training Program and the SIMG pathways are published on the RANZCP website (Appendices 6.01, 6.02), as noted under Condition 30. In addition, the *Consultation and Engagement Policy* (Appendix 1.09, see also Condition 5i) has completed expanded consultation (see Appendix 1.08), been endorsed by the EC and approved by the Board. It is also published on the website. Implementation is underway, with staff communication and training as well as active support provided to teams applying the policy to current and new projects (Appendix 1.10), noting that full implementation occurred later than initially anticipated due to the expanded consultation process. Together, these frameworks and policies embed safe, inclusive and regular feedback across education and training activities. These safeguards are already being applied in practice through survey-based feedback mechanisms relating to supervision and training (Conditions 39, 20, and 21.4), which have been designed to minimise identifiability for small or priority cohorts of trainees, supervisors, DoTs and DoATs. The M&E frameworks and the Consultation and Engagement Policy and procedure will be evaluated through the routine three-year review process, or earlier as required.				

Condition 32				Due Date: 2024*
Include lived experience content and influence on outcomes and actions taken in monitoring and evaluation reports. (Standard 6.3) **Due 2023: Development* **2024: Implementation*				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied

			X	
2026 College response				
The finalised M&E Frameworks for the RANZCP Training Program and the SIMG pathways establish a structured process for incorporating stakeholder feedback, including lived experience perspectives, into monitoring and evaluation reporting and subsequent actions. This process has now been implemented through the first cycle of evaluation reporting under the new frameworks. Evaluation findings from the MTS (Australia), the Torohia (Aotearoa New Zealand), and the RANZCP Fellowship Attainment Survey (formerly 'Exit Survey') were analysed by the CEEMR (Appendices 6.04, 6.05, 3.06, respectively). Consistent with frameworks, draft findings and recommendations arising from this analysis were provided to relevant partnership committees for review and feedback. These committees include the CCC, the BCT, and First Nations committees. Their input is informing the refinement of recommendations prior to consideration by the EC and circulation to the relevant governance bodies responsible for implementation (Appendix 6.06). Through this process, LLE perspectives are incorporated into monitoring and evaluation reports and directly influence the outcomes and actions arising from evaluation activities. This approach establishes an ongoing mechanism to ensure that lived experience feedback informs continuous quality improvement of the training program.				

2. Statistics and annual updates

Please provide data **for 2025** in the table below showing:

- A summary of evaluations undertaken
- The main issues arising from evaluations and the college's response to them, including how the College reports back to stakeholders.

Evaluation activity	Issues arising	College response to issues
MTS Analysis 2025 (Appendix 6.04)	• Clinical supervision, access to senior staff, and workplace-based learning remain strong. • Persistent weaknesses in assessment feedback (timeliness and usefulness) and perceived value of formal education programs relative to benchmarks. • Communication about program changes and institutional responsiveness remains below Specialist College averages. • Bullying, harassment and discrimination indicators show improved intolerance but continued exposure and low reporting confidence. • Decline in survey participation (24%) noted as a contextual limitation when interpreting trends.	• Findings are integrated into the College's M&E Framework, formally overseen by CEEMR. • CEEMR provided evidence-based recommendations to the EC identifying priority areas requiring action (assessment feedback, communication, psychological safety). • The EC has initiated targeted workstreams addressing improvement of feedback mechanisms in centrally administered assessments, strengthening communication pathways and clarity of training requirements, reinforcing initiatives supporting safe training environments and reporting confidence. • Findings are triangulated with Fellowship Attainment Survey data to inform system-level improvements. • Results are communicated to governance bodies and feedback to stakeholders through formal reporting cycles and survey summaries, supporting transparency and engagement.
Torohia Analysis 2025 (Appendix 6.05)	• Strong performance in clinical supervision, teaching access, protected study time, and curriculum relevance. • Consistent issues in assessment feedback quality, perceived RANZCP responsiveness, mentoring consistency, and confidence in raising concerns. • Lower endorsement of proactive safety culture and safe handover processes compared with vocational benchmarks. • First survey cycle for New Zealand trainees; results represent	• Results are incorporated into the M&E Framework to ensure equivalent oversight across jurisdictions. • CEEMR identified shared system-level issues across Torohia and Australian MTS data, informing RANZCP-wide priorities rather than siloed responses. • Findings have contributed to EC workstreams on assessment, communication, and safety culture. • Summary findings are communicated to New Zealand

	a baseline.	stakeholders, with a commitment to ongoing feedback and longitudinal monitoring.
RANZCP Fellowship Attainment Survey 2025 (formerly 'Exit Survey'; Appendix 3.06)	• Strong outcomes in clinical supervision and skills development. • Ongoing concerns regarding summative assessments (alignment, feedback quality, timeliness). • Moderate satisfaction with formal education and declining peer support. • Workplace culture concerns, including bullying, harassment, racism, and low confidence in institutional response. • Financial transparency regarding fees arises as a concern.	• Findings are reviewed by CEEMR and the EC and directly inform continuous improvement of the Fellowship Program. • Assessment-related findings have been incorporated into ongoing assessment system review and redesign activities. • Workplace culture findings are considered alongside MTS data to support coordinated governance and wellbeing initiatives. • Aggregated findings are reported through governance structures and shared with stakeholders to inform priorities and demonstrate responsiveness.
Enhancing engagement of Community Members on RANZCP committees (Survey of Community Members across the RANZCP)	Insights from Community Members into how committees can better include LLE expertise focused on meeting practices e.g. introductions, pre- and post-meeting engagement, and inclusivity strategies.	Insights have been provided to the Governance team and are being incorporated into Chair and committee member induction materials.
2025 RANZCP Mentoring Program Evaluation Report (Appendix 6.07)	No significant issues identified.	Program expanded to support members planning for, or who have retired; internationally qualified psychiatrists (New Zealand). Webinar improvements made. Information about external mentoring opportunities provided on website. Improved timeframes for pairing introductions in 2026.
2024 TSN Survey Report & Recommendations (Appendices 6.08, 6.09)	Survey designed to: • evaluate the utility of current RANZCP mechanisms for trainee support • provide a needs analysis to inform strategies for trainees experiencing personal and/or professional difficulties (Standard 7.4: trainee welfare; Condition 36(ii)). Issues identified include: • the types of difficulties or stressors trainees have experienced • experiences using/referring to the various supports available	Implementation of all nine recommendations underway in 2026, see Condition 36 response for further details. Consultation is complete and engagement with both Aboriginal and Torres Strait Islander and Māori representative committees is underway.

	• ideas for future support options. Nine recommendations to address these areas co-developed with trainee representatives during 2025 focus on: • addressing the prevalence of high-impact stressors (assessment requirements) • expanding information about flexible training options • resourcing DoT and supervisor support capability • enhancing visibility and referral options for RANZCP/non-College wellbeing services and supports • increasing RANZCP staff support capability • timing of communications about support options (e.g. exams) • strengthening peer-led support options; and supporting social/peer support events. A further two recommendations are in development for Aboriginal and Torres Strait Islander trainees and Māori trainees.	
2025 PIF (Australian Program) at Congress – Evaluation Report (Appendix 6.10)	No significant issues identified. Key recommendations were: • consider delivering the pre-Congress Balint Group enrichment activity in smaller groups • consider future enrichment session topics regarding the Fellowship program and/or with PIF Alumni members • continue to provide meet and greet sessions for First Nations PIF members • consider having a balance of structured/unstructured speed networking and informal networking sessions • consider allowing self-funded PIF members to take part in the program, venue and program space permitting.	Recommendations assessed and most have been implemented for the 2026 PIF Congress program. Specifics include a Meet and Greet with the Dean of Education and Q&A about the Fellowship Program.
2025 PIF (New Zealand Program) at Congress – Evaluation Report (Appendix 6.11)	No significant issues identified. Key recommendations were: • locate the Māori members Meet & Greet session less proximate to high foot traffic areas to better enable conversation.	Recommendations assessed and will be implemented for 2027 Congress hosted in Christchurch, New Zealand.
2025 PIF at the New Zealand National Conference – Evaluation	No significant issues identified. Key recommendations were: • consider a more structured speed networking session with greater diversity of Fellows and trainee career stages	Recommendations assessed and planned for implementation at 2026 New Zealand National Conference, 12-14 October 2026.

Report (Appendix 6.12)	• longer networking sessions • provide short biographies of Fellows and trainees taking part • continue to offer the pre-Conference wananga activity, integrating cultural knowledge and safety sessions within the Conference program, and where possible, integrating the voice and perspective of non-psychiatrists and consumers within the program.	
2025 PIF Retreat – Evaluation Report (Appendix 6.13)	No significant issues identified. Key recommendations were: • continue with the existing structure of the program • adjust the duration of networking sessions • increase opportunities for PIF members to connect and interact with each other • include more interactive sessions (e.g. case studies).	Recommendations assessed and changes implemented for the 2026 PIF Retreat program, specifically a session with a LLE presenter, incorporation of a case study, an exclusive Q&A session covering seven different subspecialty areas.
2025 PIF Facilitated Networking Activity – Evaluation Report 2025 (Appendix 6.14)	No significant issues identified. Key recommendations were: • increase opportunities for informal networking and one-on-one discussions with psychiatrists • encourage more open discussions among panelists and students • improve engagement options for sessions hosted through the Zoom platform • make improvements to streamline surveys • consider hosting sessions in August • extend session durations and host once per fortnight.	Recommendations assessed and planned for implementation for future events.
2025 PIF Introduction to Psychiatry (Rural) Short Course – Evaluation Report 2025 (Appendix 6.15)	No significant issues identified. Key recommendations were: • include a diverse range of speakers from different subspecialty areas • increase sessions on practical skills and expectations of interns/junior doctors in psychiatry rotations • incorporate 'a day in the life' panel session • consider adjusting the format for the pre-event dinner.	Recommendations assessed and planned for implementation when the activity is next delivered.
2025 PIF Introduction to Psychiatry (Metro) Short Course– Evaluation Report 2025 (Appendix 6.16)	No significant issues identified. Key recommendations were: • include a topic on self-care as a healthcare professional • continue to include and expand LLE perspectives • adjust the program schedule to open with Fellowship program information	Recommendations assessed and planned for implementation when the activity is next delivered.

