The Royal Australian & New Zealand College of Psychiatrists

Your Health in Mind

Monitoring and Evaluation Framework

RANZCP Fellowship Program

The Royal Australian & New Zealand College of Psychiatrists

Your Health in Mind

Contents

Introduction and Purpose of the Framework

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is responsible for training, educating and representing psychiatrists in Australia and Aotearoa New Zealand. As a leader in the mental health sector, the College prepares medical specialists in psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness, and advises governments on mental health care.

Monitoring and reporting of educational activities are essential elements of the RANZCP accreditation by the Australian Medical Council (AMC) and the Medical Council of New Zealand (MCNZ). AMC Standard 6 (Monitoring and Evaluation, 2023) requires specialist medical Colleges to monitor and evaluate their training education programs. The RANZCP Education Committee (EC) has delegated this responsibility to the Committee for Educational Evaluation, Monitoring and Reporting (CEEMR). The CEEMR's primary roles include appraising and monitoring the College's training, assessment, and other educational activities.

The CEEMR membership includes representatives from each Education Committee, a member with lived and living experience, and a trainee member, ensuring the participation of diverse stakeholders at all stages of the evaluation of the RANZCP training program. The CEEMR consults and collaborates with stakeholders, including those with lived and living experience, as well as representatives from Aboriginal and Torres Strait Islander communities and Māori, to develop recommendations for action.

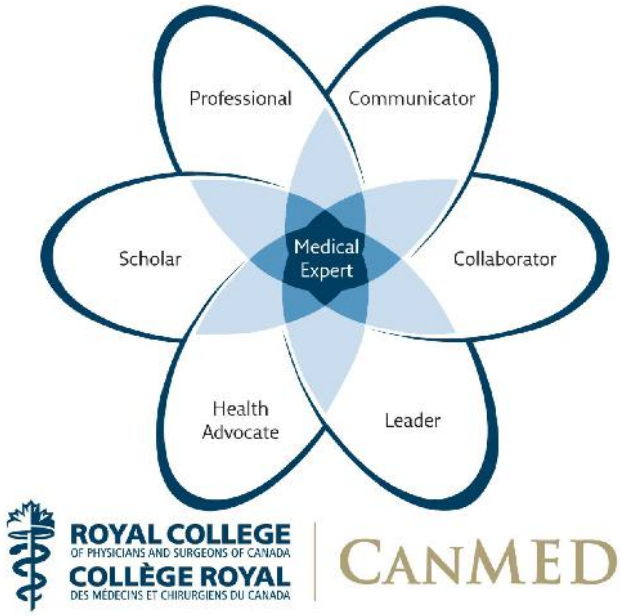
Lived and living experience is recognised not only as stakeholder input but as critical expertise that provides an evaluative lens across all levels of monitoring and evaluation. Embedding lived and living experience perspectives ensures that training is safe, respectful, culturally safe, and acceptable to those receiving psychiatric care. The framework establishes a feedback mechanism to ensure that contributions from stakeholders with lived and living experience are systematically considered and that actions arising from their input are reported back to contributors, promoting accountability and continuous improvement.

This Monitoring and Evaluation (M&E) Framework outlines how the RANZCP will monitor implementation quality, evaluate training effectiveness, and provide evidence of workforce contributions and community impacts for the Fellowship Training Program. It provides a consistent approach to indicators, data sources, analysis, and reporting, ensuring the College meets the expectations of AMC Standard 6 (2023) and relevant MCNZ accreditation requirements, while supporting continuous improvement.

1. RANZCP Fellowship training program

The RANZCP Fellowship Training Program is a postgraduate medical course for doctors. The program's outcomes are underpinned by competency-based training that develops Fellowship competencies, equipping RANZCP graduates with the specific knowledge, skills, and attitudes required to become specialist psychiatrists. Aligned with the CanMEDS roles (Figure 1), used with permission of the Royal College of Physicians and Surgeons of Canada (RCPSC), these outcomes focus on graduating psychiatrists who are proficient in the roles of medical expert, communicator, collaborator, leader, health advocate, scholar, and professional. The program also recognises relational practice, partnership-based care, and the integration of lived and living experience perspectives as core elements of contemporary psychiatric professionalism. This framework aims to meet the growing expectations of a more informed community for healthcare delivery through a partnership model, rather than one with a pronounced power differential.

Figure 1. CanMEDS roles[1]



The Fellowship Program requires a minimum of 60 months of full-time equivalent (FTE) commitment. During the training period, doctors work as registrars in hospitals and clinics under the supervision of experienced psychiatrists. All rotations last six months, during which trainees must successfully complete workplace-based assessments and assessments administered by the RANZCP. Although none of the centrally administered assessments are barrier examinations, all must be passed to achieve Fellowship.

The RANZCP Fellowship program is recognised as the qualification for registration as a specialist psychiatrist in Australia and in the vocational scope of psychiatry in Aotearoa New Zealand. Whilst there are internationally recognised areas of practice, psychiatry is a generalist specialty in Australia and Aotearoa New Zealand, with no subspecialties recognised for registration purposes.

The RANZCP's EC oversees the Fellowship Program and operates in accordance with regulations, policies and procedures approved by the Board. The EC is a constituent committee of the RANZCP Board, and education is a primary strategic priority articulated in its strategic plan. The 2022-2025 strategic plan has been agreed upon, and training, education, and learning that increase quality capacity have been identified as one of the three priorities to support the RANZCP's purpose.

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The College is committed to training, ongoing learning, education, and research that build capacity and facilitate the delivery of high-quality psychiatric treatment, care, and support to the community. This commitment includes:

- delivering best practice psychiatry training and professional development programs across the career span, from trainee level to advanced specialisation, mid-career, and retirement.
- ensuring the College remains adaptive and contemporary in its delivery of high-standard assessments.
- developing, disseminating, and maintaining contemporary evidence-informed clinical and practice resources to support the profession in delivering care for those with lived and living experience and to strengthen culturally safe, inclusive, and partnership-oriented psychiatric practice.
- supporting research, leadership, and policy changes that drive innovation.
- adapting our educational processes to meet the needs of all communities and to embed principles of equity and cultural safety across training.

