

Understanding the Clinical Competency Portfolio Review (CCPR)

Dr Nathan Gibson

Chair, Progression Competence Panel

RANZCP Congress – 7 May 2026

This is Wurundjeri and Bunurong Country

We acknowledge Aboriginal and Torres Strait Islander Peoples as the First Nations and the traditional custodians of the lands and waters now known as Australia, and Māori as tangata whenua in Aotearoa, also known as New Zealand.

We recognise and value the traditional knowledge held by Aboriginal and Torres Strait Islander Peoples and Māori.

We honour and respect the Elders past and present, who weave their wisdom into all realms of life – spiritual, cultural, social, emotional, and physical.

Lived Experience

We recognise those with lived and living experience of a mental health condition, including community members and all RANZCP members.

We affirm their ongoing contribution to the improvement of mental healthcare for all people.



The Royal
Australian &
New Zealand
College of
Psychiatrists



This session, the CCPR...

- Context and broad issues
- Granular process
- Q&A

What is the Progression Competence Panel?

- New committee convened in 2025 to:
 - Develop the Clinical Competency Portfolio Review
 - Oversight its ongoing function
- Fellows, LE
- Reports to the Education Committee

Why the change to the Clinical Competency Portfolio Review (CCPR)?

- Competency-based assessment program
- Programmatic assessment
- Clinical Competency Assessment- Modified Portfolio Review (CCA – MPR)
- Holistic approach

Aligning CCPR

- The Australian Medical Council is aware and supportive of this process
- The RANZCP Fellowship Taskforce acknowledges the importance of a holistic assessment process

What is the CCPR?

- The CCPR assessment is a holistic and programmatic approach that evaluates a candidate's competence through multiple assessment data points over time, conducted by multiple assessors.
- This process determines whether the candidate meets the **end of Stage 3 standards** across all CanMEDs domains and relevant Fellowship competencies.

What does the CCPR look at?

- End-of-rotation In-Training Assessments (**ITAs**)
- Observed Clinical Assessment (**OCAs**)
- Independent Observed Clinical Assessments (**IOCAs**)

Note:

- **written narrative feedback** is very important
- within each assessment are **multiple data points**

CCPR Eligibility Criteria

Trainees and Partially Comparable SIMGs must have completed:

- minimum 12 months FTE Stage 3 training
- minimum two Stage 3 end-of-rotation ITAs
- minimum two Stage 3 OCAs
- minimum one Stage 3 IOCA

All completed Stage 3 ITAs, OCAs and IOCAs recorded in the training portfolio will be included in the review

Eligibility Criteria comments...

- Better aligns requirements between Trainees and Partially Comparable SIMGs
- As portfolio reviews assess performance against an end-of-Stage 3 standard, Stage 2 data were considered less relevant to determining readiness for Fellowship (Stage 2 OCAs out)
- Assessment robustness would be maintained through inclusion of all completed Stage 3 assessments and the programmatic, expert judgement-based nature of CCPR

Special consideration

Candidate who are **unsuccessful in the April 2026 CCA–MPR and who intend to reapply for the September 2026 CCPR.**

- Will be **exempt from needing to complete an IOCA** for the September 2026 CCPR application.
- Will be required to **complete an additional OCA** associated with the new six-month FTE rotation submitted (giving a total of minimum two OCAs for CCPR consideration)

(These arrangements are intended to support a smooth transition between the current and new portfolio review models while maintaining the integrity of Stage 3 evidence requirements.)

From April 2027 onwards, everyone will be required to meet the full eligibility requirements.

September 2026 CCPR transition arrangement

For September 2026 CCPR round candidates:

- Only **one Stage 3 OCA** rather than two Stage 3 OCAs.
- All other eligibility requirements will continue to apply:
- minimum of 12 months FTE Stage 3 training time
 - Two Stage 3 ITAs
 - One Stage 3 IOCA.

From April 2027 onwards, everyone will be required to meet the full eligibility requirements.

Allowance will be made for candidates **who completed an IOCA in the very first rotation** (August 2025- February 2026) and apply for September 2026 CCPR. Special consideration will be applied to this group on a case-by-case basis.

