



Authorising Committee/ Department:	Education Committee
Responsible Committee/ Department:	Education Committee
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Abbreviation	Acronym	Definition
Areas of Practice	AOP	A specific sub-speciality of practice within Psychiatry that is officially recognised and regulated by the RANZCP. The RANZCP provides guidance to Psychiatrists in meeting standards, maintaining competence and providing services safely within these areas of specialty. Stage 3 trainees can undertake rotations in different specialty areas or AOPs such as addiction psychiatry, forensic psychiatry and psychotherapy.
Blueprinting Assessments		A planning technique that links assessment content to learning outcomes or curriculum goals. It helps confirm that assessments (including exams and WBAs) cover all areas of expected learning without over- or under-emphasising certain areas.
Break in training	BiT	A period when a Trainee takes more time away from training than allowed by the training leave entitlement (usually 4-6 weeks of leave per 6-month full-time equivalent (FTE) rotation), with prior approval from the College. Time on such an approved break does not count as active training on their record. However, Trainees may still undertake certain aspects of the Fellowship Program, such as centrally administered summative assessments and their Formal Education Course. For more information see Leave & Interruptions to Training Policy .
Calibration		A process used before marking assessments where assessors align their interpretation and application of the standards and expectations for marking. It usually involves reviewing sample work, discussions, and reaching agreement on how to apply the assessment guidelines or rubric.
CanMEDS Roles Framework	CanMEDS	The internationally recognised educational framework from the Royal College of Physicians and Surgeons of Canada (RCPSC) that outlines key roles for graduate medical doctors, including (but not limited to) 'Medical Expert', 'Communicator', 'Collaborator', and 'Health Advocate'. This framework is used (with permission of RCPSC) as the foundation for the RANZCP's Fellowship competencies for all trainees, and defines major roles expected of a contemporary psychiatrist.
Case-based Discussion	CbD	An assessment tool in which a trainee discusses a particular case in detail with a supervisor, for around 15-20 minutes. The discussion is based on case notes and other relevant written correspondence. It assesses areas such as a trainee's clinical reasoning, decision making, the integration of medical knowledge within case management, and their ability to document. Constructive feedback is provided by the supervisor afterwards. See also Workplace-Based Assessment (WBA).
Centrally Administered Summative Assessment		An evaluation conducted by the RANZCP to measure what Trainees have learned. Passing these assessments is essential to completing the Fellowship program. The RANZCP's centrally administered summative assessments include the: Multiple Choice Question (MCQ) Examination, Modified Essay Question (MEQ) Examination, Psychotherapy Written Case and Scholarly Project.

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Certificate of Advanced Training		<p>Certificates of Advanced Training allow trainees to specialise in an area of psychiatry. Across all certificate programs trainees will complete a mix of supervised training, formal education via a course or self-directed learning, and workplace-based assessments.</p> <p>About Certificates of Advanced Training RANZCP</p>
Clinical Competency Assessment – Modified Portfolio Review	CCA-MPR	<p>An assessment for Stage 3 Trainees offered until April 2026 with two intakes per year. It involves the RANZCP’s review of the following components after documentation is submitted through InTrain:</p> <ul style="list-style-type: none"> • A Trainee’s three latest end-of-rotation In-Training Assessments (ITAs). Two of the three ITAs must be Stage 3 and accompanied by their associated Observed Clinical Activities (OCAs). • The three ITAs must cover a training time of at least 15 months FTE duration, nine months of which must be Stage 3 training. • for SIMG candidates, the three ITAs must cover at least 12 months FTE duration, all of which must be Stage 3 training. <p>For more information see this webpage.</p>
Clinical Competency Portfolio Review	CCPR	<p>An assessment for Stage 3 trainees coming into effect in 2026 following the retirement of the CCA-MPR. It evaluates a Trainee’s ability to meet all Fellowship competencies and is required to progress to Fellowship.</p> <p>Trainees are required to submit (through InTrain) end-of-rotation In-Training Assessments (ITAs), Observed Clinical Activities (OCAs), and Independent Observed Clinical Activities (IOCs).</p> <p>A panel within the RANZCP thoroughly reviews the above data including supervisor feedback, or comments on the above assessments, to make their final decision.</p>
Clinical Currency		<p>Trainees undertaking 12 months of non-clinical training (e.g., research/academic or specialised administrative/managerial training) are required to maintain clinical currency. This typically involves spending at least 0.2 FTE, or one day per week in direct clinical work.</p> <p>For more information see the policies on Mandatory Requirements for Stage 2 and Stage 3.</p>
Co-design		<p>A collaborative process where stakeholders such as fellows, trainees, people with lived and living experience, and healthcare professionals jointly define the goals, structure, and design of a service, program, or experience. It emphasises early and active involvement of stakeholders in shared decision making particularly around the ‘what’ and ‘why’, to ensure solutions are tailored to the needs and values of those who use them.</p>
Co-development		<p>A collaborative process where stakeholders such as fellows, trainees, people with lived and living experience, and healthcare professionals jointly create or refine learning materials, activities, assessments or resources. Co-development may follow a co-design phase and focuses on sharing decisions around the practical implementation of ideas (the ‘how’ and ‘with what’) through shared effort and expertise.</p>
Constructive Alignment		<p>An approach to curriculum design that ensures alignment between three key concepts: learning outcomes, learning activities, and assessments. Learning activities and assessments are designed to ensure trainees “construct” their knowledge in a meaningful way, which results in achieving the learning outcomes. To promote coherence and engagement, trainees are shown how the learning activities and assessments connect directly to the learning outcomes or program goals.</p>

