New Fellowship Program Draft Program and Graduate Outcomes

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Notes about this version.

This version includes and updated set of Program and Graduate Outcomes post the extensive feedback provided by members and community during 2025.

Further modifications have been made in particular to align with the work of the RANZCP's Cultural Safety Training Plan and that of the New Fellowship Program Taskforce.

The New Fellowship Program Taskforce has endorsed this set of outcomes for the purpose of the design of the new program.

However, the Taskforce and RANZCP wish to make it clear that:

- Further refinement and changes are both anticipated and in fact would normally be expected as part of a regular review of curriculum.
- Further comments and suggestions are welcome.

Introductory Statement

The RANZCP Fellowship Program exists to serve the mental health needs of communities across Australia and Aotearoa New Zealand by producing psychiatrists who are clinically excellent, culturally responsive, and equitably distributed across diverse populations and service settings.

These Program and Graduate Outcomes express the College's commitment to two key objectives:

1. A commitment to serving our membership (Fellows and Associates) by providing a framework for achieving high standards in psychiatry training.
2. A commitment to our communities by serving our social purpose — including advancing mental health equity, addressing workforce needs, and upholding the rights of all peoples, particularly Māori and Aboriginal and Torres Strait Islander peoples — in the design and delivery of psychiatric care.

They align with the RANZCP **Strategic Plan 2022–2025**, which commits the College to:

- Delivering best-practice psychiatry training and professional development across the career span.
- Engaging with governments and stakeholders on psychiatry workforce strategies.
- Promoting culturally safe and inclusive psychiatric care.
- Advocating for improved outcomes for Māori and Aboriginal and Torres Strait Islander peoples.
- Addressing the social determinants of mental health, including race, culture, gender, sexuality, age, socioeconomic status, and disability.

Current workforce modelling project an unmet gap of 1,278 FTE psychiatrists in Australia alone

Implicit in these Program and Graduate Outcomes is a commitment to ensuring that our Fellowship Program supplies the correct number of appropriately trained and competent psychiatrists to meet the evolving mental health needs of our communities.

Where This Document Sits in Relationship to Other Key Documents

It is the ultimate intention of the Curriculum Redesign program to generate a single curriculum handbook outlining all the components and requirements of the Fellowship program.

This document should be read in conjunction with several other key documents, including:

- Pedagogical and Teaching Approach
- Knowledge Base (previously Syllabus)

- Entrustable Professional Activities documentation
- Curriculum Map (currently under progress)

Opinions considered when developing the Program and Graduate Outcomes

The RANZCP is thankful to the 52 individual college members who have provided feedback on these outcome statements and the 9 individual community members who have also contributed to their development.

For a full list of documents considered when developing these Program and Graduate Outcomes see Appendix A.

For a list of organisations who provided feedback on these Program and Graduate Outcomes see Appendix B

Purpose of the Program and Graduate Outcomes

The Program and Graduate Outcomes define the competencies that trainees are expected to achieve by the completion of training. They describe the knowledge, skills, attitudes, and professional behaviours required for safe, effective, recovery-oriented, and culturally responsive psychiatric practice.

These outcomes are not a checklist of isolated competencies but an integrated framework that guides curriculum design, teaching, learning, and assessment. By articulating outcomes as Intended Learning Outcomes (ILOs), the program ensures **constructive alignment** (Biggs & Tang, 2011) across teaching, learning, and assessment activities, supporting trainees to progress towards independent specialist practice.

Educational Frameworks

Constructive Alignment

Program and Graduate Outcomes are expressed in terms of what graduates will **do** with their capabilities, not just what they will **know.**

- **ILOs** describe observable performance using action verbs.
- **Teaching and learning activities (TLAs)** provide authentic opportunities to practise and refine these performances.
- **Assessments** evaluate competence through criterion-referenced judgments against explicit standards.

This approach ensures graduates are prepared for whole-task performance in real-world contexts, rather than fragmented or abstract knowledge recall.

Miller's Pyramid of Clinical Competence

The Program and Graduate Outcomes are mapped to **Miller's Pyramid of Clinical Competence** (Miller, 1990), ensuring developmental progression:

- **Knows** → foundational knowledge.
- **Knows How** → application and analysis.
- **Shows How** → demonstration of competence in supervised contexts.
- **Does** → independent, adaptive practice in complex clinical environments.

Graduates are expected to function predominantly at the **Does** level, demonstrating readiness for unsupervised practice across diverse contexts.

CanMEDS Competency Framework (RANZCP Adaptation)

Program and Graduate Outcomes are organised within the **RANZCP's eight-role framework**, adapted from CanMEDS (Frank, Snell & Sherbino, 2015):

1. Psychiatric and Medical Expert
2. Communicator
3. Collaborator
4. Leader
5. Advocate
6. Scholar
7. Professional
8. Culturally Safe and Responsive Practitioner

This ensures a holistic approach to professional formation that integrates clinical expertise with communication, leadership, scholarship, and cultural responsiveness.

Application to Stages of Training

The Program and Graduate Outcomes describe the **end point of Fellowship training**. Progression towards these outcomes is scaffolded across the current three stages of training:

- **Stage 1 (Onboarding to Specialty):** Trainees acquire foundational competencies and begin to apply them in supervised contexts. Learning outcomes are weighted towards **Knows** and **Knows How**.
- **Stage 2 (Core Training):** Trainees consolidate and broaden their competencies across diverse clinical contexts. They begin to **Show How** through supervised demonstration and increased responsibility.
- **Stage 3 (Transition to Independent Practice):** Trainees integrate and apply competencies independently and flexibly in complex, uncertain situations.

They operate primarily at the **Does** level, demonstrating readiness for Fellowship and independent specialist practice.

Living Document and Updates

The Program and Graduate Outcomes should be viewed as a **dynamic, evolving document**. It reflects current evidence, best practice, and the needs of communities in Australia and Aotearoa New Zealand. Psychiatry is a field that continues to develop rapidly, particularly in areas such as neuroscience, digital health, pharmacological innovations, cultural safety, and recovery-oriented practice.

