Australian
Medical Council Limited

2025 Monitoring Submission to the Specialist Education Accreditation Committee

Royal Australian and New Zealand College of Psychiatrists

Contents

Monitoring Submission

This submission is due **Monday 18 August 2025**

College Details

(Please correct or update these details if necessary)

College name	Royal Australian and New Zealand College of Psychiatrists
Address	309 La Trobe Street, Melbourne VIC 3000

Accreditation History

Date of last AMC accreditation decision	2022 via reaccreditation
Periodic submissions since last AMC assessment	2023, 2024
Next accreditation decision due	31 March 2027

To be completed by the College

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Submission verification *The information presented to the AMC is complete and represents an accurate response to the relevant requirements, signed by the Chief Executive Officer/executive officer responsible for the program/s*	
Verified by	Damian Ferrie, Chief Executive Officer
Signature	
Date	18/08/2025

Summary of 2024 findings

Standard	2024 Findings	No. of Conditions remaining
Overall	Substantially Met	36
1. The context of education and training	Substantially Met	5
2. The outcomes of specialist training and education	Substantially Met	3
3. The specialist medical training and education framework	Substantially Met	4
4. Teaching and learning methods	Not Met	4
5. Assessment of learning	Not Met	8
6. Monitoring and evaluation	Substantially Met	3
7. Issues relating to trainees	Substantially Met	3
8. Implementing the training program – delivery of educational resources	Substantially Met	3
9. Assessment of specialist international medical graduates	Substantially Met	3

Section A – Reporting against the standards and accreditation conditions

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Standard 1: The context of training and education

Areas covered by this standard: governance of the college; program management; reconsideration, review and appeals processes; educational expertise and exchange; educational resources; interaction with the health sector; continuous renewal.

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1. Activity against conditions

The numbering of conditions matches that used in the AMC Accreditation Report.

Please address each of these conditions individually.

Condition 1				Due Date: 2025*
<u>Undertake and complete</u> the planned external review of governance structures, decision-making, and management of conflicts of interests and confidentiality, with relevant consultation, benchmarking mechanisms, implementation, and evaluation. (Standard 1.1) **Due 2023: Review and evaluation* **2024: Implementation* **2025: Evaluation of changes*				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			X	
2025 College response				
The College governance department continues to implement the recommendations of the Board Evaluation alongside other governance reforms. Sound progress on deliverables is reflected in the progress tracker (Appendix 1.01). Operational improvements such as implementing a formal board calendar, cover page for Board papers, consideration of the skills matrix, as well as the appointment of an independent Director (external to the College), have all sought to achieve the intent of the evaluation. Medium term recommendations are in progress including the development of a risk appetite strategy. Larger reform recommendations, such as a three-year term for Directors, will be considered as a part of the larger governance and Constitutional review given the need for constitutional change. An evaluation of changes implemented following the Board evaluation will be scheduled after the overall delivery of governance work articulated below. The logic				

model that will guide this is provided in Appendix 1.02.

RANZCP Governance and Constitutional Review

At its meeting in May 2025, the Board discussed the need for significant Constitutional change. Various discussions throughout the College have signaled the need for this, noting the last significant overhaul of the Constitution occurred in 2013 when the governance model was amended from a General Council to a Board structure.

The Board recently endorsed a project to modernise the Constitution with the objective of considering contemporary governance arrangements which fit well with other ongoing reforms. High level changes already identified include:

- organisational alignment
- voting rights for Affiliates and Associates
- recognition of First Nations Peoples
- outcomes of Board Evaluation to include Board structure, term of office, and a skills-based Board
- general Constitutional review.

The aim of a significant Constitutional review would be to facilitate a more streamlined, contemporary governance model that enables more effective decision making while maintaining strong leadership. This would help us deliver better value to members and strengthen the future of psychiatry in Australia and Aotearoa New Zealand.

The scope of change will be co-designed with members, but the focus is on creating a governance structure that can:

- support rapid decision-making
- incorporate diverse perspectives
- maintain strong representation
- strengthen Board capabilities
- enable more efficient response to emerging changes and existential threats.

The Board supported such an agenda which includes several amendments aimed at clarifying unclear drafting and specifying which body has ongoing responsibility for the exercise of various powers. It also includes a further evolution of governance structures to match College growth, as well as opportunities to enhance structures supporting the achievement of purpose, vision, and mission, and to better reflect the needs and rights of members. However, it was noted that for this to be successfully implemented, risks to organisational disruption and capacity to implement are important, and the change process needs to be done correctly and seriously. If not, there is an elevated risk of the changes not being accepted by the membership. This is a long-term piece of work that is currently in the planning phase.

Alongside this work, and the Faculty Section and Network review which will streamline a significant proportion of the College's committees, the Board has also commissioned a project to further streamline, reduce and amalgamate committees within the College. The Corporate Governance Committee will be refocused to consider governance frameworks and documents, induction development, performance composition, and succession planning.

RANZCP Culture Update

Taking into consideration the Board Performance Review recommendation number 5, the Board requested that culture become a strategic priority for both the Board and Executive Management, recognising its critical role in achieving organisational sustainability and delivering on its mission. In May 2024, the College invested in the

appointment of a Chief People and Culture Officer, to lead this focus and drive a comprehensive agenda to strengthen leadership, employee experience, and cultural alignment.

Key initiatives underway (Appendix 1.03) include:

- A Culture Audit and Development Program designed to assess both the current and desired future state of the College's culture, guide targeted action planning, and strengthen the alignment between culture, organisational values, and strategic purpose.
- A significant refresh of the Employee Value Proposition, recognising its role in improving organisational culture by clearly articulating the College's commitment to its people, aligning employee expectations with organisational values, and fostering a more engaged, purpose-driven workforce.
- An active review of its core values through consultation with stakeholders.
- The development of a Diversity, Equity & Inclusion Framework, support for Lived and Living Experience (LLE) roles, and advancement of Innovate Reconciliation Action Plan (RAP) objectives further reinforce the College's commitment to inclusive practice and cultural integrity.
- A key focus placed on strengthening opportunities for connection across the College—through increased staff events, social groups, member connection, and cross-team initiatives—to enhance collaboration, foster positive relationships, and break down organisational silos, ultimately supporting a more cohesive and inclusive culture.

Additionally, all People & Culture (P&C) processes and touchpoints (including policies and employee handbooks) are undergoing assessment to ensure they reflect modern, values-based, and contemporary P&C practice—positioning the College as an employer of choice and aligning workforce strategies with the evolving needs of the organisation, with a consistently connected and purpose-driven culture underpinning all initiatives.

Condition 2	Due Date: 2025*

To ensure appropriate College governance and transparency, and improve the confidence of the broader group of trainees and their perceptions of the College:

(i)   Identify methods to systematically monitor consistent application of College policies in branch and national committees and training committees in Australia and Aotearoa New Zealand, respectively. (Standards 1.1 and 6.1)

(ii)   Review and implement changes to address barriers created by the Deed of Undertaking to ensure a balance between effective governance and confidentiality protection, and engagement of and communication with trainees. (Standards 1.1 and 7.2)

(iii)   Implement the Binational Trainee Committee and Trainee Advisory Committee with regular evaluation mechanisms to ensure effectiveness of the new governance structure. (Standard 1.1.3) - Satisfied

(iv)   Ensure regular processes for revising and centrally monitoring conflicts of interest to manage actual or perceived bias in decision-making. (Standard 1.1.6)

Due 2023: Scoping and development of actions for i, ii and iv; 2023: Implementation of iii

2024: Evaluation of iii; 2024: Implementation

2025: Evaluation of changes

Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
		(i)	(ii) (iv)	(iii)

2025 College response

2 (i)

The majority of the College's policies fall under the responsibility of training committees and this response will address the requirement from this perspective. This condition is not applicable to 'branch and national committees' which focus on advocacy and representation.

A formal auditing procedure has been developed to evaluate the consistent application of college policies which fall under the responsibility of training committees (see Appendix 1.04). This procedure was designed with the College's capacity and federated system structure in mind, ensuring that it is practical and does not place additional burden on committees. Each year, the Governance team will audit two to three policies, chosen based on data collected internally including appeals, grievances, and insights from the Education Policy Officer. This will be supplemented by feedback from committees about the perceived level of consistent policy application. Identified gaps will inform recommendations, and a report will be shared with relevant committees for action within specified timeframes. The first audit is scheduled for Q4 2025. While the audit is intentionally targeted rather than broad, it prioritizes the identification and review of at-risk or high-importance policies each year. It also aligns with the short-term outcomes and key performance indicators within the Monitoring & Evaluation Framework (see Condition 30).

In addition, the policy tracker spreadsheets from Education and Governance (listing all policies, owners, and timelines for review) have been merged, enabling centralised monitoring of all policies. This allows easier identification of those due for review. The Governance team will conduct regular audits to ensure the currency of all policies, helping to confirm that the foundational materials supporting the work of training committees remain relevant and up to date.

A high-level snapshot of data from all College documents shows:

Documents overdue for review	90
Documents currently under review	58
Documents currently due for review in 2025	32
Total number of documents	509

Sixty percent of the documents overdue for review are Committee Terms of Reference (ToR) that have been put on hold pending the wider governance review (see Condition 1).

2 (ii)

In response to feedback from trainees around transparency and collegiate discussions, in 2023 the College's Deed of Undertaking in Relation to Confidential Information and Management of Conflicts of Interest (DOU), was updated to provide clearer guidance around sharing information from committees that is not marked confidential and to address barriers created by the previous DOU. The updated DOU is designed to maintain a balance between effective governance and safeguarding members' confidentiality.

Twelve months after implementation, the College sought feedback from trainees, through a survey in November 2024, on the updated DOU and whether it has met these aims. No responses were received. Feedback was also sought at a Trainee Advisory Council (TAC) meeting on 28 February 2025, and no concerns were raised. However, the TAC did note the challenges of identifying and managing confidential information discussed during meetings and understanding what can be shared with trainee colleagues outside formal gatherings. To provide additional guidance, understanding and managing confidential information has been included in the induction pack for trainees (for example, see the induction PowerPoint slide in Appendix 1.05).

2 (iii)

See the section 'Significant Developments' under Standard 1.

2 (iv)

In late 2024, the Governance Department commissioned a review and audit of Committee Conflict of Interest (COI) records in order to assess compliance with governance standards, identify knowledge gaps and highlight opportunities for improvement. This will become an annual process. The findings of the audit (Appendix 1.07) will inform the upcoming review of the College's Declaring and Managing Conflict of Interest Guideline ('the Guideline'), a draft is provided in Appendix 1.08.

Conflict of Interest records were obtained for the period 1 October 2023 to 30 September 2024 from the College Board and the following Committees, selected due to their scope and decision-making processes:

- Corporate Governance and Risk Committee (CGRC)
- Education Committee (EC)
- Committee for Training (CFT)
- Committee for Examinations (CFE)
- Committee for Specialist International Medical Graduate Education (CSIMGE)
- Australian Branch and New Zealand Training Committees
- Australian Government Funded Training Programs Committee
- Practice, Policy & Partnerships Committee (PPPC)
- Membership Engagement Committee (MEC)
- Finance Committee
- Foundation Committee
- Australian Branch & New Zealand National Committees

Broadly, the audit revealed inconsistency amongst staff and Committee members with respect to:

- knowledge and awareness of the obligation to declare COI
- knowledge and awareness of COI record-keeping requirements
- quality and consistency of COI record-keeping.

COI Records were available from the majority of Committees included in the audit, indicating that COI is being appropriately declared, and Committee members are broadly aware of the requirement to do so.

However, there was significant variation in the quality of the reporting, with both COI Registers and Minutes often omitting key details on the circumstances of the conflicts identified and how they were managed.

Annual audits will provide key insights into the effectiveness of the COI framework and overall levels of compliance with COI protocols. This is scheduled into the governance unit's calendar of activities.

In accordance with the CGRC's Work Plan, the Guideline is subject to an upcoming review. The key objectives of the review include:

- alignment with AMC Conditions
- ensuring COI guidance is clear, accessible, robust and usable
- further entrenching principles of good governance and ensuring the membership has confidence that personal interests, actual, perceived or potential, do not conflict with duties within the College
- protecting the integrity, transparency and accountability of College decision-making processes.

This review has commenced, however based on consultation, the scope of the Guideline will be increased to cover a broader range of College activities than just committee work.

Promoting awareness of the Guideline and existing College COI resources has been completed and included in the induction processes. Communicating the importance of appropriately declaring and recording COI and the associated risks will be an ongoing priority as will strengthening the culture of COI across the College Committee Structure, working with staff to ensure it is discussed at Committee meetings. Training has also been run for the educational committees through their annual meeting structures with a focus on Branch Training Committees (BTCs) and Directors of Training (DOTs). Effectiveness will continue to be monitored via the annual audit and will be overseen by the CGRC.

Condition 5	Due Date: 2025*

Develop and implement a program of systematic collaboration with relevant internal and external stakeholder groups on:

(i) Key issues relating to the College's purpose, education, and training functions.

(ii) An enhanced leadership role in workforce planning for the specialty to meet the needs of communities in Australia and Aotearoa New Zealand. (Standards 1.4 and 1.6.4) - Satisfied.

