# Clinical Competency Portfolio Review (CCPR)

## Assessment Criteria for Portfolio Review Assessment

From September 2026, the RANZCP will implement the Clinical Competency Portfolio Review (CCPR) as the formal assessment for determining clinical competence for progression. The CCPR refines the Clinical Competency Assessment – Modified Portfolio Review (CCA – MPR) by requiring a broader and more structured portfolio of Stage 3 evidence, including end-of-rotation In-Training Assessments (ITAs) with associated Observed Clinical Activities (OCAs) and Independent Observed Clinical Activities (IOCAs), supported by defined eligibility requirements and decision-making criteria.

This document outlines the assessment criteria for CCPR.

**Overview of Portfolio Review Assessment**

The Portfolio Review comprises an assessment of all Stage 3 end-of-rotation Stage ITAs, OCAs, and IOCAs completed and recorded at the College. This includes:

- a minimum of two end-of-rotation Stage 3 ITAs covering at least 12 months FTE of Stage 3 training
- a minimum two Stage 3 OCAs
- at least one Stage 3 IOCA.

For some part-time trainees and SIMG candidates, more than two Stage 3 ITAs may be required to meet this minimum training duration.

To check CCPR eligibility, refer to the CCPR webpage.

Trainees and SIMG candidates who are unsuccessful in CCA – MPR or Clinical Competency Assessment (CCA), must complete a new end-of-rotation ITA, with an OCA or IOCA, to be eligible to apply for CCPR.

Where a candidate is unsuccessful in the CCPR, the Progression Competence Panel (PCP) will provide feedback on the specific domains and learning outcomes not yet demonstrated at the required standard and the assessment requirements and training to be completed before they apply for a subsequent CCPR round.

Feedback will be tailored to the candidate's identified areas of underperformance and the subsequent assessment requirements to be completed to demonstrate competence. This may include a new ITA with associated OCA, a Stage 3 IOCA, or other relevant workplace-based assessments and experiences, as determined by the Panel.

The PCP will also specify the required duration of further training, which may range from a full six-month FTE training time to a shorter period for part-time trainees (with a minimum of 3 months FTE), if justified by the nature and extent of the identified gaps. The reasons for the unsuccessful outcome, the feedback and the assessment and training requirements will be documented and communicated to the candidate and the relevant Director of Training.

A candidate who is dissatisfied with the decision may apply for review in accordance with the College's *Review, Reconsideration and Appeal Policy and Procedure.* Applications for review are considered by the Education Review Committee (ERC). Information regarding the review process is available on the RANZCP Appeals and complaints webpage.

**Portfolio Review Assessment Criteria**

All Stage 3 end-of-rotation ITAs, OCAs, and IOCAs completed and recorded at the College will be included in the Portfolio Review. The candidate's overall performance across all RANZCP Fellowship competencies will be reviewed through the synthesis of quantitative and qualitative evidence. The individual CanMEDs domains are mapped across assessment tools for holistic review of performances to determine the outcome. This integrated review will inform a holistic judgement of whether the candidate has

demonstrated the required end-of-Stage 3 standard across each of the seven CanMEDS roles: Medical Expert, Communicator, Collaborator, Leader, Health Advocate, Scholar, and Professional.

The portfolio is assessed comprehensively, considering the overall pattern, consistency, and sufficiency of evidence. Isolated deficits in individual assessments do not automatically result in an unsuccessful outcome.

The PCP applies the following initial screening criteria when considering a candidate's performance across CanMEDS role. At this initial screening review, portfolios must meet the following requirements to be considered as meeting the standard for progression, subject to a final review by the PCP.

- ITAs: All graded learning outcomes must be rated Almost Always Met (AA) or above.
- OCAs (9-point scale): The required end-of-Stage 3 standard is met in all domains, with a minimum rating of 4 in each domain. Domains designated as Not applicable (N/A) are excluded from this determination. Any assessment in which two or more domains are designated as N/A will be referred for full review.
- OCAs/IOCAs (5-point scale): The required end-of-Stage 3 standard must be met across all domains. Domains designated as Not applicable (N/A) are excluded from this determination. Any assessment in which two or more domains are designated as N/A will be referred for full review.
- CanMEDS roles: The above criteria must be met across all CanMEDS roles to support a satisfactory overall outcome.

Where a portfolio does not meet the above requirements or the PCP identifies potential concerns in a portfolio, the portfolio will undergo further review by a panel of two calibrated Panel Assessors. The role of the Panel Assessors is to synthesise quantitative and qualitative evidence to provide expert judgements and recommendations that will inform the PCP's final progression decision.

**Decision making Framework and Review Considerations**

The Panel Assessors and the PCP determine Portfolio Review outcomes using defined qualitative considerations and the synthesis of multiple sources of assessment evidence. Decisions are evidence-informed and candidate-centred, focusing on patterns of performance over time and across contexts to ensure competence at the end-of-Stage 3 standard has been demonstrated.

These considerations include:

- **Programmatic assessment:** Evaluating the candidate's performance across CanMEDS roles and learning outcomes within the context of the overall training trajectory, using aggregated evidence from multiple assessment components.
- **Trajectory of improvement:** Progression decisions are based on the candidate's overall performance trajectory with sustained progression across domains given greater consideration than individual assessment results. Assessments are not considered in isolation, and all passing outcomes are regarded as meeting the standard unless there is a clear and significant concern regarding competence.
- **Consistency in performance**: Isolated deficits do not outweigh an overall pattern of improvement; however, consistent or significant decline across multiple data points may prompt further review or additional requirements.
- **Sufficiency of evidence:** Ensuring the portfolio contains adequate and appropriate evidence to support judgements across all CanMEDS roles. Portfolios that include UC ratings in any competency domain will be subject to contextual review to determine whether sufficient evidence is available to demonstrate the required level of competence. The Panel will also consider any supervisor justification provided in support of the UC rating.

- **Narrative feedback**: Considering persistent concerns identified in supervisor narrative comments, particularly where concerns are repeated across supervisors or rotations, and recognising that such patterns may inform overall progression decisions.

- **Short ITAs:** Applying a holistic review to concurrent, part-time, or short-duration rotations and, where appropriate, considering them collectively as a single period of training.

- **Non-clinical ITAs**: For research rotations with multiple UC ratings, applying a holistic review that accounts for limited clinical opportunities.

- **Insufficient improvement:** Identifying portfolios where evidence does not demonstrate adequate progression and providing targeted qualitative feedback to inform future portfolio submissions.

These considerations collectively contribute to a comprehensive and fair determination of the outcomes of CCPR.

**Guidance to Panel Assessors**

The PCP offers essential guidance and training to Panel Assessors following Portfolio Review rounds to ensure a consistent approach in reaching outcomes. It also identifies portfolios that require discussion and highlights these cases to Panel Assessors for calibration purposes.

The PCP has important quality assurance and governance functions to ensure consistency and fairness in decision-making and reduction in variance across assessors.

**REVISION RECORD**

| **Contact:** | **Manager, Assessments** | | |
|---|---|---|---|
| **Authorising Body:** | Education Committee | | |
| **Responsible Committee:** | Progression Competence Panel | | |
| **Document:** | GDL CCPR Assessment Criteria | | |
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