To ensure they remain relevant and fit-for-purpose, they will be **reviewed and updated on a regular basis**.

Updates will be informed by:

- advances in scientific and clinical knowledge,
- feedback from trainees, Fellows, consumers, carers, and stakeholders, and
- evolving health and social policy contexts.

Suggestions for revisions or additions to the Knowledge Base are welcomed. Please contact the RANZCP Education team at: education@ranzcp.org.

References

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- Curtis, E., Jones, R., Tipene-Leach, D., Walker, C., Loring, B., Paine, S.-J., & Reid, P. (2019). Why cultural safety rather than cultural competency is required to achieve health equity: A literature review and recommended definition. *International Journal for Equity in Health, 18*(1), 174. https://doi.org/10.1186/s12939-019-1082-3
- Frank, J.R., Snell, L., & Sherbino, J. (Eds.). (2015). *CanMEDS 2015 Physician Competency Framework*. Royal College of Physicians and Surgeons of Canada.
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Program Vision

The Fellowship Program forms patient-centred, clinically excellent psychiatrists for Australia and Aotearoa New Zealand, who practice collaboratively and are prepared to meet evolving mental health care needs through culturally safe care, accountability, reflective practice, and meaningful engagement with communities.

RANZCP's Social Contract

In doing so, the Program honours psychiatry's social contract, advancing the public good and strengthening public trust in our profession.

Program Outcomes (What the RANZCP Aims to Achieve)

The Fellowship Program aims to produce psychiatrists who, by completion of training, are able to practice independently and are:

1. Psychiatric and Medical Experts

Who deliver safe, high-quality, person-led, recovery-oriented and trauma-informed psychiatric care across diverse settings, responsive to the needs of individuals, families, whānau, carers, and communities.

2. Culturally Safe and Responsive Practitioners

Who embed cultural safety, social and emotional wellbeing, and trauma-informed practice in all aspects of care, challenge racism and inequity, and demonstrate accountability to Māori and Aboriginal and Torres Strait Islander peoples and other diverse communities.

3. Communicators

Who communicate effectively within teams and who build effective therapeutic relationships through compassionate, culturally responsive communication that supports shared understanding and shared decision-making.

4. Collaborators

Who work respectfully and equitably with people with lived and living experience, family, whānau, carers, health professionals, and intersectoral partners to improve mental health outcomes.

5. Leaders

Who strengthen mental health services and systems through ethical leadership, managing complexity and uncertainty, contributing to service improvement, and supporting a sustainable workforce.

6. Advocates

Who champion the rights, dignity, and mental health of individuals and communities, with particular accountability to Māori and Aboriginal and Torres Strait Islander peoples, and to populations experiencing inequity.

7. Scholars

Who apply critical thinking, research literacy, and lifelong learning to improve psychiatric practice and respond to emerging evidence, technology, and societal change.

8. Professionals

Who practice with integrity, humility, and ethical responsibility, support their own wellbeing and that of colleagues, take responsibility for their own professional development and contribute to safe, respectful workplace cultures and public trust in psychiatry.

Key Principles for the Design and Operation of the New Fellowship Program

Draft Principles

Workforce Impact and Community Connection

The Program will be designed to enable the RANZCP to work with government, services and community to grow a sufficient, well-distributed psychiatric workforce connected to and capable of meeting the mental health needs of communities – informed by lived and living experience – across Australia and Aotearoa New Zealand. The Program will prioritise the ability to train in rural and remote training pathways and placements and actively supports the recruitment and progression of rural and First Nations trainees, with an explicit commitment to addressing the mental health needs of underserved communities, including rural communities and Aboriginal and Torres Strait Islander and Māori communities.

Specialist Breadth and Clinical Judgement

The Program will prepare psychiatrists to assess and treat a wide variety of people and presentations across the full spectrum of mental health conditions and complexity. Graduates will be equipped to navigate uncertainty, manage diagnostic and therapeutic ambiguity, and exercise sound clinical judgement across diverse settings and populations. Graduates will also be prepared to connect patients to the care they need — coordinating across services, disciplines, and systems to support whole-person, recovery-oriented outcomes.

Contemporary Practice Capability

Psychiatrists will be trained to deliver evidence-based, multimodal care sequenced to the patient's goals, culture, context, and risk. The Program will build digital literacy, technological adaptability, and data-informed practice alongside the leadership, collaboration, communication, and co-production skills required for contemporary mental health systems.

Professional Formation and Lifelong Learning

The Program will foster reflective practice, professional identity, and a commitment to lifelong learning. Graduates will be prepared to contribute to the education and supervision of others. The Program will be designed to be practical and feasible for trainees, supervisors, training services, and the College — balancing high standards with manageable workload, protected educational time, and explicit support for wellbeing and safe learning environments.

Sustainability, Adaptability, and Accountability

The Program will recognise its responsibility to the communities it serves and to the future of the profession. It will prepare graduates who are adaptable to change, practise with sustainability in mind, and uphold psychiatry's social contract by advancing the public good and maintaining public trust. Sustaining the profession requires explicit attention to the wellbeing of those within it — the Program will actively support the psychological safety, workload balance, and professional wellbeing of both trainees and supervisors as foundational conditions for high-quality learning and care. The Program will be continuously evaluated and refined using evidence, data, and stakeholder feedback to remain responsive to clinical, technological, societal, and regulatory change.

Potential Roles Diagrams

The rest of this page is left deliberately blank. The structure of the roles diagram is under discussion with the New Fellowship Program Taskforce.