Due 2024: scoping and Development

2025: Implementation				
	Unsatisfactory	Not Progressing	Progressing	Satisfied
Finding			(i)	(ii)
2025 College response				

5 (i)

The stakeholder consultation strategy presented last year has been refined and is now a policy and procedure to systematically guide engagement with external and internal stakeholders. The document includes new sections on ensuring inclusive and representative consultation (Section 5.2 of Appendix 1.09), along with appropriate engagement channels for diverse groups (Section 7.2 of Appendix 1.09). Specialist International Medical Graduates (SIMGs) are included in these sections and throughout the document. The consultation process for staff has been clearly defined, with links to relevant templates. Guidance is also provided on when to undertake external and internal consultation.

Following these updates, the document has undergone broad internal review across departments to ensure alignment with other strategic work, including the Monitoring and Evaluation (M&E) Frameworks. Initial consultation has included the College's Aboriginal and Torres Strait Islander Mental Health Liaison Officer and the Kaiārahi (Māori liaison officer and cultural guide), as well as the TAC and the Bi-national Committee for Trainees (BCT). It is now undergoing further consultation with key stakeholders for continued development (see the consultation plan in Appendix 1.10 and the consultation findings so far in Appendix 1.11). Pending approval from the EC Executive, implementation is anticipated in November 2025 (Appendix 1.12).

To monitor the application of this policy and procedure, the Members' Advisory Council (MAC) is being approached to oversee a regular audit.

In parallel with the review and consultation process, the draft policy and procedure has been trialed across a range of quality improvement projects within the Education space to gather user feedback. It has guided stakeholder engagement on the initiatives outlined below:

1. the revised curriculum and syllabus (discussed in Condition 10, Standard 2)
2. the change management and crisis management policies and procedures (Condition 22, Standard 5)
3. surveying trainees on supervisor performance (Condition 39, Standard 8)
4. surveying Stage 1 trainees about their scope of work (Condition 20, Standard 4)
5. monitoring workloads of supervisors, DoTs, and Directors of Advanced Training (DoATs) (Condition 21.4, Standard 5)
6. development of a review framework for all Education and Training functions (Condition 8.1, Standard 1).

This policy and procedure aligns with and feeds into three other strategic documents within the Education and Training area which are currently being finalised and trialed ahead of formal implementation later this year:

- Education and Training M&E Framework (discussed in response to Condition 30, Standard 6)

- SIMG M&E Framework (discussed in response to Condition 30, Standard 6)
- The Change Management Policy and Procedure (discussed in response to Condition 22, Standard 5)
- The Crisis Management Policy and Procedure (discussed in response to Condition 22, Standard 5)

5 (ii)

See the section 'Significant Developments' under Standard 1.

Condition 6				Due Date: 2025*

Develop and implement systematic processes to strengthen the voice of community participation in the co-design of training and education programs and in all levels of governance. (Standards 1.1 and 1.6.4)

Due 2024: Development and consultation

2025: Implementation

Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			X	

2025 College response

The College's first Senior Lived and Living Experience (LLE) Advisers (Consumer and Carer) staff joined the team in early 2025, each working three days per week. Recruitment of these roles completes a key action identified by the LLE Strategy and was the focus during the second half of 2024. A Community Member working group was convened to redevelop the position descriptions over several months (see the position descriptions in Appendix 1.13 and 1.14). Members of the working group were included on the recruitment panels for each role, with eight interviews carried out in October and November 2024. Appointments were made in January 2025 with preferred candidates meeting with the chair and co-chairs of the Community Collaboration Committee (CCC) ahead of commencing their employment.

The Senior Advisers' initial focus was to support the CCC members in the final stages of writing and editing the LLE Strategy's public-facing document, which was endorsed by the Board in April and launched at the May 2025 RANZCP Congress. This included an update of the name from 'Lived Experience Strategy' to the 'Lived and Living Experience Strategy' – an example of the sector's constant evolution, even in the short time since the Strategy was developed.

It was published on the College website on 5 May and can be viewed here LLE strategy (Appendix 1.15).

The Senior Advisers' workplans for the second half of 2025 will drive the design of the Implementation and Evaluation Plan for the LLE Strategy (see Appendix 1.16). They plan to advance the initial outline through co-design with the LLE CCC Working Group. The Senior Advisers have mapped out a new timeline for this work with final CCC approval targeted for September 2025, and then endorsement at the following Board meeting. This work will include the review of the Strategy's original 41

actions to determine which have been completed or progressed, and which require refinement or redefinition. This Implementation and Evaluation Plan, as with the LLE Strategy itself, is considered to be a 'living document' and will remain a key component of the College's work.

Workplans for the Senior Advisers will also include reviewing the Community Member Remuneration Policy and Appointment process and the Fellowship Program M&E Framework (for more on this framework see Condition 30). The latter is a significant focus for the LLE Senior Advisers, their initial review and advice will assist the CCC in providing refined, focused commentary on the Framework in a timely manner that strengthens the voice of LLE in the monitoring and evaluation functions of the College. It is acknowledged that the delay in having Advisers on staff to contribute to this project work (Condition 30) has inadvertently caused that project to fall behind its original timeline. However, to authentically contribute an LLE perspective to the Framework, this is unavoidable.

Condition 7	Due Date: 2026

Demonstrate commitment to Aboriginal and Torres Strait Islander and Māori expertise, leadership, health, and culturally safe practice by developing a strategic engagement framework that grows and supports the Aboriginal and Torres Strait Islander and Māori psychiatry workforce, supports culturally safe practice, addresses health inequity and ensures a culturally safe college by:

(i) Involving the Aboriginal and Torres Strait Islander Mental Health Committee and relevant community stakeholders in the development and implementation of the Innovate Reconciliation Action Plan, includes those actions relating to training, CPD and SIMG assessment programs. (Standards 1.1 and 1.6.4, 2.1.2, 2.2, 2.3) - Satisfied

(ii) Establishing relationships with Te Whatu Ora (Health New Zealand) and Te Aka Whai Ora (Māori Health Authority) to address workforce needs and health equity for Māori and the broader community in Aotearoa New Zealand. (Standard 1.6.4) - Satisfied

(iii) Embedding cultural safety training for all fellows, trainees, specialist international medical graduates and College staff through the implementation of the CMC Cultural Safety Training Plan for Vocational Medicine, with appropriate modification for the Australian context, across the training, CPD and SIMG assessment programs. (Standard 1.7, 2.1.2, 2.2, 2.3)

In 2024, Condition 7 and 12 were consolidated, with Condition 12 retired and the timeframe for Condition 7 extended from 2025 to 2026

Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			(iii)	(i) (ii)

2025 College response

7 (i) (ii)

See the section 'Significant Developments' under standard 1.

7 (iii)

Cultural Safety Training Plan (CSTP)

Progress on the CSTP was impacted by delays in staff recruitment during 2024 and early 2025. With the team in place since mid-April 2025, steady progress is being made and a draft CSTP Project plan has been developed which includes estimated timelines for implementation (Appendix 1.17). The team is reviewing relevant strategic documents and literature pertaining to Aboriginal and Torres Strait Islander cultural safety that will inform how best to adapt the Council of Medical Colleges (CMC) CTSP for the Aboriginal and Torres Strait Islander context. This work will be presented to the steering group which includes members from Te Kaunihera and Aboriginal and Torres Strait Islander Mental Health Committee for their input. In addition, the CMC has shared its cultural safety toolkit resources, which are now being reviewed and contextualized for use with psychiatrists in Australia and New Zealand.

Following finalisation of the CSTP framework in August 2025 (first draft provided in Appendix 1.18), training resources will be developed and reviewed before dissemination in December 2025 to members of the College and participants in the 'My CPD' program. The training will focus on self-reflection, education and awareness activities that develops a psychiatrist's ability to provide culturally safe care to the First Nations population in Australia and New Zealand.

As part of the College's ongoing commitment to providing cultural safety training for staff, several training initiatives have continued in 2025. In Aotearoa New Zealand, as of 30 June, nine Trainees/Fellows have registered to attend a two-day training course under the Takarangi Framework scheduled for November 2025. This is a two-day noho marae, meaning participants must stay over on the marae.

In Australia, the first round of Cultural Safety training through the Victorian Aboriginal Community Controlled Health Organisation occurred in May 2025 with a full capacity course involving 20 staff members across all departments of the College. Team members were selected for this initial session based on a range of factors, including their involvement in the Reconciliation Action Plan Committee and the relevance of this training to their roles.

In addition, during the National Aboriginal and Islanders Day Observance Committee (NAIDOC) week in July, the College offered 2-hours of Cultural Leave for staff to attend a local NAIDOC event or take part in an activity. Nineteen staff participated and provided brief reports back to their teams on their chosen activity to share how it impacted their own lives/thinking.

Staff are regularly offered further inhouse opportunities for learning and engagement, including the following activities:

- 3 Sept 2024, webinar: *Communication, Cultural Baggage & Unconscious Bias*
- 16 October 2024, hybrid learning opportunity: *Challenges in Māori Mental Health with Mark Lawrence*, 33 attendees online and approximately 30 in person
- 21 November 2024, hybrid learning opportunity: *Cultural Awareness Training*, 63 attendees
- 25 March 2025, Harmony Day Event in Melbourne Office: staff brought a dish to share and reflect on all the cultures and diversity we have at the College.
- 29 May 2025, visit to Bunjil Creation Dance Ceremony: an all-woman Wurundjeri dance group sharing the Bunjil Creation story through traditional dance
- 17 June 2025, webinar: Matariki (Māori New Years), 52 attendees
- 09 July 2025, You can't ask that: Indigenous mental health – A candid conversation. Attended by both staff and members.

Cultural Awareness Training relevant to both Australia and New Zealand also remains part of the mandatory training for all new staff members.

College-wide Cultural Safety Framework

Development of the College's overarching Cultural Safety Framework began in 2024 with a consultation phase to assess the priority focus for the College. A professional consultant in this sector was engaged with a timeline of delivery in late 2024. Significant health reasons required the consultant to pause this work, with the intent of resuming when well. In May 2025 they confirmed they would not be able to resume the work as hoped and formally withdrew from the engagement. Permission to seek external support for this consultation was subsequently approved by the College Aboriginal and Torres Strait Islander Mental Health Committee, and discussions with a new provider are underway (July 2025). The provider will scope the cultural safety framework prior to its consultation and development by the Partnerships team.

The provider's review of the preliminary work to confirm the framework parameters is scheduled for August/September to fit with relevant committee meeting cycles, with broader College consultation expected to be completed in October (see Appendix 1.19). A draft framework will be developed as consultation insights are gathered. A final timeline for the draft framework with review and approval by the Board will be confirmed as consultation progress allows.

The consultation process will be guided by the College's Aboriginal and Torres Strait Islander Mental Health Liaison Officer and the Partnerships' group Executive Manager. The development of the Framework document will have committee oversight from the Aboriginal and Torres Strait Islander Mental Health Committee chairs and deputy chair.

2. Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs and assists the AMC to determine if these programs are continuing to meet the approved accreditation standards.

Please provide a summary of significant developments completed or planned relevant to Standard 1. If a significant development has been made in response to addressing a condition, please only report on this this against the relevant condition. The development does not need to be reported twice.

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program.

Examples of significant developments to report on could include:

- Governance structure and accountabilities for managing training and education activities
- Reconsideration, Review and Appeals policies and procedures
- Costs associated with reconsideration, reviews and appeals. *(If there are changes to costs for reconsideration review and appeal, please confirm the costs and describe how the College has ensured new costs are transparent*

- Conflict of Interest policies and procedures
- Delivery of the program (I.e. changes to training resources such as administrative/technical staff and educational expertise).
- Changes to College's requirements for cultural safety training for its senior leadership team, staff, and college committee members in 2024 (*i.e. training is mandated, training not required, how long is the course, how often*

- Interactions and/or relationships with jurisdictions
- Partnerships with communities, organisations or individuals in the Indigenous health sector

and communicated to trainees. Please also include in the comment how the College ensures costs are not prohibitive for trainees and if the College has any processes to ensure duty of care for trainees health and wellbeing at this time)

must it be undertaken), and describe if the College is considering any changes to its requirements around Cultural Safety training in the next 12 months.

| Has there been any significant developments in relation to Standard 1: | If yes, please describe the developments completed or planned |
	Please include any potential impacts on continuing to meet the standard in the description.
- Yes ☒ - No ☐	**Governance structure** In February 2025, an interim Chief Executive Officer (CEO), Prof Andrew Way AM joined the college while recruitment for the permanent role was underway. Damien Ferrie has since stepped in to the ongoing CEO role on 15 July 2025. In May 2025, Dr Elizabeth Moore passed on the Presidency to Dr Astha Tomar, and Dr Angelo Virgona was welcomed into the role of President-elect. Two new Board members were also appointed, Dr Agnew Alexander (Fellow) and Dr Ashna Basu (Trainee). In July 2025 the Board established the New Fellowship Program Taskforce (NFPT) a dedicated, time-limited body responsible for designing a future-ready Fellowship Program (Appendix 1.20). This action has been taken in recognition that the current reforms will result in substantial change to the 2012 Regulations and effectively will result in a new Fellowship Program. The NFPT will consider the following elements of current reform, with the intent of drawing them together into a clear plan for the development of a new Fellowship Program: • Fellowship competencies • syllabus • Formal Education Courses (FECs) • centrally administered summative assessments • work-based assessments. The plan for the development of the new Fellowship program is anticipated to be complete in late 2025 and once approved by the Board, will be presented to the wider membership. The Taskforce is chaired by Associate Professor Simon Stafrace and includes a broad range of expertise: • Professor Andrew Teodorczuk and Dr Greg Spencer - EC representatives • Dr Lisa Lampe (Australia) and Dr Wayne DeBeer (New Zealand) - Education, training and assessment experts • Professor Brett Emmerson - Service leadership expertise

- Associate Professor Jenepher Martin - Australian Medical Council (AMC)-recommended independent medical education expert
- Dr Georgia Ramsden (New Zealand) and Dr Elise Witter (Australia) - Trainee representatives

Organisational Structure

At the direction of the Board, the interim CEO reviewed the organisational structure, with two new Executive roles established – Director, Policy and General Counsel, and Director Office of the President and CEO (OPCEO), Communications and Media. As part of this review the Digital Education Services team was moved to the Information Technology and Business Improvement department.

