



Purpose

The purpose of this document is to provide guidance to services and supervisors on expectations of Trainees in their first year of training. Stage 1 Trainees are potentially a more vulnerable group of trainees. They have more to learn and may be less aware of their capacity early on in training.

Orientation

Services or programs with Stage 1 trainees should have specific orientation programs for Stage 1 Trainees and monitor the effectiveness of these programs.

Establishment of buddyng and mentoring programs for Stage 1 Trainees is strongly encouraged.

Supervision

Trainees receive a minimum of four hours of regular/rostered supervision each week for 20 weeks in each six-month rotation, with one of that being individual supervision with the principal supervisor.

Additionally, Stage 1 trainees receive a minimum of an additional one-hour of close supervision per week, recognising their need for more intensive support during the initial phase of training.

After Hours work

Stage 1 Trainees should not be placed on an after-hours roster until their initial orientation has been completed, and they feel confident about their post duties. Orientation should include the use of duress alarms and any local safety and security arrangements, including risk assessment procedures.

Ideally, it is recommended that Stage 1 Trainees can shadow a Stage 2 or 3 trainee after-hours to familiarize themselves with after-hours work, however this may not be possible, nor necessary for Trainees who are familiar with the service and its operations.

Consultants on-call with Stage 1 Trainees should be encouraged to call the Stage 1 Trainee once per shift to introduce themselves to the trainee and encourage them to ask for assistance as required.

Community patient workload

Guidance around appropriate patient numbers for Trainees in Community Mental Health Teams is provided in the following guideline: *Appropriate Community Patient Workload for RANZCP Trainees (September 2025)*.

Acute adult inpatient workload

Guidance around appropriate inpatient numbers is provided in the guideline: *Acute Adult Inpatient Workloads for RANZCP Trainees (2025)*.

CBFP Developmental Descriptors – Basic (End of Stage 1)

The following table contains the Developmental Descriptors for use in the Competency-Based Fellowship Program (CBFP) - Basic (End of Stage 1). The Developmental Descriptors are behavioural descriptors for the Fellowship Competencies.

It is recognised that the behaviours described in the Developmental Descriptors do not represent the exclusive range of behaviours and are provided only as a guide. These descriptors are intended to provide supervisors and trainees with a reference point for defining performance standards. It is anticipated that the descriptors will be of use as criteria supporting workplace-based assessments and guiding the provision of formative feedback to trainees.

Aspect of Practice	BASIC
	End of Stage 1
Assessment ME 1*	Conducts a standard assessment of a patient with typical psychiatric disorders, but requires supervision to elicit all necessary data and to understand the significance of data obtained.
History Taking ME 1*	Follows recommended framework for history taking. Hypothesis-driven for simple problems. Requires supervision to clarify important positive and negative features from the history and for accuracy and interpretation of mental state examination. Demonstrates adequate assessment of risk.
Sociocultural ME 1, 3*	Identifies key sociocultural issues relevant to the psychiatric assessment. Requires supervision to deepen understanding.
Mental State Examination ME 2*	Conducts and presents a thorough MSE, assessing the key aspects of observation of appearance, behaviour, conversation and rapport, affect and mood, thought (stream, form, content, (normal and abnormal), perception, cognition, insight and judgement. Able to perform some targeted cognitive assessments correctly. Succinct presentation of the MSE (and cognitive assessment) with accurate use of phenomenological terms and appropriate positive and negative findings.
Formulation ME 3*	Produces an accurate BPS ¹ formulation and requires supervision to link salient factors.
Information Gathering ME 3*	Under supervision, describes, gathers and integrates additional information acquired from other sources and places this information into a chronological and developmental perspective.
Vulnerability and Resilience ME 3, 4*	Describes vulnerability and resilience factors but requires supervision to incorporate these into the formulation and management plan.
Management Plan ME 4*	Describes a basic management plan that is driven by the formulation, but requires supervision to ensure a tailored approach. Requires supervision to re-evaluate and adapt the management plan according to patient response or guide referral to other professionals or agencies during the course of management.
Follow Up ME 4*	Follows procedures for appropriate follow up and transfer of care to primary or other carers. Some supervision might be required.
Investigations ME 5*	Identifies and can interpret routine / standard range of haematological biochemical tests other investigations (including neuro-imaging) involved in routine psychiatric care. May require support to prioritise interventions and interpret abnormal results.
Diagnostic Procedures ME 6*	Identifies and undertakes routine diagnostic procedures including physical examination, laboratory tests, and questionnaires. Requires assistance with interpretation.
Critical Appraisal ME 7*	Identifies principles of evidence-based practice to guide the development a management plan for routine or uncomplicated presentations, with aid of supervisor.
Integrate Information ME 7*	Identifies appropriate ways of obtaining relevant basic science and clinical information to augment understanding. Requires support to evaluate source of information. Also requires support to integrate newly acquired knowledge with prior learning and apply to clinical practice.
Legislation ME 8*	Describes mental health and related legislation but may need assistance in its application to individual cases.
Obtaining Information COM 1*	Gathers relevant information from other informants with guidance from supervisor, in a professionally sensitive manner.
Communicate Management Plan COM 1*	Communicates a basic but safe management plan to patient and caregivers but requires supervision to ensure flexibility of approach.