2. Framework and Program Logic Model

2.1 Program Evaluation Approach

An evaluation framework is a structured, evidence-based system for answering questions and analysing outcomes. Several models exist for evaluating training, with the Kirkpatrick Model, developed by Donald Kirkpatrick, among the best-known[2]. This model assumes that learning changes behaviours and results in organisational or social impact. The model consists of four-step levels distributed during and after the program (see Table 1).

Table 1. Kirkpatrick model levels of outcomes[1]

Level	Evaluation
Reaction: What the trainee thought of the program	**Effective Training**
Learning: Changes in knowledge, skills or attitudes	
Behaviour/Transfer: Changes in job behaviour (evaluation post-training)	**Training Effectiveness**
Results: Targeted outcomes as a result of the training intervention	

Evidence is a prerequisite for rigorous systems for evaluating training programs. The Kirkpatrick model requires both objective and subjective evidence, as illustrated in Figure 2.

- Reaction level: Feedback is gathered through satisfaction and opinion surveys, as well as interviews, to evaluate the program and suggest improvements.
- Learning level: Changes in knowledge, skills or attitudes are monitored using pre-assessments, post-assessments, regular examinations and skill observations.
- Behaviour/Transfer level: Behavioural changes during practice are analysed using skill testing, performance evaluation, and self-evaluation.
- Results Level: This challenging level involves identifying tangible and intangible benefits for trainees, the community and organisations.

Figure 2. Kirkpatrick model, evidence tools

2 Kirkpatrick, D.L. (1959). Techniques for evaluating training programs. Journal of the American Society of Training Directors, 13(3), 21-26

The RANZCP monitoring model integrates a **Program Logic Model** with an **expanded Kirkpatrick evaluation framework**. The expanded Kirkpatrick framework is used to classify outcomes by type and level across this pathway, from engagement with training to long-term system impact.

The expanded framework includes an additional level: **Attraction**. This level assesses the organisation's ability to attract trainees representative of diverse communities and aligned with culturally safe, person-centred psychiatric care (see Figure 3). This responds to national workforce planning recommendations regarding monitoring of intake and Fellowship completion capacity.

The five levels are: Attraction, Reaction, Learning, Transfer, and Results. Attraction represents a conceptual expansion beyond traditional Kirkpatrick, recognising that in specialist medical training, workforce pipeline alignment is a necessary precondition for training impact.

The Results level recognises that many long-term system and population outcomes are influenced by service systems, policy environments, and workforce conditions beyond the College's direct control. Therefore, Levels 1–4 are monitored as primary indicators of educational effectiveness, while Level 5 indicators are interpreted as program contributions rather than sole attribution.

Figure 3. Expanded Kirkpatrick model in the RANZCP program journey

Evaluation questions for stakeholders are driven by the principles of effective training and training effectiveness, as proposed by the Kirkpatrick model. These questions include

- **Attraction**: How effectively is the RANZCP attracting trainees who are representative of diverse communities in Australia and Aotearoa New Zealand, and demonstrating the capacity to provide culturally responsive, person-centred psychiatric care?
- **Reaction**: How do stakeholders experience the training program?
- **Learning**: To what extent has the training improved trainees' knowledge, skills, and attitudes?
- **Behaviour/Transfer**:How have trainees applied their learning in their professional practice? What changes in behaviour have been observed post-training?
- **Results**: What are the tangible and intangible benefits of the training program for trainees, the community, and the organisation?

2.2 Program Logic Model

The following logic model outlines the key components, activities, outputs, outcomes, and impacts of the RANZCP training program, providing a structured framework for understanding its objectives, processes, and intended results (see Table 2). The logic model outlines the components, activities, outputs, outcomes, and impacts of the RANZCP training program and serves as the program theory explaining how change occurs.

a) Inputs

The logic model begins by identifying the foundational resources and stakeholders essential for the program's success:

- **Funding**: Financial support from training fees, Australian government funding programs, and jurisdictional funding programs in Australia and Aotearoa New Zealand, enabling program delivery and sustainability.
- **Curriculum**: A competency-aligned curriculum with clearly defined learning outcomes to guide trainee knowledge, skills, and professional development.
- **Syllabus**: Up-to-date and relevant content that ensures trainees receive current clinical knowledge and practice guidance.
- **Key stakeholders**: Diverse groups who contribute to, or are impacted by, the program, including trainees, supervisors, Directors of Training (DoTs), people with lived and living experience and their carers/whānau, Aboriginal and Torres Strait Islander peoples, Pasifika and Māori communities, health service and private practice employers, governments, the AMC/MCNZ, other training institutions, specialist colleges, clinicians, psychiatrists, advocacy groups, and university medical groups.
- **College staff and Governance**: RANZCP staff, committees, and governance structures responsible for managing, overseeing, and supporting the program.

b) Activities and Outputs

The activities and structural supports that drive the program forward are central to the logic model. These activities are grouped under three main domains, each contributing to the short, medium, and long-term outcomes described below:

Program entry and Governance

- Selection into training policies and procedures: Identification and application of the policies and procedures that determine eligibility and entry requirements for the training program.
- Policies and procedures (structural support): Establishment and maintenance of governance, policy, and procedural frameworks that underpin training operations.
- Training Provider Accreditation Management: Maintenance of the College's accreditation status as the authorised provider of psychiatry specialist training in Australia and Aotearoa New Zealand, including coordination of external accreditation reviews, reporting, and compliance requirements.
- Communication and engagement: Implementation of structured communication and stakeholder engagement mechanisms to support transparency and participation.

Training Programs and Learning Frameworks

- Accreditation processes: Implementation of standard-based accreditation of posts, programs, and FECs to ensure training settings are fit for purpose.
- Formal Education Course (FEC) program: Establishment of standards, approval processes, and quality oversight arrangements to ensure the availability and quality of Formal Education Courses required by training.
- Assessment framework: Administration of centrally coordinated and workplace-based assessments to evaluate trainee progression and competence, including processes that support reliability, validity, examiner calibration, and consistency of judgement.
- Educational Product Development: Design, review, and update of curriculum, syllabus, and assessment materials.
- Educational Content Delivery Systems: Dissemination of learning resources via digital platforms, podcasts, Learnit, conference workshops, Congress sessions, and web-based materials.
- Education and Training Alignment: Integration of education and training activities with the RANZCP Lived and Living Experience Strategy and Cultural Safety Training Plan.