Ms Callie Kalimniou has taken on the role of Director, Policy and General Counsel. Mr Phil Cullen was appointed to the role of Director OPCEO Communications and Media in June 2025.

A new Chief Finance Officer, Mr Mark Klose commenced in July 2025.

Ms Anna Lyubomirsky, Executive Manager of Education and Training left the College in June 2025 and consideration of the future model of executive leadership for this department is currently underway. Ms Anita Hill, a senior manager in the Education Department, is acting as Executive Manager while the leadership model and recruitment are finalised. Other relevant change to the structure of the Education Department is the incorporation of the Australian Government Funded Training Programs team. An organisational chart reflecting these changes in August 2025 is provided in Appendix 1.21.

Medications advocacy

In June 2025, the New Zealand Government announced changes to allow general practitioners and nurse practitioners to initiate Attention Deficit Hyperactivity Disorder (ADHD) treatment for adults from February 2026.

The College, through Tū Te Akaaka Roa (the College's New Zealand national committee), made a detailed submission (Appendix 1.22) in February 2025 advocating for several key points:

- Enhanced access to ADHD diagnosis and treatment in response to psychiatry workforce constraints.
- Clear requirements for advanced training and qualifications for non-specialist prescribers.
- Development of an implementation guide and adequate planning and resourcing to support safe practice.
- A delayed implementation timeline to ensure appropriate clinical and sector readiness.

The final government announcement aligns with many of our recommendations, including:

- A delayed implementation date to allow sector preparation.
- Commitment to developing a clinical framework to guide diagnosis and prescribing.
- Acknowledgement of feedback from psychiatrists and sector stakeholders in shaping the changes.

This outcome demonstrates direct policy impact resulting from our submission and advocacy efforts and is a strong example

of sector influence translating into regulatory reform.

Mood Disorders Psychodynamic Psychotherapy Evidence Review

In November 2024, the College released the *Mood Disorders Psychodynamic Psychotherapy Evidence Review* final report to its membership (Appendix 1.23). This report examined the evidence for long-term psychodynamic psychotherapy in the treatment of mood disorders, and provides a contemporary, evidence-informed resource to College members.

This project involved significant collaboration with key external stakeholders, namely the Anna Freud Centre (United Kingdom) and utilised co-design methodology whereby the study and report were developed with a lived and living experience expert. Data collection to inform the report included targeted interviews with clinicians and consumers with experience of long-term psychodynamic psychotherapy.

This outcome demonstrates the College's commitment to ensuring lived and living experience voices (carers and consumers) are integrated in the work of the College, and that resources developed are fit for purpose for a range of audiences including psychiatrists, trainees and the wider community.

Evaluation of the Bi-national Trainee Committee and Trainee Advisory Committee (formerly Condition 2 iii)

The bi-annual survey of Trainees, assessing their understanding and awareness around functions of the TAC and BCT, was conducted in December 2024 and again in June 2025 (results are provided in Appendix 1.06). The trainees were advised of the date and survey method in advance, via trainee newsletters, to ensure maximum engagement. Overall, fewer trainees took part in the second survey, but a slight increase was noted in the category which asked if trainees were aware of "the committee, but not priorities". The percentage of trainees knowing how to contact their jurisdictional representation increased, and there was no change in the percentage of trainees who said the Committees were making satisfactory progress.

The findings were presented at the first meetings of the TAC and BCT in 2025 for discussion regarding the reduced level of participation. It was considered that the time of year may have contributed to the reduction. No additional actions to improve visibility or engagement around these committees were proposed outside of those already included in the Trainee Engagement Strategy (provided as an Appendix in our 2024 submission, see Condition 36 for updates). The same process will be followed in August 2025, when the findings of the June survey will be shared and discussed at the TAC and BCT meetings, and trainees will be asked to consider other ways to promote their work.

The TAC has a new chair and a significant number of new members due to terms ending in May 2025. The new chair's priorities include exploring additional initiatives to promote trainee activities and accomplishments with a view to increasing awareness and engagement. This is on the agenda for the remaining 2025 meetings.

The RANZCP's enhanced leadership role in workforce planning (formerly Condition 5 ii)

The College has continued to strengthen its leadership in excellence and equity in mental healthcare, and details are

provided under the headings below.

Consultation and Engagement Strategy

A more inclusive and culturally safe approach to stakeholder consultation has been integrated. The College is using the *Lived and Living Experience Strategy* (Appendix 1.15) to shape engagement with diverse stakeholders, ensuring that consultation is accessible, purposeful and safe. Supported by the Consultation and Engagement Strategy, this approach enables more transparent, representative and coordinated provision of mental healthcare across Australia and New Zealand.

The development of a consultation strategy for engaging with priority groups related to policy and workforce matters is progressing. The Policy team undertook extensive information gathering through the online Consultation Hub, committee meetings, and targeted drop-in sessions with priority groups, including First Nations peoples, individuals with lived and living experience, trainees, and members with international qualifications. Feedback was collated and validated with participants to ensure accuracy and authenticity. Outcomes were reviewed by the Committee for Professional Practice, and the PPPC (see Appendix 1.24 for a summary table), and a consultation protocol was co-developed with the CCC to enable culturally safe engagement. Key initiatives informed by this feedback and co-development include:

- Drop-in consultations sessions to increase discursive and iterative engagement. These are being prioritised for individuals with Lived and Living Experience and First Nations members to reduce overall cultural and experiential loading.
- Pre- and post-meeting one on one sessions with lived and living experience members to ensure safety and wellbeing and to lessen the experiential load and burden of work. The opportunity for LLE members to ask technical and qualifying questions away from the main committee meetings has been positively received.
- Clearer communication regarding remuneration of work when beginning consultation and engagement processes.
- A review of the mechanisms for consultations, being undertaken in conjunction with the IT Department to increase Consultation Hub usability.

This iterative process will continue through to the full rollout of the consultation strategy by the end of 2025, with annual reviews planned, including ongoing engagement with priority groups.

Separately, the Compliance and Policy Department has developed a process to improve communication with College committees and members on consultations including workforce updates.

Monthly committee bulletins (see Appendix 1.25) have been developed to streamline communications with committee members and reduce the total volume of emails to members. The bulletin includes:

- updates on ongoing committee projects
- action updates from College departments
- links to open consultations
- links to closed consultations and submissions the committee were consulted on

- information on upcoming meetings.

The bulletin is being trialed and will be refined before being implemented to the wider committees.

Workforce engagement and data collection strategy

The Compliance and Policy Department has also been surveying members, collecting qualitative and quantitative data and collaborating with the Department of Health and Aged Care (DoHAC) on workforce modelling to assist advocacy for psychiatry workforce needs. This includes the RANZCP annual private practice survey (see Appendix 1.26) and the DoHAC x RANZCP workforce modelling project.

- The inaugural private practice survey was carried out in Q3-4 2024. A report on findings was published in early 2025 (see Appendix 1.27). Data from the survey has been used to inform College advocacy regarding workforce (e.g., pre-budget submissions).

For 2025, the College is developing further workforce surveys to better understand the workforce pressures experienced by private practitioners and to collect data on how the College can support and advocate for training in private settings. Reports from these surveys will be published and will assist in advocacy for workforce needs.

- The DoHAC x RANZCP workforce modeling project involved the Compliance and Policy, and Education and Training Departments working closely with the DoHAC. The *Psychiatry Supply and Demand Study* (Appendix 1.28) is now published and will be used as a key data source and advocacy tool by the College. This is a significant piece of work for the College. Psychiatry is the first specialist medical workforce to be modelled.
- A comprehensive internal stakeholder mapping database is under development to enhance engagement coordination and strategic outreach.

College Branches have continued and expanded their collaborative activities with governments, medical colleges and Non-Government Organisations to work on solutions to address the psychiatry workforce shortage. Examples include:

- The South Australia (SA) Branch has worked with the SA Government in its development of the *Psychiatric Workforce Plan: South Australia* (Appendix 1.29) which includes recommendations to address the identified shortfall and models the impact of those recommendations.
- The Western Australia (WA) Branch has signed a Statement of Intent with the WA Government, to formalise collaboration to address the psychiatry workforce shortage in WA. As the first outcome of the Statement of Intent, the Nous Group was commissioned to consult with stakeholders and draft the report *Collaborative Planning for the Future of Psychiatry Training in WA* (Appendix 1.30). The report forms the basis for an implementation plan encompassing training pathways reform, workforce planning, and integration of SIMGs into the local psychiatry workforce.

- The Tasmania Branch of the College has collaborated with the Tasmanian Government to advocate to the Federal Government for the continuation of Specialist Training Program (STP)-funded psychiatry positions to future-proof its psychiatry workforce.

Implementation of the Innovate Reconciliation Action Plan (RAP) (formerly Condition 7 i)

Progress continues on the Innovate RAP implementation with more than half of the original actions now complete, and 14 currently in progress (Appendix 1.31).

Initiatives implemented to date include the option for Australian staff to defer the 26 January public holiday to a day of their choosing, paid leave to participate in NAIDOC Week activities, and the updating of the College's procurement policy to preference the use of First Nations' suppliers for appropriate goods and services. Our internal cultural protocol document was also updated this year, offering more guidance on identifying and using the correct names of lands and peoples when acknowledging the First Nations communities. It also features a refined pronunciation guide for our most used words in *te reo Māori* (the Māori language). In addition, this was the first year that the College featured Aboriginal art on all of the graduation sashes. From next year, First Nations doctors that are Fellowing will be offered a sash which features a combination of Aboriginal and Māori art.

The RANZCP's relationships with Te Whatu Ora (Health New Zealand) and Te Aka Whai Ora (Māori Health Authority) (formerly Condition 7 ii)

The College continues to work closely with Health New Zealand/Te Whatu Ora. The most recent collaboration is in the development of a report to better understand the experiences and exposure to psychiatry within mental health rotations for House Officers. These experiences may contribute to their decision to choose psychiatry as a specialty and join the training program. Establishing new House Officer runs in psychiatry as well as expanding the number of psychiatry training roles is specifically identified as one area for growth in the *Mental Health & Addiction Workforce Plan 2024–2027*. Health NZ is providing funding for this project which will be managed by the College. A contractor has been approved and appointed (May 2025) and the report is planned for completion in November 2025.

