

Information To Patients & Consent Form

Independent Observed Clinical Activity (IOCA)



Information to Patients

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a specialist medical college entrusted with the training of doctors aspiring to become psychiatrists. Accredited by the Australian Medical Council/Medical Council of New Zealand, the RANZCP's rigorous training program equips future psychiatrists with the necessary skills and knowledge to excel in their profession. Further information about the RANZCP's training program can be found [here](#).

The RANZCP is responsible for administering several assessments alongside its training program to determine whether trainees and Specialist International Medical Graduates (SIMGs) are meeting the required standards of training. One of these assessments is the Independent Observed Clinical Activity (IOCA). The IOCA is a Workplace-based assessment tool to assess the clinical competencies of a trainee or SIMG during their initial clinical assessment of a patient and their corresponding treatment plan.

The IOCA involves an external supervisor to accompany the trainee or SIMG during the clinical assessment of a patient. It is important to note that your participation in this assessment is entirely voluntary. You have the freedom to withdraw your consent at any point if you change your mind. Should you choose to participate, you'll be requested to sign a consent form. Your signature on this form confirms your understanding of the information provided within this document and indicates your consent to take part in the IOCA assessment.

The Assessment

The IOCA consists of an interview (maximum of 50 minutes duration) and will be conducted either in person, or online via Microsoft Teams or Zoom. A brief physical examination may be conducted with your permission during this interview. One assessor (a senior psychiatrist who is trained in this type of assessment) will be present to passively observe the doctor undertaking the assessment, therefore not having an active role in the interview. The doctor who interviews you for this assessment may not be involved in your ongoing care but if any information should emerge from the interview which is considered important to your care, this information will be directed to your doctor.

Privacy

Please note that the information which you provide on this form, as well as any information provided by the trainee or SIMG to the RANZCP or its appointed assessors, will only be used, stored, and disclosed in accordance with the RANZCP's [Privacy policy | RANZCP](#). Your information during this interview will only be used for the purpose of the IOCA assessment administered by the RANZCP.

The RANZCP and its appointed assessors will not have access to your medical and health records.

If you have any feedback about the experience, or if you wish to make a comment or complaint about your experience, please email RANZCP on clinicals@ranzcp.org where your feedback will be confidentially managed.

Thank you for assisting the RANZCP in administering this assessment and facilitating this part of our training program. Your assistance is appreciated.

Patient Consent (please print clearly)

I, _____, (patient's name or legal guardian) hereby consent to participate in the IOCA assessment conducted by Dr _____ (name of the doctor participating in the IOCA assessment).

I have read, or have had read to me the information within this document. I understand this information and based on the information, I agree to participate in the IOCA assessment.

Patient to complete

Patient Name: _____

Signature: _____

Date: _____

Legal Guardian to complete (if patient is under 18 years of age, or where adult patient is unable to consent including due to an intellectual disability)

Guardian Name: _____

Signature: _____

Date: _____

NOTE:

All parties signing the consent form **must** date their signature and should retain a copy for their records.