

Education and Training Policy and Procedure

Workplace-Based Assessments



Authorising Committee/ Department:	RANZCP Board
Responsible Committee/ Department:	Education Committee
Document Code:	POL PRC EDT-TRN Workplace-Based Assessments Policy and Procedure (15.1)

Policy on Workplace-Based Assessments

This policy outlines the use of Workplace-Based Assessments (WBAs) to formatively assess trainee competence in a typical work setting.

Policy statement

- WBAs provide a structured yet flexible tool for College-accredited supervisors to formatively assess a trainee's competence in the workplace and to guide trainee development through the provision of timely, constructive and specific feedback within the RANZCP Fellowship Program. The use of WBAs will focus feedback on the strengths and weaknesses of a trainee's performance in the workplace.
- The WBA tools are designed to be incorporated into regular supervision time and their use provides evidence of a trainee's current level of competence at an activity. It is expected that WBAs completed early in a rotation or stage of training will differ considerably from those completed later, demonstrating the trainee's progress over time. Therefore, WBAs assist a supervisor in assessing the overall competence attained by the trainee throughout a rotation and inform the supervisor's best judgement when assessing other formative and summative assessments in the RANZCP Fellowship Program.

Purpose

This policy defines the WBA requirements of the RANZCP Fellowship Program.

Policy details

1. WBAs in the RANZCP Fellowship Program

WBAs provide a mechanism for supervisors to give structured and effective feedback in the assessment of trainee competence in typical work settings. The RANZCP Fellowship Program utilises WBAs as formative assessment tools that cannot be 'passed' or 'failed'.

Five WBA tools have been approved for use within the RANZCP Fellowship Program:

- Case-based Discussion (CbD)
- Mini-Clinical Evaluation Exercise
- Professional Presentation
- Direct observation of procedural skills (DOPS)
- Observed Clinical Activity (OCA)/Independent Observed Clinical Activity (IOCA).

1.1 Required number of WBAs

- A trainee must complete a mandatory minimum of one OCA during each 6-month FTE rotation as part of the successful completion of that rotation as detailed in point 6.1.
- * From August 2025, Stage 3 trainees who are intending to apply for the Clinical Competency Portfolio Review (CCPR) from September 2026 will need to complete an Independent Observed Clinical Activity (IOCA) during one of their Stage 3 rotations instead of an OCA.
- The other four WBA tools do not have individual mandatory minimum requirements for use; however, a minimum of three completed WBAs are necessary to contribute to the evidence base for each Entrustable Professional Activity (EPA) as detailed in point 9.1. Any of the five WBA tools (including the OCA and IOCA) can be used to fulfil the evidence base for an EPA.
- There is no limit to the number of WBAs that may be undertaken by a trainee and their supervisor. Because the feedback provided through each WBA indicates how a trainee is progressing and helps to plan future learning, WBAs are most effective when they are undertaken early in a rotation, at the mid-point and towards the end. Additional WBAs may be beneficial to trainees who may need or want further feedback or for supervisors who require further information on a trainee's competence in a particular activity.

2. Supervisors

- A WBA can be assessed by the trainee's principal supervisor or any other College-accredited supervisor. The supervisor must be familiar with the use of the specified WBA tool and must also be clinically competent in the area of psychiatry being assessed.
- A trainee's principal supervisor must have access to and be able to cite WBAs that have been assessed by another supervisor.
- WBAs can and should be completed within regular supervision time where possible.

2.1 OCA supervision requirement

In the case of the OCA, a trainee must request approval from their principal supervisor prior to undertaking the OCA with another accredited supervisor. If granted, the principal supervisor must sign the relevant OCA form to indicate their approval.

2.2 IOCA supervision requirement

IOCAs must be conducted by an independent assessor. Principal supervisors are responsible for finding a suitable independent supervisor. The independent assessor should be from the same jurisdiction or an adjacent service. Principal supervisors will also find a suitable patient and coordinate when and how the IOCA will occur.