Requests for additional information from the AMC response to the 2024 monitoring submission	
Request	**College Comment**
Regarding the review, reconsideration, and appeals policy. Please provide the outcomes of, and any actions arising from the first thematic analysis using the logic model.	**Thematic analysis of the Review, Reconsideration and Appeal (RRA) Policy (formerly Condition 3)** The Legal Services Department maintains a register of applications and closely monitors operations of the RRA Policy and its outcomes. This includes conducting the first thematic analysis (Appendix 1.32), drawn from data of the RRA Policy implementation from July 2023 through to December 2024. Insights from this analysis allow the College to strengthen internal mechanisms and identify opportunities to improve relevant policies and processes. Key findings include the need for decision makers to improve clarity in letters of outcome to demonstrate consideration of information and reasons for outcomes. Appropriate feedback from the Education Review Committee (ERC) and the Independent Reconsideration Panel (IRP) forms part of a larger evaluation now being conducted by the Governance Department. In addition, the IRP identified policy gaps and recommended improvements, which have been communicated to the appropriate education departments or committees. Feedback from applicants who accessed the RRA Policy indicated that the majority found it accessible and the accompanying resources helpful. The RRA was presented and discussed with the TAC to ensure feedback was provided by the trainee body. Following which a communication campaign was developed to enhance awareness of the policy both directly from the College and via their informal networks. In addition, minor amendments to the RRA policy were approved by the Board and the updated RRA Policy has been published on the College Website. Legal Services is working with the web team to introduce improvements to the Appeals and Complaints webpage, making it easier for applicants to access the RRA Policy and associated resources.
Please provide the outcomes of the reviews of the Board Committees, the Faculty, Sections and Networks.	**Regular review of College structures and functions, regulations, policies, and guidelines (formerly condition 8 ii)** The Board has recently endorsed the utilisation of its second Appointed Director clause to appoint an independent Director, external to the College, to focus on a generalist skillset (see also Condition 1). This position will support the Board by providing objectivity, new and unbiased perspectives and experiences, accountability, discipline, and assistance in navigating important strategic issues. Following the merge of the finance and audit functions, the Finance and Audit Committee is being further enhanced with the migration of the risk functions and establishing a Finance, Audit and Risk Management (FARM) Committee. Processes and relevant governance documents are being finalised for the recruitment of an Independent Member with finance skills

	(external to the College) on the FARM Committee. This recruitment will be finalised by the end of September 2025. In addition, the CGRC will now focus on overseeing the overall governance reform.
	A broader internal governance review is currently underway, focusing on the remaining Board Constituent Committees. The review aims to identify a Constituent Committee structure that is effective, fit for purpose, and operationally aligned. It will also examine the structure and functions of their subcommittees to ensure they are providing appropriate and timely support that reinforces the Board's ability to maintain strategic focus and oversight. Aligned with this review is the development of a Reservation of Powers and Delegation of Authority document that will articulate the powers reserved for the Board and those that the Board has delegated to Committees, College Management, and members. This document will play a vital role in clarifying decision-making boundaries, while supporting governance and organisational efficiencies.
	A significant phase of the Faculty, Section and Network (FSN) Review (see the tracker in Appendix 1.33) has been finalised, including development of definitions for Faculties and Sections (Appendix 1.34 and 1.35), a committee effectiveness rubric (Appendix 1.36), and the establishment of an ongoing audit function to map committee effectiveness. These developments have all been established and endorsed by the Board. Next steps over the coming months will be establishing criteria to operationalise the new Faculty and Section structure and developing a strong membership communication plan. The MAC will be kept informed as the operationalisation progresses.
The College is asked to reflect on the low number of reconsiderations, reviews and appeals and longitudinal trends, including seeking input from the TAC, and whether there are disincentives created within current systems that lead to very few trainees seeking to have decisions made about them revisited.	The RRA Policy came into effect in July 2023.
	The 2024 condition response was drawn from data of the RRA Policy implementation from July 2023 through to December 2024 (the relevant period). This was a period of socialization of the Policy, and the monitoring of applications from December 2024 indicates an increase in the number of applications, particularly applications for Review by the ERC.
	At the time the RRA Policy and Procedure was implemented, the Procedure for Reconsideration of decisions by the Board of Education Committee ('BOE Policy') was rescinded. The BOE Policy provided a layer of review through 'informal' reconsideration process, for education portfolio committee decisions.
	In addition to the RRA Policy, current standard education processes include education committees considering requests or concerns from trainees or SIMGs relating to training, progression to Fellowship or other relevant matters.
	Successful resolution of matters prior to a Trainee or SIMG accessing the formal RRA Policy is key to ensuring that the College continues to facilitate timely and transparent consideration of matters at the earliest stage possible.
	Early Resolution
	This process is being formalized - the *Early Resolution Policy and Procedure* (Appendix 1.37) - and implemented in July 2025 (see also Condition 37). Early Resolution applies to educational and training decisions or outcomes, as they relate to current and prospective trainees, SIMGs and Fellows.

	Early Resolution was approved by the College Board in July 2023 and piloted for its operationalisation and effectiveness by the CSIMGE. Consultation on Early Resolution occurred with the relevant education departments as well as the TAC, which provided positive feedback regarding these additional supports for Trainees and SIMGs to seek clarification on outcomes or raise concerns with decision makers. Trainees and SIMGs were advised of the upcoming publication of the Policy through the *Psyche Newsletter,* in addition to reminders of current support and processes available by the College. The College Legal Services department will continue to monitor Early Resolution closely and provide support and guidance to education committees and departments, including updating the 'Disputing a training assessment outcome' webpage with a range of resources, including flowcharts. This aims to clarify Early Resolution and how it relates as an informal pathway prior to the RRA Policy.

3. Statistics and annual updates

Please provide data in the tables below showing:

- the number of reconsiderations, reviews, and appeals that were heard in 2024, the subject of the reconsideration, review or appeal (e.g. selection, assessment, training time, specialist international medical graduate assessment) and the outcome (number upheld, number dismissed).

- the outcomes of its processes for evaluating the reconsideration, reviews and appeals to identify system issues.

Please do not alter the text in the table.

Requests for Reconsideration in 2024 (per program) - Trainees			
Subject of Reconsideration	**Number of reconsiderations**	**Outcome**	
		Upheld	**Varied**
Reconsideration by the IRP of a decision by the EC (on recommendation of the CFT) to exclude from the Fellowship Program due to a failure to progress.	1		✓

Requests for Reconsideration in 2024 (per program) - SIMGs			
Subject of Reconsideration	**Number of reconsiderations**	**Outcome**	
		Upheld	**Varied**
N/A			

Requests for Review in 2024 (per program) - Trainees			
Subject of Review	**Number of reviews**	**Outcome**	
		Upheld	**Varied**
Review by the ERC of a decision of the Queensland Branch Training Committee (QBTC) to decline an application for transfer to the Queensland Training Program.	1	✓	

Requests for Review in 2024 (per program) - SIMGs			
Subject of Review	**Number of reviews**	**Outcome**	
		Upheld	**Varied**
Review by the ERC of a decision of the EC (on referral of the CSIMGE) to: • Withdraw the SIMG from the Specialist Pathway; • Decline a request to re-assess as Substantially Comparable; • Declining a request to extend partial comparability status.	1	✓	
Review by the ERC of a decision of the EC (on referral of the CSIMGE) to: • Withdraw from the Specialist Pathway due to a failure to progress; Decline a request to extend partial comparability status.	1	✓	

Requests for Review in 2024 (per program) - SIMGs			
Subject of Review	**Number of reviews**	**Outcome**	
		Upheld	**Varied**
Review by the ERC of a decision of the CSIMGE to uphold Specialist Assessment as 'Not Comparable' to RANZCP Training and Experience, as determined by the National Assessment Panel (NAP).	1	✓	
Review by the ERC of a decision of the CSIMGE that the applicant is not eligible to apply for Specialist Assessment.	2	✓	

Requests for Appeal in 2024 (per program) - Trainees			
Subject of Appeal	**Number of appeals**	**Outcome**	
		Upheld	**Varied**
N/A			

Requests for Appeal in 2024 (per program) - SIMGs			
Subject of Appeal	**Number of appeals**	**Outcome**	
		Upheld	**Varied**
N/A			

Standard 2: The outcomes of specialist training and education

Areas covered by this standard: educational purpose of the educational provider; and, program and graduate outcomes

1. **Activity against conditions**

The numbering of conditions matches that used in the AMC Accreditation Report.
Please address each of these conditions individually.

Condition 9				Due Date: 2024*
Explicitly define the College's commitment to Aboriginal and/or Torres Strait Islander peoples and Māori health outcomes and perspectives, and community responsibilities in its educational purpose and within key College documents. (Standard 2.1) *Due 2023: Development and consultation* *2024: Implementation*				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			X	
2025 College response				
The College is committed to Aboriginal and/or Torres Strait Islander peoples and Māori health outcomes and perspectives, this is reflected through its governance structures, policy development, and inclusivity. The College has developed a statement to define the College's commitment to Aboriginal and/or Torres Strait Islander peoples and Māori health outcomes and perspectives, and community responsibilities, in its educational purpose and within key College documents:				

> 'The RANZCP is committed to addressing the longstanding inequities experienced by Aboriginal and Torres Strait Islander peoples in Australia, and Māori in Aotearoa New Zealand, in both health outcomes and access to culturally safe mental health care. Central to this commitment is the College's work to grow and sustain the Indigenous psychiatric workforce, promote cultural safety for both patients and psychiatrists, and embed culturally responsive practices across training, policy, and service delivery. Guided by its vision, the RANZCP acknowledges the enduring disparities in health outcomes for Aboriginal and Torres Strait Islander peoples and Māori, which reflect systemic barriers to appropriate health services and the social determinants of health. The College is advancing this agenda through multiple initiatives, including increasing representation of Aboriginal, Torres Strait Islander and Māori peoples among its membership and staff, strengthening education in culturally appropriate care, and implementing its Reconciliation Action Plan and commitment to Te Tiriti o Waitangi.'

This statement will be included in:

- the Constitution
- Code of Ethics
- future Strategic Plans
- Code of Conduct
- CPD Program guide
- Training regulations
- Regulation – Accreditation of a Training Program
- Accreditation Policy, and Removal of Accreditation Policy
- relevant webpages including the Complaints resolution page.

Where publications are being re-designed, the statement will be placed on the relevant webpage until redevelopment is scheduled. This work is scheduled to be completed by August 2025.

Whilst this statement is a first step other initiatives are being undertaken across the organisation for example, the inclusion of tikanga in our recently revised Code of Ethics.

Constitutional change continues to be pursued, however, a single-issue Membership vote to update the existing Constitution has been paused pending a full review and update of the entire constitution. This decision was based on consultation with a broad range of members which indicated that a vote on this single issue would not be successful. Regardless, the work to date and the output from the First Nations' committees will be used as part of the overall future Constitutional Review (as outlined in comments at Standard 1, Condition 1).

Condition 10			Due Date: 2026 (Extended in 2024)	
Ensure program and graduate outcomes acknowledge and address equity in healthcare for Aboriginal and/or Torres Strait peoples and Māori. (Standards 2.2 and 2.3) *Due 2025: Development and consultation* *2026: Implementation*				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			X	

2025 College response

Throughout the second half of 2024, key stakeholders from the College's Aboriginal and Torres Strait Islander Mental Health Committee, Te Kaunihera and the CCC were invited on multiple occasions to provide feedback on the draft graduate and program outcomes and the proposed new cultural safety role. A summary of the process for redevelopment, including consultation is provided in Appendix 2.01. In particular, the First Nations Committees endorsed the adoption of the CMC's CSTP for Vocational Medicine in Aotearoa, and the four proficiencies outlined in this document as the key underpinnings for a new Cultural Safety role in the curriculum framework.

First Nations committees also emphasised the importance of recognising that terms such as 'Cultural Safety' and 'Cultural Competence' hold specific and deeply significant meaning for Aboriginal and Torres Strait Islander peoples and Māori. This input followed a suggestion from the broader membership that these concepts could be broadened to include other non-dominant cultures.

While health systems may seek to broaden the language of cultural safety to apply to diverse populations, this must be done with caution and respect. Diluting the term risks undermining its power as a tool for First Nations-led reform and accountability. The College is committed to preserving the integrity of Cultural Safety as a concept that is defined by and for Aboriginal and Torres Strait Islander peoples and Māori, with any broader use requiring careful consideration and explicit consultation.

Following contributions and recommendations from First Nations peoples, a new draft of the program and graduate outcomes was developed with the Australian Council for Educational Research (ACER) to acknowledge the importance of focusing specifically on Indigenous health issues, including addressing the factors that underpin equity in healthcare and positioning psychiatrists to take an active role in addressing this inequity for First Nations peoples (Appendix 2.02).

Specifically, a new CanMEDS 'Culturally Safe Practitioner' role has been developed. This is the revised version of the 'Cultural Humility' role outlined in our 2024 submission.

The key competencies of the Cultural Safe Practitioner role are based on the CSTP and include:

- Engagement in ongoing development of critical consciousness
- Examining and redressing power relationships
- Commitment to transformative action
- Ensuring that safety is determined by people and communities
- Recognition and remediation of cultural loading

The above competencies align well with the New Zealand specific Takarangi Framework which also encourages critical reflection, the recognition of interpersonal power imbalances and dominant world views and calls for action and relationship-building with care and respect.

Additionally, the draft program and graduate outcomes retains the Program Outcome 'Promote Cultural Humility and Safety in Practice' in its original form:

'PO9: Promote Cultural Humility and Safety in Practice

Be humble in acknowledging that the Aboriginal and Torres Strait Islander and Māori peoples represent long and enduring cultures. Be willing to engage in an ongoing process of learning from Aboriginal and Torres Strait Islander and Māori peoples to honour their beliefs, customs

and values and provide culturally safe, informed and inclusive care at an individual, service and societal level.'

The above Culturally Safe Practitioner Role and program outcome (PO9) both reinforce the core intent of the RAP by promoting respectful engagement, cultural humility, lifelong cultural learning, and practices that acknowledges and include First Nations knowledge systems and worldviews.

The current draft program and graduate outcomes are undergoing broad external and internal consultation as part of the curriculum framework consultation process. The plan for consultation (Appendix 2.03) was informed by the objectives and guidelines in the draft Consultation and Engagement Policy and Procedure (Appendix 1.09) that supersedes the Engagement Strategy presented in our 2024 submission. In alignment with objective 2.1 'Foster Consultative Development', engagement is being sought through both qualitative and quantitative input from stakeholders. Feedback will be used to inform improvements to the current framework, in keeping with Objective 2.3 'Continuous Improvement'.

From May to July 2025, the curriculum framework will go to external First Nations organisations including the AIDA, Te Ohu Rata O, Aorearoa (Te Ora), Te Pou, and Gayaa Dhuwi. After consolidating data and incorporating changes from external stakeholders, key internal committees will be invited to provide another round of feedback including the Aboriginal and Torres Strait Islander Mental Health Committee and Te Kaunihera. Throughout this time, a College webpage will also gather input from a broad audience (Appendix 2.04). Key themes from the consultation process will be incorporated into the final curriculum framework before final approval internally and with the EC which is estimated to occur by the end of November 2025.