Standards,
credentialing,
calibration are
important...

- **Supervisors** are credentialed and recredentialed
- **IOCA Assessors** are calibrated and recalibrated
- **CCPR Panel Assessors** are calibrated and recalibrated

The Art and Science of Portfolio Reviews

DR SHANE GILL, DOT, SA

PCP MEMBER

RANZCP CONGRESS, 2026



What I will cover

- ▶ Screening process
- ▶ Who undertakes Portfolio Reviews (PR)?
- ▶ How ITA, OCA, IOCA data is arranged for PR assessors?
- ▶ How do assessors make a judgement of a successful vs unsuccessful portfolio review?
- ▶ Final oversight by the Progression Competency Panel
- ▶ Feedback and requirements for unsuccessful trainees.

Screening Process

- ▶ Aim to identify those portfolios that need closer review by an Assessor Panel.
- ▶ Portfolios with any individual ITA grades of IM, RM or UC, or OCA/IOCA grades below the Stage 3 standard are flagged for review by an Assessor Panel.
- ▶ All other portfolios are subject to a final review by a PCP member to verify that they should be successful.

Who undertakes Portfolio Reviews?

- ▶ Two assessors per Assessment Panel
- ▶ Experienced, senior Fellows, involved in supervision and training
- ▶ Make an independent judgement of successful or unsuccessful
- ▶ Process for reaching a consensus decision undecided – may be via consensus meeting of assessors or via PCP.

How are ITA, OCA and IOCA data arranged for PR assessors?

- ▶ Learning outcome grades from the 2+ ITAs and domain grades from IOCA/OCAs are arranged together into the CANMEDS domains they inform
- ▶ PR assessors determine if this evidence demonstrates competence in each competency domain
- ▶ IOCA/OCAs inform Medical Expert domain (data gathering – process informs communicator domain)
- ▶ Other domains are informed by ITA grades.

Candidate ID				OCA 2 (5 point scale)	IOCA (5 point scale)
CANMED domains learning outcomes	ITA 1	ITA 2	OCA 1		
Medical expert					
1.1 Assessment	CE	AA	7	4	4
1.2 Mental state	CE	AA	6	4	5
1.3 Formulation	CE	AA	6	4	4
1.4 Management	SE	AA	6	4	4
1.5 Treatment skills	CE	AA			
1.6 Legislation	CE	AA			
1.7 Critical Appraisal and reflective practice	SE	UC			
1.9 Physical health management	CE	AA	7	N/A	4
Communicator					
2.1 Communication with patient and families	CE	SE	7	3	4
2.2 Communication with colleagues, services and agencies	CE	AA			
2.3 Cultural diversity	CE	SE			
2.4 Written communication and synthesis	SE	AA			
2.5 Documentation	CE	SE			
Collaborator					
3.1 Collaboration with team members, colleagues and health professionals	CE	SE			
3.2 Work with health systems and government agencies	SE	AA			
3.3 Collaboration with patients	SE	SE			
3.4 Interpersonal collaborative skills	CE	SE			
Manager / Leader					
4.1 Clinical Governance	SE	AA			
4.2 Clinical leadership	SE	IM			
4.3 Workload and resource management/resource prioritisation	CE	AA			
4.5 Management and Administration	CE	AA			
4.6 Organisational review and appraisal	SE	UC			
Health advocate					
5.1 Advocacy for patients and caregivers	SE	AA			
5.3 Promotion and prevention	SE	AA			
Scholar					
6.1 Commitment to life-long learning	SE	AA			
6.2 Development of knowledge	SE	AA			
6.4 Teaching and supervision	CE	AA			
Professional					
7.1 Ethics	CE	SE			
7.2 Professionalism	CE	SE			
7.3 Self-care	CE	SE			
7.4 Respect and standards	CE	SE			
7.5 Reflection and attitude to feedback	CE	SE			

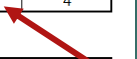


IOCA and OCA grades are added to ITA

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Any "below the standard" (<4) grades in IOCA's/OCA's are highlighted, as are any N/A grades (usually physical examination)