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Consultation		A process where input, feedback, or perspectives are sought from stakeholders before making a decision or implementing a change. Unlike co-design or co-development consultation does not necessarily involve shared decision making, but it aims to inform decisions by incorporating others' views.
Competency-based Fellowship Program		<p>The current RANZCP fellowship program is competency based, meaning it is structured around the development and demonstration of specific skills, knowledge and behaviours (competencies), required for clinical practice. Progression in the program is based on the trainee's ability to demonstrate mastery of these competencies rather than on time spent in the program.</p> <p>Competency is evaluated through both formative and summative assessments such as entrustable professional activities (EPAs), Workplace Based Assessments (WBAs) and centrally administered summative assessments.</p>
Competency Based Medical Education	CBME	An internationally recognised approach to medical training where teaching, learning and assessment are organised around specific competencies that are essential for clinical practice. CBME focuses on learners mastering these competencies and demonstrating them during assessments. This differs from traditional time-based training, which often emphasises written examinations and the length of time spent training.
Critical Analysis Problem		A type of exam question used in the Multiple-Choice Questions (MCQ) Examination . It requires the trainee to examine a piece of research and answer a multiple-choice question about the information presented. A list of potential themes assessed by critical analysis problem questions can be found on the RANZCP website here . Practice exams can also be accessed through the website.
Critical Thinking in Psychiatry Learning Modules	CTIP	Self-paced online learning activities designed to strengthen critical thinking skills in psychiatric practice, with a focus on clinical reasoning and reflective practice, ethical and legal considerations, cultural humility and responsiveness, and recognition and management of bias in clinical decision-making.
Cultural Safety		<p>An approach to healthcare and education that ensures individuals from diverse backgrounds feel respected, supported, and safe. It applies to all people across culturally and linguistically diverse communities, beliefs, values, ethnic groups, religion or faith, age, ability, sexual orientation and gender identity.</p> <p>Cultural safety should be determined by members of a culture, not those outside of a culture.</p> <p>The healthcare provider or education provider is encouraged to reflect on their own cultural perspectives, recognise power imbalances, and actively address biases. Importantly, cultural safety is defined by consumers of these services, not providers.</p> <p>The RANZCP supports definitions of cultural safety from both the Australian Health Practitioners Regulation Agency (AHPRA) and the Medical Council of New Zealand. The RANZCP's position statement on Cultural Safety contains more information and a related glossary of terms:</p> <p>AHPRA definition:</p> <p>Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.</p> <p>Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.</p>