3. Case-based Discussion WBA

A Case-based Discussion (CbD) is a discussion based on case notes and other relevant written correspondence for a current case in the workplace.

3.1 Choosing a case

A trainee should select no fewer than four cases for possible discussion in the CbD, of which the supervisor will select one case to discuss. A trainee should have had the opportunity to manage a number of patients prior to arranging a CbD.

3.2 Assessment criteria

Use of the CbD tool facilitates the formative assessment of and structured feedback on the trainee's clinical reasoning and decision making, including their ability to both integrate and document the integration of medical knowledge within case management.

Prior to conducting each CbD, the trainee and supervisor should determine together which of the following criteria will be assessed and should indicate this on the form:

- clinical record keeping
- clinical assessment
- risk assessment and management
- assessment and treatment of medical comorbidities
- treatment planning
- referral
- follow-up and transfer of care
- professionalism
- clinical reasoning.

3.3 Undertaking the CbD

The specific protocol requirements for the CbD tool are available on the WBA page of the College website. The College CbD protocol must be followed each time a CbD is undertaken as part of the RANZCP Fellowship Program. This ensures a consistent experience for trainees as they progress through their rotations and for supervisors in assessing each trainee.

4. Mini-Clinical Evaluation Exercise WBA

A Mini-Clinical Evaluation Exercise consists of a supervisor's observation of a trainee during a clinical encounter with a person with mental health problems or mental illness.

4.1 Choosing an encounter

The Mini-Clinical Evaluation Exercise involves a trainee, a supervisor and a person with mental health problems or mental illness who has agreed to participate. The patient should either be selected by the supervisor so that it is a new patient for the trainee, or the trainee should undertake a new task with a patient to fulfil the Mini-Clinical Evaluation Exercise. The supervisor should be familiar with the patient's presentation.

Encounters should be chosen over a range of clinical activities and settings.

4.2 Assessment criteria

Use of the Mini-Clinical Evaluation Exercise tool facilitates the formative assessment of and structured feedback on specific predetermined clinical tasks, rather than the trainee's general performance.

Prior to conducting the Mini-Clinical Evaluation Exercise, the trainee and supervisor should determine together which of the following criteria will be assessed and should indicate this on the form:

- history-taking process
- history-taking content

- mental state examination skills
- physical examination skills
- communication skills
- data synthesis
- organisation/efficiency.

4.3 Undertaking the Mini-Clinical Evaluation Exercise

The specific protocol requirements for the Mini-Clinical Evaluation Exercise tool are available on the WBA page of the College website. The College Mini-Clinical Evaluation Exercise protocol must be followed each time a Mini-Clinical Evaluation Exercise is undertaken as part of the RANZCP Fellowship Program. This ensures a consistent experience for trainees as they progress through their rotations and for supervisors in assessing each trainee.

5. Professional Presentation WBA

A Professional Presentation for the purpose of a WBA is a supervisor-observed presentation given by a trainee to an audience.

5.1 Choosing a presentation

- The Professional Presentation WBA tool can be used in journal clubs, case presentations, community education presentations, clinical audits, grand round presentations and in-service presentations. Audiences may include the wider community, mental health consumers, carers, or clinician audiences.
- The trainee should choose to make Professional Presentations that allow for the assessment of a range of settings and topic areas.

5.2 Assessment criteria

Use of the Professional Presentation tool facilitates the formative assessment of, and structured feedback on, specific presentation skills based on the tool and predetermined by the trainee and supervisor, rather than on the trainee's general performance alone.

Prior to the trainee's Professional Presentation, the trainee and supervisor should determine together which of the following criteria will be assessed and should indicate this on the form:

- introducing the topic
- setting material in context
- analysis and critique
- presentation and delivery
- answering questions
- quality of educational content.