¹ BPS refers to the Biopsychosocial Model described by Engel (Engel G.L. (1977), *The Need for a New Medical Model: A Challenge for Biomedicine*, *Science*, 196: 129 – 136), which includes cultural and spiritual dimensions within the social domain

Aspect of Practice	BASIC
	End of Stage 1
Rapport COM 1*	Interacts effectively with patient and caregivers, with supervision. May at times be somewhat overly technical or elaborate, or be more active or directive or passive than the situation ideally requires, but still maintains adequate rapport. Identifies core components of rapport establishment and common barriers for poor establishment of rapport.
Documentation COM 2*	Follows institutional/organisational procedures to produce written information. Written information may be somewhat over-inclusive or lacking detailed information.
Interagency COM 2*	Identifies and communicates effectively with agencies involved in patient care with supervision.
Working Alliance COL 1*	Establishes and maintains rapport and engagement of families/carers in straightforward cases but requires supervision to improve competence in this area. For example, requires assistance to select content with reference to possible positive and negative implications for patient and caregivers.
MDT COL 3*	Identifies key roles, values and responsibilities of professionals in the multidisciplinary team. Participates in the multidisciplinary team with assistance of supervisor.
Systems Theory COL 3*	Identifies important dynamic systems-related issues impinging on team functions in supervision.
Psychiatrist Role COL 3*	Distinguishes key roles, and responsibilities of psychiatrists in the health care system from other mental health professionals
Liaise with Psychiatrists COL 3*	Liaises appropriately and effectively with the supervisor, psychiatrists, including the on-call psychiatrist.
Recruitment COL 3/4*	With supervision, identifies and recruits additional services appropriately.
Role of Key Agencies COL 4*	Identifies key agencies and can describe services provided.
Service Provision Gaps COL 3/4 & MAN 2*	Identifies major gaps in service provision and integration and reflects on this within the context of supervision
Consultation COL 4*	Provides effective consultation to other health professionals and agencies around individual patient care or broader systemic issues affecting the wellbeing of populations.
Professional Role MAN 1*	Describes and adheres to the trainee role within the clinical line of responsibility.
Systemic Issues MAN 1*	Identifies systemic issues impacting on patient care at a personal and clinical level with supervision.
Clinical Leadership MAN 2*	Identifies the clinical leadership role of a psychiatry trainee, including whilst on-call
Quality Improvement MAN 3*	Describes the principles of quality assurance.
Service Development MAN 2, 4*	With assistance, identifies and describes the impact of resource allocation on wider health systems.
Resource Allocation MAN 4*	Under supervision, describes the costs, benefits and risks of psychiatric care.
Documentation MAN 5*	Accurately documents the case assessment, formulation and management plan, with supervision. Requires supervision to assist with integration of information.
Clinical Responsibilities MAN 5*	Reliably attends to required clinical responsibilities.
Patient and Systems Engagement HA 1*	Engages with individual patient and the more immediate systems with supervision to provide quality care.

Aspect of Practice	BASIC
	End of Stage 1
Advocacy Groups HA 1*	With support, identifies the relevance of advocacy groups and their role in supporting patient and caregivers. Actively seeks and evaluates local and regional groups and makes recommendations with support.
Prevention and Promotion HA 2*	Integrates principles of prevention and health promotion to planning and service provision in mental health services with supervision.
Epidemiology HA 2*	Describes basic epidemiology and identifies sources of epidemiological data relevant to clinical decision making.
Knowledge Gaps SCH 1*	Requires individual supervision to help identify deficiencies in relevant knowledge and skills, and ways to remedy these deficiencies.
Reflection SCH 1 PROF 3*	Actively engages and participates in supervisory relationship to identify learning needs and develop appropriate action plans, and evaluates these periodically.
Teaching SCH 2, COM 1*	Communicates at a level and in a manner that can be comprehended by familiar audiences.
Learning Needs Assessment SCH 2*	Identifies the learning needs of others but may require support to prioritise these. With supervision, selects content and, guided by best teaching practices, develops an effective educational strategy.
Supervision SCH 1, 3*	Describes the essential components and value of clinical supervision.
Scholarly Activity SCH 3*	Describes research approaches, such as study design, methodology, and conducting literature reviews.
Consent and Confidentiality PROF 1*	Identifies the principles and limits of obtaining consent and keeping confidentiality, using supervision in complex clinical situations.
Boundaries PROF 1*	Follows guidelines to maintain personal and interpersonal boundaries in clinical practice and uses supervision to enhance understanding and to apply theoretical knowledge to clinical situations.
Ethics PROF 1*	Identifies relevant ethical principles but will need support to resolve conflicting priorities to guide action.
Quality of Care PROF 1, 2*	Follows institutional guidelines to deliver high quality care with integrity, honesty, compassion and respect for diversity.
Reflection on Limitations PROF 3*	Identifies the importance of ongoing self reflection in clinical practice and discusses the limitations of their expertise during supervision.
Time Management PROF 4*	Using supervision, external structures and regulations, balances patient care, service requirements and personal well-being.
Others' Unprofessional Behaviour PROF 5*	Distinguishes between professional and unprofessional behaviours and discusses this with the supervisor or other appropriate authority.
Regulatory Requirements PROF 5*	Identifies professional regulatory requirements and can follow required procedures.

Revision Record Footer

Contact: Manager, Accreditation, CPD and reporting			
Date	Version	Approver	Description
2018	1.0	Board	New Document
03/09/21	1.0	Accreditation Committee	QA review – No changes.
05/12/25	2.0	Education Committee	Revision to update language and inclusion of CBFP Stage 1 developmental descriptors. AC approved 28/11/25.
November 2028			Next Review