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		<p>MCNZ definition:</p> <p>Council defines cultural safety as: The need for doctors to examine themselves and the potential impact of their own culture on clinical interactions and healthcare service delivery.</p> <p>The commitment by individual doctors to acknowledge and address any of their own biases, attitudes, assumptions, stereotypes, prejudices, structures and characteristics that may affect the quality of care provided.</p> <p>The awareness that cultural safety encompasses a critical consciousness where healthcare professionals and healthcare organisations engage in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care, as defined by the patient and their communities.</p>
Culturally Safe Practitioners		<p>A practitioner who actively creates and maintains environments in which patients feel respected, heard, and safe in expressing their cultural identity. This applies to all people across culturally and linguistically diverse communities, beliefs, values, ethnic groups, religion or faith, age, ability, sexual orientation and gender identity.</p> <p>They reflect critically on their own values, biases, and power within the clinical relationship and how these factors influence the way consumers receive care. They recognise how current health systems often reflect the values, attitudes and practices of the dominant culture and actively modify their approach to address structural and interpersonal inequities.</p> <p>Through ongoing self-reflection and effort, they work to avoid imposing their own values and beliefs onto consumers and adapt models of care to respectfully include family/whānau and cultural context when appropriate.</p> <p>The RANZCP's position statement on Cultural Safety contains more information and a related glossary of terms.</p>
Curriculum		<p>The RANZCP curriculum is structured according to a competency-based approach to medical education. The curriculum is the entire experience that a trainee has of the training program which includes the curriculum framework, teaching, learning experience (or learning environment) and assessments.</p>
Curriculum Mapping		<p>The process of documenting and visually representing how the components of a curriculum—such as learning outcomes, content, teaching methods, and assessments—are organised and aligned with each other. This map shows gaps and redundancies where components don't link to each other. It also helps ensure that what is taught directly corresponds to the learning outcomes and is appropriately assessed, without placing undue emphasis on one area of learning over another. This exercise can demonstrate if 'constructive alignment' is present (see definition above).</p>
Cut Score		<p>A predetermined point on a test or assessment that separates different levels of performance, such as pass/fail or basic/proficient/advanced. Cut scores are determined using standard-setting methods such as the Angoff Method.</p>
Developmental Descriptors		<p>Short statements that outline the level of skill and capability expected of trainees at the end of each stage. Descriptors help clarify what is meant by the Basic, Proficient, and Advanced standards across Stages 1, 2 and 3. Supervisors use descriptors as a guide to assess whether a trainee is meeting the appropriate standard for their Stage. They are not exhaustive and do not replace professional judgement.</p>
Direct Observation of Procedural Skills	DOPS	<p>An assessment tool where a supervisor observes a trainee conducting a procedural skill (e.g., psychotherapy, ECT, a physical examination) and provides feedback to the trainee about their performance.</p> <p>See also Workplace-Based Assessment (WBA).</p>

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Director of Training or Director of Advanced Training	DOT/DOAT	A Director of Training ensures that all aspects of the local training program run smoothly and the quality of training through all the stages of the program is maintained. This includes collaborating on post and program accreditation, participation in trainee selection procedures, and overseeing trainee development. A Director of Advanced Training performs the same role for the advanced training component of the Fellowship program involving advanced training certificates.
DOT Assistant	DOT Assist	DOT Assistants are staff who support Directors of Training and Directors of Advanced Training with administrative and educational functions for local training programs. They are sometimes referred to as Education Support Officers (ESOs)
Employer		In the context of the RANZCP, an 'employer' refers to the organization or entity that employs psychiatrists and those in training. This can include health services, hospitals, community health organisations and private practices.
Enabling Competencies		Skills, knowledge, or behaviours that underpin the development and demonstration of core professional activities or 'key competencies' as they are referred to within the RANZCP curriculum. Enabling competencies provide guidance on how trainees can successfully demonstrate the more complex or higher-level 'key competencies' and 'learning outcomes' expected of graduates.
Entrustment		Entrustment occurs when a supervisor makes a professional judgement that a trainee can be trusted to perform a specific Entrustable Professional Activity (EPA) with a defined level of supervision or independence. Entrustment is expressed on a scale of 1-4 reflecting the trainee's ability to take on increasing responsibility and independence in carrying out that activity.
Entrustable Professional Activity	EPA	A specialised task (such as developing an acute care plan or conducting ECT) that forms part of a summative assessment to measure trainee competence. Supervisors assess EPAs using a trainee's performance on WBAs, observation of the trainee during daily activities, and information from staff and other sources. Based on the trainee's ability to take on increasing responsibility and autonomy in that task, an EPA is entrusted to the trainee on a scale of 1-4 and recorded on their ITA.
Education Support Officer	ESO	Education Support Officers support Directors of Training in providing educational programs.
Exemption		Exemptions may be available from training time requirements (via Recognition of Prior Learning) or from various assessments/submissions (such as Scholarly Project, CPD activities, or others). See also RPL.
Failure to Progress		Trainees who have not successfully passed the RANZCP Fellowship Program requirements by the required deadlines and/or those who have failed multiple times are identified as failing to progress. Additional assistance, support and mentoring may be provided to these trainees and/or a review of training by the Committee for Training. See also 'Targeted learning' and 'Training review'.
Fellowship Competencies		The specific skills, knowledge, and behaviours that trainees are expected to demonstrate at the end of their Fellowship training program. The Fellowship Competencies are based on the CanMEDS roles, which describe broader professional responsibilities and form the foundation of the RANZCP curriculum, guiding what is taught, how learning activities are designed, and how trainees are assessed. Building a learning program around these competencies ensures Fellows are prepared for their professional role as a contemporary psychiatrist.