The NFPT will determine the official implementation timeline for the revised program and graduate outcomes, including how they will be integrated alongside other educational reforms currently in development, and how they will be expressed in a New Fellowship Program. Once the curriculum framework is ready for publication, the statement outlined in response to Condition 9, which defines the College's commitment to Aboriginal and/or Torres Strait Islander peoples and Māori health outcomes and perspectives, will be included within this framework.

Condition 11				Due Date: 2025*
Expand the College's educational purpose, program outcomes and graduate outcomes to reflect community need for non-acute mental health services across a range of settings. (Standards 2.1, 2.2 and 2.3) *Due 2024: Development and consultation* *2025: Implementation and communication*				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			X	

2025 College response

The revised curriculum framework has been developed to provide guidance on the future training program curriculum and to enhance the cohesiveness, comprehensiveness and usefulness of curriculum documents for trainees and supervisors. Additionally, the revised framework facilitates coherent alignment with other important curriculum elements, including syllabus, FECs, training experiences, accreditation, and assessments.

As stated in our 2024 submission, draft Program Outcomes (PO) labelled PO2, P04 and PO5 address working within the community and a variety of health services and non-acute settings.

In addition, several competencies grouped under the draft graduate outcomes speak to interactions with community and a range of health settings. These include:

- PME1.6: Provide care and service across a range of settings and the continuum of care.
- PME5: Establish plans for ongoing care and, when appropriate, timely consultation or transfer of care.
    - PME5.1: Implement a person-led care plan that supports ongoing care, follows-up on investigations, monitors response to treatment, and focusses on recovery principles.
- A1: Respond to individuals' personal health needs by advocating with the person within and beyond the clinical environment
    - H1.1: Work with patients to address determinants of health and wellbeing that affect them and their access to needed health services or resources.
- A2: Respond to the needs of the communities or populations they serve by advocating with them for system-level change in a socially accountable manner
    - H2.3: Contribute to improving mental health in the community, service accountability and social justice.
    - H2.4: Identify and address gaps in service provision and integration.

As mentioned in Condition 10, the draft program and graduate outcomes are currently undergoing wider external consultation together with the entire curriculum framework (Appendix 2.03). External stakeholders will include a range of external government agencies, carer and consumer groups, and mental health advocacy organisations across both countries. Final internal approvals towards the end of 2025 will also include input from key internal committees such as the CCC.

To inform members about the redesign of the curriculum currently underway, information webinars were held in November 2024 and February 2025, entitled 'Navigating the Future: Key Changes to the RANZCP Fellowship Program Webinar' and 'Curriculum Redesign Project: The New Horizon'. The webinars introduced members of the College to key aspects of the Curriculum review process and outlined the future consultation process. They also explored why the curriculum is being updated, summarised the steps in the development process, and introduced key innovations such as the addition of the Culturally Safe Practitioner role. A dedicated webpage was also established in March 2025 (Appendix 2.04) on the curriculum redesign, reasons behind it, key aspects being innovated, and the collaborative approach.

2. Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs and assists the AMC to determine if these programs are continuing to meet the approved accreditation standards.

Please provide a summary of significant developments completed or planned relevant to Standard 2. If a significant development has been made in response to addressing a condition, please only report on this this against the relevant condition. The development does not need to be reported twice.

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program.

Examples of significant developments to report on could include:

- Educational purpose of the College
- Engagement with stakeholders about educational purpose
- Program outcomes
- Graduate outcomes

Has there been any significant developments in relation to Standard 2	If yes, please describe the developments completed or planned *Please include any potential impacts on continuing to meet the standard in the description.*
- Yes ☒ - No ☐	- In addressing the conditions related to Standard 2 there will be significant changes to the program and graduate outcomes and engagement with stakeholders. This work is reported against the conditions in this section.

3. Statistics and annual updates

Nil.

Standard 3: The specialist medical training and education framework

Areas covered by this standard: curriculum framework; curriculum content; continuum of training, education and practice; and curriculum structure

1. **Activity against conditions**

The numbering of conditions matches that used in the AMC Accreditation Report.

Please address each of these conditions individually.

Condition 13	Due Date: 2026*

Develop and implement an overarching curriculum framework and enhanced mapping aligned with program and graduate outcomes, syllabi, and assessment for all stages of training. This work should include implementation timelines and coordinated with:

(i) Completing the planned review of the syllabus in Stage 1 and 2 of training.

(ii) Establishing a clear syllabus and curriculum map for Stage 3 of training. (Standards 3.1 and 3.2)

*Due 2024: Scoping and development

*2025: Communication

*2026 Implementation

Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			X	

2025 College response

13 (i) (ii)

New program and graduate outcomes based on the CanMEDS Roles Framework have been drafted and are currently under consultation. This will feed into the work of the NFPT in its development of the implementation plan by the end of 2025 for a new Fellowship Program.

A review of the syllabus (also referred to as the Knowledge Base) was conducted by ACER in 2024 and 2025. A progress report is provided in Appendix 3.01. In addition, the working group that has been reviewing the FECs reviewed the draft Knowledge Base in 2024 and performed a preliminary assessment of which components would go into Stage 1, Stage 2 and therefore by exception Stage 3 (Appendix 3.02).

The Knowledge Base and Curriculum Framework have been designed as a Stage 1-3 syllabus (see the pedagogical approach outlined in Appendix 3.03 and the draft

Knowledge Base in Appendix 3.04). With Stage 1 being an introduction to the specialty of psychiatry, Stage 2 core psychiatry training and Stage 3 a transition into independent practice. The new draft syllabus is ready for further internal feedback. A number of areas, particularly related to specific population groups have been identified as requiring additional input. Consultation will take place in the second half of 2025 with an extensive list of internal and external stakeholders (see Appendix 2.03).

Following consultation and agreement on the new Knowledge Base this year, further work will occur to articulate the Stage 3 syllabus and how this aligns with both generalist Fellowship as well as Advanced Training Certificates. It is envisaged that Stage 1 and 2 components will be assigned to the FEC reform project for further development.

In addition to the syllabus review, ACER has been engaged to map the new curriculum framework against all other existing curricular elements, i.e. training experiences, Workplace Based Assessments (WBAs), EPAs, FECs and assessments. This work will advise the College of any gaps or sequencing matters and we expect this to be completed in Q4 2025. Following this, a further piece of work is anticipated in 2026 where the College will consider the future program of assessments.

All key educational reform work was presented to the College Board in May 2025, including both timelines and sequencing (Appendix 3.05). The Board has commissioned the NFPT to review these areas, develop a cohesive implementation plan for a new Fellowship program incorporating the work to date and report back to the Board in early 2026. The group's ToR is provided in Appendix 1.20.

The key areas of education reform are classified under four streams:

- Curriculum (Curriculum Framework and Syllabus)
- Assessments (including the Clinical Competency Portfolio Review (CCPR), as part of the program of assessments)
- Learning Experience (EPAs, Supervisor Development, Rural Psychiatry Training Pathway)
- Teaching and Training (FECs, Cultural Safety Training)

A process for more regular curriculum framework and syllabus/Knowledge Base review and renewal is required. An annual review of the Knowledge Base is envisaged with a less frequent process for the curriculum framework. The exact schedule and methodology will be outlined within the Education and Training Review Framework being developed by Ardnell Group over the next few months, as outlined in Condition 8.1.

A summary of next steps and estimated timeframes is provided below:

1. Formation of NFPT (July 2025, see significant developments under Standard 1)
2. Conclude consultation on Curriculum Framework and finalize (December 2025).
3. Consultation and finalization of Knowledge Base (May - December 2025).
4. Mapping of curriculum (October – December 2025).
5. Develop Standard Operating Procedure and Business Rules for consulting on and revising Knowledge Base and Curriculum on regular basis (December 2025).

Condition 14	Due Date: 2026*

Review and implement enhanced curriculum content, including explicit learning outcomes and relevant minimum clinical experience to ensure all graduates have capabilities in:

(i)   Psychotherapy and high prevalence disorders to prepare graduates for non-acute presentations.

(ii) Neuroscience, addictions, trauma-informed care, and intellectual disability.

(iii) Leadership and working in multidisciplinary teams to prepare for roles in both public and private practice and community settings.

(iv) Delivering high quality, patient centred mental health care with understanding of health inequities and systemic barriers in Australia and Aotearoa New Zealand. (Standards 3.2.3, 3.2.4, 3.2.5, 3.2.6 and 3.3.2)

Due 2024: Scoping and development

2025: Communication

2026 Implementation

Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			X	

2025 College response

14 (i-iv)

The College has worked in partnership with ACER to review these components of the curriculum and explicitly address AMC condition 14. The proposed new competencies and enabling competencies (equivalent to learning outcomes) in the draft curriculum framework (Appendix 2.02) include reference to all four areas mentioned in this condition. The details are outlined below.

1. Psychotherapy and High Prevalence Disorders (non-acute presentations)

- Program Outcome PO1: 'Integrate psychotherapeutic, pharmacological, biological, and sociocultural interventions with skill and compassion...'
- Graduate Outcome PME4.6: 'Utilise a range of psychotherapy approaches.'
- Graduate Outcome PME3.4 & PME3.7: Emphasises biopsychosocial formulation and person-led, recovery-oriented care – essential for managing non-acute presentations.
- Scholar Role – S2.6: 'Deliver effective psychoeducation for individuals, carers and groups.' Useful in chronic/high prevalence settings.

2. Neuroscience, Addictions, Trauma-Informed Care, Intellectual Disability

- Graduate Outcome PME3.2: 'Produce a valid formulation, including a biopsychosocial and cultural formulation...' – foundational to trauma-informed and the care of patients with intellectual disability
- PME4.1 & PME4.4: References to neurostimulation and biological therapies – implicitly tied to neuroscience principles.
- Advocate Role – A1 & A2: Involves advocating for population needs and addressing social determinants – highly relevant to trauma and addiction care.
- Culturally Safe Practitioner Role – CH3.1 to CH3.5: Critically analyses systemic barriers and reinforces trauma-informed approaches.

3. Leadership and Multidisciplinary Teams (public, private, community settings)

- Program Outcomes PO3 & PO4: Emphasise working in and leading multidisciplinary and community contexts.
- Leader Role – L2 & L4: Leadership in healthcare delivery, governance, and practice management, including public/private service contexts.
- Collaborator Role – COL1 to COL3: Strong focus on effective teamwork and interprofessional collaboration.
- Graduate Outcome PME5.1 & PME5.3: Develops plans for ongoing care, anticipating barriers – critical in community and private sector models.

4. Delivering High-Quality, Patient-Centred Mental Health Care with Awareness of Inequities and Systemic Barriers

- Program Outcomes PO1, PO3, PO5, PO9: These directly address culturally safe care, health inequities, advocacy, and person-led care.
- Advocate Role – A1 & A2: Specific to addressing social determinants, stigma, service gaps, and system-level advocacy.
- Culturally Safe Practitioner Role – CH1 to CH5: A comprehensive framework to understand and dismantle systemic barriers, with emphasis on Aboriginal, Torres Strait Islander, and Māori peoples.
- Graduate Outcome PME3.4 & PME3.7: Management plans aligned with individual goals, cultural needs, and systemic realities.

In addition to the competencies and enabling competencies mentioned above, further details around neuroscience, intellectual disability, and addictions appear within the draft Knowledge Base (Appendix 3.04).

Furthermore, the revision of the EPAs has resulted in specific EPAs related to psychotherapy, recovery care, culturally safe care and teamwork which will facilitate greater clinical exposure to these types of experiences (Appendix 3.06):

- EPA 13 – Performing psychotherapy
- EPA 04 – Developing a person-centred recovery plan
- EPA 06 – Developing a culturally responsive plan
- EPA 16 – Teamwork and leadership

The EPAs are expected to undergo a pilot in 2026 with a view to launching them in early 2028, subject to the implementation plan developed by the NFPT. The new curriculum framework and Knowledge Base will ultimately be reflected in the topics covered under the new FEC model which is currently under development with the launch anticipated in late 2027, subject to the implementation plan developed by the NFPT.

Condition 15				Due Date: 2026*

Develop and implement explicit learning outcomes for trainees to develop culturally safe practice in Australia and Aotearoa New Zealand supported by and mapped to specific learning resources and assessments. (Standards 3.2.9 and 3.2.10)

Due 2023-2024: Completion

2025: Communication

2026: Implementation

Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			X	

2025 College response

Learning Outcomes

The first step in redeveloping program and graduate outcomes involved reviewing the existing 2012 framework based on CanMEDS roles, and adapting the roles to suit the current psychiatric context. Recommendations based on ACER's review (included in our 2024 submission) are being developed. As outlined in our response to Condition 10, the current draft program and graduate outcomes (Appendix 2.02) address cultural safety through the Program Outcome , 'Promote Cultural Humility and Safety in Practice' and the new 'Culturally Safe Practitioner' role.