- Cultural Safety Training Plan: Development and implementation of a College-wide framework that embeds cultural safety across training programs, including curriculum guidance, supervisor support, assessment expectations, and quality assurance mechanisms, to enable psychiatrists to provide culturally safe care as defined by Māori and First Nations peoples.

Clinical Training and Trainee Support

- Supervision by Supervisors: Provision of protected supervision time and training for supervisors to ensure effective feedback, coaching and trainee performance.
- Clinical Practice Exposure: Facilitation of supervised clinical practice and service provision as core components of training.
- Trainee Support Systems: Delivery of welfare, mentoring, and support mechanisms that promote trainee wellbeing, support indigenous trainees, facilitate clinical skill development, and contribute to retention and timely completion of the training program, including early identification of trainees in difficulty and structured remediation pathways.
- Rural pathway: Provision of structured rural training opportunities to support workforce distribution and rural practice exposure.

Quality Assurance and Continuous Improvement

- Fellowship Program Feedback Process: Operation of formal feedback mechanisms to inform continuous quality improvement.
- Quality Assurance and Quality Improvement (structural support): Ongoing monitoring, review, and enhancement of education and training functions, including monitoring of training environment safety, supervision quality, and risks related to bullying, discrimination, or unsafe learning environments.
- Regulatory and Standards Alignment: Ongoing review and updating of policies, regulations, and training standards to ensure alignment with national accreditation requirements, professional standards, and quality frameworks in Australia and Aotearoa New Zealand.

c) Outcomes and Impact

The activities and structural supports above are designed to produce the following outcomes. Short-term outcomes capture early changes in engagement, perceptions, and learning; medium-term outcomes reflect application of capability in practice; and long-term outcomes capture system-level impacts, including workforce performance, equity, and community mental health outcomes.

Across all levels, the framework recognises lived and living experience as a critical form of expertise that informs learning, evaluation, and continuous improvement, ensuring that education and practice remain person-centred, inclusive, and responsive to the perspectives of consumers and carers.

Level 1: Attraction (Short Term Outcomes)

This level evaluates the program's effectiveness in attracting and engaging diverse communities in Australia and Aotearoa New Zealand, and demonstrating the capacity to provide culturally responsive, person-centred psychiatric care while establishing a foundation for workforce sustainability.

- Workforce sustainability and intake: Policies and regulations are perceived as current, accessible and contributing to stable or increased trainee intake and improved participation from diverse and underrepresented candidates.
- Stakeholder Awareness: Key stakeholders, including trainees, supervisors, services, and lived and living experience representatives, recognise that the program explicitly values lived and living experience as a form of expertise and promotes relational and collaborative approaches.
- Professional Appeal: Psychiatry training is perceived as a professionally rewarding, supported and viable career pathway.

Contributing activities: These activities ensure the program is visible, accessible, culturally safe and attractive to a diverse pool of trainees.

- Selection into training policies and procedures
- Communication and engagement
- Cultural Safety Training Plan
- Accreditation processes for posts and programs

Level 2: Reaction (Short Term Outcomes)

This level captures stakeholder responses, satisfaction with the program, perceptions of its relevance and quality, and the acceptability of the training experience. In addition to measuring satisfaction, this level assesses whether stakeholders perceive the training environment as safe, respectful, and inclusive.

- Training satisfaction: Stakeholders report satisfaction with the program structure, delivery, and learning environment, including the meaningful integration of lived and living experience perspectives.
- Program acceptability and safety: Stakeholders perceive the training environment as safe, respectful, and inclusive, reflecting trust and confidence in the program, including absence of bullying, discrimination, and unsafe supervisory practices.
- Learning relevance: Stakeholders perceive training content and activities as relevant to contemporary psychiatric practice and responsive to the needs of diverse communities.
- Engagement experience: Trainees and supervisors report positive engagement with supervision, learning activities, and training processes.
- Assessment fairness and credibility: Stakeholders perceived assessment processes as fair, transparent and reflective of real-world psychiatric practice, and confidence in assessment consistency.
- Trainee well-being support: Trainees report satisfaction with the systems in place to support well-being, work/life balance, and burnout prevention.

Contributing activities: These activities directly influence stakeholders' perceptions, satisfaction and sense of safety and fairness in the program.

- Supervision by supervisors
- Educational Content Delivery Systems
- Assessment framework
- Trainee Support Systems
- Quality assurance and feedback mechanisms
- Cultural Safety Plan

Level 3: Learning (Short Term Outcomes)

This level measures the extent to which trainees acquire the knowledge, skills, and competencies required for professional practice. In addition to assessing knowledge acquisition, this level incorporates the development of relational capability, empathy, and skills in navigating power dynamics, ensuring that lived and living experience perspectives inform both learning and assessment processes.

- Learning Progression: Trainees demonstrate measurable progression in knowledge and professional skills as evidenced through the College assessments and workplace-based assessments.
- Clinical Competence and Readiness: Trainees demonstrate competence in clinical decision-making, patient care, and engagement with lived and living experience perspective, indicating readiness for independent practice under supervision.

- Relational Capability and Empathy: Trainees develop relational capability and empathy, demonstrating skills in building relationships and navigating power dynamics effectively, as evidence through supervisor, consumer and carer assessments.
- Assessment Integrity: Assessment processes demonstrate acceptable levels of reliability, validity, consistency and comparability of assessment judgment across training sites.

Contributing activities: These activities develop knowledge, skills, and professional capabilities, ensuring trainees meet competency standards.

- Formal Education Course (FEC) program
- Educational Product Development
- Assessment Framework
- Supervision by Supervisors
- Clinical Practice Exposure
- Education and training alignment (including lived and living experience integration)

Level 4: Transfer (Medium Term Outcomes)

This level evaluates the extent to which the knowledge and skills acquired during training are applied both in real-world clinical practice and in trainee progression through the program. In addition to measures of safety, supervision, and cultural competence, this level monitors the application of relational skills, lived- and living-experience-informed practice, ongoing training, and successful program progression and completion.