Abbreviation	Acronym	Definition
Formal Education Course	FEC	A formal three-year academic course, accredited by the RANZCP, and provided by local institutions such as universities. It is a postgraduate medical program designed to cover the Stage 1 and Stage 2 syllabus that RANZCP trainees must successfully complete during their first three years of the Fellowship program.
Formative Assessment		Assessments conducted throughout training to monitor learning and provide feedback rather than to 'mark' or 'pass/fail'. Workplace Based Assessments are often used as formative assessment. Often also referred to as Low Stakes Assessments. See also Summative Assessment.
High Stakes Assessment		An assessment that carries significant consequence for the trainees, such as determining their ability to progress through training, make pass/fail decisions, or graduate the training program. Trainees usually have a limited number of attempts to show competence or pass the assessment. These are summative College-administered assessments, such as the MCQ, MEQ, SP, and PWC.
In-Training Assessments	ITAs	An assessment of a trainee's performance within a rotation. This is recorded on the InTrain system using an 'In-Training Assessment (ITA) form'. Conducted twice in each rotation – at the mid-point and the end – both trainees and supervisors complete the form. It records what training was undertaken including which EPAs were entrusted and which WBAs informed them. The mid-rotation ITA form is a formative assessment while the end-of-rotation ITA form is a summative assessment and establishes whether the trainee passed or failed the rotation.
Learning Outcomes		A learning outcome is a clear, explicit statement of what a learner should be able to do by the end of a learning activity, course, or program, and at what level of performance. Learning outcomes describe the intended result of learning in terms of observable student performance, not teaching intentions or content coverage.
Low Stakes Assessment		An assessment that carries minimal or no direct consequences for a trainee such as their progression to another stage of training. They are primarily used to provide feedback to trainees, guide learning/teaching, and identify areas for improvement. It allows trainees to develop skills and knowledge in a low-pressure environment. Example of a low stakes assessment in the current RANZCP program would be a Cbd contributing towards a possible EPA completion, which could be repeated if required. Often also referred to as Formative Assessments.
Mini-Clinical Evaluation Exercise	MiniCEX	An assessment tool in which a supervisor observes a trainee during a consultation with a patient and later provides feedback to the trainee about their performance. See also Workplace-Based Assessment.
Modified Essay Questions Examination	MEQ	One of the centrally administered summative assessments of the Fellowship Program. It comprises 4-6 modified essay questions. The MEQ exam is a paper-based, hand-written exam completed at a testing centre, currently transitioning to a computer-based format (during 2026).
Multiple Choice Question Examination	MCQ	One of the centrally administered summative assessments of the Fellowship Program. It comprises a number of multiple-choice questions (currently 140) and two critical analysis problems (CAPs). It is a computer-based test, undertaken at a Pearson Vue testing centre.

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Networks		Networks are groups representing broad areas within psychiatry and are less formal than Faculties or Sections. All College members are eligible to obtain Network Membership. Other interested people such as representatives from professional or consumer organisations or other non-College members may also be eligible to join a Network following approval from the Board. Networks promote knowledge exchange, research, and advocacy within specific areas of psychiatry such as asylum seeker mental health and ADHD.
'Not in Training' Trainee		A trainee's training status when they are on unapproved interruption to training, where approval has not been obtained for a break in training, or have gaps between their rotations of more than one calendar week. Trainees are not eligible to undertake any aspect of the Fellowship Program while not in training, and full fees are also payable.
'No Zone' Trainee		A trainee who is not in active training because they are no longer part of a local training program. They must apply directly to the Committee for Training (CFT) for a break-in-training consideration.
Observed Clinical Activity / Independent Observed Clinical Activity	OCA / IOCA	<p>An OCA is a formative assessment that requires a trainee to be observed by a supervisor during their initial clinical assessment of a patient, after which the trainee presents their assessment and corresponding treatment plan to the supervisor.</p> <p>An IOCA is a similar assessment but performed with an independent assessor, amongst other differences. It is an additional mandatory requirement for the CCPR.</p> <p>Both OCA and IOCA are RANZCP-approved WBA tools. One OCA must be completed for each 6-month FTE rotation, and an IOCA can replace the mandatory OCA for a rotation in certain circumstances (Stage 3 trainees).</p>
Partially Comparable		<p>This is a category that classifies Specialist International Medical Graduates (SIMGs) who have been assessed by CSIMGE as having qualifications and experience that are partially comparable to a RANZCP Fellow.</p> <p>These SIMGs are required to meet the necessary training and assessment requirements by completing a Partial Comparability Placement, as pathway to Fellowship of the RANZCP.</p>
Professional Presentation		<p>An assessment tool in which a supervisor observes a trainee giving a presentation to an audience (such as the community, carers, or clinicians), and provides feedback to the trainee about their performance.</p> <p>See also Workplace-Based Assessment.</p>
Program of Assessments	PoA	A broad term that refers to the suite of assessments included under the Fellowship training program.
Programmatic Assessment		<p>A systematic, longitudinal approach that gathers multiple, low-stakes assessment "data points" over time to provide a holistic view of a trainee's progress and competence, rather than relying on single, high-stakes exams.</p> <p>This method focuses on how integrating different types of assessments and feedback ensures that evaluations are cumulative, formative, continuous, fostering competencies and they contribute to trainee's learning across the curriculum.</p> <p>Within the RANZCP fellowship program, programmatic assessments include the Clinical Competency Portfolio Review (CCPR).</p>
Program and Graduate Outcomes		A learning outcome is a statement of what a learner is expected to know, understand and be able to do at the end of a period of learning, and how a learner is expected to demonstrate their achievement of the learning (Moon, 2002).