Graduate Outcomes

Role: Psychiatric and Medical Expert	
Key Competencies	Enabling competencies
PME1: Practice psychiatry with a commitment to delivering high-quality, evidence-based, and person-centred care.	PME1.1: Demonstrate a commitment to safe, high-quality trauma-informed and recovery-oriented care. PME1.2: Integrate the RANZCP Roles into the practice of psychiatry. PME1.3: Apply knowledge of the clinical and biomedical sciences and other relevant scholarly fields to the practice of psychiatry. PME1.4: Prioritise and manage professional duties in the face of multiple competing demands. PME1.5: Recognise and respond to the risks, complexity, uncertainty, and ambiguity inherent in medical practice. PME1.6: Provide care and service across a range of settings and the continuum of care.
PME2: Perform a person-centred psychiatric assessment.	PME2.1: Perform appropriately timed, person-centred, culturally safe and trauma-informed assessments with recommendations that are presented in an organised manner. PME2.2: Elicit and document a history, mental state assessment, cognitive assessment and physical examination aligned with the person's needs and goals of care. PME2.3: Perform physical examinations and select and interpret diagnostic procedures including laboratory tests and neuroimaging according to the person's needs and goals of care. PME2.4 Select and conduct appropriate psychological tests appropriate to the person's needs and goals of care. PME2.5: Prioritise and structure assessment to address issues according to the nature of the encounter, incorporating neurodevelopmental, lifespan and systemic perspectives. PME2.7: Assess risks, safety and capacity, including comprehensive suicide prevention and safety planning, with engagement of family, kin, whānau and carers.

PME3: Interpret, synthesise and formulate information for clinical reasoning.	PME3.1: Interpret the results of assessments and investigations for diagnosis, management, illness prevention and health promotion. PME3.2 Develop formulations that incorporate neurodevelopmental and lifespan perspectives, trauma-informed, recovery-oriented and culturally safe approaches and which integrate predisposing, precipitating, perpetuating and protective factors. PME3.3: Construct differential diagnoses using recognised classification systems, while acknowledging their limitations and constraints. PME3.4: Establish person-centred, trauma-informed management plans guided by formulation, systemic context and the person's and their family, kin, whānau and carer's goals of care. PME3.5: Continuously reassess and refine hypotheses as new information emerges, adjusting the plan accordingly while maintaining person-led care. PME3.6: Manage diagnostic and other uncertainty by using clinical reasoning, weighing probabilities, exploring alternatives and engaging in shared decision-making. PME3.7: Co-develop goals of care in collaboration with patients, family, kin, whānau and carers which may including recovery and functional objectives. PME3.8: Identify and manage physical comorbiditiesr directly or in consultation with other health professionals. PME3.9: Integrate psychiatric and medical comorbidities into management, ensuring safe and holistic care.

PME4: Plan and perform psychiatric therapies and procedures to achieve therapeutic goals.	PME4.1: Implement biological, psychosocial and sociocultural interventions for an individual, groups and care networks. PME4.2: Respond to suicide risk, self-harm violence, neglect and vulnerability using ethical, structured, evidence-based, and culturally responsive methods. PME4.3 Consistently engage with family, kin, whānau and carers on management and care plans. PME4.4: Integrate spiritual, cultural, and traditional models of healing as part of the approach to psychiatric care, respecting Aboriginal and Torres Strait Islander and Māori knowledge systems and other cultural beliefs to support holistic wellbeing. PME4.5: Obtain and document informed consent for therapies and procedures, clearly explaining risks, benefits and rationale. PME4.6: Prioritise therapies and procedures, balancing clinical urgency, resources and equity and epistemic and social justice. PME4.7: Apply knowledge of neurostimulation and ECT explain risks and benefits and arrange safe delivery. PME4.8: Prescribe and deprescribe medications responsibly, safely and ethically, considering drug interactions, risk of harm, equity and cultural context. PME4.9 Engage in shared medication planning and reconciliation with patients, family, kin, whānau, carers and inter-professional teams. PME4.10: Deliver a range of psychotherapy approaches tailored to the person's need and context.
PME5: Establish plans for ongoing care, continuity and recovery.	PME5.1: Implement a person-led care plan that supports ongoing care, monitoring and recovery principles, with family, kin, whānau and carer engagement where appropriate. PME5.2: Anticipate and address barriers to treatment, providing clear guidance for continuity of care. PME5.3: Develop safety, recovery and relapse and advanced care directive plans, including comprehensive suicide prevention strategies co-designed with the person, family, kin, whānau and carers, and community supports.
PME6: Contribute to continuous improvement of mental health care quality and safety	PME6.1: Recognise and respond to harm from health care delivery, including patient and staff safety incidents. PME6.2: Implement strategies that promote safety, addressing human and system factors. PME6.3 Apply knowledge of health, social, justice, education, and community systems to support safe, integrated, and equitable care.

PME7: Address emerging global health challenges	PME7.1 Apply psychiatric expertise to emerging challenges related to climate change, natural disasters, pandemics, and other global crises, ensuring preparedness and adaptive care. PME7.2: Provide psychiatric input into disaster response and recovery planning, including supporting communities experiencing eco-anxiety, displacement, and trauma. PME7.3: Anticipate and respond to the mental health impacts of rapid technological change, cyber security threats, and global economic or political instability.

Role: Culturally Safe and Responsive Practitioner	
Key Competencies	Enabling competencies
CSR1: Engage in ongoing development of critical consciousness.	CSR1.1: Demonstrate understanding of one's own cultural heritage, values, and history, and reflect on the impacts of colonisation, dispossession, and relationships to land and Country/whenua in shaping psychiatric practice. CSR1.2: Identify and address conscious and unconscious biases, attitudes, assumptions, stereotypes, prejudices, privileges and personal characteristics that may affect the quality of psychiatric care provided, including stigma and discrimination. CSR1.3: Engage in ongoing self-reflection and self-awareness of clinical interactions with people, family, kin, whānau, carers, and communities to identify and remedy oppressive practices. CSR1.4: Engage in ongoing self-reflection and self-awareness on professional interactions with colleagues to uphold culturally safe and respectful workplace practices.
CSR2: Examine and redress power relationships.	CSR3.1: Critically analyse and challenge structures and processes in mental health systems that reinforce inequities. CSR2.1: Recognise and advocate for the rights of people, family, kin, whānau, carers, communities, and tangata whenua in psychiatric practice, including rights to land, Country/whenua, culture, language, and self-determination. CSR2.2: Examine and redress power imbalances between psychiatrists and people, family, kin, whānau, carers, and communities, including supporting Māori and Aboriginal and Torres Strait Islander leadership and Māori and Aboriginal and Torres Strait Islander-led models of care. CSR2.3: Relinquish and share power to foster supported decision-making and informed consent throughout care and treatment. CSR2.4: Examine and redress power imbalances within the psychiatric workforce, including with Aboriginal and Torres Strait Island and Māori colleagues and practitioners, lived experience practitioners, cultural liaison officers, and other health professionals. CSR2.5: Identify and influence power imbalances within organisations and health systems to support equity and cultural safety.