	• consider expanding topics covered (e.g. misconceptions, interactive workshops, academia, or topics that are generally identified as more controversial).	
Monitoring and Evaluation Review (Ardnell Group, 2025-26) (Appendix 6.17)	• Current M&E approach is broadly aligned with comparable Colleges but limited by low engagement and reliance on survey data, affecting representativeness and depth. • Need to broaden data collection methods (e.g. focus groups, interviews, 360° feedback) to better understand the "how and why" behind key issues such as supervision, feedback, and training culture. • strengthen supervisor recruitment, support, evaluation and remediation, with clearer feedback mechanisms and improved supervisory capability. • Governance and resourcing of M&E require enhancement, including clearer reporting pathways and increased workforce capability to support evaluation activity. • Opportunity to adopt more contemporary evaluation approaches (e.g. realist evaluation, AI-supported analysis) and align with emerging priorities such as cultural safety, equity, and clinical learning environment.	A management response is being prepared for consideration by the EC. In parallel, a review of the current survey mix within the education and training portfolio is underway to identify opportunities to reduce duplication, consolidate activities, and strengthen data collection through targeted methods.
Rural Readiness Project – Evaluation report, finalised in March 2026 (Appendix 6.18)	No significant issues identified. Key findings included: • Project is a well-designed and valued initiative • Strongly contributes to shaping positive perceptions of rural practice, increasing confidence, and strengthening engagement with rural training pathways • Limited evidence of impact on long-term workforce outcomes, reflecting short project duration and participant cohort • Plays an important role in early engagement and reinforcing commitment to rural psychiatry within broader workforce development efforts	• Clarify the program's strategic focus (attraction vs retention/professional development). • Align program design and content with the chosen strategic focus. • Strengthen integration and visibility of program components to support a more cohesive Participant experience across e-learning, workshops, and networking elements. • Strengthen evaluation to support more robust assessment of outcomes and longer-term workforce impacts. • Continue and strengthen informal, peer-based learning approaches that drive engagement.

Insights to Psychiatry: AGFTP-Funded Activities at the PRIDoC 2024 Conference – Evaluation report, finalised in 2025 (Appendix 6.19)	No significant issues identified. Key findings included: • Effectively promoted psychiatry as a career option. • Provided insight into the day-to-day work of psychiatrists. • Enhanced understanding of psychiatry training pathways. • Facilitated networking opportunities for medical students and JMOs. • Received overwhelmingly positive feedback from participants. • Identified only minor refinements to improve future events.	Workshops • Retain interactive formats, networking and Q&A. • Incorporate icebreakers. • Provide case study materials and reading lists in advance. • Enhance marketing to increase visibility and attendance. • Reintroduce same-day feedback collection to supplement post-event surveys. Sponsorships • Continue funding Aboriginal and/or Torres Strait Islander medical students and JMOs to attend workshops and conferences. • Ensure funding guarantees attendance at pre-conference workshops. Exhibition Booths • Collect delegate contact details (e.g., emails) to improve follow-up. • Continue offering promotional materials and PIF membership opportunities. Partnerships • Maintain collaboration with AIDA to deliver workshops and exhibition booths at future conferences. Explore additional opportunities to strengthen engagement with Aboriginal and Torres Strait Islander medical professionals.
Insights into Psychiatry: AGFTP-Funded Activities at the AIDA 2025 Conference – Evaluation report (Appendix 6.20)	No significant issues identified. Key findings included: • Feedback was overwhelmingly positive; minor refinements to future events include room configuration and more interactive elements to the agenda. • Increase workshop visibility and attendance. • STP funds were unable to secure a Silver Partner Sponsorship for the AIDA 2025 Conference due to Sponsorship allocations being exhausted.	• Retain interactive formats, networking and Q&A. • Provide case study materials and compile questions for the Q&A segment in advance. • Enhance marketing efforts to increase visibility. • The lack of silver membership meant that additional funding could be utilised to provide sponsorship to 20 Aboriginal and/or Torres Strait Islander medical students and JMOs to attend workshops and conferences.

		• Continue same-day feedback during workshops to supplement post-event surveys.
2024 Australian Government Funded Training Programs (AGFTP) Participant Survey Report, finalised in 2025 (Appendix 6.21)	The report identified areas for improvement such as: • Strengthen workforce distribution. • Enhance awareness of support projects and strengthen communication with Participants throughout their rotations.	• Continue targeted initiatives to promote AGFTP posts. • Maintain collaboration with health services to sustain AGFTP posts and support rural workforce growth. • Continue promoting support projects during orientation and throughout rotations. • Continue to evaluate communication methods about available support projects. • Review the effectiveness of sharing orientation recordings. • Consider providing an information pack for mid-rotation entrants to support consistent onboarding and awareness of AGFTP support initiatives.
2024 Integrated Rural Training Pipeline (IRTP) Posts Trainee Survey Report – finalised in 2025 (Appendix 6.22)	The report identified areas for improvement such as: • Improve communication of available support for trainees in IRTP posts. • Explore additional support options to reduce social isolation. • Continue advocating for the provision of IRTP posts in rural health services.	• Increase and maintain clear communication about available support projects. • Explore additional support initiatives to reduce trainee isolation in local communities. • Investigate support options for partners, such as establishing support networks. • Advocate for the continuation of the IRTP program.
2024-2025 Military and Veterans' Psychiatry Training Program (MVPTP) Podcast – Evaluation report (Appendix 6.23)	No significant issues identified. Key findings included: • Overall effectiveness of the podcasts was mixed across speakers and participants. • Participant feedback was generally positive, with podcasts described as informative, insightful, and useful. • Podcasts helped participants better understand the complexity of military and veterans' psychiatry and gain real-world perspectives. • Participants highlighted the value and importance of the MVPTP, with support for its continuation.	• Continue delivery of MVPTP podcasts, supporting education and engagement. • Enhance promotion of podcast releases, including early notification in rotations. • Provide access to all existing podcast episodes at the start of each rotation. • Tailor podcast content to audience needs, focusing on relevance and practical application. • Incorporate speaker feedback. • Update communications and materials to align with current terminology, including replacing "trainee" with "participant".

Military and Veterans' Psychiatry Training Program (MVPTP) Final Evaluation Report
Note: the report has been submitted and awaiting final approval
	No significant issues identified. Key findings included:
	• 100% of MVPTP trainees reported confidence in applying skills gained during the rotation, particularly in managing PTSD and trauma-related conditions.
	• Participating health services emphasised that trainees played a pivotal role in expanding clinical capacity and improving access to care.
	• Most of the trainees surveyed indicated that they would either:
	  ○ actively pursue a career specialising in military and veteran mental health, or
	  ○ incorporate this area as a specialist focus alongside their broader psychiatric practice.
		• Work with the Department of Veterans' Affairs to maintain the MVPTP, strengthen attraction, retention and specialist capability in psychiatry.
		• Expand the MVPTP trainee placements where capacity exists and prioritise regional growth.
		• Encourage additional rotations or repeat exposure where feasible.
		• Strengthen structured supports for trainees, particularly at the commencement of rotations.
		• Retain and strengthen Private Sector Loading and Rural Support Loading funding.
		• Embed ongoing outcome monitoring to strengthen accountability and future funding sustainability.

2023 – 2024 Formal Education Course, Tasmanian Project - Evaluation report (Appendix 6.24)	No significant issues identified. Key findings included: • The FEC restructure was highly successful, receiving commendation from the Accreditation Committee. • The program is effectively meeting the needs of a growing trainee cohort in Tasmania. There is evidence of positive workforce outcomes, including: • Increased number of Fellows in Tasmania • Majority of trainees choosing to remain in the state post-training • Improved geographic distribution of specialist services, including stable training in northern Tasmania Workshops introduced in 2023 have: • Improved cohort connectivity across geographically dispersed trainees • Provided high-quality educational opportunities Increased accessibility and transparency of the Educational Grants Program has led to higher uptake since 2023.	• Continue to provide STP-funded support for interstate and private practice speakers in the Tasmanian FEC. • Continue delivery of quarterly workshops as a core component of the FEC, given their demonstrated benefit to trainees. • Continue the Congress Grants and Educational Grants programs, recognising their significant contribution to trainee success and access to educational opportunities not available in Tasmania. • Encourage trainees to provide constructive feedback through weekly FEC evaluations to support ongoing program improvement and inform future teaching. • Ensure a more equitable distribution of workshops between the North and South of the state. • Continue to monitor and prioritise the allocation of available funding to ensure it is effectively utilised to support trainees through the FEC and associated educational activities.
2023 Integrated Rural Training Pipeline (IRTP) Posts, Trainee Survey Report	The report identified areas for improvement such as: • Further expand reach to trainees without prior rural experience and strengthen long-term workforce distribution	• Continue initiatives to promote IRTP posts in rural locations. • Work with health services to maintain the IRTP posts and increase the rural workforce.