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		Within RANZCP, program and graduate outcomes outline the specific knowledge, skills, attributes and capabilities psychiatrists should acquire upon completing the Fellowship training program.
Psychotherapy Written Case	PWC	A summative assessment requiring trainees to complete 40 psychotherapy sessions with one patient, for at least one session a week, over a 6-12month period. To complete this assessment, trainees must also take part in 3 formative psychotherapy case discussions about this patient and submit a case report of 8000-10000 words.
Recognition of Prior Learning	RPL	The formal recognition of training, learning and experience undertaken prior or externally to training in the RANZCP Fellowship Program. Successful RPL results in a trainee being granted exemption from training time requirements and/or various RANZCP Fellowship Program assessments, that may include EPAs, OCAs/IOCA, Scholarly Project or Psychotherapy Written Case , according to the Policy and Procedure - Recognition of Prior Learning .
Rotation Assessments		Assessments conducted during rotations, under supervision. There are three types of assessment, each conducted multiple times throughout Stages 1-3, and recorded in the training platform InTrain. These assessments are the following: Workplace Based Assessments (including OCA/IOCA) (WBAs), Entrustable Professional Activities (EPAs), and In-Training Assessment (ITA) Reports.
Rural Psychiatry Training Pathway	RPTP	RANZCP Fellowship programs with coordinated networks whereby trainee psychiatrists must undertake greater than 50% of their training activities in rural locations, supported and coordinated by rural Directors of Training and additional training and educational support and activities to enhance the regional, rural and remote psychiatry workforce for Australia and New Zealand. (RANZCP Board).
Scholarly Project	SP	A summative assessment comprising a written piece that is 3000-5000 words in length, based on the trainee's relevant interest, and provided in one of the following formats: - original and empirical research (qualitative or quantitative); - a systematic and critical literature review; - a case series; - a quality assurance full cycle clinical audit; - an equivalent other project, approved by the BTC (in consultation with the Scholarly Project Subcommittee, if required).
Specialist Specified Training	SST	This is a short-term supervised workplace-based psychiatry training, offered in Australia for a maximum of 2 years, to international medical graduates (IMGs) who are completing their final 2 years of training in their home country, or to international psychiatrists who hold a specialist qualification in psychiatry. It is not a pathway to Fellowship of the RANZCP but offers practical skills not available in their home country.
Small Health Services or Rural Posts		Those health services or training posts classified in Australia using the Modified Monash category 3-7 and in New Zealand as Rural 1-3.
Specialist Training Program	STP	An Australian Government initiative that provides funding to health organisations to support specialist medical training experiences in settings beyond traditional public teaching hospitals. Within RANZCP, STP posts involve 6-month training rotations in priority settings such as the private sector, regional, rural and remote areas, and non-hospital settings (e.g. aged care, community health organisations or Aboriginal medical services).
Standard		In the context of assessing trainee competence, this is a defined level of skill and knowledge that trainees are expected to meet at the end of each stage. There are three standards:

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		<ul style="list-style-type: none"> • Basic Standard – expected by the end of Stage 1 • Proficient Standard – expected by the end of Stage 2 • Advanced Standard – expected by the end of Stage 3 <p>These standards are used by supervisors to assess WBAs. Meeting these standards at each stage is required to progress to the next stage of training.</p> <p>Developmental Descriptors help define how these standards apply to the Fellowship Competencies.</p>
Specialist International Medical Graduate	SIMG	A doctor who qualified as a specialist in a country other than Australia or New Zealand, holding recognised international specialist qualifications, and who seeks registration to practice as a specialist in Australia/NZ by having their overseas training assessed for comparability to local standards. This assessment determines the pathway and requirements for the SIMG to achieve Fellowship with the RANZCP.
Substantial Comparability		<p>This is a category that classifies Specialist International Medical Graduates (SIMGs) who have been assessed by CSIMGE as having qualifications and experience that are substantially comparable to a RANZCP Fellow.</p> <p>These SIMGs are required to meet the necessary requirements by completing a Substantial Comparability Placement training, as pathway to Fellowship of the RANZCP.</p>
Summative Assessment		<p>Summative assessments can be either College administered (see Centrally administered summative assessment) or performed in the workplace. Summative assessments have a high level of stakes attached to them and generally affect progression (e.g. central assessments and exams and WBAs required for CCPR).</p> <p>Sometimes referred to as High Stakes Assessment.</p>
Syllabus or Knowledge Base		<p>The Syllabus Knowledge Base sits within the overall Curriculum for the FRANZCP Fellowship program. It describes the knowledge required to achieve Fellowship and underpins the acquisition of competencies at all stages of training.</p> <p>It is intended to guide knowledge acquisition across various learning environments and guide resource development within local training programs and Formal Education Courses (FECs).</p> <p>While it is important that all areas of the syllabus are covered, not all areas are expected to be learnt at the same level, and the level of knowledge required can vary by stage of training.</p>
Targeted Learning		<p>A process in which trainees who have not successfully passed the RANZCP Fellowship Program requirements by the required deadlines and/or those who have failed multiple times are required to receive additional assistance, support and mentoring. A targeted learning plan is jointly created by the trainee, DOT and supervisor, to assist the trainee in successfully completing the required training components.</p> <p>Targeted learning can also be required if a trainee has been found to have made an ethical breach of the RANZCP Fellowship Regulations, College regulations and documentations, or the Codes of Ethics or Conduct.</p>
Test Administrator		Test administrators are support staff who supervise the examination and maintain test security at test centres. They are not employees of the College, and do not assist candidates during an examination.
Trainee Progress Trajectory		A visual map outlining all stages of training within the Fellowship program, and what is required of trainees at each stage and the completion deadlines as required by the Progression Through Training Policy. Program overview RANZCP

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		A trainee's 'progress trajectory' or 'training trajectory' can also refer to their progress through the Fellowship program and whether any trajectory adjustment is needed.
Training Agreement		The agreement that the trainee must sign with the RANZCP in order to be fully enrolled in the Fellowship Program. The Training Agreement is sent by the College head office and is separate to any agreements made in a local training program or to employment agreements.
Training Jurisdiction		Training jurisdiction refers to the specific, legally defined geographic area or regulatory body responsible for overseeing education, training, and qualifications within a region. The College's governance structure also includes branches in every state and territory of Australia, as well as a National Office in Aotearoa New Zealand, the jurisdictions, and our Faculties, Sections and Networks.
Training Post		An accredited position, typically within a hospital or community centre, through which trainees can rotate during their training. Each post must provide the experiences outlined in the RANZCP Fellowship Regulations 2012.
Training Record		The official record, accessible through InTrain , of a trainee's progress through their psychiatry training. It documents key information like training rotations, supervisor details, and assessment progress. Trainees and their Site Coordinators of Training (SCoTs) (who have read-only access) can view this record to ensure accurate tracking of training milestones.
Training Review		The training review process assesses a trainee's progress in the Fellowship program and can be initiated for various reasons, including failure to progress and exceeding the Break in Training limit. After a request for a training review is sent, trainees have 60 days to respond. The Committee for Training considers the review before making a decision about the trainee's future in the training program.
Training Zone		Local training program accredited to provide RANZCP psychiatry training. See 'Zone'.
Work-Based Assessments	WBAs	Workplace-based Assessments are formative assessments conducted during supervision time and used to provide effective structured feedback to trainees in the workplace. There are 6 WBA tools: Case-based Discussions (CbDs), Mini-Clinical Evaluation Exercises (mini-CEXs), Observed Clinical Activities (OCAs), Independent Observed Clinical Activities (IOCAs), and Professional Presentations. There is no limit to the number of WBAs a trainee can undertake. Trainees must complete a minimum of one OCA/IOCA during each 6-month FTE rotation. There are no minimum requirements for the other three WBAs, however they can be used to inform the entrustment of an EPA.
Zone		Local training program accredited to provide RANZCP psychiatry training. The NZTC and some BTCs (WA, NSW and VIC) oversee multiple zones. Fellowship training in these regions therefore occurs within "zones", not "programs".