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Any "unable to comment", "Inconsistently met or "rarely met" grades in ITAs are highlighted

Principles of CCPR Assessment

- PROGRAMMATIC ASSESSMENT
 - Aggregates evidence across multiple assessment data points and over time
- TRAJECTORY OF IMPROVEMENT
 - Progression in competency development and improvement over time
- CONSISTENCY OF IMPROVEMENT
 - Isolated, single grades to not outweigh an overall pattern of demonstrated competence
- SUFFICIENCY OF EVIDENCE
 - Needs to be sufficient data and grades over time to support demonstration of competence
- NARRATIVE FEEDBACK
 - Consistent feedback expressed from multiple supervisors carry weight
- SHORT OR PART-TIME ITAs
 - Multiple ITAs over single rotation will be considered collectively
- NON-CLINICAL ITAs
 - Multiple UC ratings in a research rotation will not adversely affect outcome
- INSUFFICIENT IMPROVEMENT
 - Inadequate progression or response to feedback will inform outcomes

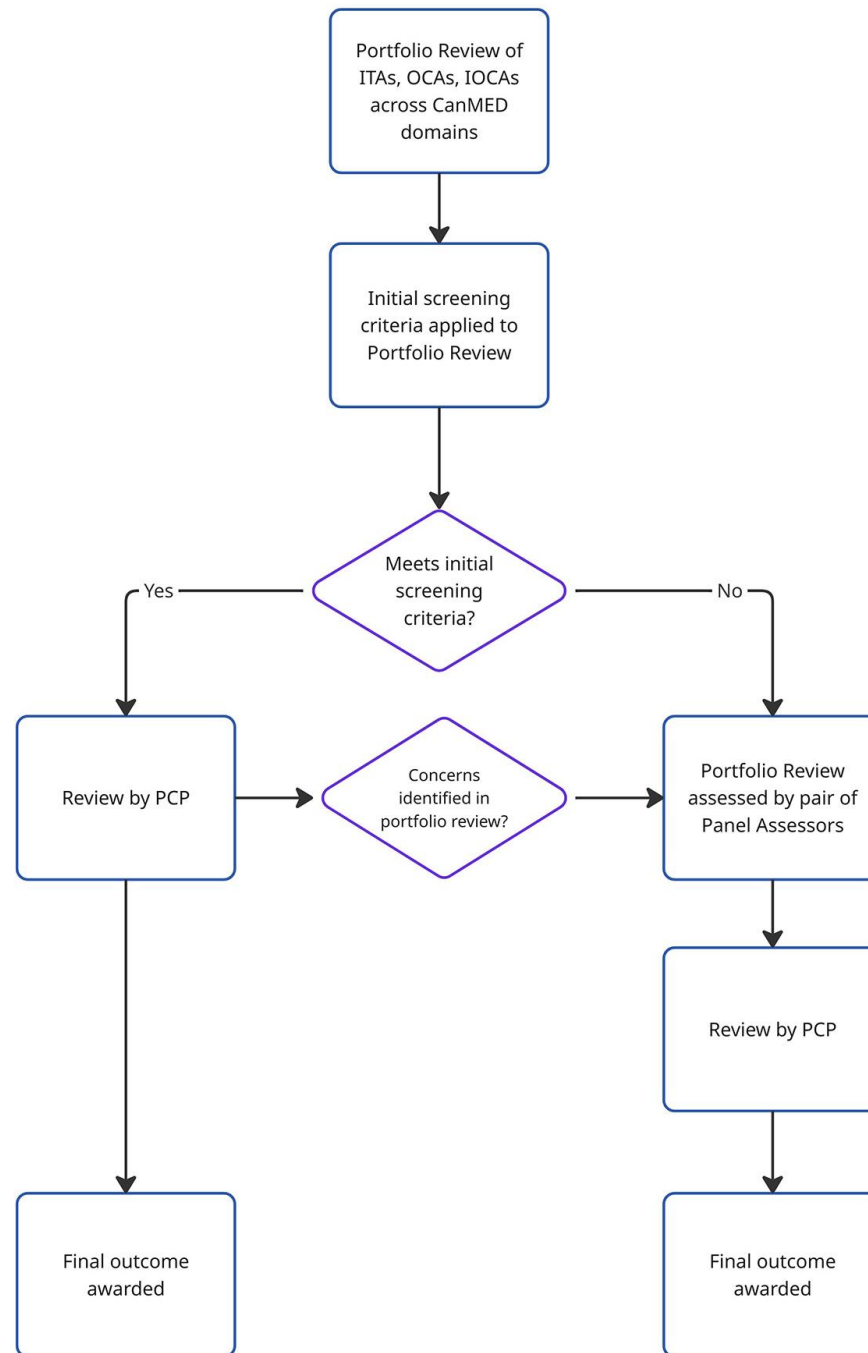
How do assessors make a judgement of a successful vs unsuccessful portfolio review?

