

# From Vision to Design: Towards a New Fellowship Program

Rebuilding Trust, Renewing Fellowship Training

A/Prof Simon Stafrace  
RANZCP Congress, Melbourne  
May 2026



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists



# Setting the scene for Congress



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists



# 1. Why are we here at today?



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists



# Why are we at Congress?

Discovery,  
ideation,  
trade-offs



Consultation  
& Congress



Towards the  
Final Report

- Not a finished product. A shared object for critique
- Aim to
  - Make the case for change
  - Signify the purpose of Fellowship
  - Share the design logic,
  - Make trade-offs visible,
  - Test the emerging prototype



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists



# Why was the NFPT established?

**Formed July 2025 with a mission to:**

- Review the current redevelopment work across all stages of training.
- Address complexity & fragmentation in the 2012 Fellowship program.



# What is the NFPT doing?

## Deliverables - September 2026

- Prototype of a new Fellowship curriculum – widely consulted.
- Business case and high-level project plan.

# 2. Why is this work needed?



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists



# Why change?

## The changing context of psychiatric practice

The Fellowship Program must respond to changes in:

- **Workforce & supervision capacity**
  - Shortages, maldistribution & pressure on training capacity
- **System & clinical complexity**
  - Rising demand, risk, service fragmentation, role substitution & displacement of training need
- **Models of care & practice settings**
  - MDT work, community-based care, digital care and broader practice settings
- **Changing community expectations**
  - Transparency, cultural safety, LLE, responsiveness, public trust, accountability
- **Technology, data & AI**
  - Implications for practice, learning & assessment & professional judgement

# Why change?

## The changing policy landscape



 Australian Medical Council Limited

### Draft revised Standards for the Assessment and Accreditation of Specialist Medical Programs


Specialist Medical Programs Standards Review

This document contains the proposed revisions to the Standards for the Assessment and Accreditation of Specialist Medical Programs. These proposals were developed by the Standards Review Working Group and AMC Aboriginal and/or Torres Strait Islander and Māori Committee Sub Group and were approved for consultation by the Specialist Accreditation Education Committee and the AMC Aboriginal and/or Torres Strait Islander and Māori Committee.

The proposals have been informed by the 2025 consultation on the scope of the review and direction for change. Development of standards related to Aboriginal and/or Torres Strait Islander and Māori health and cultural safety has been led by a Sub Group of the AMC Aboriginal and/or Torres Strait Islander and Māori Committee. Throughout this document, these standards are highlighted in blue.

## New Zealand Health Workforce Plan

December 2024



Dr Bryan Mikulicich, paediatric cardiologist, at work at Starship Children's Hospital in 2024

# Why change?

## Program Drift

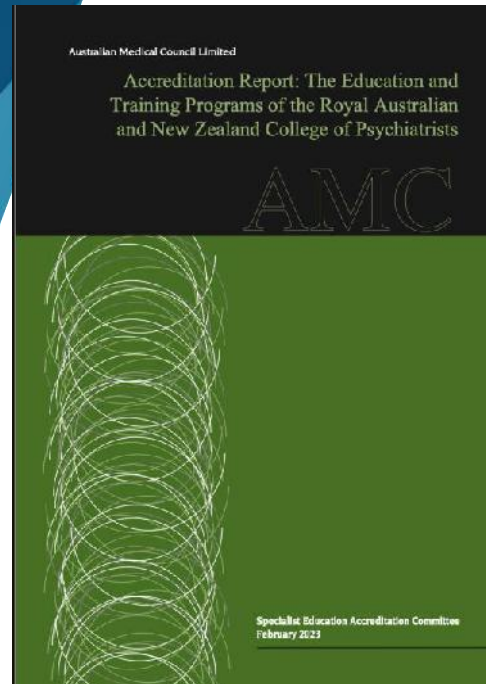
- Over time, the program has accumulated:
  - curriculum additions
  - assessment changes
  - regulatory responses
  - post-pandemic adaptations
  - local workarounds
  - increasing administrative complexity

# Why change?

Complexity,  
burden &  
low trust in  
the learning  
experience

- The current program is often experienced as:
  - complex
  - fragmented
  - difficult to navigate
  - overly burdensome
  - insufficiently transparent
  - misaligned with contemporary practice
  - vulnerable to change fatigue and mistrust

# AMC Accreditation Review 2023: Key Messages for Fellowship Redesign



The AMC review points to the need for a more coherent, contemporary and accountable Fellowship Program.

- 1. Strengthen the program architecture**  
Create a clearer curriculum framework that links stages, syllabus, learning outcomes and assessment, with particular attention to better defining Stage 3.
- 2. Align and streamline assessment**  
Ensure assessment genuinely reflects curriculum outcomes, reduces burden on trainees and supervisors, and improves consistency and calibration of workplace-based assessment.
- 3. Modernise the training experience**  
Increase exposure to community-based and non-acute care, and build capability in psychotherapy, addictions, trauma-informed care, leadership and multidisciplinary practice.
- 4. Improve governance, engagement and culture**  
Strengthen trainee voice, communication and transparency, while embedding cultural safety, Indigenous leadership and lived-experience perspectives.