Committees, Panels, and Councils

Abbreviation	Acronym	Definition
Accreditation Committee	AC	Reporting to the Education Committee, it is responsible for the accreditation of training programs in Australia and New Zealand. The Accreditation Committee ensures transparency in the accreditation of rotations/runs and training programs through accreditation standards. The standards apply to the Fellowship training program, training rotations/runs, the formal education course, and the certificates of advanced training.
Aboriginal and Torres Strait Islander Mental Health Committee		Reporting to the Practice, Policy and Partnerships Committee (PPPC), it is composed of psychiatrists who have direct experience working in Aboriginal and Torres Strait Islander mental health, as well as Aboriginal and Torres Strait Islander community members who are involved in mental health service provision and policy development. Aboriginal and Torres Strait Islander Mental Health Committee RANZCP
Australia and New Zealand Psychiatrists with International Qualifications Committee	ANZPIQC	Reporting to the RANZCP Board via the CEO, it provides formal representation for all overseas trained psychiatrists and especially Affiliate Members within the College organisational structure. One of its main goals is supporting and ensuring fairness for psychiatrists with international qualifications and improving College's relevant marketing and communication. The ANZPIQ Committee consists of overseas trained psychiatrists from each Australian State/Territory and New Zealand. Only members of the College, both Affiliates and Fellows, can be appointed as committee members.
Bi-national Committee for Trainees	BCT	Reporting directly to the Board, its role is to represent the interests and concerns of RANZCP trainees in discussion and decision-making regarding training and assessment, as well as broader issues relating to psychiatry. It advocates for trainee issues across Australia and New Zealand and addresses education policy, wellbeing and change implementation issues relevant to trainees.
Branch and New Zealand Training Committees	BTCs	Responsible directly to the Committee for Training, the role of the Branch Training Committees and the New Zealand Training Committee is to oversee and administer the regulations of the College's Fellowship training programs at a local level. The collective term 'Branch Training Committee' or 'BTC' is inclusive of all Branch Training Committees and the New Zealand Training Committee (NZTC).
Committee for Examinations	CFE	Responsible directly to the Education Committee, the Committee for Examinations (CFE) regulates the conduct of summative assessments that leads to progress of candidates through the training program. Its role is to prepare, administer and assess the following summative examinations: <ul style="list-style-type: none"> • Psychotherapy Written Case • Scholarly Project/Scholarly Project Exemption submissions • Multiple Choice Question examination • Modified Essay Questions MEQ examination
Committee for Specialist International Medical Graduates Education	CSIMGE	Responsible directly to the Education Committee, the Committee for Specialist International Medical Graduate Education oversees policies and procedures associated with Specialist International Medical Graduates seeking permanent registration as a psychiatrist in Australia or New Zealand and/or seeking to be employed in an Area of Need position.
Committee for Training	CFT	Responsible directly to the Education Committee, the role of the Committee for Training (CFT) is to oversee and administer the regulations of the College's Fellowship training program(s) and Certificates of Advanced Training in subspecialty areas as approved by the Board.