- Program retention and completion: Trainees remain engaged in the program and successfully complete training within expected timeframes, reflecting the effective transfer of learning, adaptation to program requirements, and sustained application of skills in the training environment.
- Timely completion: Trainees progress through training within prescribed timeframes, demonstrating efficient application of learning and readiness for independent practice.
- Training experience and value: Trainees and stakeholders recognise that training activities, including the integration of lived and living experience perspectives, effectively support the application of skills in clinical practice, reflecting both engagement and perceived value of the program.
- Application of relational and lived experience-informed practice: Trainees consistently apply relational capabilities, empathy, and lived and living experience-informed approaches in clinical practice, demonstrating effective patient engagement, collaboration and power-sharing in real-world settings.
- Culturally safe practice: Trainees consistently demonstrate culturally safe and inclusive practice in clinical settings, applying knowledge and skills to ensure high-quality care for diverse populations.
- Workplace readiness for increasing clinical responsibility: Trainees demonstrate the ability to function with appropriate autonomy and professional judgment as they approach Fellowship.

Contributing activities: These activities support the real-world application of knowledge and skills, trainee progression, and culturally safe, relational practice.

- Supervision by supervisors
- Clinical practice Exposure
- Trainee Support Systems
- Rural pathway
- Assessment framework
- Cultural Safety Plan
- Feedback and quality assurance mechanisms

Level 5: Results (Long-Term Outcomes)

This level reflects the broader, long-term impacts of the psychiatry training program on the healthcare system and communities across Australia and Aotearoa New Zealand. In addition to workforce outcomes, success is defined by the trust, respect, safety, and collaboration experienced by service users, carers, and communities, as well as by equitable opportunities for trainees, including those with lived and living experience backgrounds.

- Workforce Readiness and Competence: A sufficient workforce of competent psychiatrists providing high-quality and culturally safe care, informed by lived and living experience perspectives.
- Workforce Distribution: Graduates are distributed equitably across metropolitan, regional, and rural areas, addressing workforce shortages where needed.
- Community, whānau, and carer trust, respect, and safety: Communities, whānau, and carers report trust, collaboration, and safety in psychiatric practice.
- Reputation and recognition: RANZCP psychiatry training and Fellowship are recognised by regulators, employers and professional bodies as high-quality, standards-based and consistent across Australia and Aotearoa New Zealand, with strong international credibility.
- Public Health Impact: Improved mental health outcomes for Australian and Aotearoa New Zealand communities due to high-quality psychiatry care.
- Reduce Mental Health Disparities: The program contributes to reducing mental health disparities, particularly among marginalised populations, through culturally competent and accessible care.
- Workforce Representation and Inclusion: The psychiatry workforce reflects the diversity of the communities it serves, including representation of psychiatrists with lived and living experience perspectives.

Contributing activities: Long-term system impacts are the cumulative result of all program activities, ensuring a competent, diverse, and culturally safe psychiatry workforce that meets community needs.

- All level 1-4 activities collectively contribute
- Quality assurance and continuous improvement
- Regulatory and standards alignment
- Education and training alignment
- Cultural Safety Plan
- Accreditation processes

LOGIC MODEL

Inputs

1. Funding

• Training fees / Australian Government funding programs / Jurisdictional funding programs (Australian and New Zealand Ministries of Health)

2. Curriculum

• Aligned to a competency framework / With learning outcomes aligned to the competency framework

3. Syllabus

• Current and relevant

4. Key stakeholders

• Trainees / Supervisors / Directors of Training (DOTs)/ office staff

• Communities (People with lived and living experience and their families (whanau) - Aboriginal and Torres Strait Islander peoples / Pasifika and Māori)

• Early Career Psychiatrists

• Governments /AMC/ MCNZ

• Health services, employers, jurisdictional health authorities, clinical directors, related disciplines

5. College staff

6. RANZCP Committees/ Governance

Activities

1. Selection into training policies and procedures

2. Policy and procedures to support training

3. Training provider accreditation management

4. Communication and Engagement

5. Accreditation processes

• Posts / Programs / FECs

6. FEC Program

7. Assessment Framework

8. Educational product development:

• Curriculum / Syllabus / Assessments

9. Education delivery systems

10. Education and training aligned with RANZCP Lived and Living Experience Strategy.

11. Cultural safety training plan

12. Supervision by supervisors

13. Clinical practice exposure

14. Trainee support systems

15. Rural Pathway

16. Fellowship Program Feedback Process

17. Quality assurance (QA) & quality improvement

18. Regulatory and Standards Alignment

Short-term Outcomes

Attraction

• Policies and regulations are current, fit for purpose, and support trainee intake and workforce sustainability.

• The program attracts a diverse cohort and ensures equitable access to culturally safe, person-centred training.

• Stakeholders understand the program's purpose, structure, and values, including lived and living experience.

• Psychiatry training is seen as a rewarding, supported, and viable career pathway

Reaction

• Stakeholders provide positive feedback on curriculum, delivery, and learning environment

• The training environment is experienced as safe, respectful, inclusive and acceptable

• Training is perceived as relevant to contemporary practice and diverse community needs

• Trainees report positive supervision, engagement and training experiences

• Assessment processes are seen as fair, transparent and practice-relevant.

• Trainees are satisfied with the support for well-being and work-life balance.

Learning

• Trainees demonstrate learning progression through assessments.

• Trainees show progress in clinical competence and readiness for supervised independent practice.

• Trainees demonstrate relational capability, empathy, and the ability to navigate power dynamics through lived and living-experience perspectives.

Cross-cutting System Outcome

• The RANZCP maintains full accreditation as the provider of psychiatry training in Australia and Aotearoa New Zealand

Medium-term Outcomes

Transfer

• Trainees remain engaged and successfully complete the program.

• Trainees complete training on time, demonstrating readiness for independent practice.

• Training activities are valued and support the application of skills in clinical practice, including lived and living experience perspectives.

• Trainees consistently apply relational capabilities, empathy, and lived- and living-experience-informed practice in clinical settings.

• Trainees demonstrate culturally safe and inclusive practice in clinical environments.

Long-term Outcomes

Results/System Change

• Sufficient workforce of competent psychiatrists providing high-quality, culturally safe care informed by lived and living experience.

• Graduates are distributed equitably across metropolitan, regional, and rural areas.

• Communities, whānau, and carers report trust, respect, collaboration, and safety in psychiatric practice.

• RANZCP psychiatry training and Fellowship are recognised for quality, standards-based consistency, and international credibility.