(Appendix 6.25)	outcomes. • Raise awareness of trainee support programs • Enhance opportunities for trainees to connect and network with peers	• Raise awareness of trainee support programs. • Enhance opportunities for trainees to connect and network with peers.
2023 Australian Government Funded Training Programs (AGFTP) Posts Participant Survey Report (Appendix 6.26)	The report identified areas for improvement such as: • Address distribution of rural workforce • Raise awareness of participant support projects and strengthen communication strategies and ongoing engagement. • Enhance opportunities for participants to connect and network with peers.	• Continue initiatives promote rural AGFTP posts. • Work with health services to maintain the IRTP posts and increase the rural workforce. • Evaluate communication methods to inform participants and supervisors of support projects. • Promote support projects and grants both during orientation and throughout rotations. • Circulate the recording of orientation sessions to increase the awareness of the AGFTP. • Increase communication with AGFTP posts participants during rotations. • Promote the RANZCP mentoring program. • Promote rural and Aboriginal and Torres Strait Islander Peer Support Program. • Facilitate a Rural Trainee Forum for each rotation to increase connectivity.
2023 Aboriginal and Torres Strait Islander Trainee Forums - Evaluation Report (Appendix 6.27)	No significant issues identified. Key findings included: • Trainees noted a lack of awareness of available resources and opportunities, indicating gaps in communication. • There need for clearer guidance on what exam preparation and tutorage activities are eligible for funding under the Aboriginal, Torres Strait Islander, and Māori Financial Support Initiative. • Exam preparation and access to adequate tutorage as a significant challenge in progressing through Fellowship. • Successfully passing exams and receiving appropriate support during assessment periods was consistently described as one of the most difficult aspects of training.	The following recommendations were made by the Aboriginal and Torres Strait Islander trainees in a spirit of respect and solution-focused approach. • Development of AIDA training modules on managing racism within health services. • The College to offer calendar days for cultural leave for Aboriginal and Torres Strait Islander trainees. • An amendment to the Aboriginal, Torres Strait Islander, and Māori Financial Support Initiative guidelines to consider retrospective applications as opposed to only prospective applications. • Aboriginal and Torres Strait Islander consultants be sought to attend subsequent Trainee Forums.

The AMC has previously signalled to colleges that it will look at how the results of the MTS can be used in accreditation and monitoring processes. In this section the AMC is asking the College to comment on how it has used, or plans to use the results.

Can the College please provide evidence on actions taken based on MTS results, including:

- Developments and changes made by the College as a result of the MTS
- Future directions and planning based on the results

<table>
<tr><th></th><th>College response</th></tr>
<tr><td>Developments and changes made by the College as a result of the MTS?</td><td>The MTS is a core component of the RANZCP's M&E Framework and is reviewed annually by the CEEMR. In 2025, CEEMR synthesised MTS findings alongside the Torohia and the Fellowship Attainment Survey and provided a formal paper of commendations and recommendations to the EC (Appendix 6.06).

As a result of the 2025 MTS findings CEEMR:
• formally identified assessment feedback quality, RANZCP communication and responsiveness, and psychological safety within training environments as priority system-level issues requiring EC attention.
• provided targeted, evidence-based recommendations to the EC, including:
a) Review and enhancement of feedback mechanisms for centrally administered assessments, with a focus on clarity, educational value, and timeliness.
b) Development of a more coordinated and accessible approach to communication with trainees regarding training requirements and processes.
c) Strengthening of RANZCP-led initiatives to support psychological safety and confidence in reporting inappropriate workplace behaviour.

These recommendations were formally tabled for EC consideration, ensuring MTS findings directly inform decision-making at the appropriate governance level rather than being treated as descriptive data only.

Consistent with this approach, CEEMR also engages relevant committees to review survey findings, consider recommendations within their remit, and report back on actions through structured response processes (Appendix 6.28, 6.29).

This approach demonstrates that MTS results are actively used to inform governance priorities.</td></tr>
<tr><td>How is the College reflecting on its performance in the MTS?</td><td>The RANZCP reflects on its performance through a system-level, triangulated governance process. In 2025, CEEMR undertook a cross-survey analysis, identifying consistent themes across the MTS, Torohia and the Fellowship</td></tr>
</table>

	Attainment Survey. This approach enabled the RANZCP to: • Distinguish between strong clinical training environments (notably supervision and workplace-based learning) and institutional or structural friction points, such as communication processes and assessment feedback. • Interpret MTS findings with appropriate caution, acknowledging reduced response rates while still identifying recurring patterns that warrant attention. • Focus reflection on RANZCP-controlled domains (e.g. assessments, communication, governance processes), while recognising limits to direct control over local workplace conditions. The RANZCP's reflection process emphasises proportionality, evidence synthesis, and clarity about institutional responsibility.
What are the future directions and planning of the College based on MTS results?	Key future directions include: • Assessment framework refinement, particularly regarding the educational value and feedback associated with centrally administered assessments, informed by consistent concerns identified in successive MTS cycles. • Improved communication and responsiveness, through clearer training information, improved consistency of messaging, and more explicit expectations regarding response pathways. • Ongoing monitoring of psychological safety indicators, with collaboration between education governance and RANZCP wellbeing structures to strengthen confidence in reporting mechanisms. • Enhanced longitudinal monitoring, using year-on-year MTS trends to distinguish stable structural issues from cohort-specific variation and to assess the impact of future initiatives.

In 2025, Aotearoa New Zealand launched the Torohia, an annual online survey for doctors in training. In this section the AMC is asking the College to comment on how it has used, or plans to use the results.

Can the College please provide evidence on actions taken based on Torohia results, including:

- Developments and changes made by the College as a result of the Torohia survey
- Future directions and planning based on the results

	College response
Developments and changes made by the College as a result of the Torohia survey?	The RANZCP incorporated the 2025 Torohia results into its M&E Framework to ensure parity of oversight across jurisdictions. As a result of the 2025 Torohia findings: • CEEMR's review of Torohia outcomes alongside Australian MTS data identified shared system-level themes, including assessment feedback quality, perceived institutional responsiveness, mentoring consistency, and aspects of psychological safety. • 2025 Torohia findings were treated as a baseline dataset, acknowledging the need for longitudinal comparison before definitive trend interpretation. • Issues identified through Torohia were explicitly considered in CEEMR's recommendations to the EC, ensuring New Zealand trainee experience contributes to RANZCP-wide governance discussions. This early and appropriate integration of Torohia into existing monitoring structures prevents a or siloed process.
How is the College reflecting on its performance in the Torohia?	The RANZCP reflects on Torohia results as part of a cross-jurisdictional evaluation approach, rather than in isolation. Reflection in 2025 has focused on: • Confirming areas of strength, particularly clinical supervision, curriculum relevance, and educational access within New Zealand training settings. • Identifying similarities between Torohia and Australian MTS findings, reinforcing confidence that certain issues (e.g. assessment feedback and institutional responsiveness) are systemic rather than jurisdiction-specific. • Explicitly positioning 2025 Torohia results as a baseline cycle, with reflection focused on setting expectations for future monitoring rather than immediate corrective action.

What are the future directions and planning of the College based on Torohia results?	Future use of Torohia results will focus on longitudinal monitoring, comparability, and integration, rather than standalone intervention. Planned directions include: • Continued annual incorporation of Torohia results into CEEMR reporting and EC oversight. • Monitoring of trends over successive Torohia cycles to assess stability or change in identified issues. • Ongoing triangulation with Australian MTS and Fellowship Attainment Survey findings to inform RANZCP-wide priorities rather than jurisdiction-specific responses. • Use of Torohia data to support dialogue with New Zealand training stakeholders, ensuring transparent feedback loops consistent with local regulatory expectations. This embeds Torohia as a sustainable monitoring mechanism rather than a discrete reporting exercise.

Standard 7: Issues relating to trainees

Areas covered by this standard: admission policy and selection; trainee participation in education provider governance; communication with trainees; trainee wellbeing; resolution of training problems and disputes

1. Activity against conditions

The numbering of conditions matches that used in the AMC Accreditation Report.

Please address each of these conditions individually.

<table>
<tr><th colspan="4">Condition 33</th><th>Due Date: 2024*</th></tr>
<tr><td colspan="5">Enhance existing selection into training policy and procedures by:
(i) Developing and implementing centralised mechanisms to ensure the validity, reliability, feasibility and consistent application of selection policies and criteria. There should be general uniformity of weighting and criterion across jurisdictions, and Branch and National Training Committees should clearly indicate weighting for each criterion. - Satisfied
(ii) Making selection criteria with weighting for each criterion publicly available. - Satisfied
(iii) Developing and implementing a centralised and publicly available selection policy related to Aboriginal and Torres Strait Islander and Māori equity and the needs of rural communities, mapped to roles of specialist practice and community needs. (Standard 7.1)
*Due 2023: Development and consultation
*2024: Communication and implementation</td></tr>
<tr><td rowspan="2">Finding</td><td>Unsatisfactory</td><td>Not Progressing</td><td>Progressing</td><td>Satisfied</td></tr>
<tr><td></td><td></td><td>(iii)</td><td>(i), (ii)</td></tr>
<tr><td colspan="5">2026 College response</td></tr>
<tr><td colspan="5">33 (ii) Selection criteria weighting
The Registration for Entry into Training policy (document provided in 2025 submission) provides a high-level framework describing eligibility, selection, and registration as an RANZCP trainee, and may not be read by all potential applicants. Recognising that implementation of the new rubric may identify unforeseen flaws requiring dynamic adjustment, it was decided that website publication of the selection criteria weightings was more suitable than the static policy</td></tr>
</table>

document.

The RANZCP website provides information about the selection process that is easily accessible by doctors considering psychiatry training. Describing selection criteria weightings on the website maximises the visibility of this information.

33 (iii) Clarifying the process for First Nations and rural applicants

Data provided in the RANZCP's 2025 submission preceded the implementation of the revised policy progressing Aboriginal and Torres Strait Islander and Māori and rural applicants to interview automatically, and it is anticipated this new process will support these doctors' entry into the Fellowship Program for these cohorts. Evaluation will be undertaken following selection processes for the 2027 intake (i.e. December 2026 / January 2027), once a meaningful data set is available.

The RANZCP recognises that applicants from these cohorts may face structural and systemic barriers to entry into specialist training. Oversight of these issues is provided through the Aboriginal and Torres Strait Islander Mental Health Committee, which highlighted that many barriers arise at the level of employment and workplace access, even where entry into training is achieved, and that discrimination can influence willingness to self-identify. The Committee emphasised that equity opportunities should maintain consistent selection standards and that careful language and framing are important to avoid unintended perceptions of preferential treatment or reduced expectations. This approach is consistent with the selection policy (called the *Registration for Entry into Training Policy*) and has informed refinement of the language and framing used on the RANZCP website.

Consistent with this advice, the RANZCP has clarified its selection process for all applicants, including Aboriginal and Torres Strait Islander, Māori and rural origin applicants through updated information across two webpages (the 'Selection process', and 'How to apply') aligned with the *Registration for Entry into Training Policy*. These pages outline how the selection process operates including interview arrangements, selection criteria, and what is needed to apply. Clarification on the eligibility criteria is also available online.