5.3 Undertaking the Professional Presentation

The specific protocol requirements for the Professional Presentation tool are available on the WBA page of the College website. The College Professional Presentation protocol must be followed each time a Professional Presentation is undertaken as part of the RANZCP Fellowship

Program. This ensures a consistent experience for trainees as they progress through their rotations and for supervisors in assessing each trainee.

6. Direct observation of procedural skills (DOPS)

A DOPS is a concise, validated method of assessment consisting of a supervisor observing a trainee conducting a procedural skill (e.g. psychotherapy, ECT, supervision, physical examination) and providing feedback to the trainee about their performance. The most important part of the DOPS is the feedback given to the trainee.

6.1 Choosing an encounter

The DOPS may be used during a range of activities and settings to assess different procedural skills.

When conducting a DOPS with a patient, the patient must be informed of the DOPS assessment process.

6.2 Assessment criteria

Use of DOPS facilitates the formative assessment of and structured feedback across the following areas:

- communication skills (including therapeutic relationship/approach)
- demonstrated knowledge of procedure
- procedural, technical or supervision skills (including provision of feedback)
- organisation, time management and documentation
- management of any issues arising (transference, risks, conflicts, adverse reactions, etc.)
- boundaries and professionalism
- another skill at the supervisor's discretion (optional).

Prior to conducting each DOPS, the trainee and supervisor should determine together which of the assessment criteria to focus on during the formative assessment. The feedback should focus on the agreed specific tasks rather than on the trainee's general performance.

6.3 Undertaking the DOPS

The specific protocol requirements for the DOPS tool are available on the WBA page of the College website. The College DOPS protocol must be followed each time a DOPS is undertaken as part of the RANZCP Fellowship Program. This ensures a consistent experience for trainees as they progress through their rotations and for supervisors in assessing each trainee

7. Observed Clinical Activity WBA

- An Observed Clinical Activity (OCA) consists of a supervisor's observation of a trainee during the trainee's initial clinical assessment of a person with mental health problems or mental illness, followed by the trainee's presentation of the diagnostic assessment (including the formulation) and their corresponding treatment plan to the supervisor. The presentation segments of the OCA will include clarification questions from the supervisor to refine the trainee's clinical reasoning abilities.
- *From August 2025, Stage 3 trainees who are intending to apply for the Clinical Competency Portfolio Review (CCPR) from September 2026 will need to complete an Independent Observed Clinical Activity (IOCA) during one of their Stage 3 rotations instead of an OCA.

- The OCA can be conducted during regular supervision time; however, this WBA tool will require two one-hour supervision sessions that occur no more than a week from each other. Feedback will be given to the trainee immediately following both the trainee's clinical assessment of the patient and the trainee's presentation of the case and comprehensive management plan.

7.1 Mandatory OCA per rotation*

- A mandatory minimum of one OCA must be completed during each 6-month FTE rotation as part of the successful completion of that rotation.* From August 2025, Stage 3 trainees can complete an IOCA which can replace the OCA for that rotation.
- However, there is no limit to the number of OCAs that a trainee can undertake in a rotation.
- As with all WBAs, each mandatory OCA is assessed formatively. The OCA must be completed; however, there is not a particular rating that a trainee must achieve. The requirement for a series of OCAs to be completed throughout training aims for continued improvements in a trainee's clinical skills and for awareness of their own strengths and weaknesses.
- A trainee will not be eligible to pass a 6-month FTE rotation in which they have not completed an OCA and submitted a copy of the fully completed form attached to their end-of-rotation In-Training Assessment (ITA) form to the Training Department at the College head office.*

7.2 Choosing encounters in a range of patients/settings/contexts*

- The OCA/IOCA involves a trainee, a supervisor and a person with mental health problems or mental illness who has agreed to participate. The patient should be selected by the supervisor, as the encounter will involve the trainee's initial clinical assessment of a patient who is not well known to the trainee. The supervisor should be clinically competent in the area(s) relevant to the patient's presentation.
- A trainee should undertake OCAs in a range of settings/contexts and with a range of patients as per the OCA protocol. The range of OCAs previously undertaken by the trainee should be communicated to the supervisor at the beginning of each rotation in order for the supervisor to identify a suitable patient for the trainee. The supervisor should also be given access to a copy of the trainee's previously completed OCA/IOCA forms.*

7.3 Assessment criteria for OCA

Use of the OCA/IOCA tool facilitates the formative assessment of and structured feedback on the trainee's ability to conduct a psychiatric interview, synthesise information (in the form of a diagnostic statement, formulation and predicted prognosis) and formulate a management plan based on the obtained information.