• Graduates contribute to improved mental health outcomes in Australia and Aotearoa New Zealand

• The program contributes to reducing mental health disparities, particularly for marginalised populations

• The psychiatry workforce reflects community diversity, including lived and living experiences

3. Key evaluation questions

The Key Evaluation Questions (KEQs) provide the central line of sight that links the program's inputs, activities, outputs, outcomes, and long-term impacts to data collection, analysis, and reporting. They define what the evaluation seeks to answer, ensuring that all elements of the training program are systematically assessed for effectiveness, quality, and relevance.

This framework adopts a two-tiered approach:

1. **Implementation KEQs (Inputs & Activities/Outputs)** – These questions focus on whether the program's foundational structures, governance, policies, resources, and educational processes are in place and functioning as intended. They assess fidelity, quality, and equity of delivery, including adherence to accreditation standards, cultural safety strategies, supervision structures, and trainee support mechanisms. Monitoring these elements ensures that the conditions required to achieve outcomes are present and identifies areas where operational improvements are needed.
2. **Outcome & Impact KEQs (Levels 1–5)** – These questions assess whether the program is achieving its intended changes in trainees, supervisors, stakeholders, and systems. They are aligned with the five outcome levels: Attraction, Reaction, Learning, Transfer, and Results. For each outcome, the KEQs identify the core evaluative focus, associated performance indicators, and expected targets or thresholds. This ensures that evaluation evidence can inform decisions on program quality, workforce readiness, cultural safety, and the broader impact on mental health care and community outcomes.

Together, these KEQs provide a comprehensive evaluative lens across both implementation and impact, embedding principles of cultural safety, equity, and lived and living experience perspectives throughout the monitoring and evaluation framework.

The tables below presents the integrated KEQs, associated performance indicators, and targets across both layers of the framework.

Table 3. Implementation layer - Inputs and Activities/Outputs

Area	Key performance indicators	Performance Indicators	Target
Program entry and Governance	1. Are training policies and procedures current, transparent, and applied consistently to determine eligibility and entry?	% policies reviewed on schedule; stakeholder clarity on entry requirements; appeal/exception patterns	100% policies current; ≥80% stakeholders report clarity
	2. Are governance policies and operational frameworks maintained and functioning effectively?	Compliance with governance frameworks; stakeholder feedback on governance clarity	100% compliance
	3. Is the College management effective and compliant with regulatory standards?	Accreditation status; timeliness of reporting; compliance with external review conditions	Accreditation maintained; all conditions closed on schedule
	4. Are communication and stakeholder engagement mechanisms clear, timely, and inclusive?	Engagement participation rates; stakeholder feedback on clarity and accessibility	≥75% positive perception
Training Program and Learning Frameworks	5. Are accreditation processes for posts, programs, and FECs implemented effectively?	% accredited posts/programs; compliance with review cycles; conditions imposed	100% accredited; reviews completed on schedule
	6. Are Formal Education Courses (FECs) developed, approved, and quality-monitored?	FECs availability; completion of approval process; feedback on course quality	100% courses approved; majority positive feedback

Area	Key performance indicators	Performance Indicators	Target
Training Program and Learning Frameworks	7. Are assessment frameworks implemented reliably and fairly?	Assessment completion rates, examiner calibration activities, and appeals data	≥95% assessments completed on time; low unresolved appeals
	8. Are workplace-based assessment practices consistent, comparable, and appropriately calibrated across training sites?	WBA completion rates, supervisor calibration activities, inter-rater variability audits, and cross-site comparison of ratings	≥95% WBAs completed on time; supervisors participate in WPB calibration; inter-rater variability within acceptable threshold
	9. Are the curriculum, syllabus, and educational products current and aligned with learning objectives?	Curriculum review compliance; alignment with RANZCP strategies	All curriculum components reviewed on schedule
	10. Are educational content delivery systems accessible and effective?	Platform utilisation rates; trainee satisfaction	≥80% trainees report resources accessible and useful
	11. Are education and training activities aligned with the Lived and Living Experience Strategy and Cultural Safety Training Plan?	Alignment audits; stakeholder feedback	Full documented alignment
	12. Is the Cultural Safety Training Plan implemented effectively across programs?	Curriculum inclusion: supervisor support documented, cultural safety assessments	≥80% compliance with implementation requirements
Clinical Training and Trainee Support	13. Are supervisors providing adequate protected supervision time and effective feedback?	Supervisor participation rates; trainee satisfaction with supervision; supervision frequency compliance	≥80% trainees report adequate supervision
	14. Is feedback on individual supervisor performance collected and acted upon?	Trainee feedback on supervisor quality; completion of supervisor feedback forms; follow-up actions documented	≥80% trainees provide feedback; 100% supervisors receive feedback; corrective actions implemented where required
	15. Are trainees exposed to supervised clinical practice and service delivery opportunities?	Clinical exposure hours; trainee feedback	All trainees meet the required clinical exposure
	16. Are trainee support systems (wellbeing, mentoring, Indigenous support) accessible and effective?	Support utilisation; trainee perception of support; retention rates	Majority positive satisfaction; retention within expected range
	17. Is the rural pathway implemented to support workforce distribution and rural practice exposure?	Number of rural posts filled; trainee participation rates; feedback on rural training	Participation stable or increasing; positive trainee feedback
Quality assurance and Continuous improvement	18. Are formal feedback processes operating effectively to support continuous improvement?	Feedback collection completeness; # recommendations generated; % recommendations implemented	Feedback cycles are complete; the majority of actions implemented within the cycle
	19. Is ongoing quality assurance monitoring effective in identifying and addressing gaps?	QA review completion; issues resolved; stakeholder satisfaction with the QA process	≥90% QA actions completed on schedule
	20. Are policies and regulations current and fit for purpose?	Alignment audits; timely policy updates	>=90% of policies updated on time
	21. Are policies, regulations and training standards maintained in alignment with national accreditation requirements?	Alignment audits; timely policy updates	No lapses in alignment