CSR3: Commit to transformative action.	CSR3.1: Commit to transformative change by identifying and implementing alternative personal practices (that centre on maintaining relationships, cultural traditions, community connection, and holistic wellbeing rather than clinical approaches) and contribute to equity and progress towards optimal mental health for Aboriginal and Torres Strait Islander peoples, Māori, and all communities. CSR3.2: Adress barriers to equitable, culturally safe psychiatric care within organisations and services, including social and cultural determinants of health. CSR3.3: Critique and address oppressive elements of workplace culture, supporting colleagues and peers on their journey towards cultural safety. CSR3.4: Examine clinical outcomes for Māori and Aboriginal and Torres Strait Islander peoples and other marginalised groups in psychiatric practice and identify interventions to reduce inequities, and progress toward optimal health. CSR3.5: Develop and implement solutions to structural and institutional barriers, contributing to transformative change in psychiatry and mental health systems. CSR3.6: Recognise and respond to the diverse experiences of Aboriginal and Torres Strait Islander and Māori peoples and other marginalised groups, including those from culturally and linguistically diverse, refugee, LGBTQIA+, and disability communities.
CSR4: Ensure that safety is determined by people and communities.	CSR4.1: Seek, value, and respond to regular feedback from people, family, kin, whānau, carers, communities, and tangata whenua on whether care is culturally safe. CSR4.2: Advocate for organisational systems that ensure regular feedback and input from tangata whenua/mana whenua, and Aboriginal and Torres Striat Islander communities and other communities, including refugee, CALD, LGBTQIA+, and disability groups, on the cultural safety of the healthcare environment and interactions. CSR4.3: Work in partnership with people with lived experience, lived experience practitioners, family, kin, whānau, carers and communities to implement recommendations on cultural safety into personal and organisational practice. CSR4.4: Critically evaluate and use research and information that includes diverse patient perspectives and experiences to shape psychiatric practice and policy. CSR4.5: Identify and engage with kaupapa Māori research and Māori and Aboriginal and Torres Strait Islander -led knowledge systems and healing models that inform culturally safe practice and service design.

CSR5: Reduce Cultural Load.	CSR5.1: Recognise and actively work to reduce the cultural load borne by Aboriginal and Torres Strait Islander peoples, Māori, and other marginalised communities in accessing and delivering psychiatric care, including cultural load created by reliance on Western biomedical models alone. CSR5.2: Support the wellbeing of Aboriginal and Torres Strait Islander and Māori and lived experience workforce by sharing responsibility for cultural safety across all psychiatrists. CSR5.3: Contribute to creating systems and policy reforms that prevent tokenism, reduce overburdening of cultural experts, and distribute leadership responsibilities equitably across the profession and at systemic levels. CSR5.4 Contribute to creating systems and policy reforms that prevent tokenism, reduce overburdening of cultural experts (cultural and colonial load), and distribute leadership responsibilities equitably across the profession and at systemic levels.

Role: Communicator	
Key Competencies	Enabling competencies
COM1: Build therapeutic relationships.	COM1.1: Demonstrate active listening, empathy, compassion, and respect in all interactions. COM1.2: Adapt communication style to the modality used, including digital and telehealth platforms, to ensure effectiveness, safety, and engagement. COM1.3: Communicate using a person-led, trauma-informed, and recovery-oriented approach that encourages trust, empowers agency and autonomy, avoids stigmatic language and affirms dignity. COM1.4: Optimise the physical environment for comfort, dignity, privacy, engagement, and safety. COM1.5: Recognise when the values, developmental stage, biases, or perspectives of persons, psychiatrists, or other health professionals may impact care, and adapt communication accordingly. COM1.6: Respond to a person's non-verbal behaviours to enhance communication, including the ability to de-escalate distress or escalated behaviour. COM1.7: Manage disagreements and challenging conversations to promote positive outcomes. COM1.8: Create therapeutic alliances by adapting to the unique needs and preferences of each person and their clinical circumstances. COM1.9: Recognise and apply strategies to address issues of transference and countertransference in therapeutic relationships.
COM2: Engage in effective person-centred communication.	COM2.1: Engage individuals, family, kin, whānau and carers in shared decision-making, providing clear and balanced information. COM2.2: Elicit and synthesise accurate and relevant biomedical, psychosocial, and cultural information using person-led interviewing skills. COM2.3: Use appropriate questions to confirm hypotheses, check for symptoms or comorbidities, and avoid clinical reasoning errors. COM2.4: Provide clear structure and manage the flow of encounters to support understanding and engagement. COM2.5: Seek and integrate relevant information from family, kin, whānau, carers, and other health providers, with consent and in a confidential manner. COM2.6: Take into account decision-making capacity and the role of substitute decision-makers, ensuring that the person's current and prior wishes are respected in shared decision-making.