In accordance with the updated policy, eligible applicants are guaranteed an interview following submission of a complete application, without bypassing existing selection processes. This is part of the College's approach to supporting a psychiatry workforce in rural, regional and remote communities, and advancing equity for Aboriginal and Torres Strait Islander peoples and Māori, as outlined on the Selection process webpage.

In addition, the NSW trainee selection process for the 2027 intake will pilot a new 'Application to commence RANZCP Fellowship Program training' form that allows for self-identification as an Aboriginal or Torres Strait Islander or Māori doctor, or a doctor of rural origin, further enabling these applicants to progress to interview.

Condition 36	Due Date: 2025*
Enhance the culture of the College, guided by College leadership, that manifests genuine attention, transparency, and responsiveness to trainee concerns by: *(i) Acknowledging and promoting the value of trainee contributions to the training program and the College. (Standard 7.2)* - ***Satisfied*** *(ii) Demonstrating central College support for those experiencing personal/and or professional difficulties. (Standard 7.4)* **Due 2023 – 2024: Development*	

**2025 - Implementation*

<table>
<tr><td rowspan="2">Finding</td><td>Unsatisfactory</td><td>Not Progressing</td><td>Progressing</td><td>Satisfied</td></tr>
<tr><td></td><td></td><td>(ii)</td><td></td></tr>
<tr><td colspan="5">2026 College response</td></tr>
</table>

36 (ii)

Trainee support has been enhanced by utilising survey feedback and co-developing nine targeted recommendations with input from trainee representatives and committees. Implementation of all nine recommendations is underway and expected to be completed by the end of 2026.

Feedback from Aboriginal and/or Torres Strait Islander and Māori trainees was received through culturally safe engagement at the RANZCP's New Zealand National Conference (September 2025) and the Aboriginal and Torres Strait Islander Cultural Sharing Forum (December2025). Further consultation and confirmation of the most effective way to implement this feedback will take place with the Aboriginal and/or Torres Strait Islander Mental Health Committee in May 2026 and Te Kaunihera in October 2026 to ensure both group's needs are being met through this work.

The following progress update is provided to the AMC against each of the recommendations:

Recommendation	**Update**
Supporting work being undertaken by the RANZCP to reduce the burden of assessments	In progress. A short exercise is underway to map the Burden of Assessment recommendations against existing RANZCP assessment, training, and trainee support activity, including feedback received through the TSN survey. This sits within the RANZCP's broader M&E Framework and will highlight where actions are already underway and where gaps or priority areas remain.
Expanding information about flexible training options	In progress. Profiling trainees who have successfully integrated flexible training options will be published and promoted. Insights on enablers of flexible work arrangements to be investigated via engagement with Clinical Directors through the RANZCP Gender Equity Subcommittee which is supporting this work. New addition to 'Getting started as a new trainee' webpage to include link to RANZCP information on PT training.
Facilitating and strengthening supervisor and DoT support capability	In progress. A new project to develop supervisor guidance resources has commenced and will be completed through the newly formed Supervisor Reference Group.
Advising and supporting BCT representatives and Associations of Psychiatrists in Training (APTs) about	In progress. Trainee video content featuring personal stories and experiences will be recorded at Congress 2026

sharing RANZCP and external wellbeing options using diverse channels, including social media/messaging groups	and shared with trainee representatives for distribution via social media networks.
Improving visibility of wellbeing supports during training from both RANZCP and external providers	In progress. A new wellbeing support webpage has been developed and launched, using access data to inform design. A new trainee help centre has also been implemented with a dedicated 'support and wellbeing' section. RANZCP and external support options are promoted through branch and bi-national orientation events and activities. Consultation with trainee representatives to resource and reinforce their roles as active referrers for trainees to RANZCP and external wellbeing options completed and implemented in 2026.
Empowering and increasing skills of RANZCP staff to support trainees experiencing professional and/or personal difficulties	In progress. Key touchpoint staff identified. Training and education program to be implemented through RANZCP People and Culture team including new staff induction training, external courses: Accidental Counsellor/Managing Challenging Interactions hybrid training and Mental Health First Aid training.
Implementing a targeted 'support touchpoints' communication plan	In progress. Orientation component completed. Pre-exams communications under review and in development. Draft content for transition to Fellowship prepared and to be implemented following the RANZCP Congress in May 2026.
Including trainees as part of a feasibility assessment of RANZCP Balint Groups (and peer debriefing spaces)	In progress. Draft feasibility assessment prepared, with further external research and engagement required.
Resourcing local trainee-led social/peer support events	In progress. Budget allocated and available. Draft application process and guidelines developed. Currently consulting with trainee representatives to finalise and implement, to support 2026 trainee-led social/peer events.

The finalised report on TSN has been published on the RANZCP website with member access only (Appendix 7.01). The final report was delayed, allowing extended consultation with trainee representatives, ensuring recommendations were fit for purpose, responsive to survey feedback, and that engagement was undertaken in a culturally safe way. Specifically, engagement with First Nations and Māori trainees was conducted at the RANZCP New Zealand National Conference (September 2025) and the Aboriginal and Torres Strait Islander Cultural Sharing Forum (December 2025).

The purpose of the TSN survey was to address gaps in RANZCP's understanding of how to support trainees experiencing personal and/or professional difficulties – specifically areas not captured by existing external datapoints (such as the MTS) or RANZCP surveys (such as the Fellowship Attainment Survey). The RANZCP acknowledges that this additional survey contributes to the overall survey burden; however, the findings have been critical in informing targeted trainee support initiatives.

In response to AMC feedback, the RANZCP will formally integrate the TSN Survey into its M&E Framework. This will include aligning survey domains with existing performance indicators and incorporating relevant metrics into routine reporting processes.

To reduce survey fatigue and improve coordination, the RANZCP will adopt a more structured, centralised approach to survey activities. As part of this approach, the RANZCP will review the frequency and format of the TSN Survey in 2026 and consult with trainee representatives on this at the BCT meeting scheduled for July 2026,

with a view to embedding key measures within broader RANZCP data collections from 2027 onwards. This integrated approach is expected to reduce duplication, improve response rates, and strengthen the overall quality and utility of trainee experience data.

Progress on the nine recommendations will be reported to the BCT and TAC through the 2026–27 Trainee Engagement Plan, with advice from trainee representatives as needed. The Member Wellbeing Subcommittee continues to review monitoring and evaluation data on the use of RANZCP wellbeing supports. RANZCP has extended its engagement with Converge International to provide the RANZCP Member Support Program (external EAP) during 2026 and continues to offer the Confidential Member Advice Line service.

Condition 37				Due Date: 2024*
Ensure there are systematic mechanisms to monitor and resolve training issues by: *(i) Developing and implementing a centralised pathway to document and monitor allegations of discrimination, bullying and harassment. (Standard 7.4.1) - Satisfied* *(ii) Reviewing existing complaints pathways to implement confidential methods for trainees to raise training disputes without fear of jeopardising their position in the training program. Implemented pathways must be safe, accessible and centrally monitored with clear procedures for trainee support. (Standard 7.5)* *(iii) Developing (i) and (ii) in consultation with relevant stakeholders, including trainees. (Standard 7.3 and 6.1.3)* **Due 2023: Development and consultation* **2024: Communication and implementation* *Condition 37 and 38 consolidated in 2024. Condition 38 retired.*				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			(ii),(iii)	(i)
2026 College response				

37 (ii)

Work has been undertaken to ensure there is a suite of RANZCP documents providing adequate, appropriate pathways for both staff and trainees to raise issues, other than requests to review the merits of Committee decisions. These documents include:

- *Grievance Policy* (Appendix 7.02) - intended to address issues raised by RANZCP staff as it includes escalation to internal roles and managers. This document can be utilised for volunteers (e.g. Members sitting on committees) if it is deemed more appropriate than other documents in this suite. Board approval is being sought in June 2026.

- Anti-Discrimination, Bullying and Harassment Policy (Appendix 7.03) – intended for RANZCP staff to set standards and raise issues in line with internal roles and reporting lines.
- *Discrimination, Bullying and Harassment (DBH) Policy* – public document which can be accessed by Members to address specific DBH scenarios. (This policy was provided in the 2023 submission.)
- *Complaints Policy* (Appendix 7.04) – approved by the Board in March 2026, this Policy was developed following both AMC and Member feedback that the Grievance Policy and DBH Policy do not provide the required options for Members to raise issues with the RANZCP.
- *RANZCP Accreditation Feedback and Concerns Outside Scheduled Assessments* (Appendix 7.05) – approved by the Board in May 2026. This new procedure and associated confidential online form enable trainees and Members to raise concerns about training environments and compliance with RANZCP accreditation standards. The procedure and submission form are available online, with RANZCP-wide communication about the process undertaken via *Psyche* and *Training and Assessment* newsletters.

37 (iii)

As requested by trainees, a flowchart outlining pathways specific to training and assessment complaints (including Early Resolution) has been published (Appendix 7.06) and aligned with the RRA Flowchart (Appendix 7.07). The RANZCP has now turned its attention to communication and training for this suite of documents.

In addition, a master flowchart clarifying the various pathways for concerns, complaints, and disputes across the RANZCP for both staff and Members is planned and will form part of the training once complete, noting a delay following the late-2025 organisational restructure.

2. Requests for additional information

Requests for additional information from the AMC response to the 2025 monitoring submission	
Request	**College Comment**
The College is asked for clarity on the investigation on oversight of unsuccessful applications to the program as the reporting is at odds with the statistics provided.	Applications to enter the training program are managed at the jurisdictional level, and in some instances are combined with employment processes. The BTC administrators have varying levels of access to applications that, for example, are rejected by the employment process. This contributes to the challenges of oversight of unsuccessful applications.
The College is asked to comment on the low graduate numbers given reaccreditation concerns about training being prolonged to complete assessment requirements.	While there is evidence that trainees defer completion of assessments to the end of Stage 3, the graduate numbers have increased since the inception of the 2012 program. The Training and Assessment Update (Appendix 7.08) shows on page 24 that in 2025, 417 new Fellows were admitted to the Fellowship. This correlates with a spike in enrolments in 2020. The CCA-MPR, and the new CCA, are submitted when the trainees feel they have attained the necessary standard, with an associated higher pass rate than the previous clinical examination (OSCE). The CCA does not have an upper limit on the number of candidates, nor does it have the associated costs of the OSCE for travel and accommodation.