In the summary of the curriculum redevelopment process (Appendix 2.01), the new framework includes 153 enabling competencies (equivalent to learning outcomes) with 23 of these being new additions relating to the new Culturally Safe Practitioner role.

Initial consultation, on the program and graduate outcomes as well as the new role, was sought in late 2024 with key stakeholders from the College's Aboriginal and Torres Strait Islander Mental Health Committee and Te Kaunihera providing support for this approach. This was done to inform thinking and draw upon the expertise of these groups at the development phase. Further information on this process is outlined in response to Condition 10 and Appendix 2.01.

External consultation is now underway and includes AIDA, Te Ohu Rata O Aotearoa (Te Ora) and Te Pou (Appendix 2.03). Further rounds of consultation with internal First Nations committees will be sought over the next few months following the receipt of external feedback. Implementation will occur along with the new curriculum and Knowledge Base according to the plan being developed by the NFPT.

Learning Resources

The Cultural Safety Training working group is developing a translational resource for the Council of Medical College's CSTP so that it can be applied across both countries. Resources for training are being identified through the work of this group. In addition, the new Structured Learning Activity (SLA) which will become the Critical Learning Activity (when the redeveloped FECs are launched) is being developed with a view to incorporating perspectives of First Nations peoples and an examination of possible causes of cultural bias and discrimination.

Assessments

The new EPAs incorporate a specific EPA on culturally safe care planning (Appendix 3.06). All EPAs have been reviewed with a cultural safety lens and advice provided in relation to both culturally safe practice as well as culturally safe education where supervisors may be involved with an Aboriginal, Torres Strait Islander or Māori trainee.

Consultation and Engagement

The College's First Nations committees have been consulted throughout all of these processes including the development of learning outcomes, the adaptation of the CSTP, and the development of all EPAs including those relating to cultural safety. For more information, see Conditions 10, 7, and 27 respectively. Further consultation is underway for the curriculum framework (including learning outcomes) with representative First Nations groups in both countries. The consultation plan is provided in Appendix 2.03.

Condition 16				Due Date: 2024*
Develop and implement mechanisms to centrally monitor the application of the College's "break in training" and part-time policies at local training sites. (Standard 3.4.3) *Due 2023: Development and consultation* *2024: Implementation*				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			X	
2025 College response				
The College notes the AMC commentary from 2024 that the intention of this condition is for increased central visibility of how flexible training policies are applied at local training sites. It should be noted that the *Part-time Training Policy* (Appendix 3.07) describes the pro-rata training and assessment requirements for part-time trainees, and the minimum training Full-Time Equivalent (FTE) that can be approved at a local level. It does not define criteria for approval of requests. The application of this policy is currently monitored centrally through InTrain workflows which include manual checks of all submitted InTraining Assessment (ITA) forms to validate the completion of required training and assessment components. Likewise, minimum FTE requirements are monitored and escalated to the CFT as per the policy.				

To provide more accessible oversight of the trends around part-time training, the process for requesting a change in training FTE is being updated and integrated into InTrain. The new application form is scheduled to be implemented in August 2025 following broad communications. A screenshot of the revised form is attached in Appendix 3.08 and the project timeline in Appendix 3.09.

As part of the scoping exercise for this project, the College consulted DoTs to explore existing practices and identify potential challenges to centrally monitor when part-time training requests are made and possibly declined.

Feedback from DoTs indicated that in practice, training programs do not reject applications for part-time training that are within their remit (i.e. training at 0.5FTE or greater in line with the part-time training policy - applications for FTE between 0.3 and 0.5 are heard by the CFT). This is true even where a reduction in FTE may have a negative impact on a trainee's progression. The underlying principle is that vocational training is separate from the need to work, and trainees have the right to choose their level of engagement in training. In some jurisdictions, particularly where lucrative locum work is available, doctors have chosen to train part time while working full time.

This highlights a limitation to College-based monitoring of applications for part-time training: any practical barriers to flexible working conditions are controlled by the workplace, rather than the DoTs or the College who have no influence over, or visibility of, barriers at that level.

A trainee's wish to adjust their FTE begins with a conversation with their employer. If the employer is supportive, formal workplace processes follow to confirm the change. Similarly, the trainee will have a conversation with their DoT about part-time training before initiating a formal process. The new online application form to adjust FTE allows trainees to log a request for part time training before and/or after speaking with their employer. If their employer declines the request, the trainee can choose to report the reason on the form so that the College is aware. The same functionality is available for Breaks in Training (BiT) using the online form.

However, if the trainee's request is rejected by the employer, they are unlikely to pursue an informal or formal request with their DoT via the online form, and the College has no record of the blocked intention to work and train part time.

Acknowledging this limitation, the online request form for change in training FTE will provide a greater level of insight into the reasons trainees choose to change their FTE, and how these reasons may change over time. The established process for checking each ITA form (twice yearly as outlined above) centrally monitors FTE requirements to ensure they are within policy limits. The new online form to change FTE will also flag requests outside the policy scope. On top of this, there will be a biennial review of the data generated through both the new FTE request form and the BiT form, to highlight useful information such as the reasons for BiT and PT training requests, and any trends related to stages of training. Summary data will be provided to relevant committees such as the DoT Advisory Group and the CFT with recommendations as applicable.

2. Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs and assists the AMC to determine if these programs are continuing to meet the approved accreditation standards.

Please provide a summary of significant developments completed or planned relevant to Standard 3. If a significant development has been made in response to addressing a condition, please only report on this this against the relevant condition. The development does not need to be reported twice.

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program.

Examples of significant developments to report on could include:

- Educational framework of the specialist medical program(s)
- Requirements for research projects
- Recognition of Prior Learning policies and procedures
- Program changes responding to external developments (i.e. new service delivery or care models, etc.)
- Duration of training the program(s)
- Flexible training, part time and interrupted training policies and procedures

Has there been any significant developments in relation to Standard 3?	If yes, please describe the developments completed or planned *Please include any potential impacts on continuing to meet the standard in the description.*
- Yes ☒ - No ☐	In addressing the conditions related to Standard 3 there will be significant changes to the curriculum framework, content and structure. This work is not complete and is reported against the conditions in this section.

3. Statistics and annual updates

Nil.

Standard 4: Teaching and learning methods

Areas covered by this standard: teaching and learning approach and methods

1. **Activity against conditions**

The numbering of conditions matches that used in the AMC Accreditation Report.

Please address each of these conditions individually.

Condition 17			Due Date: 2025	
Develop, implement, and monitor increased opportunities in non-acute settings and longitudinal care to facilitate the expansion of skills of trainees to manage high prevalence, low acuity disorders. (Standards 4.2.1 and 3.2)				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			X	
2025 College response				
InTrain is the appropriate mechanism for tracking trainees' experience in the various training settings. When InTrain was implemented, the data required to create training posts was deliberately left very flexible to reduce the barriers to uptake by users. Now that InTrain is well embedded, steps are being taken to enable reporting of 'rurality' using the Modified Monash Model (MMM) in Australia, the setting, and sector of a training post. Initial discussions with the CFT identified issues with a lack of commonly agreed descriptors for post settings and sectors across jurisdictions. Further investigation proposed additional descriptors based on the highest level of the Australian Mental Health Care Classification developed by the Independent Health and Aged Care Pricing Authority. The proposed 'setting' descriptors are 'admitted', 'community' and 'hybrid'. An additional descriptor is 'sector', and the proposed categories are 'private', 'public', 'not for profit' and 'other', with 'other' covering the academic and government training experiences that are available.				

Actions to date include:

- development of InTrain to include an 'address picker' for both Australia and New Zealand that returns structured address data which can then be used to return the appropriate MMM classification
- exploration of options to classify the rurality of New Zealand training posts
- cleaning of the post data relating to the addresses for each location within a training post, rurality and accreditation dates
- development of reports to demonstrate the distribution of training experiences across the MMM classifications
- identification of proposed descriptors of the setting and the sector
- exploration of resourcing required to add additional descriptors to InTrain that describe the setting and the sector of the training experience.

Next steps:

- Consultation with the CFT to confirm the proposed descriptors
- Scoping of the required InTrain development and inclusion in the development schedule
- Timeframe for implementation, anticipated to be complete in 2026.
- Review of the 2,040 posts to confirm the setting and sector
- Development of monitoring reports, using PowerBI to visualise the data at both individual and programmatic levels.

This project links to the implementation of the recommendations from the National Health Practitioner Ombudsman (NHPO) in relation to the accreditation activities of specialist medical colleges, including reporting requirements.

The College has successfully advocated to the Federal Government, with an election promise that includes 20-30 extra trainee placements and mental health Medicare clinics which will target lower acuity mental health patients. The details of these clinics are not yet available, and there will not be enough placements for all trainees, however it may be possible for part-time placements to maximise the number of trainees. As staffing profiles for the new mental health Medicare clinics are not yet confirmed, supervision arrangements for trainees remain uncertain at this stage.

Condition 18	Due Date: 2027
	(Extended in 2024)
Evaluate the utility of Formal Education Courses, addressing their purpose as a valid educational tool, and develop and implement measures to address variations in content, course fees and equity of access for all trainees. The evaluation should involve relevant stakeholder consultation from the onset and transparent reporting of outcomes. Developmental measures should include contemporary modes of delivery to align with trainee's clinical placements. (Standard 4.2.2) *Due 2023: Evaluation* *2027: Implementation*	

Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			X	

2025 College response

Progress on the Transformation of the FEC project was impacted by delays in staff recruitment in 2024 and early 2025. With the team in place since mid-April 2025, steady progress is being made and a draft Transformation of the FEC Project plan (Appendix 4.01) has been developed and includes estimated timelines for implementation. The FEC project is interdependent on the Curriculum redesign project, including the revision of program and graduate outcomes and the review of the syllabus, assessment reform, including the replacement of the Critical Essay Question (CEQ) assessment and the introduction of the Independent Observed Clinical Activity (IOCA) and EPA reform project.

The FEC project team is working with the relevant internal teams to discuss the communications plan and how relevant stakeholders will be informed. During the second half of 2025 and early 2026, the team will explore specifications of the operational model, including the scope of IT requirements to develop centrally located resources, identification of content and subject matter experts, and the development of templates for educational resources.

The FEC working group has determined that the redeveloped FEC should be designed specifically to support the Fellowship program, and that the sequence of syllabus delivery should be determined centrally. The intent is that learning outcomes and core learning resources related to the syllabus/knowledge base will be provided centrally, reducing the variability in content. Local contextualisation will be required to ensure that the variations relating to jurisdictional mental health legislation and health systems are covered. It is proposed that Masters programs will continue to be available as an optional choice but will not be considered as a substitute for FEC courses.

The FEC is a key component of the curriculum and learning experience that will be considered by the NFPT in its development of an implementation plan for the delivery of a new Fellowship Program. The NFPT will determine the final timing of the development of the FEC and any additional mandatory components, such as the replacement activity for the CEQ (refer to Standard 5).

Condition 19	Due Date: 2025

Curate a central set of educational materials and activities and roadmap to support consistent delivery of teaching and learning, aligned with program and graduate outcomes, and assessments. (Standard 4.2.2)

Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
		X		

2025 College response
A project addressing this condition has commenced, with a dedicated education and training document library being established on the College website. Educational material currently housed on the website is being tagged and linked to the syllabus main topic areas. Relevant Learn*it* modules will also be listed. A draft of the webpage, which is not yet published, is provided as Appendix 4.02. The College recognises that the condition requires curation by graduate outcome, however, it is currently more practical to curate initially by the syllabus. Once the new graduate outcomes are finalised, they will be mapped to the syllabus topics. This work will be incorporated into the FEC redevelopment work outlined in the response to Condition18. The project plan, outlining the intention to have this page operational by October, along with an evaluation plan is provided as Appendix 4.03.

Condition 20				Due Date: 2025*
Develop and implement central College monitoring of trainee development of independence, with clear articulation of service expectations, required skills and responsibility for Stage 1 trainees. (Standard 4.2.4) *Due 2023: Development* *2024: Consultation* *2025: Implementation*				

Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
		X		

2025 College response
To ensure clear service expectations, a revised set of EPAs are currently being finalized for implementation in late 2027 to early 2028, subject to the implementation plan developed by the NFPT. Entrustment of these activities will be recorded and monitored in InTrain, allowing the College to have central oversight of trainee development as well as the scope of their work in Stages 1-3. The revised set of EPAs identify appropriate levels of entrustment for trainees at each stage of training. This will serve as another benchmark for trainees and supervisors to understand the level of support required for these core activities during Stage 1. To monitor the scope of work and the level of support that trainees are receiving in their first year, a short anonymous survey has been developed. It will be delivered twice a year, once in each rotation to allow for timely feedback. Data from this survey will be aggregated by health service, and identified issues will be shared with the DoTs, with a copy to the TAC and BCT for determining actions and follow up as needed. For more details see the project plan, which includes an ongoing monitoring and reporting plan, in Appendix 4.04.

This survey was developed in collaboration with trainees from the TAC as well as supervisors and DoTs in the CFT, and EC Executive (see Appendix 4.05 for a copy of the survey and Appendix 4.06 for the consultation report). Feedback from these groups led to the inclusion of qualitative questions, as well as specific questions about aspects of training which trainees felt were important to monitor in their first year. Consultation also prompted improvements to the timing, frequency, and method of the survey's delivery to reduce the burden on trainees and avoid duplication of information collected locally.