COM3: Recognise and manage challenging communication.	COM3.1: Apply de-escalation and trauma-informed strategies to respond to distress, conflict, or escalated behaviour while maintaining safety. COM3.2: Identify barriers to communication, including language, cultural, emotional, developmental, and systemic factors. COM3.3: Maintain therapeutic relationships in situations of disagreement, risk, or high emotional intensity. COM3.4: Disclose harmful safety incidents to the person and their family, kin, whānau, and carers accurately, clearly, and sensitively.
COM4: Communicate effectively in teams and systems.	COM4.1: Facilitate respectful, non-judgmental, trauma-informed, culturally and spiritually safe discussions with a person and their family, kin, whānau, and carers. COM4.2: Support a person and their family, kin, whānau, and carers to identify, access, and use information and communication technologies to support care and self-management. COM4.3: Use communication skills and strategies that help people and their family, kin, whānau, and carers make informed decisions about health. COM4.4: Provide clear, structured, and respectful handovers. COM4.5: Negotiate boundaries and responsibilities within teams, maintaining confidentiality. COM4.6: Collaborate with lived experience practitioners and people with lived and living experience as integral members of the care team.
COM5: Use communication to enhance health literacy and documentation.	COM5.1: Explain psychiatric conditions, treatments, and recovery strategies in clear, accessible, and non-stigmatising language. COM5.2: Support self-management, recovery, and health literacy through co-developed communication strategies. COM5.3: Adapt educational approaches in collaboration with family, kin, whānau, carers, and communities. COM5.4: Document clinical encounters accurately, completely, and in a timely manner, in compliance with regulatory and legal requirements. COM5.5: Communicate effectively using health records, electronic medical records, and other digital technologies. COM5.6: Share information with general practitioners, primary care providers, specialists and other health professionals in a timely and confidential manner to support continuity of care. COM5.7: Complete medico-legal documents and reports accurately, clearly, and in compliance with ethical and legal standards.

COM6: Use digital communication ethically and effectively.	COM6.1: Use digital and telehealth communication tools safely, ethically, and effectively, ensuring confidentiality, accessibility, and equity. COM6.2: Critically appraise digital platforms and health information for quality, accessibility, safety, and cultural appropriateness. COM6.3: Support people to navigate digital health information and media in ways that promote recovery, self-management, and wellbeing. COM6.4: Facilitate safe and ethical human–AI interactions in clinical care, ensuring that digital tools support, rather than replace, therapeutic relationships.

Role: Collaborator	
Key Competencies	Enabling competencies
COL1: Engage in shared decision-making.	COL1.1: Work in partnership with the person to co-design treatment and recovery plans that reflect their goals, values, and preferences. COL1.2: Support shared decision-making by integrating psychiatric expertise with the person's lived and living experience, cultural knowledge, and context. COL1.3: Recognise and address barriers to the person's participation in decision-making, including stigma, systemic inequities, power imbalances, and accessibility challenges.
COL2: Engage with family, kin, whānau, and carers.	COL2.1: Engage family, kin, whānau, carers, as active partners in care, to support wellbeing and recovery. COL2.2: Respect the diverse roles and contributions of family, kin, whānau, and carers, acknowledging their own needs for support and inclusion. COL2.3: Balance confidentiality, consent, and therapeutic alliance while facilitating meaningful involvement of family, kin, whānau, and carers.
COL3: Engage with health professionals, lived experience practitioners, cultural liaison officers, spiritual and cultural support providers, and intersectoral partners.	COL3.1: Contribute effectively to interprofessional teams by sharing knowledge, skills, and perspectives. COL3.2: Engage respectfully and effectively with lived experience practitioners, cultural liaison officers, religious and spiritual support providers and other support roles that bring lived experience or cultural expertise to care. COL3.3: Collaborate with services across general practice, primary care, health, social, justice, education, housing and community systems to support safe, integrated, and equitable care. COL2.3: Negotiate and clarify roles and responsibilities within and across teams and sectors to avoid duplication, gaps, or conflict. COL2.4: Provide clear, structured, and respectful handover of care to ensure safety and continuity.
COL4: Manage conflict and shared decision-making in teams.	COL4.1: Identify and address disagreements or conflicts constructively while maintaining focus on the person's care and wellbeing. COL4.2: Facilitate shared decision-making and co-evaluation in teams and systems, balancing diverse perspectives and evidence to achieve consensus. COL4.3: Contribute to shared accountability for decisions, actions, and outcomes within teams.
COL4: Support quality and safety through collaboration.	COL5.1: Contribute to systems of quality assurance, safety monitoring, and risk management through collaborative practice. COL5.2: Engage in reflective practice and feedback with colleagues to improve individual and team performance. COL5.3: Promote a culture of mutual respect, inclusivity, and continuous learning in teams and systems.

Role: Leader	
Key Competencies	Enabling competencies

LEA1: Lead one's own clinical and professional practice.	LEA1.1: Manage clinical and professional responsibilities effectively, including time, workload, and resources across public, private, and mixed practice contexts. LEA1.2: Manage one's career proactively to sustain long-term professional growth, wellbeing, and capacity to contribute across diverse practice contexts. LEA1.3: Balance clinical, academic, leadership, and business responsibilities in ways that maintain professional standards, person-centred care, and personal wellbeing. LEA1.4: Demonstrate business and practice management skills required for private practice, including financial management, human resource management, compliance with regulatory frameworks, and ethical service delivery. LEA1.5: Analyse and respond to the impact of corporatisation, commercial determinants of health, and new care models (e.g., virtual and home-based care) on psychiatric practice and service delivery.
LEA2: Contribute to the health service leadership and management.	LEA2.1: Lead clinical teams in delivering safe, effective, high-quality, person-led, recovery-oriented psychiatric care in a diverse range of settings. LEA2.2: Promote collaborative and culturally safe leadership practices that share power, respect diversity, and advance equity. LEA2.3: Demonstrate leadership that is values-based, ethical, transparent, and accountable. LEA2.4: Support organisational change, continuous improvement and the design, delivery, and evaluation of services. LEA2.5: Contribute to service innovation, including the ethical and effective integration of digital technologies and new models of care in both public and private practice. LEA2.6: Contribute to effective governance and policy development and implementation. LEA2.7: Manage financial, human, and physical resources responsibly to support efficient and sustainable services.
LEA3: Foster collaboration and system improvement.	LEA3.1: Facilitate collaboration across health, social, justice, education, and community systems, recognising the contributions of both public and private providers in supporting outcomes for people with mental illness. LEA3.2: Advocate within services and systems for recovery-oriented, equitable, and trauma-informed approaches to care. LEA3.3: Share leadership and power by enabling others, building capacity, and addressing systemic barriers to equity and inclusion. LEA3.4: Contribute to governance, policy development, and quality improvement processes within public, private, and community-based organisations.