3. Statistics and annual updates

Please provide data in the tables below showing:

- The number of trainees, including Aboriginal and Torres Strait Islander, Māori, and Pasifika trainees entering the training program, including basic and advanced training **in 2026**, and the number of applicants from these cohorts who applied and were unsuccessful.
- The number and gender of trainees undertaking each college training program **in 2026**
- The number of trainees, including Aboriginal and Torres Strait Islander, Māori, and Pasifika trainees who exited the training program **in 2025** (does not include those trainees who withdrew to take an extended leave of absence)
- The number of trainees, including Aboriginal and Torres Strait Islander, Māori, and Pasifika trainees who completed training (attained Fellowship) in each program **in 2025**
- The number of Fellows of the College in **2026**

Number of trainees entering training program in 2026											
Training program	ACT	QLD	NSW	NT	SA	TAS	VIC	WA	NZ	Total	No. of applicants who applied to training program and were unsuccessful
2012 Training Program (*)	7	44	112	5	30	10	105	33	33	379	434
Aboriginal and/or Torres Strait Islander trainees										4	2
Māori trainees										3	4
Pasifika trainees										0	0

* Data correct as of 24 March 2026. Intakes conclude in February 2027.

Number and gender of trainees undertaking each training program in 2026					
Training program	Male	Female	Non-binary	Not stated	Total
2012 Training Program (*)	1272	1450	9	10	2741

* Data correct as of 24 March 2026.

Trainees exiting from program in 2025 (prior to attaining Fellowship)		
Training Program	Number	Reason for exiting
2012 Program	33	• Family and personal commitments • Career transition • Work-related issues • Health concerns (physical & mental) • Unable to meet the expected standards • Personal circumstances (e.g., relocation, immigration, cultural factors)
Aboriginal and/or Torres Strait Islander trainees	0	-
Māori trainees	0	-
Pasifika trainees	0	-
Could the College please provide comment on its reflections on the withdrawal rate to ensure there is no systemic issue, such as discrimination, bullying or harassment, lack of resources, or lack of support, which could cause withdrawals. The RANZCP regularly monitors trainee withdrawal data to identify trends and potential systemic issues. The withdrawal rate observed is within the expected range and when analysed by cohort, it follows established patterns seen in previous years. Based on the 2025 data, reasons for withdrawal primarily include family and personal commitments, career transitions, work-related issues, both physical and mental health concerns, unable to meet the expected standards and personal circumstances. While these reasons reflect a range of personal and professional factors, the RANZCP remains committed to ensuring a supportive and inclusive training environment.		

* Data correct as of 24 March 2026.

Number of trainees completing training program in 2025 (attained Fellowship)											
Training program	ACT	QLD	NSW	NT	SA	TAS	VIC	WA	NZ	NoZ	Total
2012 Program	7	50	80	4	14	5	87	23	34	4	308
Specialist International Medical Graduates-Partial Compatibility	1	7	3	1	0	1	29	6	0	0	48
Specialist International Medical Graduates-Substantial Compatibility	4	5	2	0	2	2	24	17	5	0	61
Overall											417
Aboriginal and/or Torres Strait Islander trainees											2
Māori trainees											2
Pasifika trainees											1

* Data correct as of 24 March 2026.

Total Number of Fellows in 2026		
Australia	New Zealand	Other
5730	533	154

* Data correct as of 24 March 2026.

Standard 8: Implementing the training program – delivery of education and accreditation of training sites

Areas covered by this standard: supervisory and educational roles and training sites and posts

1. Activity against conditions

The numbering of conditions matches that used in the AMC Accreditation Report.

Please address each of these conditions individually.

Condition 39				Due Date: 2025*
Develop, implement and evaluate centralised processes to: *(i) Formally elicit and monitor feedback on performance of individual supervisors, Directors of Training and Directors of Advanced Training to identify areas for improvement and of underperformance, with appropriate feedback, intervention and support pathways.* *(ii) Ensure safe and confidential pathways for trainees to provide feedback on their individual supervisors, developed with trainee input. (Standard 8.1.4)* **Due 2023-2024: Development, consultation, and communication* **2025: Implementation*				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			(i), (ii)	
2026 College response				

39 (i) (ii)

Cross-college consultation and benchmarking

In response to the AMC's feedback, the RANZCP has consulted directly with other specialist medical colleges subject to similar accreditation requirements, including the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), the Australasian College of Sport and Exercise Physicians (ACSEP), and the RACGP. This confirmed that they are also experiencing challenges in meeting this condition and are exploring opportunities for collaboration through RANZCO's Standardised Supervisor Training System (SSTS) project. Feedback also highlighted the difficulty in finding a mechanism to address the desire for multi-source feedback (MSF) for positions employed within other organisations and without administrative support at a local level.

The RANZCP met with the RANZCO which has previously satisfied this condition. RANZCO's approach focuses on better utilisation of existing data, drawing on

end-of-term trainee reports, annual trainee and supervisor surveys, and training post accreditation processes. These triangulated data provide insight into supervision quality primarily at the site or program level, with individual supervisor-specific feedback typically identified only where concerns are raised or complaints received.

The RANZCO also discussed their work through the SSTS project to develop generic policies and procedures for supervisor selection, performance management and feedback. The RANZCP is interested in engaging further with this work and will continue discussions with RANZCO to explore potential opportunities when their project moves to its next phase.

Consideration of alternative models, including multi-source feedback

The RANZCP has considered the role of MSF as a potential tool for individual supervisor performance monitoring. However, based on internal discussion and available evidence, several limitations were identified:

- MSF is logistically complex in low-volume training contexts
- feedback is often positively skewed and may require relatively large numbers of responses before meaningful variation can be observed or reliable conclusions drawn, with some models requiring response samples in excess of 30.
- effective MSF depends on structured debriefing conducted by trained facilitators, which would require additional infrastructure and resourcing.

Other options were also considered, including the use of Site Coordinators of Training (SCOT) to provide feedback on individual supervisors, however perceived and actual conflicts of interest were identified as a potential barrier to trainee confidence in such processes.

Technical constraints and Interim approach

Piloting of the trainee feedback survey has been delayed due to internal system-level constraints such as accurately linking survey responses to supervisors within the InTrain system and generating unique links for each reporting period.

While system integration issues are being resolved, the RANZCP will proceed with a limited trial of the survey design at a small number of training sites using an external survey platform (Cognito Forms). Initial planning and site identification have commenced. This approach will allow testing of:

- question clarity and relevance
- trainee perceptions of confidentiality and safety
- trainee response rates and confidence in the process

Noting the AMC's observations regarding historically low survey response rates, the trial will be supported by a targeted communications approach clearly outlining:

- how anonymity is protected
- when individual-level feedback will and will not be released
- how data will be accessed, stored and used
- how feedback contributes to supervisor support and development.

Further work has considered confidentiality requirements, with a minimum response threshold per supervisor proposed before feedback is provided, noting that it

may take a few years to reach this threshold. To maintain confidentiality during the trial, aggregated pilot data on supervisor performance will be provided at the site level rather than for individual supervisors. This is in line with the M&E frameworks that address safeguards for small sample sizes (also addressed in Condition 31). Individual-level feedback and escalation may occur where concerns are raised through this process. Lessons from this trial will inform finalisation of a centrally managed, integrated process for supervisor performance feedback.

Condition 40				Due Date: 2026
Develop, implement, and centrally monitor mechanisms to address the tension for supervisors of undertaking both supervisory and assessment roles in the workplace. The approach should develop and implement mechanisms for calibration of supervisors across jurisdictions, managing conflicts of interest, training, and supervisor workloads and support. (Standards 8.1.1 and 8.2.1) **Due 2024-2025: Development, consultation* **2026: Implementation*				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			X	
2026 College response				
Colleges may choose to provide an update on progress towards conditions due in 2026				

Condition 42	Due Date: 2025*
In the accreditation standards for training posts and programs: *(i) Include a requirement that a commitment to Aboriginal and/or Torres Strait Islander and Māori health and cultural safety be evident, to support a high-quality learning environment aligned to relevant learning outcomes, and to safeguard trainee wellbeing.* ***- Unrated in 2024*** *(ii) Develop and implement mechanisms for remote supervision and other mechanisms to support training in rural and remote locations under the Rural and Remote Psychiatry Roadmap 2021 – 2031. (Standard 8.2.2)* ***- Satisfied*** **Due 2023: Development* **2024: Consultation and communication*	

**2025: Implementation "Due to the collaborative work to address the recommendations of the National Health Practitioner Ombudsman (NHPO) relating to specialist medical colleges' site accreditation, no reporting is required for (i) in 2025. Regarding (ii) this has been satisfied, however the AMC welcomes an update in the 2025 monitoring submission on the pilot currently underway of the newly developed Remote Supervision Guidelines (approved late 2023)"*				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
2026 College response				

42 (i)

First Nations perspectives on the draft AMC model standards and procedures were sought through a joint hui of the three partnership committees (CCC, the Aboriginal and Torres Strait Islander Mental Health Committee, and Te Kaunihera) in late 2024, and feedback was provided to Miller Blue. Further consultation with the partnership committees and the RANZCP LLE Senior Advisors was undertaken in Q3 2025 to better understand the new criteria relating to cultural safety, diversity, equity and inclusion, and to identify the evidence required to support these standards. The outcomes of this consultation are documented in the Consultation Plan (Appendix 8.01).

The RANZCP has maintained active involvement in the Miller Blue project, with two RANZCP representatives (Executive Operations Manager Education and Training, and Manager, Accreditation and Standards) participating in the project working group. The RANZCP has continued its implementation for the AMC model standards and procedures, with Board approval of updated accreditation documentation.