#### Bottom line:

The review supports moving from a complex and fragmented program toward a more coherent, better aligned and more future-facing model of psychiatric training.



# 3. What is the NFPT trying to produce?



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists



# A curriculum

The organised expression of

- what a training program is trying to produce
- what learners need to learn
- how they will learn it and
- how progress and competence will be judged

Vision & Purpose

Program & graduate outcomes

Content or Syllabus

Learning Experiences

Assessment

Progression

Educational Philosophy

Fellowship



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists



# A prototype

Not a blueprint

## What a prototype is:

- A coherent, testable model
- A synthesis of principles and consultation
- A platform for refinement

- A blueprint fixes the answer → a prototype tests the logic.
- The prototype should show:
  - what Fellowship is for
  - what all Fellows must be able to do
  - how vision, outcomes, syllabus, learning, experience and assessment align
  - where flexibility is possible
  - where standards are non-negotiable
  - how the program can evolve without fragmenting again

# 4. What have we learnt so far?



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists



# We have listened & read

- The prototype is being informed by:

1. **The work so far:** Previous surveys, external reviews, curriculum evaluations, and member feedback.
2. **Benchmarking:** with specialist medical colleges bi-nationally and internationally.
3. **Workforce strategy, policy & reports:** showing bi-national requirements and the needs of all communities.
4. **Research & thought leadership:** medical education literature, academics & policy leads
5. **Consultation** on key aspects from early 2026- incl. Congress May 2026.



# Fellows & trainees have told us

What must be changed

- Members have called for
  - clearer core capabilities
  - less complexity
  - better alignment
  - more meaningful assessment
  - more flexible pathways
  - better supervision
  - more transparency

# Fellows & trainees have told us

What must be protected

- Breadth of training experience
- Depth & sub-specialisation
- interviewing, formulation and decision-making
- psychotherapy as substantive capability
- thoughtful supervision
- credible external assessment
- public confidence in standards

# What people with LLE have told us they want

- Embed lived and living experience as a core knowledge system
- Reframe psychiatric expertise as relational, collaborative & accountable.
- Teach & assess relational capability
- Address power directly
  - including coercion, human rights, legal authority, risk frameworks & institutional decision-making.
- Include families, carers, whānau and supporters as active partners in care
- Make LLE involvement part of program accountability, not just consultation.

# What First Nations representatives have told us they want

- Practice with cultural safety
  - as a design principle, not an added module
  - With people, families, communities & systems
- First Nations ways of knowing
  - respected alongside clinical knowledge
- Psychiatrist formation
  - enables & teaches curiosity, cultural humility, relationship and accountability
- Know the stories
  - Direct attention to colonisation, racism, coercion and structural violence
- Longitudinal, experiential learning
  - grounded in Country, community and context
- First Nations authority
  - in curriculum, teaching, assessment and governance
- Avoidance of tokenism and cultural load
  - for First Nations trainees, Fellows and contributors

# Where do we go from here?



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists



# Four design questions for a New Fellowship Program

1. What does Fellowship signify?
2. What is the common foundation every Fellow must share?
3. What design logic should hold the curriculum together?
4. How can the program adapt without fragmenting again?

# 1. What does Fellowship signify?

The product of curriculum



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists



# Fellowship is a statement of readiness

- Fellowship signifies readiness for independent specialist psychiatric practice:
  - safely and ethically
  - in complexity
  - in real-world settings
  - with sound clinical judgement
  - in the service of patients, families, communities and systems

**Not:** time served, rotations completed, forms submitted  
**But:** capability demonstrated, judgement trusted, standards met



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists



# 2. What is the common foundation every Fellow must share?

Our core capabilities



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists



# The common foundation

- **Every Fellow should demonstrate capability in:**
  - clinical expertise
    - assessment, formulation, diagnosis, treatment, psychopharmacology, psychotherapy, research & teaching
  - relational and cultural capability
    - communication, collaboration, cultural safety, lived experience, human rights
  - judgement in complexity
    - uncertainty, risk, ethics, developmental, social and systems complexity
  - professional formation
    - reflective practice, supervision, lifelong learning
  - system contribution
    - leadership, advocacy, multidisciplinary practice, service improvement

# 3. What design logic should hold the curriculum together?

How should the new curriculum be designed?



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists



# The principles

## 1. Moral and Professional Foundation

- Person-centred and trauma-informed care
- Valuing lived and living experience
- Cultural safety
- Ethical practice

## 2. Clinical Orientation

- Integrated biopsychosocial formulation and care
- A strong generalist foundation with flexible pathways

## 3. Contemporary Practice Capability

- Therapeutic excellence and integration
- Digital literacy, technological adaptability and data-informed practice
- Leadership, supervision and systems thinking
- Collaboration, communication and co-production

## 4. Professional Formation

- Commitment to lifelong learning and reflective practice

## 5. Responsibility to the Future

- Future-focused adaptability
- Driving the profession forward through research, innovation, thought leadership
- Sustainability, feasibility and social accountability

# The guardrails

What limits must the design respect?