LEA4: Promote workforce wellbeing, sustainability, and career development.	LEA4.1: Support the wellbeing, safety, and professional development of colleagues and teams. LEA4.2: Promote sustainable workforce practices that prevent burnout and foster resilience. LEA4.3: Model professional integrity, accountability, and reflective practice in leadership roles. LEA4.4: Lead initiatives that promote equity, inclusion and address bullying, discrimination, racism, and harassment to promote safe, respectful, and inclusive workplaces. LEA 4.5: Mentor and support peers in balancing clinical, academic, leadership, and business responsibilities in ways that maintain professional standards, person-centred care, and personal wellbeing.

Role: Advocate	
Key Competencies	Enabling competencies
ADV1: Advocate with and for people and family, kin, whānau, and carers.	ADV1.1: Advocate with people and their family, kin, whānau, and carers to promote agency, autonomy, strengths, and recovery. ADV1.2: Support people and their family, kin, whānau, and carers in navigating health, social, justice, education, and community systems to access care and resources. ADV1.3: Challenge stigma, racism, discrimination, and epistemic and social injustice that impact people with mental illness and their family, kin, whānau, and carers, upholding humanity, dignity, and respect in all interactions, consistent with the RANZCP Code of Ethics. ADV1.4: Promote rights based and supported decision-making consistent with the United Nations Convention on the Rights of Persons with Disabilities (CRPD), ensuring that people's rights, preferences, and goals guide care.
ADV2: Promote equitable access to health care.	ADV2.1: Advocate for equitable access to safe, timely, high-quality, and rights-based psychiatric care across diverse populations and settings, consistent with the World Health Organization (WHO) Quality Rights framework. ADV2.2: Promote recovery-oriented, culturally safe, trauma-informed, and strength-based models of care. ADV2.3: Address barriers to care, including structural inequities, social determinants of health, stigma, discrimination, systemic barriers and systemic racism. ADV2.4: Support the recognition, resourcing, and integration of the lived experience workforce as essential to equitable care. ADV2.5: Advocate for mental health promotion, early intervention, and lifestyle approaches as part of psychiatry's role in prevention and population health.
ADV3: Contribute to community and population mental health and well-being.	ADV3.1: Promote awareness of mental health and wellbeing within communities in ways that are accurate, respectful, and non-stigmatising. ADV3.2: Collaborate with communities, family, kin, whānau, and carers to strengthen protective factors, build on existing strengths, reduce risks, and improve population mental health. ADV3.3: Engage in initiatives that prioritise culturally safe and responsive approaches, including those led by communities themselves. ADV3.4: Advocate for and support cultural healing approaches, recognising culture as a determinant of health and a foundation of wellbeing.

ADV4: Influence policy and systems change.	ADV4.1: Contribute to policies and legislation, including Mental Health Acts, that are framed around human rights and consistent with the United Nations Convention on the Rights of Persons with Disabilities (CRPD). ADV4.2: Advocate for the progressive elimination of coercive practices, consistent with the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and ensure that where compulsory treatment is used it is subject to the highest possible human rights safeguards, supported decision-making, and regular review. ADV4.3: Advocate for the protection of sexual safety, informed consent, and supported decision-making in all mental health care settings. ADV4.4: Lead and support initiatives that address social determinants of mental health at local, regional, and national levels. ADV4.5: Support systemic transformation by advocating for the growth, sustainability, and leadership of the lived experience workforce, including the Aboriginal and Torres Strait Islander and Māori lived experience workforce. ADV4.6: Promote rights-based approaches to psychiatric care in the context of emerging global health challenges, including climate change, cybersecurity threats, and forced migration.

Role: Scholar	
Key Competencies	Enabling competencies
SCH1: Engage in lifelong learning.	SCH1.1: Demonstrate curiosity, critical reflection, critical thinking, and clinical reasoning, with commitment to ongoing learning throughout one's career, including as an early-career, mid-career and late-career psychiatrist. SCH1.2: Identify personal learning needs and develop structured learning plans in response to clinical practice, feedback, and self-assessment. SCH1.3: Demonstrate commitment to ongoing cultural learning and practicing epistemic humility. SCH1.4: Engage with supervision, mentoring, and peer review and reflective practice to improve practice, support professional growth, and strengthen cultural safety and critical consciousness. SCH1.5: Maintain personal wellbeing and resilience as part of sustainable professional practice, recognising the link between workforce health and quality of care.
SCH2: Contribute to the creation, transfer, and translation of knowledge.	SCH2.1: Critically appraise clinical information, research evidence, digital innovations, and health informatics for quality, safety, ethics, cultural validity, and appropriateness. SCH2.2: Apply critical thinking and clinical reasoning to integrate research evidence, clinical expertise, and person-led values into recovery-oriented and culturally safe care. SCH2.3: Participate in the transfer and co-production of knowledge through research and quality improvement activities, including those co-designed with people with lived and living experience, family, kin, whānau, carers, and communities. SCH2.4: Contribute to evidence and policy that advances equity, human rights, and elimination of stigma, racism, and discrimination in mental health care. SCH2.5: Integrate principles of precision psychiatry, including genomics and data-driven personalisation, into clinical reasoning and care planning while addressing associated ethical issues.
SCH3: Educate and mentor others.	SCH3.1: Contribute to the education of medical students, psychiatry trainees, colleagues, other health professionals, lived experience practitioners, and community partners. SCH3.2: Engage in mentoring and coaching relationships across stages of professional development as both mentor and coach and mentee and coachee. SCH3.3: Use evidence-informed, culturally safe, and person-led approaches in teaching, supervision, and mentoring. SCH3.4: Support the development of the psychiatry workforce by promoting reflective practice, cultural safety, interprofessional learning, and sustainability.