Table 4. Level 1 - Attraction

Outcomes	Key performance indicators	Performance Indicators	Target
Workforce sustainability and intake	22. Is the program attracting a stable and sufficient number of trainees to sustain the psychiatry workforce?	Annual trainee intake numbers; application-to-place ratio; trend over 5 years	Stable or increasing intake over a rolling 3-year period
Equity, Diversity & Inclusion	23. Is the program attracting a diverse cohort of trainees, including underrepresented groups?	Proportion of trainees from priority populations; rural pathway entry; equity trend data	Year-on-year improvement or maintenance of representation benchmarks
Stakeholder awareness	24. Do stakeholders understand that the program values lived and living experience and relational practice?	Survey agreement: program values lived and living experience; awareness of cultural safety commitments	≥75% agreement across stakeholder groups
Professional appeal	25. Is psychiatry training perceived as a viable and rewarding career pathway?	Survey ratings of career attractiveness; MTS career perception items	Majority (>70%) positive perception

Table 5. Level 2 - Reaction

Outcomes	Key performance indicators	Performance Indicators	Target
Training satisfaction	26. Are stakeholders satisfied with the quality and structure of training?	Satisfaction scores (trainees, supervisors)	≥75% satisfied
Program safety & acceptability	27. Do stakeholders perceive the environment as safe, respectful, and inclusive?	Cultural safety ratings; psychological safety indicators	≥75% positive responses
Learning relevance	28. Is training perceived as relevant to real-world practice?	Relevance ratings	≥80% agreement
Engagement experience	29. Are supervision and learning processes experienced as effective?	Supervision quality ratings; engagement survey items	≥75% positive
Assessment fairness	30. Are assessments perceived as fair and credible?	Fairness and transparency ratings	≥75% agreement
Well-being support	31. Do trainees feel supported in maintaining their well-being?	Wellbeing support satisfaction; burnout risk indicators	The majority report adequate support; declining burnout risk trend

Table 6. Level 3 - Learning

Outcomes	Key performance indicators	Performance Indicators	Target
Learning progression	32. Are trainees demonstrating competency progression?	Workplace-based assessment outcomes; exam pass rates; progression milestones	The majority progress without remediation; stable/ improving pass rates
Clinical competence & readiness	33. Are trainees reaching required competence levels?	Supervisor competency ratings; assessment outcomes	≥80% meeting expected competency level
Relational capability & empathy	34. Are trainees developing relational- and lived and living-experience-informed skills?	Supervisor and consumer assessment ratings	The majority rated competent or above

Table 7. Level 4 - Transfer

Outcomes	Key performance indicators	Performance Indicators	Target
Retention & completion	35. Do trainees remain engaged and complete training?	Retention rates, completion rates	Stable or improving completion; attrition within an acceptable threshold
Timely completion	36. Are trainees progressing within expected timeframes?	Median time-to-completion	Median time to completion ≤ 6.0 FTE years
Training value in practice	37. Do trainees perceive training as supporting real-world practice?	Early Career Psychiatrist feedback on preparedness	The majority rated competent or above
Application of relational practice	38. Are relational and lived and living-experience approaches applied in practice?	Supervisor/Early Career Psychiatrist reports; qualitative themes	Consistent demonstration in the majority of reports
Culturally safe practice	39. Are trainees applying culturally safe care?	Supervisor and community feedback	Majority of positive cultural safety ratings

Table 8. Level 5 - Results

Outcomes	Key performance indicators	Performance Indicators	Target
Workforce readiness	40. Are graduates ready for independent practice?	Employer/Early Career Psychiatrist feedback	≥75% employer satisfaction
Workforce distribution	41. Are graduates working in priority areas (rural/regional)?	Practice location data	Maintenance or increase in rural/regional representation
Community trust & safety	42. Do communities report safe and respectful psychiatric care?	Community consultation findings	Predominantly positive qualitative feedback
Reputation & recognition	43. Is the Fellowship recognised as high quality?	Employer/regulator feedback; accreditation status	Ongoing accreditation + positive stakeholder perception
Public health contribution	44. Does the workforce contribute to improving mental health service capacity?	Workforce supply trends; service coverage	Stable or improving psychiatrist-to-population ratios
Reduce disparities	45. Does training contribute to more equitable care?	Workforce diversity; community equity feedback	Positive equity trends over time
Workforce representation	46. Does the workforce reflect community diversity?	Diversity profile of Fellows	Upward or stable representation trends

4. Stakeholders

Each stakeholder group plays a distinct role in assessing the effectiveness, relevance, quality, equity, and impact of the RANZCP Training Program. Their perspectives inform different levels of the monitoring and evaluation framework, from training experience and educational quality through to workforce outcomes and community impact.

- Trainees
- Early Career Psychiatrists
- Communities, including Aboriginal, Torres Strait Islander, Māori, and Pasifika, People with lived and living experience and carers/ whānau
- Training leads, Supervisors, Directors of Training (DoTs), and Site/Hospital Coordinators.
- Fellows, Members of the Royal Australian and New Zealand College of Psychiatrists (RANZCP)
- Workforce and System Stakeholders, including health services, employers, jurisdictional authorities, and related health disciplines

Incorporating these perspectives ensures the program is evaluated not only for educational quality, but also for cultural safety, workforce relevance, and system impact.

Table 9. Stakeholder roles and contribution to monitor and evaluation

Stakeholder group	Role	Contribution
Trainees	Primary participants in the training program and direct recipients of supervision, assessment, and educational experiences.	Provide data on training quality, supervision effectiveness, workload, wellbeing, cultural safety, and learning environment. Inform Level 1–3 outcomes (experience, learning, and application of competencies). Identify gaps, inequities, and improvement priorities.
Early Career Psychiatrists	Graduates of the program who are transitioning into independent practice. Represent the link between training and workforce performance.	Provide feedback on preparedness for practice, transition to work, relevance of training to real-world clinical demands, and early career support needs. Inform Level 3–4 outcomes (transfer of learning, readiness for practice, workforce capability).
Communities (People with lived and living experience and their families (whanau) - Aboriginal and Torres Strait Islander peoples / Pasifika and Māori)	Partners in ensuring training is culturally safe, responsive, and aligned with the needs of people receiving care. Provide lived and living experience and cultural expertise.	Assess the cultural safety, acceptability, and relevance of training outcomes to community needs. Inform equity, inclusion, and responsiveness indicators. Contribute to accountability through structured engagement and feedback mechanisms. Support evaluation of Level 4–5 outcomes (service impact and social value).
Supervisors	Provide direct clinical supervision, teaching, and formative assessment of trainees.	Evaluate trainee competency development, supervision quality, feasibility of training requirements, and clinical learning environments. Provide insight into the implementation of curriculum and assessment standards.
Directors of Training (DoTs)	Lead and oversee training programs at the site or network level. Responsible for governance and quality assurance.	Provide system-level insight into program implementation, consistency, resource adequacy, trainee progression, and risks. Contribute to the evaluation of training quality, program integrity, and feasibility across contexts.