The trainee and supervisor will focus on the following:*

- history-taking process
- history-taking content
- mental state examination skills
- physical examination skills
- data synthesis
- management plan.

7.4 Undertaking the OCA/IOCA

The specific protocol requirements for the OCA/IOCA tool are available on the WBA page of the College website. The College OCA/IOCA protocol must be followed each time an OCA/IOCA is undertaken as part of the RANZCP Fellowship Program. This ensures a consistent experience for trainees as they progress through their rotations and for supervisors in assessing each trainee.

8. Formative assessment of competence

- WBAs are assessed at the standard expected by the end of the designated stage of training as per the 2012 Program Developmental Trajectory and as articulated by the related Developmental Descriptors.
- Feedback and ratings should be given immediately after the WBA occurs and will be guided by the supervisor's best judgement in addition to the Developmental Descriptors for the RANZCP Fellowship Program.

8.1 The standard expected at the end of a stage

- The Developmental Trajectory outlines the expected development of a trainee's skills and knowledge as they progress through each stage of training. The standard level expected of trainees at the end of each stage of training is as follows:
 - Stage 1 – Basic Level
 - Stage 2 – Proficient Level
 - Stage 3 – Advanced Level.
- The Developmental Descriptors are behavioural descriptors that provide guidance on each of these standard levels. They articulate how each standard level applies for each of the Fellowship Competencies, outline a continuum along which trainees progress and provide reference points for defining performance standards.
- The Developmental Descriptors can be found on RANZCP Fellowship Program 'Documents' page of the College website.

8.2 Feedback

The formative feedback given to a trainee is the overarching purpose of undertaking a WBA. The feedback should be concentrated around their performance of the clinical task identified for assessment. This will include the chosen assessment criteria, as predetermined by the supervisor and the trainee. The feedback will focus on the strengths and weaknesses of the trainee's performance and will, through self-reflection, also inform their learning and skill development.

The feedback is intended to:

- indicate how the trainee is progressing
- help with planning for future learning
- inform supervisors' assessment of EPAs, mid-rotation ITA forms and end-of-rotation ITA forms.

8.3 Rating

WBAs are formatively assessed on a 3-point rating scale. The mid-point of the scale represents the end-of-stage standard expected of trainees as defined by the Developmental Trajectory and as described by the Developmental Descriptors detailed in point 8.1.

8.4 Using the rating scale

- The supervisor should make their judgements only on those competencies and behaviours observed during the WBA, rather than inferring performance from other areas.
- Supervisors use the rating scale to rate the trainee's performance on the previously agreed assessment criteria against the performance that would be expected of the trainee at the completion of the stage, regardless of how far into the stage the trainee actually is.
- This approach provides educationally driven opportunities for trainees to assess their progress against the point of progression to the next stage of training, and will offer trainees the opportunity to view their progression along a continuum.
- Because the standards against which performance is measured are expected to be met on the completion of the stage, WBAs undertaken by trainees near the beginning and/or middle of a stage may typically include ratings of 'below the standard for the end of stage'. WBA assessment criteria assessed as 'below the standard expected for the end of stage' highlight areas of improvement and provide immediate constructive and useful feedback to a trainee to give direction to the trainee's development throughout the stage.

9. Administration

Trainees are responsible for planning each WBA and for organising the administration required for its occurrence; however, supervisors retain responsibility for the selection of a patient where the patient must be new or not well known to a trainee. Both trainees and supervisors are able to initiate a WBA.