	SCH3.5: Role-model respectful and ethical conduct in education and supervision, consistent with the RANZCP Code of Ethics.
SCH4: Innovate and lead knowledge transfer and translation.	SCH4.1: Evaluate and integrate new technologies, including digital health and health informatics, to improve psychiatric practice, person experience, and outcomes. SCH4.2: Lead and contribute to quality improvement, innovation, and system transformation in psychiatric care. SCH4.3: Ensure that design, research, quality improvement, innovation and dissemination are conducted ethically, with co-production, and in ways that strengthen equity, cultural safety, human rights, and recovery. SCH4.4: Promote knowledge transfer and translation into practice and policy that addresses workforce sustainability, population needs, and systemic reform. SCH4.5: Use health informatics and digital health literacy to critically evaluate, generate, and share knowledge in ways that improve safety, quality, and equity of psychiatric care. SCH4.6: Critically evaluate the role of artificial intelligence, digital therapeutics, and robotics in psychiatry, and guide their safe, ethical and person-centred application in clinical practice.

Role: Professional	
Key Competencies	Enabling competencies
PRO1: Demonstrate ethical and professional practice.	PRO1.1: Practise with humanity, dignity, and respect, consistent with the RANZCP Code of Ethics, across all settings. PRO1.2: Speak up about unsafe, unethical or discriminatory systems and practices. PRO1.3: Apply ethical principles, professional standards, and relevant legislation, including mental health, health, and related laws, in all practice settings, ensuring consistency with human rights principles and contemporary standards of care. PRO1.4: Safeguard confidentiality, privacy, and informed consent, including in digital and telehealth contexts. PRO1.5: Promote supported decision-making and uphold human rights, consistent with the United Nations Convention on the Rights of Persons with Disabilities (CRPD). PRO1.6: Demonstrate ethical and transparent practice in navigating corporatised, digitally mediated, and private care environments, ensuring that commercial pressures do not compromise recovery-oriented and person-led care.
PRO2: Ensure safety and accountability in practice.	PRO2.1: Demonstrate a commitment to a person's safety and continuous quality improvement in all practice settings. PRO2.2: Respond appropriately and constructively to complaints, demonstrating openness and accountability, respecting privacy and confidentiality and shielding whistleblowers from harm. PRO2.3: Conduct open disclosure conversations with honesty, respect, and compassion, including being transparent about the limitations of care and treatments, while ensuring learning from adverse events.
PRO3: Contribute to the integrity of the profession.	PRO3.1: Demonstrate accountability for continuing professional development (CPD) by engaging in reflective learning, maintaining professional standards, and supporting workforce sustainability. PRO3.2: Role-model professionalism and ethical practice for peers, colleagues, and trainees. PRO3.3: Practise digital and media professionalism, including ethical use of health informatics, addressing misinformation and emerging technologies. PRO3.4: Contribute to workforce sustainability by supporting colleagues, mentoring, and advocating for safe systems of work, including fostering collegiality and peer support in private practice.

PRO4: Maintain personal wellbeing and professional sustainability.	PRO4.1: Demonstrate reflective practice and self-awareness to sustain professional effectiveness. PRO4.2: Maintain personal health and wellbeing, recognising its relationship to safe and ethical practice. PRO4.3: Contribute to a respectful, safe, and supportive psychologically safe workplace culture, including addressing bullying, discrimination, racism, and harassment. PRO4.4: Manage professional boundaries, workload, and business responsibilities in private practice and other settings to ensure safe, ethical, and sustainable care.
PRO5: Practice with cultural safety and responsiveness.	PRO5.1: Uphold accountability for cultural safety in practice by engaging with feedback from people, family, kin, whānau, carers, and communities, and complying with organisational and regulatory standards. PRO5.2: Commit to lifelong learning in cultural safety and responsiveness, including Aboriginal and Torres Strait Islander and Māori cultural knowledges and perspectives. PRO5.3: Recognise and address racism, discrimination, and systemic inequities in professional practice.

Glossary of Important Definitions

Peer – Refers to a fellow psychiatrist or trainee, as opposed to a peer worker, which we define as a lived experience practitioner.

Lived experience, lived experience practitioner – A person with past and or current (lived and living experience) of mental illness whether as an individual and/or carer who brings unique expertise.

Kin - The concept of kinship describes a person's responsibilities towards other people, the land and natural resources. Kinship is a system that determines how people relate to one another and their surroundings, with the aim of creating a cohesive and harmonious community. It determines not only responsibilities towards others, but also how one relates to others through marriage, ceremony, funeral roles and behaviour patterns. People who hold a position in the kinship system have a responsibility to adhere to kinship principles through their actions. The kinship system is a central feature of Aboriginal socialisation and family relationships in Australia.

Whānau - Whānau is often translated as 'family', but its meaning is more complex. It includes physical, emotional and spiritual dimensions and is based on whakapapa (genealogical table; to recite in proper order; literally: to place in layers). Whānau can be multi-layered, flexible and dynamic. Whānau is based on a Māori and a tribal world view. It is through the whānau that values, histories and traditions from the ancestors are adapted for the contemporary world.

Epistemic humility - A stance of recognising the limits of one's knowledge and remaining open to learning from others, evidence, and lived experience.