The accreditation risk matrix was successfully tested in August 2025, and the Accreditation Decision Making Risk Framework was approved by the EC in October 2025.

Approval of the new RANZCP accreditation standards occurred later than planned due to the timing of the AMC's approval of the College Specific Requirements (CSRs). The initial CSR proposal was subsequently reduced to two intent statements, which were approved by the AMC on 25th March 2026. Despite this delay, the RANZCP remains on track to implement the new standards for training programs from July 2026, with implementation for training posts planned for the end of 2026. Due to the staged implementation approach, the accreditation procedure for programs was approved in 2025, and the procedure for posts will be finalised in the coming months.

RANZCP-wide communication of the changes commenced in January 2026. Information webinars were delivered in April and May 2026 (available to all members and staff). Training for the Accreditation Committee and accreditation panel members will be undertaken prior to the upcoming program accreditation visits, with training for Branches scheduled for Q3/Q4 2026.

2. Statistics and annual updates

Data to be collected as part of NHPO monitoring

Standard 9: Assessment of specialist international medical graduates

Areas covered by this standard: assessment framework; assessment methods; assessment decision; communication with specialist international medical graduate applicants

1. Activity against conditions

The numbering of conditions matches that used in the AMC Accreditation Report.

Please address each of these conditions individually.

Condition 44				Due Date: 2025
Provide outcomes and evidence of planned changes arising from the Comparability Assessment Framework Review to enhance and address the fitness for purpose of the SIMG assessment process in Australia and Aotearoa New Zealand, by: *(i) Working with jurisdictions and health services to reduce variability in support for SIMGs, including consideration of establishing SIMG Directors of Training in all jurisdictions. (Standards 9.2, 1.6.4 and 8.1)* *(ii) Mandating requirements for SIMGS to develop and demonstrate their ability to provide culturally safe care. (Standard 9.2)* *(iii) Developing and implementing increased recognition of CPD and previous professional experience within the SIMG assessment process, to reduce reliance on demonstration of validity of specialist training qualification based on country of training. Consideration should be given to recognition of time in practice since completing primary specialist training. (Standards 9.2 and 9.1)* ***- Satisfied.*** **Due 2023: Review* **2024: Consultation, development, and communication* **2025: Implementation*				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			(i), (ii)	

2026 College response
44 (i) Revised Committee for Specialist International Medical Graduate Education (CSIMGE) Regulations have been implemented, with SIMG DoTs included as non-voting members. This enables structured jurisdictional input and more consistent identification and escalation of SIMG support issues, alongside participation of SIMG candidate representatives. The RANZCP has prioritised supports including continued development of a bi-national SIMG onboarding module to provide a consistent baseline orientation for all Partially and Substantially Comparable SIMGs regardless of jurisdiction. This includes culturally informed content reviewed by the RANZCP's First Nations committees and delivery is targeted for 2027. Work has also progressed on a more formal approval process for SIMG posts, including development of contextualised standards aligned with employer support declarations and supervision requirements, to promote greater consistency in SIMG workplace settings. While the RANZCP does not control jurisdictional workforce funding and therefore is unable to establish SIMG DoTs in each jurisdiction, the combined use of bi-national governance mechanisms, centrally delivered onboarding, the existing RANZCP mentoring program, and SIMG post accreditation provides practical mechanisms to reduce variability in SIMG support across Australia and Aotearoa New Zealand. Implementation is supported by the finalised M&E framework for SIMGs (Appendix 6.02, see condition 30), as well as existing monitoring and evaluation processes including review of progression and engagement with supports. **44 (ii)** The RANZCP has progressed implementation of the revised Comparability Assessment Framework (CAF) including: • training and calibration of National Assessment Panel (NAP) members in the revised CAF tool • an updated National Assessment Panel Handbook • revised CAF Guidelines (internal scoring guidance for assessors) • a structured calibration workshop, scheduled for delivery in June 2026 • development of business rules • a communication plan including Frequently Asked Questions (FAQs) • development of an e-module for ongoing assessor training and calibration. This phased implementation is intended to support transition to the revised CAF from Q3 2026, subject to CSIMGE consultation and EC and Board endorsement. The updated CAF Criteria checklist will be published following a virtual workshop on 24 June. Under the revised CAF, where candidates have clinical experience in Australia or Aotearoa New Zealand, evidence of adaptation to healthcare practice in these settings, including culturally reflective practice, may also be considered. For Substantially Comparable candidates, the expansion of a structured SIMG onboarding e-module remains underway. This module will address working with Aboriginal and Torres Strait Islander and Māori communities. Development has progressed more slowly than anticipated due to resourcing constraints, yet remains ongoing with Indigenous consultation underway.

For partial comparability candidates, preparations are underway for the proposed mandatory EPA on developing a culturally responsive plan. This EPA, along with the revised program of EPAs, is currently planned to undergo a proof-of-concept testing in 2027 before piloting and implementation (see Section B on significant developments).

These supports will complement the current mandatory requirement for all candidates to complete the Aboriginal and Torres Strait Islander or Māori mental health experience.

In addition, consistent with the RANZCP's broader cultural safety approach outlined under Condition 7, the CSTP launching this year will support SIMGs to identify actions to improve culturally safe practice through a self-reflection tool promoting critical consciousness and reflexivity. At its June meeting, the CSIMGE will consider whether these modules will be mandatory for both the partial and substantial pathways. Collectively, these measures provide clearer assurance that SIMGs are supported to develop, reflect on, and demonstrate culturally safe care to patients.

Condition 45				Due Date: 2025*
Develop, implement, and monitor mechanisms to address the relatively low examination and other assessment pass rates for SIMGs. (Standards 9.2 and 5.4) **Due 2024: Development* **2025: Implementation*				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			X	
2026 College response				

The RANZCP is addressing examination outcomes for SIMGs, with an initial focus on performance in the MEQ examination.

MEQ pass rates for SIMGs on the Partial Comparability pathway are monitored as Level 3 indicators in the SIMG M&E Framework (Appendix 6.02) relating to capability verification and gap closure, alongside candidate feedback captured at Level 2 concerning participant experience and reaction.

An inventory of existing assessment and examination support resources, including MEQ-specific materials has been compiled and provided to the CSIMGE to assist its consideration of whether additional or modified examination supports may be required to address the lower MEQ pass rates for SIMGs.

CSIMGE has advised that, should it identify the need for a SIMG-specific workshop or other targeted support initiative, this would be developed in collaboration with the CFE.

The RANZCP also intends to undertake targeted consultation with SIMG candidates to better understand what forms of support may assist MEQ examination performance. This will include discussion by the CSIMGE at its June face-to-face meeting to review existing support resources and identify gaps, with input from SIMG

Directors of Training. Advice will also be sought from the CFE for a coordinated approach, as well as partial comparability SIMG candidates for advice on feasible and preferred approaches. The findings of this consultation will contribute to Level 2 and Level 3 evidence within the SIMG M&E Framework (Appendix 6.02).

Condition 46				Due Date: 2024*
Clarify requirements for attaining fellowship, including identifying any barriers to fellowship, for SIMGs in Aotearoa New Zealand to address equity of rights and opportunities that come with achieving fellowship. Ensure that there is clear communication with SIMGs and their supervisors on the differences between vocational assessment for MCNZ registration and the fellowship pathway. (Standard 9.4.1) **Due 2023: Scoping and development* **2024: Communication and implementation*				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			X	
2026 College response				
The RANZCP is developing a time-limited pathway for long standing New Zealand Affiliate members to become admitted to the Fellowship of the RANZCP, as approved by the Board (June 2025). A dedicated project team was established in December 2025 to fast track the development of the pathway with the aim of launching in July 2026. Key deliverables prior to launch include an approved project plan (Appendix 9.01), communications plan, three-year financial forecast, assessor recruitment and training plan, pathway Standard Operating Procedure (SOP), staff recruitment and required assessment/application materials (including Case-based Discussion tools). Success will be measured through uptake, timeliness, quality/defensibility of decisions, stakeholder experience, and regular reporting (annual progress reports and a closure report at the end of the three-year period).				

2. Statistics and annual updates

Please provide data showing the numbers of applicants and outcomes for Specialist IMG assessment processes **for 2025**, broken up according to the phases of the specialist international medical graduate assessment process (e.g. paper-based assessment, interview, supervision, examination). If a binational college, please provide separate figures for New Zealand and Australia. Please provide separate area of need and Specialist IMG figures.

Australian processes

New Applicants undertaking Specialist International Medical Graduate Assessment		
Number of new applicants in 2025: • Specialist recognition (SP) • Specialist recognition and Area of Need (SPA)	**Australian Numbers**	**New Zealand Numbers**
	128 (SP)	17 (SP)
	2 (SPA)	0 (SPA)
Total:	**130**	**17**

Assessment of Specialist International Medical Graduates		
Phase of IMG Assessment	**Australian Numbers**	**New Zealand Numbers**
Initial Assessment	128	4
Interim Assessment Decision: • Not Comparable **(NC)*** • Partially Comparable **(PC)** • Substantially Comparable **(SC)**	2 (NC)	0
	51 (PC)	0
	70 (SC)	4 (SC)
Ongoing Assessment	16	1
Final Assessment	123	4
Total:	139	5

** All not comparable RANZCP applicants proceeded to an interview where the 'not comparable' interim assessment outcome was confirmed, as recorded on MBA report 1.*

New Zealand processes

Advice provided to the MCNZ on the equivalence of SIMGs' qualifications, training and experience in **2025**.

Preliminary (paper-based) advice			
Outcome	Vocational scope 1	Vocational scope 2	Vocational scope 3 Provisional Vocational (specialist) registration
Equivalent			1
As satisfactory as			14
Neither equivalent to, nor as satisfactory as			3
Unable to make a recommendation			7
Total			25

Interview advice			
Outcome	Vocational scope 1	Vocational scope 2	Vocational scope 3 Provisional Vocational (specialist) registration
Equivalent			-
As satisfactory as			7
Neither equivalent to, nor as satisfactory as			-
Total			7

Section B – Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs and assists the AMC to determine if these programs are continuing to meet the approved accreditation standards.