The first survey was distributed via multiple channels on 30 June 2025 and remained open for one month, collecting 55 responses (8% response rate). For the full communications plan, see Appendix 4.07. The data is currently being analysed.

The Acute Inpatient Numbers guideline is being updated, to provide advice on appropriate patient numbers to broadly support Stage one trainee workload expectations and provide guidance on accreditation standards. Additional guidance is being drafted to include advice on structuring community rotations to ensure that required supervision is provided, and that appropriate time is allowed for the assessment of new patients and the management of ongoing patients. While the original guideline has proven valuable in the negotiation of inpatient numbers, it is unclear if it will continue to be an acceptable resource with the implementation of the recommendations of the NHPO relating to accreditation of specialist medical training. The current draft is provided as Appendix 4.08.

2. Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs and assists the AMC to determine if these programs are continuing to meet the approved accreditation standards.

Please provide a summary of significant developments completed or planned relevant to Standard 4. If a significant development has been made in response to addressing a condition, please only report on this this against the relevant condition. The development does not need to be reported twice.

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program.

Examples of significant developments to report on could include:

- Teaching and learning approaches
- Teaching and learning methods
- Requirement for completion of university or other formal award courses

Has there been any significant developments in relation to Standard 4?	If yes, please describe the developments completed or planned *Please include any potential impacts on continuing to meet the standard in the description.*
- Yes ☒ - No ☐	- Change related to this standard is outlined against the conditions above.

3. Statistics and annual updates

Nil.

Standard 5: Assessment of learning

Areas covered by this standard: assessment approach; assessment methods; performance feedback; assessment quality

1. Activity against conditions

The numbering of conditions matches that used in the AMC Accreditation Report.

Please address each of these conditions individually.

Condition 21	Due Date: 2025*

Develop, implement, and monitor the outcomes of the Assessment Framework review with evidence of:

(i) Improved alignment of assessment methods to program and graduate outcomes.

(ii) Effective engagement with relevant stakeholders, including those with lived experience, in development and implementation plans.

(iii) Embedding of culturally safe and inclusive practice, and feedback from those with lived experience, in the program of assessment.

(iv) Effective monitoring of the workload of supervisors and Directors of Training to ensure wellbeing is looked after with appropriate support and training. (Standards 5.1, 1.6.4, 6.1, and 8.1.3)

*Due 2023: Development
*2024: Implementation
*2025: Monitoring and evaluation

Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
		(i) (ii)	(iii) (iv)	

2025 College response

21 (i) (ii) (iii)

The Assessment Framework Working Group (AFWG) provided 11 recommendations that are outlined in the report in Appendix 5.01. For clarity, this AFWG report was retitled as the Training and Assessment Alignment Framework in 2024.

Following this report, it was decided that a review of the program of assessments would be a component of the current review and redesign of the entire curriculum framework. Progress against this condition will be reported in accordance with progress on the curriculum framework redesign and the plans for assessment review

and reform within that work.

Importantly, the alignment of existing assessment methods to program and graduate outcomes will be assessed in two phases. First ACER will map the curriculum framework (including the syllabus and Program and Graduate Outcomes) against the existing suite of assessments. This is scheduled for Q3-4 this year. Then, any gaps or sequencing matters identified will be reviewed against the entire program of assessments in 2026 (this work is also outlined in the response to Condition 13). A revised Fellowship Training Program Roadmap reflects this process (Appendices 5.02). Recommended changes will follow the *Consultation and Engagement Policy and Procedure* (Appendix 1.09) and the *Change Management Policy and Procedure* (Appendix 5.03, Condition 22) which guide engagement with relevant stakeholders throughout development and implementation. This work will inform the implementation plan being developed by the NFPT.

A summary of the College's actions against each of the 11 AFWG recommendations (Appendix 5.01) is outlined below:

1. Expand the suite of assessments.

   o Consideration of additional assessment types (e.g., logbooks) is scheduled to follow the development of the new curriculum framework, once it has been mapped to the existing assessments. This sequenced approach reflects awareness of recent significant changes within the training program, and the importance of considering the impact on supervisors and trainees.

   o During the EPA review in 2024 and 2025, the EPA Working Group (EPA WG) considered the use of logbooks and learning portfolios as a potential adjunct to the new EPA model. The benefit would be to direct trainees toward areas of the curriculum where they may have had limited exposure to. However, the College has decided to focus initially on the minimum requirements for the new EPA model. It is possible that the role of logbooks and learning portfolios may be considered in the future, as part of the implementation plan developed by the NFPT, on the basis of evaluation data from piloting the new EPA model.

2. Assessment blueprint be developed.

   o There are blueprints for central assessments based upon the existing curriculum framework. These assessment blueprints will be reviewed and revised after finalisation of the new curriculum framework and the curriculum mapping exercise (scheduled for Q3-4 2025).

3. More emphasis on direct observation.

   o This is being achieved through the move to the Clinical Competence Portfolio Review which is a review of the candidate's portfolio of direct observations including ITAs and Observed Clinical Activities(OCAs)/IOCAs.

   o A key challenge in placing greater emphasis on direct observation is the consistent feedback from supervisors, highlighting the need to avoid creating a greater burden of assessment. Therefore, direct observation of trainees or workplace-based assessments must be meaningful to both trainee and supervisor. To this end, the College has developed training for supervisors conducting the OCA/IOCAs so that they feel more comfortable and engaged with this assessment and understand how it contributes to trainee development. The College has also designed a new EPA model that has been well received by the membership as more meaningful, authentic and feasible.

4. Articulate the essential skills of a psychiatrist.

- o The new draft graduate outcomes articulate a set of essential skills for a psychiatrist. Following consultation on this draft and finalisation, the College will communicate these skills clearly to the community.

5. Categorizing and prioritizing important competencies.

- o The new EPA model adheres to a contemporary approach to entrustment and focuses on a common set of skills required of psychiatrists as part of their normal work. It therefore prioritises competencies which are seen as most important, and the newly refined list focusses on core skills such as formulation. For more information on the revised EPAs see the response to condition 27.

6. Express learning outcomes as observable behaviours.

- o ACER reviewed the RANZCP Training learning outcomes in 2024 and developed the new draft curriculum framework with this in mind, particularly ensuring enabling competencies describe learning outcomes as observable behaviours.

7. Introduce educational supervisors or mentors.

- o Whilst recognising alternate models of supervision, such as near-to-peer supervision, have the potential to improve the trainee experience and reduce the burden on supervisors, the College has considered its capacity and the importance of sequencing. The EC endorsed the recommendation that this work be considered after development and implementation of other key projects, such as the curriculum review and EPA review.

8. Use more external assessments to improve standardisation.

- o The IOCA and CCPR assessment have been introduced to address this by providing more external assessment points and improving standardisation. The first IOCAs will occur in September 2025 and first CCPR assessments in September 2026.

9. Add new written formats (e.g. situational judgement tests, mini reports, brief critical reviews).

- o To appropriately sequence changes with the current curriculum development and resources within the College, the College will review this recommendation as part of the FEC redevelopment (see our response to Condition 18). As the Critical Essay Question examination has been retired there is already work underway to develop a lower stakes replacement involving written assessments through the Critical Reflection Activity (CRA) that will sit within the FEC model.

10. Ensuring important knowledge has learning outcomes (e.g. history, models of care).

- o Important information such as historical events that contribute to the societal perception of psychiatry will be incorporated as learning outcomes via transferring the CEQ examination to a SLA (and later the CRA) for assessing critical thinking in psychiatry.

11. An assessment approach that encourages practice in diverse sociocultural and treatment contexts.

- o The curriculum framework has been adjusted to encourage exposure to a broader range of experiences and diversity in psychiatry training. Specifically, the new EPA model is more flexible and permits trainees to demonstrate progression in any setting. Supervisor training resources (see our response to Condition 40) will also better prepare supervisors to evaluate and provide feedback to trainees across a range of settings.

The key actions taken to date that address the recommendations above can be summarised into the curriculum redevelopment, the revised EPA model, and assessment

reform around the CCPR, IOCA, CRA and SLA. Each of these developments has involved engagement with relevant stakeholders, including those with lived and living experience and First Nations peoples. More detail can be found in the responses to Conditions 10, 27, 25, 24, and 26 respectively. For the largest piece of work, the curriculum redevelopment, stakeholder engagement has occurred through:

- Direct engagement around curriculum and assessment design with the College's CCC and First Nations Committees (see the response to Condition 10).
- External consultation with key organisations including those representing First Nations peoples and consumers. A copy of the consultation strategy is provided in Appendix 2.03, and more information is contained in the response to Condition 10.

Embedding culturally safe practice has also occurred through the adoption of the CSTP as part of the College's new curriculum framework as well as approach to cultural safety training for both trainees and fellows for both countries (see the response to Condition 7).

21 (iv)

To systematically monitor the workload and wellbeing of supervisors, DoTs, and DoATs, a regular survey has been launched which was created with input from all three of these groups (see Appendix 5.04 for the survey and Appendix 5.05 for the consultation report). The survey was developed over several rounds of consultation with feedback shaping the format and content of this evaluation mechanism. During the process, the proposed format shifted from a live poll accompanied by real-time solution-focused discussions to a more detailed survey capturing both quantitative and qualitative feedback on what impacts well-being and workload, the impact of recent changes in training and assessment, and suggestions on appropriate support and training that the College could provide.

The survey was developed in collaboration with the Reporting team to ensure alignment with the M&E Framework which highlights the key role of supervisors. Within the M&E Framework, 'supervision by supervisors' is a key educational activity, with a key outcome being a safe and supportive training environment. This survey recognises that understanding workload and wellbeing is essential to sustaining supervisor and DoT involvement. It also helps assess whether current training and protected supervision time are sufficient to support effective supervision, and whether pressure may be limiting the capacity of supervisors to provide the appropriate guidance for a safe training environment.

The survey will be issued annually, with data analysed for timely insights as well as trends over time. Each year, recommendations will be presented to the EC for endorsement before being actioned by the training team. For full transparency with stakeholders, the results of the survey will also be published on the College website.

The first edition of the survey was open between June and July 2025 (communication plan Appendix 5.06), 264 supervisors (15%) responded and 48 DoTs and DoATs (44%) responded. The data is currently being analysed.

This survey will lay the groundwork for a broader survey directed at supervisors in 2026. The larger survey will collect feedback on the training program as well as supervisor workload, in alignment with the M&E Framework. We anticipate using the insights from the open-ended questions in this current survey to create a more structured list of response options to include in the broader annual supervisor survey next year.

In parallel with this development, the Supervisor Working Group have been developing a number of resources to support supervisors. This includes a Supervisor Handbook(Appendix 5.07), webinars, online training modules, and a pre-conference workshop on providing culturally safe supervision, completing ITAs, and supervising trainees in remote settings. More details on these initiatives are described in response to Condition 40.

Condition 22	Due Date: 2024*

As part of an overarching plan that includes other planned reviews and the integration of these reviews with each other and the program of assessment:

(i) Provide evidence of the application of valid project/program management and change management methods to ensure appropriate integration and sequencing of work, accountability for delivery, timely implementation, and effective communication of actions and rationale related to the Assessment Framework.

(ii) Develop a policy and roadmap, in consultation with trainees, on timelines for the notification of changes to training program requirements. (Standard 5.1 and 7.3)

Due 2023: Development
2024: Implementation
Conditions 22 and 35ii consolidated in 2024

Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			X	

2025 College response

22 (i)

As part of the College's overarching strategy to align assessment reform with curriculum reform, the Fellowship Training Program Roadmap has been comprehensively updated and expanded to clearly articulate the sequencing, dependencies, and prioritization of education reforms across assessment and curriculum initiatives (Appendix 5.02). This roadmap outlines a phased approach anchored by the foundational work on graduate outcomes and curriculum review, which informs and enables the sequencing of subsequent assessment initiatives. It has been communicated to stakeholders, including the EC Executive and the Board, and will be a key input to the NFPT as it develops its plan to guide the integration of work across multiple streams. The outcome of the NFPT work may be a revision of this Roadmap and its timelines.

The College has strengthened its project and change management frameworks. A central project register and updated project status report template have been implemented to enhance visibility, accountability, and oversight. These tools are used by education and senior managers to track progress, identify interdependencies, and support informed, strategic decision-making across all education-related projects (see Appendix 5.08)

In addition, the College has reviewed and expanded its suite of project management tools to promote consistency and rigour in delivery. New templates introduced include a Consultation Plan, Evaluation Plan, Logic Model, Project Plan, and an Abridged Project Plan for smaller or lower-risk initiatives (see Appendix 5.09). These tools support structured planning, robust stakeholder engagement, and transparent evaluation processes.

A project flow chart has also been developed to provide a visual representation of the integration between curriculum and assessment reform projects. This tool reinforces the College's commitment to coordinated delivery and ensures stakeholders can readily understand project linkages, sequencing, and critical paths (see

Appendix 5.02). This will be reviewed by the NFPT and may be revised as part of its development of the implementation plan for the new Fellowship program.

These measures collectively demonstrate the application of valid project and change management methods, supporting the integration of work, clarity of accountability, effective sequencing, and communication of actions and rationale.