9.1 Forms

- The form for each WBA will be completed by the supervisor together with the trainee.
- After each WBA has been completed and the form signed by both the supervisor(s) and trainee, the trainee maintains responsibility for the completed WBA form. All relevant completed WBA forms must be available to the supervisor and/or principal supervisor at the time of assessing any EPAs, the mid-rotation ITA form and the end-of-rotation ITA form for that rotation. Completed forms must also be available to the DOT, principal supervisor and College Head office on request. Further, a trainee's principal supervisor may request to see any WBAs completed to date, including those done in previous rotations.
- Supervisors and DOTs may also retain a copy of the WBA form; however, this is not required and will not invalidate the trainee's obligation to maintain their own forms and records.

9.2 OCA form submission*

- Where an OCA was completed with a supervisor other than the trainee's principal supervisor, the OCA form must also be signed by the principal supervisor to indicate that approval was granted prior to the OCA being undertaken.*
- All OCA forms must be fully completed (including provisional diagnosis, patient and setting/context information), attached to the end-of-rotation ITA form for the relevant rotation and submitted to the College via InTrain for processing within the time required for that rotation.*

- An end-of-rotation ITA form submitted without a fully completed OCA form will be returned as incomplete and will not be recorded as submitted.*
- All completed OCA forms need to be submitted via InTrain. In addition, the provisional diagnosis, patient data and setting/context will be recorded. The College will monitor de-identified trends in OCA patient demographics and settings/contexts in order to consider the diversity of training experiences.*
- The trainee should keep a copy of their completed OCA forms for their records.

9.3 IOCA form submission

After the IOCA is conducted, the form will be completed by the independent assessor. Once the form is completed by the independent assessor, it is sent to the trainee, and then it will be submitted via InTrain. The College will monitor de-identified trends in IOCA patient demographics and settings/contexts in order to consider the diversity of training experiences.

10. Relationship with summative assessments

Although WBAs are used as formative tools within the RANZCP Fellowship Program, they are used to inform decisions related to other formative and summative assessments—specifically EPAs, mid-rotation ITA forms and end-of-rotation ITA forms.

WBAs must be undertaken by trainees throughout each rotation and stage of the RANZCP Fellowship Program, as their completion is crucial to ensuring that there is an evidence base for each EPA entrusted within the program and as part of the principal supervisor’s assessment of the trainee’s competence in each rotation.

10.1 WBAs and EPAs

WBAs, along with other information, contribute to the evidence base necessary for a trainee to be entrusted with an EPA. EPAs are mandatory summative assessment components of the RANZCP Fellowship Program that must be achieved within specified time requirements.

A mandatory minimum of three completed WBAs must be used when assessing each EPA; however, the completion of three WBAs does not necessarily result in the achievement of an EPA. A supervisor considers a trainee’s performance in the collection of three or more WBAs in addition to other evidence when assessing whether a trainee has achieved an EPA. The supervisor may determine that further WBAs are required before the trainee can be entrusted to complete the activity with distant supervision.

When assessing an EPA, the WBAs used as evidence for the achievement of the EPA must have been assessed at the standard at which that EPA is set. For example, WBAs that are used to inform the evidence base for a Stage 2 General Psychiatry EPA will be assessed at the proficient standard, regardless of whether the trainee completes the WBAs in Stage 1 or Stage 2.

10.2 WBAs and ITA forms (rotations)*

A training rotation cannot be marked as a ‘pass’ without the completion of a minimum of one OCA.* As a requirement of each six-month FTE rotation, each completed OCA will be tracked on the summative ITA form for that rotation and the fully completed OCA form must be attached to the end-of-rotation ITA form for submission to the College head office.*

While there is not a particular rating that a trainee must achieve in completing an OCA (or any other WBA), the trainee’s principal supervisor takes into account each WBA together with other relevant information when deciding to pass or fail a trainee on an end-of-rotation ITA form.