Please provide a summary of significant developments completed or planned relevant to the Standards. If a significant development has been made in response to addressing a condition, please only report on this against the relevant condition. The development does not need to be reported twice.

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program.

Summary of significant developments
Standard 1 The Context of education and training **Launch of the RANZCP Strategic Plan 2026–2030** The RANZCP published its Strategic Plan 2026–2030 (Appendix B.1), which sets the overall direction for the organisation and provides the framework for major education, training and governance reforms. The Plan affirms the RANZCP's core role as an education and training body and identifies four interconnected strategic priorities—a future-ready and sustainable RANZCP, a thriving psychiatric profession, collaborative system leadership, and trusted partnerships with communities—which are being advanced through reforms in specialist training, governance and organisational effectiveness, workforce sustainability, and system leadership. **Appointment of Independent Board Director** As part of ongoing governance reform, the Board commenced recruitment of an Independent Director in 2026, utilising the Appointed Director provision in the Constitution. This role is intended to strengthen Board independence, objectivity and accountability, informed by an external governance review. Recruitment is progressing, with the appointment expected to commence in the second half of 2026. **Board Governance Documentation and Director Expectations** During 2025–26, the RANZCP undertook a comprehensive review and update of Board-related regulations, position descriptions, and election and appointment procedures. These updates clarify the expectations, roles and responsibilities of Directors; align director duties with governance standards set by the Australian Charities and Not-for-profits Commission (ACNC) and the Australian Institute of Company Directors (AICD); and improve transparency for candidates and members participating in Board elections. The revised documentation also strengthens provisions relating to professional conduct and ethical standards, eligibility for director appointment (including trainees on a break in training), and the management of conflicts of interest. **Updated Induction Processes for Committee Members** The RANZCP has reviewed and updated committee member induction processes to reflect current policies and governance guidance, and to support a more standardised approach to committee member onboarding. These changes are intended to ensure committee members feel welcomed, well-informed and clear on

expectations, roles and responsibilities from the commencement of their appointments.

Updated Committee Governance Regulations

The RANZCP has reviewed and updated the *Committee Meeting Operations and Elections* regulations (Appendices B.2, B.3) to improve clarity and alignment with current governance practices. The revised regulations formalise provisions for leave of absence, introduce a new dedicated elections framework, and clarify processes for resignation or removal of committee members where conduct or participation requirements are not met.

Bi-national Psychiatry Workforce Report and Implementation

Since mid-2025, the RANZCP has progressed a bi-national approach to psychiatry workforce planning across Australia and Aotearoa New Zealand, anchored by the completion of the report *Securing the Future: Addressing the Psychiatry Workforce Crisis in Australia and Aotearoa New Zealand* (Appendix B.4).

The report identified critical workforce challenges including an ageing workforce, increasing service demand, and rising levels of burnout. It drew on workforce modelling, training pipeline analysis, and service demand projections to provide a comprehensive evidence base on current and future workforce pressures.

Building on this work, the RANZCP convened a workforce summit with internal and external stakeholders, including government representatives, to test findings and support the development of coordinated, long-term responses. A key outcome was the establishment of a Workforce Taskforce, a subcommittee of the Practice, Policy and Partnerships Committee, to provide ongoing oversight of workforce data, planning, and advocacy. The Taskforce will support a more integrated and data-informed approach to workforce planning and strengthening alignment between policy, data, and advocacy activities.

These initiatives reinforce the RANZCP's credibility and leadership in addressing system-wide workforce challenges and supporting improved access to mental health care across both jurisdictions.

Federal Pre-Budget Submission (2026–27)

The RANZCP has delivered its 2026–27 Federal Pre-Budget Submission (Appendix B.5), setting out a coordinated package of reforms to strengthen Australia's mental health system, focusing on psychiatry workforce capacity and access to care. The submission was informed by consultation with members, committees, and external stakeholders, and drew on workforce data and policy evidence to identify key system pressures, including workforce shortages, increasing demand, and inequitable access to services.

It included targeted, costed recommendations to expand psychiatry training capacity, improve workforce distribution, and strengthen models of care, alongside broader system reforms to support access, continuity, and quality of care for consumers

This work strengthens the RANZCP's role as a key contributor to national mental health policy and positions it to influence government decision-making.

Update on the implementation of the LLE Strategy (formerly Condition 6)

Since its launch in May 2025, work has focused on organizational readiness, including confirming scope, sequencing, and ownership across the RANZCP. The Strategy has now moved into planning and early implementation. Of 41 recommendations, nine are complete, 12 are in progress, and the remainder are in scoping or yet to commence.

Structural changes have been made to support ongoing implementation of recommendations and these include:

- expanding the CCC co-chairs to include a consumer and a carer
- adding an additional community member position (consumer and carer) to the EC
- embedding LLE expertise in the Congress and New Zealand conference convening committees.
- establishing a Quarterly Lived Experience Evaluation Group to oversee implementation and progress.

Implementation is also being supported through the development of resources across the RANZCP. Within Education, resources in development include an LLE glossary to promote consistent language and shared understanding, and establishing a dedicated reference group to guide content development, ensure relevance, and support implementation across education and CPD. In parallel, the People and Culture team is collaborating with the LLE team to develop a foundational induction module for staff, designed to build a shared understanding of LLE and its role in the RANZCP's governance, culture and ways of working.

Strengthening two-way communication between CCC and Branch/NZ committees

A regular Community Member forum has been created, with two meetings held to date. These sessions provide a mechanism for Community Members across the RANZCP to share experiences, raise issues, and identify areas of focus.

Implementation of the Innovate Reconciliation Action Plan (RAP) (formerly Condition 7 i)

Progress continues on the 2024-2026 Innovate RAP implementation with 80% of actions now complete, and 13% currently in progress.

Organisational restructure

In its last submission the RANZCP reported on the appointment of a new Chief Executive Officer (Mr. Damian Ferrie) and the interim arrangements for Executive management of the Education Department. In November, three new Executive positions were established:

- Executive Director, Member Experience amalgamating the previous Membership, Events and Publications, and Partnerships and Engagement Departments, with Ms Jarka Kluth appointed
- Executive Director, Finance and Technology, amalgamating the previous Finance Department and Information Technology and Business Improvement Departments, with Mr. Lloyd Doddridge appointed
- Executive Director Policy and Advocacy, replacing the previous Compliance and Policy Departments, with Ms Felicity Loxton appointed.

A new Executive structure has been established for the Education and Training Department, with Professor Andrew Teodorczuk appointed in February 2026 as the first Executive Dean of Education, supported by an Executive Operations Manager, Ms Anita Hill. Prof Teodorczuk brings experience across medical education and the pre-vocational sector, and this dedicated (0.8 FTE) role represents a significant organisational investment in education leadership and stakeholder engagement, particularly with trainees.

A further phase of organizational redesign is underway at the Departmental and team level to ensure that structures are aligned with the strategic priorities of the RANZCP. This phase should be completed by August 2026.

Organisational Diversity and Inclusion

The RANZCP has become a member of Diversity Council Australia (DCA), the national peak body for diversity and inclusion. This supports the RANZCP to strengthen

inclusive and culturally safe workplace practices through access to contemporary research, evidence-based resources and sector-wide learning.

Organisational Culture Inventory

Human Synergistics was engaged to conduct an Organisational Culture Inventory (OCI) and Organisational Effectiveness Inventory (OEI) assessment, providing an evidence-based evaluation of the RANZCP's culture and its impact on performance.

As part of the Employee Value Proposition work being undertaken by the People & Culture team, the assessment aimed to objectively measure the behavioural norms and systems that shape how work gets done at RANZCP, identify gaps between the current and desired culture, and understand how culture either supports or constrains organisational effectiveness.

The insights gained will inform data-driven decisions around cultural change, leadership development, and system improvements, and will be used to track progress over time in building a constructive, high-performing culture. To support the development and implementation of actions arising from this work, a Culture Coaches working group, representing all levels and departments across the RANZCP, will be established.

Charity Status and Salary Packaging

The RANZCP has now been classified as a Health Promotion Charity (HPC), recognising the work it does to improve health outcomes and deliver tangible benefits to the community. This allows the organisation to access specific tax concessions that can be passed on to Australian-based employees through our revised salary packaging arrangements.

Standard 3 The specialist medical training and education framework

Rehabilitation Psychiatry

The RANZCP has been developing modules on Rehabilitation psychiatry with Tier 1 and Tier 2 available since 10 February 2026, providing structured learning pathways to support consistent practice. Development is underway for Tier 3, alongside a mentoring program to reinforce capability-building through supported application and peer learning. These modules provide consistent, structured learning to support workforce capability in rehabilitation psychiatry, with mentoring strengthening translation into practice.

Certificate of Advanced Training (CAT) in Youth Psychiatry

The CAT in Youth Psychiatry was approved by the Board and the first trainee intake is planned for Rotation 2, 2026.

New Fellowship Program – 2030

In May 2026, the NFPT provided an interim report (Appendix B.6) to the RANZCP Board outlining progress to date, including a draft prototype developed using Kern’s six-step curriculum change model.

Key features of the emerging prototype include a five-year program structured across three phases, a stronger emphasis on generalist foundations, clearer articulation of PGOs, and the integration of longitudinal capability strands encompassing cultural safety, LLE, wellbeing, leadership, and contemporary practice capabilities such as digital health and systems working.

The work has been informed by existing RANZCP data, AMC accreditation feedback, literature reviews, benchmarking with other specialist colleges, and

engagement with a wide range of stakeholders. The Taskforce's membership was also expanded to include LLE representatives and Māori and Aboriginal and Torres Strait Islander representatives, strengthening the program's social accountability and cultural safety focus.

The draft prototype is now undergoing broad consultation with Fellows, trainees, Faculties, and external stakeholders, commencing at Congress in May 2026. The consultation plan includes diverse methods of engagement to maximise the opportunities for capturing feedback from the membership and other stakeholders. Consultation includes engagement with health service providers, chief psychiatrists, consumer organisations and experts in medical education. The NFPT is scheduled to deliver final recommendations to the Board in September 2026.