See Also

RANZCP Fellowship Program Glossary - https://www.ranzcp.org/training-exams-and-assessments/training-support/glossary-of-terms-program

Changes Table

Version Nº	Revision description/reason	Revised by	Date
v1.0	Post ACER and Working Group version	Curriculum Framework Project Team	Jan 2025
V2.0	Post External Consultation Process	Curriculum Framework Project Team	Sep 2025
V2.1	Post NFPT Review	Curriculum Framework Project Team	Nov 2025
V2.2	Post review with Cultural Safety Training Plan (ensuring alignment of competencies/proficiencies between both)	Curriculum Framework Project Team	Feb 2026
V2.3	Integration of NFPT Vision statement and Key Principles Request from taskforce to review POs, GOs for concepts of epistemic justice and humility – is present but in different language.	Curriculum Framework Project Team	Feb 2026
V3.0	Publice Release Version		April 2026

Appendix A

List of Key Documents and Sources Reviewed as part of developing the RANZCP Program and Graduate Outcomes

Educational Frameworks

1. Biggs J, Tang C. *Teaching for Quality Learning at University*. 4th ed. Maidenhead: Open University Press; 2011.
2. Miller GE. The assessment of clinical skills/competence/performance. *Acad Med*. 1990;65(9 Suppl):S63-7.
3. Frank JR, Snell L, Sherbino J, editors. *CanMEDS 2015 Physician Competency Framework*. Ottawa: Royal College of Physicians and Surgeons of Canada; 2015.
4. Royal Australian and New Zealand College of Psychiatrists (RANZCP). *Victorian Psychiatry Leadership Framework: Detailed Competencies*. Melbourne: RANZCP; 2024
5. Australian Medical Council (AMC). *Digital Health in Medicine Capability Framework*. Canberra: AMC; 2021.
6. A Better Culture. A Better Culture Curriculum; 2025.

RANZCP Documents

7. Royal Australian and New Zealand College of Psychiatrists (RANZCP). *Code of Ethics*. Melbourne: RANZCP; 2018.
8. Royal Australian and New Zealand College of Psychiatrists (RANZCP). Burnout and moral injury: Australian psychiatry at its limits Report by The Royal Australian and New Zealand College of Psychiatrists Melbourne: RANZCP; 2024.
9. Royal Australian and New Zealand College of Psychiatrists (RANZCP). *Position Statement 46: The provision of mental health services for asylum seekers and refugees*. Melbourne: RANZCP; 2024.

First Nations-led Frameworks

10. Gayaa Dhuwi (Proud Spirit) Australia. *Gayaa Dhuwi Proud Spirit Strategic Plan 2024–2028*. Canberra: Gayaa Dhuwi Australia; 2024.
11. Gayaa Dhuwi (Proud Spirit) Australia. Gayaa Dhuwi (Proud Spirit) Declaration: A companion declaration to the Wharerātā Declaration for use by Aboriginal and Torres Strait Islander peoples. Canberra: Gayaa Dhuwi (Proud Spirit) Australia; 2015.
12. Council of Medical Colleges. Cultural Safety Training Plan for Vocational Medicine in Aotearoa. 2023.
13. Te Rau Ora. *Māori Frameworks*.Te Rau Ora; 2025 [cited 2025 Sep 30]. Available from: https://terauora.com/maori-frameworks/

Government Strategies

14. Department of Health and Aged Care. *National Mental Health Workforce Strategy 2022–2032*. Canberra: Commonwealth of Australia; 2022.
15. New Zealand Ministry of Health. *Kia Manawanui Aotearoa: Long-term pathway to mental wellbeing*. Wellington: Ministry of Health; 2021.
16. Council of Australian Governments. The Fifth National Mental Health and Suicide Prevention Plan 2017. Canberra; 2017.

Consumer and Carer Priorities Human Rights and Advocacy

17. National Mental Health Consumer and Carer Forum (NMHCCF). *Statement on Human Rights*. Canberra: NMHCCF; 2025.
18. National Mental Health Consumer and Carer Forum (NMHCCF). *Summary of Key Priorities*. Canberra: NMHCCF; 2025.
19. Carers Australia. *Federal Election Platform*. Canberra: Carers Australia; 2022.
20. World Health Organization (WHO). *QualityRights: Rights-based approach to mental health*. Geneva: WHO; 2019 [cited 2025 Sep 30]. Available from: https://www.who.int/publications/i/item/who-qualityrights-guidance-and-training-tools
21. Mental Health Foundation of New Zealand. *Our Vision for Change: Rethink the Mental Health Act*. Auckland: MHFNZ [cited 2025 Sep 30]. Available from: https://mentalhealth.org.nz/rethink-the-mental-health-act/our-vision-for-change
22. National Mental Health Commission. Statement on the development of a responsive system of care for those affected by child sexual abuse. Sydney: NMHC; 2017.
23. National Mental Health Commission. Position Statement on seclusion and restraint in mental health. Sydney: NMHC; 2015.
24. National Mental Health Commission. Statement on the mental health of refugees and asylum seekers. Sydney: NMHC; 2017.

Workforce and System Reform

25. Suicide Prevention Australia. *State of the Nation Report 2025*. Sydney: SPA; 2025.
26. Commonwealth Scientific and Industrial Research Organisation (CSIRO). *Our Future World: Global megatrends shaping health to 2042*. Canberra: CSIRO; 2024.
27. Australian Government Department of Health and Aged Care. *Psychiatry Supply and Demand Compendium Report*. Canberra: Health Workforce Division; 2025 Jun. Available from: https://hwd.health.gov.au/

Appendix B

List of organisations and groups who provided feedback on the RANZCP Program and Graduate Outcomes

Internal

New Fellowship Program Taskforce
Committee for Education Evaluation, Monitoring and Reporting
Faculty of Psychotherapy
Victorian Branch
Te Kaunihera
Aboriginal and Torres Strait Islander Mental Health Committee
Community Collaboration Committee

External

National Mental Health Commission
Malu Health Group
Mental Health Carers Australia
Corporate Mental Health Alliance Australia
Mental Health Academy
CareChoice
Shapes and Sounds
Mindsight Clinic Australia
Gayaa Dhuwi
Lived Experience Australia
Noor Pathways