- ▶ No single grade (either a low or high grade) determines the final outcome
- ▶ The IOCA, or a single OCA, or a single ITA grade, will not, on its own cause a PR to be unsuccessful. There needs to be evidence across more than one assessment task.
 - ▶ One poor IOCA/OCA will not necessarily cause a PR to fail, or a single strong IOCA/OCA won't necessarily guarantee a pass.
- ▶ All grades are considered collectively and over time
- ▶ There is no numerical pass/fail algorithm – a qualitative judgement is made
- ▶ **This judgement is informed by narrative feedback in the IOCA/OCA and ITA**
 - ▶ The feedback gives context to the grades, and helps explain why they were awarded
 - ▶ Evidence of early deficits improving later will support a portfolio being successful
 - ▶ Competency concerns expressed over multiple data points may influence outcomes
 - ▶ Single adverse comments from one supervisor don't outweigh more consistent comments

Final oversight by the Progression Competency Panel

- ▶ The PCP will review all portfolios assessed by PR Panels.
- ▶ PRs flagged as successful are reviewed to verify the outcome
- ▶ PRs recommended as “unsuccessful” or “borderline” will be scrutinised closely by the PCP. Assessor feedback is considered, and a final successful/unsuccessful decision is made
- ▶ The PCP review will ensure consistency in decisions over time and across Panels, so that decisions are fair and evidence-informed.

SUMMARY OF PROCESS



Feedback and requirements for unsuccessful trainees.

- ▶ Feedback will be individualised for each trainee who is unsuccessful.
- ▶ The reasons for the unsuccessful outcome will be explained, in terms of competencies not demonstrated.
- ▶ Unsuccessful trainees can reapply for a new PR after an additional period of training (minimum 3 months FTE), with a new ITA.
- ▶ A new OCA and/or IOCA may be required, depending on the reason for the unsuccessful outcome (N.B. – if additional training time is 6/12 or more FTE, i.e. a full rotation, a new OCA would be mandatory)

Some Handy Hints for trainees to prepare for the CCPR

- ▶ Check eligibility. Ensure EPAs, ITAs, IOCA/OCA are signed off and completed and added to your training record (before closing date for registration).
- ▶ All ITA and IOCA/OCA grades that the PR Assessors will see are visible to you beforehand. Check for IM/RM/UC grades on ITA, 3 or below on IOCA/OCA. If none present, you are likely good to go. If there are some, consult your DOT.
- ▶ More OCAs than the minimum provide more datapoints and give assessors more confidence in demonstration of the standard. More OCAs are also good for learning.
- ▶ For OCAs/IOCA's try to do a limited, targeted physical examination, and discuss physical health assessment and management in the IOCA/OCA discussion. Plan for at least one, but as many as possible, OCAs to have this domain graded (rather than N/A)
- ▶ Only one IOCA needed. If you wish, and there is a willing supervisor, you can do a practice IOCA (i.e. an OCA with a different supervisor under IOCA conditions) - this might help to give you confidence in this format. Not mandatory.
- ▶ At mid-term ITA, check if any LOs (often Manager) might be graded UC and discuss ways to demonstrate the standard in the remainder of rotation so it can be graded on EOR ITA