Standard 5 Assessment of learning

MEQ Online

The MEQ exam was successfully transitioned to an online platform using Risr/assess. Prior to the March 2026 MEQ exam, the RANZCP conducted an end-to-end test of the platform in November 2025. The pilot successfully demonstrated that the platform could support the MEQ exam requirements. To support candidates, a demonstration exam was made available on the RANZCP website, allowing candidates to familiarise themselves with the online platform.

The March 2026 MEQ exam was delivered using a hybrid format with candidates having the option to select either a computer-based or paper-based version of the exam. A total of 240 candidates completed the exam via the Risr/assess platform, with 96 candidates opting for the paper-based format. This approach supported candidate choice and provided 12 months' notice of moving to the new platform. The September 2026 MEQ exam will only be delivered online.

IOCA

The Stage 3 IOCA was successfully launched in August 2025. Since then, 104 workshops have been delivered with approximately 1400 supervisors attending, and 30 Stage 3 IOCAs have been completed among trainees and SIMGs. Candidates who have completed an IOCA have been given the opportunity to provide feedback, reporting the IOCA to be worthwhile, and that feedback from independent assessors is constructive, useful and detailed.

In March 2026, the RANZCP launched the e-learning module, Deconstructing the IOCA. The module features a simulated video of a trainee undertaking an IOCA, demonstrating how the scoring guide and assessment criteria are applied across domains. The module outlines the structure of an IOCA, clarifies expected standards, and highlights key differences from an OCA. This module is intended to support trainees and SIMGs who are preparing for an IOCA, as well as provide a practical example of an IOCA in practice to independent assessors.

The Clinical Competency Portfolio Review (CCPR) will launch in September 2026, and the eligibility criteria will now focus on Stage 3 data.

Critical thinking in Psychiatry (CTIP) learning modules

The Critical thinking in Psychiatry (CTIP) learning modules were successfully launched in 2025 as an optional activity. Between November 2025-February 2026, participants who completed the online modules were asked to provide feedback. Feedback has been very positive. As of April 2026, 663 participants completed all four CTIP modules. Participants who complete the modules during the optional period will not be required to undertake any future alternative activity. The CTIP modules will become a mandatory requirement for Fellowship from August 2026.

Reducing EPAs to focus on high-quality, high relevance activities (Condition 27 i)

The RANZCP is progressing the EPA proof of concept (POC) with an updated implementation plan. The current plan is to confirm the POC site and complete site

setup throughout the remainder of 2026, and run the POC in Q1 2027. Findings from this work would then inform a more comprehensive pilot before implementation.

Recent advice from the RANZCP Information Technology Department suggests that running an EPA pilot within InTrain may be prohibitive due to the costs for modification to the system. Should this be the case implementation plans may be altered to accommodate a tendering process.

The RANZCP notes the AMC's support for the direction being taken to reduce the number of EPAs and confirms that implementation of a revised, reduced EPA set remains a core component within the NFPT's broader planning framework.

Engaging Aboriginal and Torres Strait Islander and Māori expertise in assessing culturally safe practice (Condition 27 ii)

The RANZCP notes the AMC's observation that prior engagement appeared to reflect single-point-in-time consultation, and clarifies that EPAs have been presented to relevant First Nations committees on multiple occasions, and engagement has been ongoing rather than isolated.

A further dedicated round of engagement with First Nations committees is planned for 2026, integrated with the POC process. The evaluation plan for the EPA POC and pilot includes provision for obtaining direct feedback from First Nations stakeholders on the ground at participating sites, ensuring that engagement is iterative and embedded throughout implementation rather than confined to the development phase. This approach supports cyclical, ongoing consultation.

Engaging consumer and community stakeholders with lived experience (Condition 27 iii)

As above, the RANZCP's approach to LLE engagement follows the same iterative model. EPAs have been presented to LLE and community committees on multiple occasions, and a further round of engagement is planned for 2026 in conjunction with the POC. The evaluation plan embeds direct LLE feedback at both the POC and pilot sites, ensuring lived experience perspectives inform both the implementation and ongoing refinement of the revised EPA set.

Standard 6 Monitoring and evaluation

Certificate in Post Graduate Clinical Psychiatry

Development of an evaluation approach for the Certificate Program has commenced. Preliminary work has focused on establishing foundational evaluation elements, including identification of relevant stakeholders and their respective roles, and consideration of activities that may contribute to a M&E framework. The framework is currently in early stages, with data sources and potential collection activities being identified in anticipation of an initial evaluation in 2027.

The first graduates of the Certificate are anticipated for mid-2026. Previous trainees who have exited the program from 2020 onwards, at the end of Stage 2, are being contacted to offer the Certificate as an exit qualification.

Funding for scholarships has been provided by the DHDA as part of the Psychiatry Workforce Program (PWP)

Education and Training Evaluation Framework (formerly condition 8 i)

Work continued in relation to **Condition 8(i)**, which was satisfied in 2024. Since the last report, an external consultant (Ardnell Group) assessed whether current approaches to evaluating education and training activities are fit for purpose, aligned with contemporary best practice, and capable of supporting cyclical evaluation across all education and training functions.

The review identified opportunities to strengthen data collection and evaluation capability including broadening methodologies beyond surveys and incorporating

more structured qualitative approaches (e.g., focus groups and targeted interviews), as well as capturing feedback from a wider range of stakeholders, including supervisors and DoTs.

These recommendations align with the AMC's advice to prioritise integration with existing evaluation activities rather than introducing additional surveys. One recommendation specifically called for a review of the current survey mix to reduce duplication, with selected themes explored through more in-depth qualitative analysis. This work is already underway within the education and training portfolio, with a comprehensive map of all surveys completed (Appendix B.7) and opportunities for consolidation currently being identified.

Australian Government Funded Training Programs

The RANZCP continues to work with the DHDA to provide training through the various Australian Government Funded Training Programs. Extensions to the Specialist Training Program, Integrated Rural Training Pipeline and Tasmanian Project have been negotiated while the outcome of the STP review is awaited. Continued funding under the PWP, with the addition of new training posts and supervision in Medicare Mental Health Centres, has been secured, along with a new agreement with the Department of Veterans Affairs for training in the Military and Veterans Programs. These funded programs are key to enabling training to be provided in an increased variety of service settings across a greater geographical distribution.

Standard 7 Issues relating to trainees

New Trainee Engagement Plan 2026-27

Following consultation with the BCTs, and the TAC, a new two-year Trainee Engagement Plan has been prepared. The updated plan maintains several features of the previous Trainee Engagement Strategy that were well received, including the welcome packs and orientation for new trainees, the Trainee Communications Strategy, and ensuring trainee representation at all levels of the RANZCP's Governance structures. The new plan integrates other RANZCP projects including the planning and reporting back on branch and New Zealand National Committee trainee engagement approaches, compliance with the three new consultation and change management policies, as well as the nine recommendations from the 2024 TSN Survey.

Progress update on RANZCP Member Wellbeing Action Plan & Gender Equity Action Plan

The RANZCP continues to make steady progress on both Action Plans. Twenty out of 36 gender equity actions are complete, or complete and ongoing. The Gender Equity Subcommittee has commenced a new project initiating meetings and conversations with Queensland Health Service Clinical Directors about improving gender equity in the workplace, with a view to offering support and solutions on topics including normalizing flexibility in employment and job-sharing roles.

Nine actions are complete, or complete and ongoing for the Member Wellbeing Action Plan. In November 2025, revisions to the Member Wellbeing Action Plan were made following a review by the Member Wellbeing Subcommittee, reducing the total number down from 26 to 24.

Continuation and expansion of the RANZCP Mentoring Program

The RANZCP Mentoring Program has continued in 2026, with 110 partnerships facilitated for the year to date, the second-highest number of overall participants in the program's seven-year lifespan. Partnerships for 94 trainees have been facilitated. The program is currently scoping options with the Section of Leadership and Management to create a new Leadership Conversations stream designed for any member wanting to make the transition to a future leadership role.

Psychiatry Interest Forum (PIF) Program

The PIF program enjoyed another successful year in 2025, with 1,074 new members choosing to join the program in Australia and New Zealand to learn more about the specialty. 74% of new trainees who joined the Fellowship pathway in 2025 were former PIF members. Cornerstone deliverables within the program continued, including the parallel PIF Congress program, the *Introduction to Psychiatry* short courses, and the PIF Retreat.

The program hosted and facilitated a range of rural activities in locations including Mt Gambier (SA), Darwin (NT), Hobart (TAS), and Newcastle (NSW), and expanded its support for First Nations medical students and junior doctors through external sponsorships with the Australian Medical Students' Association (AMSA) and the Australian Indigenous Doctors' Association (AIDA).

Standard 9 Assessment of specialist international medical graduates

Automatic Associate RANZCP membership for all SIMG candidates

In 2025, the RANZCP Board approved automatically granting Associate membership of the RANZCP to all SIMG candidates on the Specialist Pathway to Fellowship. This change enables SIMG candidates to access a wider range of membership benefits, and to form a stronger network through the RANZCP whilst completing the pathways to Fellowship. For new SIMG candidates (commencing from 1 January 2026) there are no additional fees payable to receive Associate membership on the Substantial Comparability pathway as candidates already pay higher fees initially. Partial comparability pathway candidates receive 24-months complementary Associate membership from the commencement of their placement.

Progression of the SIMG digital application platform

The RANZCP has progressed the development of the SIMG digital application platform, building on work reported in previous monitoring submissions. During this period, development has focused on incremental enhancement, testing and usability improvements.

Key developments include consolidation of core end-to-end application workflows, refinement of system functionality to support preliminary review processes, and improvements to document handling, system prompts and staff workflows. Updated user guidance has been developed to support consistent use of the platform.

Future refinements to the platform will be informed by a combination of internal business needs and external drivers, including regulatory requirements, national reforms affecting specialist pathways, and broader RANZCP digital architecture priorities.