Stakeholder group	Role	Contribution
Site/Hospital Coordinators of Training	Support local delivery and operational coordination of training.	Identify operational barriers, resource constraints, and site-specific training challenges. Inform evaluation of implementation effectiveness and sustainability.
RANZCP Members	Custodians of professional standards, curriculum, policy, and governance of the training program.	Interpret evaluation findings, set standards, approve improvements, and ensure alignment with accreditation requirements. Provide a professional and strategic perspective on program quality and direction.
Workforce & System Stakeholders (Health services, employers, jurisdictional health authorities, clinical directors, related disciplines)	End-users of the specialist workforce and partners in service delivery.	Provide data on workforce demand, service needs, performance expectations, and system priorities. Inform relevance of training, workforce distribution, readiness for practice, and longer-term system impact. Contribute to Level 4–5 outcomes (workforce and service impact).

5. Data collection, analysis and reporting

5.1 Measurement approach

The RANZCP Monitoring and Evaluation Framework uses a mixed-methods, multi-source measurement model aligned with the program logic and outcome hierarchy. This ensures the evaluation system assesses not only stakeholder perceptions, but also implementation fidelity, competency development, workforce relevance, and community impact.

The measurement approach captures data across all levels of the program:

Table 10. Measurement approach

Program Logic Level	Focus of Measurement	Type of Data
Inputs	Training system readiness: supervisory capacity, accredited sites, governance structures, curriculum and syllabus currency, stakeholder engagement mechanisms, trainee support infrastructure	Administrative data, accreditation records, governance documentation
Outputs	Delivery of training and quality systems: supervision provision, assessment delivery, FECs availability, accreditation activities, educational content systems, cultural safety implementation, trainee support services, rural pathway operation, quality assurance processes	Routine program monitoring data, accreditation data, and program records
Level 1 Attraction	Workforce pipeline positioning: intake volume, diversity, and professional appeal	Intake statistics, diversity data, perception surveys
Level 2 Reaction	Satisfaction, perceived relevance, safety, engagement, assessment credibility, wellbeing support	Surveys, forums, qualitative feedback
Level 3 Learning	Acquisition of knowledge, clinical competence, relational capability, empathy, performance in assessments and workplace-based evaluations	Assessment data, supervisor evaluations, exam performance
Level 4 Transfer	Application of competencies in practice, progression through training, retention, completion, culturally safe clinical practice	Progression records, completion data, supervisor and Early Career Pychiatrists feedback
Level 5 results	Workforce readiness, distribution, community trust and safety, reputation, equity impact, public mental health contribution	Employer input, workforce data, community engagement findings, recognition indicators

This structure ensures the framework monitors the full training lifecycle — from program delivery through to longer-term system and community outcomes.

5.2 Data protection and small cohort safeguards

To address particular risks around identifiability in small cohorts (e.g., trainees in smaller centres, First Nations trainees), the framework incorporates safeguards to reduce identifiability risks:

- De-identification protocols (e.g., no disaggregated reporting where sample sizes are fewer than five)
- Anonymous online surveys with RANZCP staff trained in de-identification standards
- Aggregated reporting across geographic regions or training stages
- Clear communication to respondents about how anonymity is protected
- Timing strategies to separate feedback from specific placements

Table 11. Data sources by stakeholder and outcome level

Stakeholder / System source	Tool	Frequency	Method	Framework levels measured
Trainees	RANZCP Attainment Fellowship Survey	Annual	Mixed	L2 Reaction, L3 Learning, L4 Transfer
	Medical Training Survey (Australia and NZ)	Annual	Quantitative	L1 Attraction, L2 Reaction
	Program accreditation - Trainee survey	2.5 years	Quantitative	Outputs (site quality), L2 Reaction
	Trainee discussion forum (BCT)	Annually	Qualitative	L2 Reaction, L3 Learning
Early Career Psychiatrists	Follow-up survey	1-2 years post-Fellowship	Mixed	L3 Learning validation, L4 Transfer, L5 Workforce readiness
Supervisors	RANZCP Supervision survey	Annual	Mixed	Outputs (supervision delivery), Level 3 Learning
	Accreditation Supervisor Survey	2.5 years	Quantitative	Outputs, Inputs (capacity)
DoTs, Coordinators	Implementation review forums	Biennial	Qualitative	Inputs and Outputs
RANZCP Members	Education and Training – Member Survey	Biennial	Mixed	L1 Professional appeal, L5 Reputation
Workforce and System Stakeholders	Employers and workforce interviews	Every 3 years	Qualitative	L4 Transfer, L5 Workforce distribution and readiness
Community and Lived and living Experience, carers/whānau	Depth interviews	Every 3 years	Qualitative	L2 Safety, L4 Practice, L5 Trust and impact
	Partnership forums	Annual	Qualitative	L2 Reaction, L5 Transfer
College Administrative Systems	Trainee intake data	Annual	Quantitative	L1 Attraction, Equity and Diversity
	Progression tracking	Ongoing	Quantitative	L4 Transfer
	Completion and Attrition	Annual	Quantitative	L4 Transfer effectiveness
	Exam performance	Ongoing	Quantitative	L3 Learning
	Remediation data	Ongoing	Quantitative	L3 Learning, Outputs (support systems)
	Training site accreditation status	Ongoing	Quantitative	Inputs and Outputs
	Placement distribution	Annual	Quantitative	Outputs and L5 workforce distribution

5.3 Data Analysis

Quantitative Data: Quantitative data will be analysed using statistical methods to identify trends, strengths, and areas for improvement. Key metrics will include response rates, performance indicators, and satisfaction scores. Descriptive statistics (e.g., frequencies, means) and inferential statistics (e.g., correlations, significance testing) may be applied to draw meaningful conclusions.