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Community Collaboration Committee	CCC	Reporting to the Practice, Policy and Partnerships Committee (PPPC), the purpose of the Committee is to ensure the College considers the needs, values and views of the community. The RANZCP partners with people with lived experience of mental illness (also referred to as consumers) and carers, through the Community Collaboration Committee. This is made up of six RANZCP Fellows (psychiatrists) and eight community members: two carers and two consumers from Australia, and two carers and two consumers from New Zealand.
Education Committee	EC	Reporting directly to the RANZCP Board, the Education Committee is responsible for formulating and developing strategic education policy advice for the Board on all matters relating to Fellowship and the award of certificates of advanced training.
Progression Competence Panel	PCP	Its role is to oversee the delivery of the CCPR and assessment criteria covering assessments over a period of time from multiple sources in a holistic manner. The PCP comprises representatives from the relevant committees and independent Fellows.
Partial Comparability Assessment Review Panel	PCARP	Responsible directly to the CSIMGE, the main role of the Partial Comparability Assessment Review Panel (PCARP) is to review, within a framework of appropriate clinical and professional standards, all assessments of Partially Comparable candidates on the Specialist Pathway. Based on this review, the Panel makes a recommendation to CSIMGE to confirm/not confirm the candidate's Partial Comparability status having satisfactorily met all requirements of the 2012 Fellowship Program Specialist Pathway (Partial Comparability), which leads to eligibility for Fellowship.
Subcommittee for Advanced Training	SAT	Reporting to the Committee for Training, the Subcommittees for Advanced Training (SATs) are responsible for the accreditation, implementation and review of Advanced Training Regulations. The SATs include the following: <ul style="list-style-type: none"> • Subcommittee for Advanced Training in Addiction Psychiatry – responsible for the implementation and review of Addiction Psychiatry Advanced Training regulations. • Subcommittee for Advanced Training in Adult Psychiatry – responsible for the implementation and review of Adult Psychiatry Advanced Training regulations. • Subcommittee for Advanced Training in Child and Adolescent Psychiatry – responsible for the implementation and review of Child and Adolescent Psychiatry Advanced Training regulations. • Subcommittee for Advanced Training in Consultation-Liaison Psychiatry – responsible for the implementation and review of Consultation-Liaison Psychiatry Advanced Training regulations. • Subcommittee for Advanced Training in Forensic Psychiatry – responsible for the implementation and review of Forensic Psychiatry Advanced Training regulations. • Subcommittee for Advanced Training in Psychiatry of Old Age – responsible for the implementation and review of Psychiatry of Old Age Advanced Training regulations. • Subcommittee for Advanced Training in Psychotherapies Psychiatry – responsible for the implementation and review of Psychotherapies Psychiatry Advanced Training regulations.
Substantial Comparability	SCARP	Responsible directly to the Committee for Specialist International Medical Graduate Education (CSIMGE), the main role of the SCARP is to review, within a framework of appropriate clinical and professional standards, all assessments of candidates undertaking Substantial Comparability Placement.

Abbreviation	Acronym	Definition
Assessment Review Panel		Based on this review, the Panel makes a recommendation to CSIMGE to confirm/not confirm the candidate's Substantial Comparability status which leads to eligibility for Fellowship.
Trainees' Advisory Council	TAC	The TAC is a broader body established to enhance engagement and bring together trainees of the Bi-national Committee for Trainees (BCT), trainee representatives from other College committees, as well as chairs (or delegates) of recognised external associations of trainees. It provides a forum to raise and discuss issues between trainees at all stages of training, and from all Australian states and territories, and New Zealand.
Te Kaunihera		Reporting to the Practice, Policy and Partnerships Committee (PPPC), the College's Te Kaunihera is composed of psychiatrists who have direct experience working in Māori mental health, as well as Māori community members who are involved in mental health service provision and policy development. Te Kaunihera RANZCP
Written Examination Subcommittee	WSC	Reporting to the Committee for Examination, it is responsible for implementing and administering the Multiple-Choice Question Examination and the Modified Essay Questions Examination for psychiatrists in Australia and New Zealand.

Revision Record

Document owner:		Education and Training Department	
Contact:		Program Development Manager, Training and Development	
Date of approval:	Version	Approver	Description
24/02/2026	v3.0	EC Chair	Regular review. Updated current definitions, removed obsolete terms, added additional education terminology and acronyms, and reduced overall size to suit a limited audience of mostly new trainees and new supervisors as advised by the Acting Executive Manager Education.
05/07/2021	v.2.3	Minor amendments	Written examinations refer to all of the following two types of discrete written examinations, the Multiple - Choice Examination and the Essay Examinations (consists of Modified Essay Questions and Critical Essay Questions).
30/04/2021	v.2.2	RANZCP Board	Amendments of the glossary as a result of decoupling the previous Essay-style Examination into two independent examinations: Modified Essay Questions (MEQ) Examination and Critical Essay Questions (CEQ) Examination. (EC approved 23/04/2021)
11/03/2020	v.2.1	Committee for Training	Change of terminology from Show Cause to Training Review and addition of InTrain definition (CFT approved 12/12/2019).
15/12/17	v.2.0	Education Committee	Extraction of glossary from the end of each policy to form one standalone document. Update to definitions, including in context of them being in a separate document. Approved by CFE 22/11/17, CFT 23/11/17, EC 15/12/17.
2012 - 2017	v.1.0	General Council	Initial versions approved at the end of each policy by General Council.
March 2029		NEXT REVIEW	