11. Review of decisions

Any request by trainees for review of a decision in relation to a WBA should follow the formal education review process. Trainees or Specialist International Graduates (SIMGs) unhappy with training or assessment outcomes must first address their concerns with their supervisor, Director of Training, or relevant personnel. Should the issue remain unresolved, you should raise the matter promptly with the relevant RANZCP Education Committee.

Trainees and SIMGs are referred to the [RANZCP Appeals and complaints](#) webpage which provides guidance for those who aren't satisfied with the outcome of a decision relating to training or assessment, in accordance with the [RANZCP Review, Reconsideration and Appeal Policy and Procedure](#).

12. Monitoring, evaluation and review of policy

The Education Committee shall oversee the implementation, monitoring and reviewing of this policy. This policy will be reviewed every three years or as necessary and updated as required.

Associated documents

1. Regulations: 15.1 Workplace-based Assessments Regulations
8.1 Entrustable Professional Activities Regulations

2. Policies and Procedures: 15.1 Workplace-based Assessments Policy and Procedure
8.1 Entrustable Professional Activities Policy and Procedure
6.1 Progression through the Stages of Training Policy
7.1 Stage 1 Mandatory Requirements Policy
9.1 Stage 2 Mandatory Requirements Policy
10.1 Stage 3 Mandatory Requirements Policy

3. Forms: Case-based Discussion WBA Tool
Mini-Clinical Evaluation Exercise WBA Tool
Professional Presentation WBA Tool
Direct observation of procedural skills (DOPS) WBA Tool
Observed Clinical Activity/Independent Observed Clinical Activity WBA Tool
In-Training Assessment (ITA) form

4. Other: Case-based Discussion Guidance for Discussion
Fellowship Competencies
Developmental Descriptors
Learning Outcomes
Case-based Discussion protocol
Mini-Clinical Evaluation Exercise protocol

Professional Presentation protocol

Direct observation of procedural skills protocol

Observed Clinical Activity / Independent Observed Clinical Activity protocol

REVISION RECORD

Document owner		Education and Training Department	
Contact:		Manager, Assessments	
Date approved	Version	Approver	Description
18/07/2025	v.2.5	Education Committee Executive	Including the Independent Observed Clinical Activity (IOCA), removed notification box previously added to V2.0
05/05/18	v.2.4		Minor amendment: Removal of definitions and abbreviations
11/02/17	v.2.3	Minor amendment	Updated to include Direct observation of procedural skills (DOPS) as a formative WBA assessment tool. Approved by CFT 8/12/16. Approved by CGRC 19/01/17, EC 27/01/17, RANZCP Board 11/02/17.
02/03/16	v.2.2	Minor amendment	Updated Rating scale to 3 points as approved by CFT 07/08/15.
09/10/15	v.2.1	Minor amendment	Changed Case-base Discussion assessment criteria as recommended and approved by CFT 07/08/15.
30/09/14	v.2.0	RANZCP Board	Combined Policy and Procedure to reduce repetition, updated to include mandatory OCA from Rotation 1 2015, minor edits for clarification. Reviewed by TRC 5/5/14 and approved by CFT 8/5/14. Approved by EC 13/06/14. Revised in response to CGRC concerns raised 27/06/14 and to reflect further advice regarding mandatory OCA requirements from the CFT/DOTs July 2014 and EC 8/8/14. Reviewed by CGRC 9/9/14. Approved by EC 19/9/14. Approved by RANZCP Board out of session 30/9/14.
25/05/13	v.0.7.1 Pol	Minor amendment	Corrected reference to point to WBA procedure (in 4.3 Relationship between WBAs & EPAs)
18/11/12	v.0.5 Proc (v.0.7 Pol)	Board of Education & General Council (Policy)	New document, Policy v.0.7 approved by GC2012/4 R58. Procedure v.0.5 approved by BOE 9/11/14.
May 2019*		NEXT REVIEW	