Qualitative Data: Qualitative data will be analysed through thematic analysis. Responses from open-ended survey questions, depth interviews, and discussion forums will be coded to identify patterns, themes, and stakeholder insights. This analysis provides a deeper understanding of experiences, perceived challenges, and opportunities to enhance the program.

5.4 Feedback Mechanisms and Reporting

The RANZCP has implemented a structured, multi-stage stakeholder feedback and reporting process to support continuous quality improvement of the Fellowship Training Program. This process ensures feedback is systematically collected, reviewed, acted upon, and monitored in a transparent, culturally safe, and inclusive manner.

Stage 1: Feedback collection and analysis

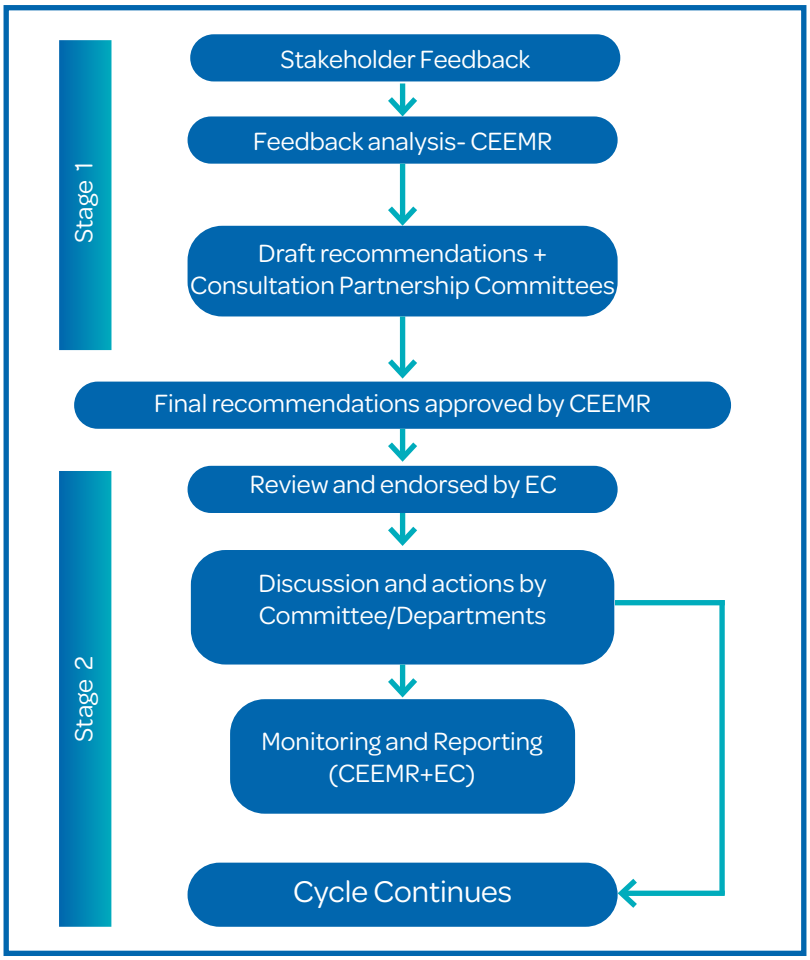
- Feedback Collection: Feedback is collected from trainees, supervisors, training leads, RANZCP members, workforce stakeholders, and communities.
- Analysis and Review: The Committee for Educational Evaluation, Monitoring, and Reporting (CEEMR), a constituent committee of the Education Committee (EC), analyses data and develops improvement recommendations
- Development of Recommendations and Consultation: CEEMR develops a set of quality improvement recommendations based on the feedback. Recommendations and evaluation reports are reviewed by partnership committees (e.g., Aboriginal and Torres Strait Islander Mental Health Committee, Te Kaunihera, Community Collaboration Committee) to ensure cultural safety and responsiveness.
- Approval process: The revised set of recommendations is submitted to the EC for further review. Upon EC endorsement, the recommendations are forwarded to the RANZCP Board for final deliberation and approval.

Stage 2: Implementation and Monitoring

- Action on Recommendations: Once approved by the Board, the recommendations are distributed to the relevant committees and departments for implementation. The EC and CEEMR set a timeframe for reporting on the progress of these actions.
- Monitoring Progress: Progress is tracked through monitoring tools such as the CEEMR Recommendation Monitor
- Closing the Feedback loop: All contributors to consultations, especially those on partnership committees, are informed of how their feedback has been addressed. This ensures transparency and accountability and prevents engagement from being symbolic.
- Regular Updates: The EC and CEEMR periodically update the Board on the status of recommendations, actions taken, and improvements resulting from their implementation.

This structured feedback and reporting process ensures transparency, accountability, and continuous improvement, while embedding the view from communities (Aboriginal and Torres Strait Islander peoples, Māori, Pasifika peoples, people with lived and living experience, carers/whānau) perspectives at the core of monitoring and evaluation, ensuring that the Fellowship Training Program remains safe, culturally responsive, and aligned with the needs of trainees, patients, carers and communities.

Figure 4. Feedback and Approval Flow for Evaluation Reports



5.5 Reporting Outcomes

The reporting system is structured to ensure findings inform operations, quality improvement, governance, accountability, and strategic decision-making.

Report type	Audience	Purpose/Outcomes levels
Dashboards	Training leads	Monitor delivery, supervision capacity, assessment completion, and site performance - Inputs and Activities/Outputs, L2
Attraction	EC, Workforce	Monitor trainee intake, diversity, rural pipeline, and professional appeal - L1
Training experience/ quality	CEEMR, EC	Satisfaction, safety, supervision, wellbeing, cultural safety - L2
Learning/competency	CFT, CFE, EC	Exam performance, competency progression, and remediation patterns - L3
Progression/ completion	CEEMR, EC, Board	Retention, time to completion, and transfer of learning indicators - L4
Workforce impact	Board, Workforce	Readiness for practice, distribution, and employer feedback - L5
Community accountability	Partnership committees	Cultural safety, trust, responsiveness, and actions taken - L2, L4, L5
Annual performance	Board, EC	Integrated summary of performance, risks, equity, and improvement actions - All levels
Accreditation	AMC/MCNZ	Demonstrate standards compliance and impact - Inputs/Activities – L5

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