- The new program must be restricted by standards & constraints & must:
  - Be professionally credible & educationally coherent
  - Be accreditable
  - Be outcomes-led & protect standards for safe independent practice
  - Be culturally safe
  - Be deliverable and sustainable
  - Retain the trust of the public & of members
  - Align with workforce & community need without becoming merely a workforce instrument



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists



# The trade-offs

Where principles collide

- To design the new Fellowship Program, we have to hold five tensions together:

Tension	Core question
<b>Standard</b>	How do we protect Fellowship without unnecessary burden?
<b>Breadth/depth</b>	How do we ensure breadth without superficiality and depth without fragmentation?
<b>Flexibility</b>	How do we allow variation while remaining accreditable?
<b>Assessment</b>	How do we make judgement credible, fair and defensible?
<b>Change</b>	How do we innovate without perpetual churn



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists



# 4. How do we manage adaptability without churn?



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists



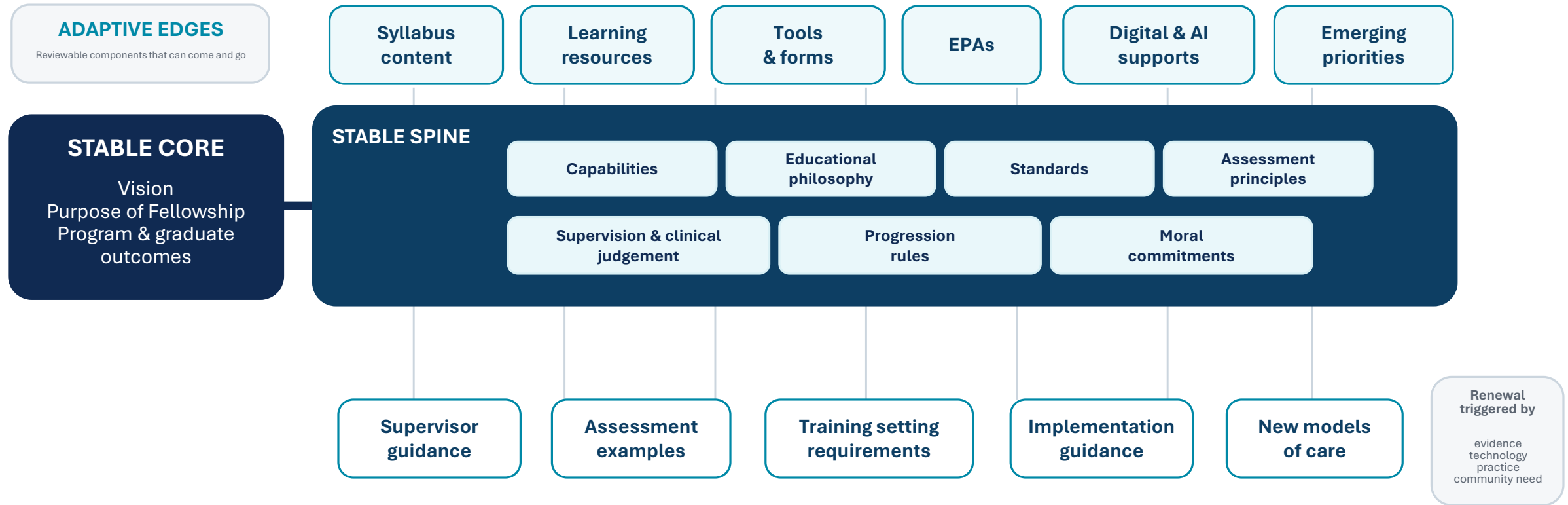
# The design task

The prototype as adaptive architecture

- The prototype must make visible:
  - what is common
  - where flexibility is possible
  - how standards are protected
  - how assessment and progression align with outcomes
  - what can evolve over time

# Adaptive architecture: stable core, coherent spine, renewable edges

The prototype distinguishes what must endure from what can be reviewed, refreshed, added or retired.



The vision and outcomes anchor the program; the stable spine holds it together; the adaptive edges can be refreshed without destabilising the whole Fellowship Program.

# Where to from here?



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists



# What this means for RANZCP advocacy

- The College should advocate for the conditions that form and sustain psychiatrists:
  - Training is a public good
    - Foundational training high-quality
    - protected supervision & teaching time
    - Services support learning, not just throughput
  - Training settings that reflect community need
    - culturally safe
    - equitable systems of care
    - rural, regional & underserved workforce development
  - Responsible use of digital technology & AI
  - CPD across the career span



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists



# The Invitation to MAC & Congress

- What we are asking of the Fellowship at Congress is to:
  - Test the guardrails
  - Challenge the assumptions about what must change & what must be protected
  - Make the trade-offs visible
  - Identify risks we have missed
  - Strengthen the prototype so the program can remain credible, deliverable and future-focused

**The prototype is a shared object for critique, not a finished answer.**