22 (ii)

The change management policy has undergone further review, leading to significant iterative changes and redevelopment. It has been expanded to include a standard procedure for planning, approving, documenting, communicating, and evaluating significant changes and projects relating to Education and Training matters (Appendix 5.03).

During development, feedback from trainees about recent changes within the College (such as the retirement of the CEQ and a review of the trainee engagement strategy) was incorporated. As a result, this policy and procedure took on a stronger focus on effective, timely, and transparent communication as well as minimizing disruption to trainees and other impacted stakeholders. This reflects the initial step in our co-development approach before engaging in official consultation. The following points within the policy incorporate, or were directly informed by, this trainee feedback:

- Timing of notifications for major changes (Section 6.3)
- Trainee reps and DoTs to have early and ongoing notification of major changes (Section 6.3.4)
- Clarity on what information about the change process can and cannot be shared (Section 6.3.4)
- How to engage and inform their constituents where needed (Section 6.3.4)
- A copy of FAQs in advance of publication (Section 6.3.4)
- Principles for guiding general communications on changes (clear, targeted, early and continuous, actionable) (Section 6.3.5)
- Clear outline of core communications elements to be included to avoid confusion and speculation (Section 6.3.5)
- If key aspects of the change are not yet known, state this transparently rather than leaving room for confusion or speculation. (Section 6.3.5)

A College-wide review (including by Governance, Reporting, and the Membership, Events, and Publications teams) has also ensured consistency with other college practices and policies including the M&E framework.

To support staff in applying this systematic approach to change management and project delivery, a suite of templates was also updated and expanded, including consultation plans, report templates, evaluation plans, and project plans (Appendix 5.09). These were embedded into the relevant systems and delivered to all staff in the Education and Training area through tailored training workshops as well as a hybrid information session, and are currently in use for a range of project work.

While the *Change Management Policy and Procedure* is still in development, it has already been trialed internally to inform and refine its content and structure. So far, the policy has guided the following activities:

- updating accreditation standards (discussed in response to Condition 42.2, Standard 9)
- developing a review framework for Education and Training functions (discussed in response to Condition 8.1, Standard 1)
- developing a survey for trainees on the performance of supervisors (discussed in response to Condition 39, Standard 8)
- developing a mechanism for monitoring the scope of work for Stage 1 trainees (discussed in response to Condition 20, Standard 4)
- developing a method for monitoring the workloads and wellbeing of supervisors, DoTs, and DoATs (discussed in response to Condition 21.4, Standard 5)

An accompanying *Crisis and Emergency Change Management Policy and Procedure* has been developed (Appendix 5.10). As with the previous policy, this document was heavily modelled on feedback from trainees following recent changes to training including the CEQ, the New South Wales (NSW) workforce crisis, and a review of the trainee engagement strategy. An implementation plan for both policies is provided in Appendix 1.12.

Both policy documents highlight the need to bring stakeholders along the change management process, and for early and proactive involvement where their feedback is listened to and incorporated. Further co-development of these policies is underway with broad consultation from June to October 2025 (see the consultation plan in Appendix 1.10 and the findings so far in Appendix 1.11). Implementation is expected to occur in November 2025.

Condition 23				Due Date: 2024*
Systematically review the breadth of assessment methods with a view to reducing the burden of assessment on trainees and their supervisors. This includes an evaluation to determine reasons for the high prevalence of breaks in training undertaken in order to complete summative assessments, so that there is improved alignment of assessment requirements and program duration. (Standards 5.1 and 5.2) *Due 2023: Development* *2024: Implementation*				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			X	
2025 College response				
Findings from the August 2024 survey of trainees and supervisors have been consolidated into the *Burden of Assessment in the RANZCP Fellowship Program* report (Appendix 5.11), which has been presented to the EC Executive for consideration of the findings. The report will also be shared with the CFT, CFE, TAC and BCT for discussion and comment. Of 2,531 trainees provided with the survey, 437 trainees (17.3%) responded. All currently accredited supervisors were invited to complete the survey, however anywhere between 25% - 63% of this group are not actively supervising trainees. Of the 3,396 supervisors invited, 280 (8.2%) responded. Low response rates, particularly from supervisors, prompts us to consider potential biases in the data, and the validity of generalising these findings to individuals who did not respond. With this in mind, the findings included: • trainees and supervisors equally report that participation in training impacts their physical and mental wellbeing, and disrupts their work-life balance • there is frustration that the standard for all College-administered assessments is set at the end of Stage 3 • delayed provision of timely and actionable examination feedback contributes to the burden of assessment • complex training regulations contribute to a substantial administrative burden				

- there is support for a return of the Objective Structured Clinical Examination (OSCE), particularly among supervisors who are reluctant to contribute to the summative assessment of clinical competency.

The report summarises sentiment towards each workplace-based and College-administered assessment, identifying issues with the CEQ examination, the Scholarly Project, and the Psychotherapy Written Case. It provides baseline data for ongoing monitoring.

There has been strong interest in the IOCA/OCA Supervisor Training Workshops, with a high level of engagement across both in-person and online formats. This reflects a shared understanding of the importance of supporting supervisors in delivering consistent and constructive feedback to trainees, which is key to developing core clinical competencies.

The IOCA/OCA supervisor training aims to build a common understanding of assessment criteria and provide structured approaches to giving feedback. By encouraging greater alignment in how supervisors observe and assess clinical performance, it helps improve the overall quality of feedback and supports meaningful learning conversations with trainees.

The training helps address the perceived burden of workplace-based assessments by equipping supervisors with practical tools and clear expectations. This helps reduce uncertainty and supports more efficient and confident assessment practices. Further support for supervisors is already underway with the Supervisor Development Program producing resources and training to facilitate educational literacy and strengthen their understanding of their role in programmatic assessment (see Condition 24 and 40 for more detail).

While the broad sentiment of trainees and supervisors in the August 2024 survey is unfavourable, many areas of concern are already addressed by planned or current reforms. The revised EPA model, due for implementation in 2028, will ease administrative burden and simplify related training regulations. The CEQ was retired this year. The *Change Management Policy and Procedure* (Appendix 5.03) is under development and will guide future consultation and communication of changes to build shared understanding and acceptance.

The NFPT will consider the report and its recommendations as part of its work to determine the essential elements of the new Fellowship program. This will include an evaluation of the types and timing of assessments that are aligned with the curriculum and appropriate at each stage of training in the new program. The NFPT are planning to deliver this framework to the Board in early 2026.

In parallel, another framework for reviewing all current and planned assessments on a regular basis is being developed to ensure cyclical, evidence-based and benchmarked evaluations for fitness of purpose and currency (see Condition 8.1).

Condition 24	Due Date: 2025
Develop and implement systems to monitor workplace-based assessment practices and assessors across different training sites and posts, to ensure comparability across training locations, including standards for performance assessment. (Standards 5.2, 5.4.2 and 8.1.3). Condition updated in 2024	

Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			X	

2025 College response

For the past year the College has focused on redeveloping supervisor resources under the Supervisor Development Program, which aim to provide consistent advice, guidance and training across both nations in all aspects of their roles, with a particular focus on standardised information around conducting assessments.

To date the Supervisor Project Working Group (SWG) have delivered:

- A revised supervisor handbook (Appendix 5.07)
- Supervisor Learning Path Online modules

Further initiatives in this space include:

- OCA/IOCA training workshops
- ITA review

The revised supervisor handbook (Appendix 5.07) is more comprehensive, covering topics from the responsibilities of supervisors to the structure of the curriculum, and details on assessments from the perspective of an assessor.

The Supervisor Learning Path Online modules are under development with two launched and more to come sequentially throughout 2025 and 2026 (Appendix 5.12). These delve into the attitudes, knowledge and skills required to supervise trainees at all stages of training. Additionally, they will provide access to articles, podcasts and other learning resources for ongoing upskilling opportunities. More information about these can be found in the response to Condition 40.

A revised Education glossary is also in development and has undergone multiple iterations. Its latest version is aimed at supporting the educational literacy of new Supervisors and Trainees by providing a sufficient level of detail on vocabulary around key RANZCP educational functions. This is being developed in conjunction with supervisors and is expected to be published in November this year (Appendix 5.13).

The new IOCA as a mandatory requirement for the CCPR introduces an avenue for independent assessment and will benefit trainees, SIMGs, and/or supervisors who feel that external assessment would provide a fairer evaluation of performance. It has also provided the opportunity to develop a training process for supervisors to update and calibrate their skills as a WBA assessor.

The OCA/IOCA training workshops for supervisors were launched in May this year and will be ongoing throughout 2025 and 2026 (see the project plan in Appendix 5.14). They have been highly popular to date with sessions booked out and excellent feedback from participants (Appendix 5.15). The workshops are centered around understanding the purpose and process of delivering an OCA/IOCA; addressing concerns about conflicts in their dual roles as assessors and supervisors; developing a shared understanding of the required standard for satisfactory completion; and information on how to provide effective feedback. The first IOCAs will be conducted in September this year. Post workshop evaluation is planned and will review future OCA and IOCA assessments to further evaluate the quality of this training (a logic

model is provided in Appendix 5.16). More information on these workshops can be found in response to Condition 40.

The ITA form is also currently being reviewed in consultation with supervisors for fitness of purpose and currency. Building on the OCA/IOCA training workshops, once the ITA is revised, consideration will be given to how best to train supervisors on the use of the revised ITA.

The current suite of resources aimed at improving supervisor literacy in conducting robust assessment and training are well underway with the renewed handbook, new in-depth online training modules, access to tailored resources, a new targeted education glossary, OCA/IOCA training, and revision of the ITA. With the completion of the SWG in July, there will be a transition to an ongoing program of supervisor development support which includes maintaining and sustaining existing resources and training, as well as an annual process to determine priorities for future development needs and delivering new resources and training.

Condition 25				Due Date: 2024*
Monitor and evaluate the Clinical Competency Assessment as an appropriate replacement for the Objective Structured Clinical Examination. (Standard 5.2) *Due 2023: Evaluation *2024: Implementation*				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			X	
2025 College response				

The *Clinical Competency Assessment (CCA) Evaluation Report* (May 2025, Appendix 5.17) provides an overview of supervisor and trainee feedback on the CCA and its modified version the Clinical Competency Assessment – Modified Portfolio Review, implemented as part of the College's workplace-based assessment approach. While many trainees valued the CCA for its alignment with clinical practice and feedback opportunities, supervisors expressed significant concerns about the subjectivity, reliability, and fairness of the process, particularly due to variability in supervision and lack of standardisation.

Key concerns included supervisor bias, insufficient training, and the absence of independent assessment. In response, the College is transitioning to the CCPR in 2026, which will incorporate IOCAs, supported by OCA/IOCA supervisor training and a new Progression Competence Panel (PCP) to oversee progression decisions. The PCP is being established with its first meeting in July 2025 to guide and support the operationalisation of the CCPR (Appendix 5.18). The College is also enhancing assessment literacy through workshops and webinars to ensure a consistent, fair, and robust approach to evaluating clinical competence. Examples include the pre-conference workshop on ITAs in May 2025 (see Condition 40), a webinar on the CCPR and IOCAs held on 26 June, and a planned webinar on IOCAs for trainees in August 2025.

A process for ongoing monitoring of the CCPR is being developed by consultants, Ardnell Group, within a larger review framework for a range of education and training functions (see 'Significant Developments' under Standard 1). The review process will include evidence-based methodology, appropriate benchmarks, and a regular schedule for review. The consultants are currently forming a review framework for a range of assessments and educational aspects with the final framework expected

at the end of September 2025.

Condition 26				Due Date: 2025*

Review and benchmark the content and role of the Clinical Essay Question and Modified Essay Question examinations to ensure utility and fitness for purpose, including relevance of each to contemporary practice. (Standard 5.2)
Due 2023: Review and development
2024: Implementation and communication
2025: Operational

Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			X	

2025 College response

The CFE conducted an analysis of candidate data to provide clearer guidance on when trainees should sit the Modified Essay Questions Examination (MEQ). The data helped to determine the average duration of training at the time of successful MEQ completion. The analysis, based on data from trainees who sat the MEQ between 2021 and 2024, showed that the majority (76%) passed the MEQ during Stage 3 of their training, which is consistent with current RANZCP guidance.

In light of these findings, the CFE recommended that the advice to trainees be revised to explicitly encourage them to sit the MEQ during Stage 3, as the examination is set at the standard expected at the end of this stage. This has been updated on the relevant RANZCP webpage. However, the eligibility requirement to sit the MEQ after 18 months of training will remain unchanged, allowing trainees the flexibility to attempt the examination earlier if they feel prepared to do so.

Movement of the MEQ to an online delivery is well underway, with a pilot planned for November 2025 and launch planned for 2026, with the exact date to be determined by the Board following consultation with Trainees.

The College has discontinued the CEQ examination following its final sitting in March 2025. To support affected trainees and SIMGs in progressing toward Fellowship without undue delay, the College has established specific training trajectory rules tailored to different cohorts.

As an interim measure, the College is planning to introduce SLA modules from September 2025 (Appendix 5.19). These modules are intended to foster critical thinking and reflective practice skills previously assessed through the CEQ. To allow adequate preparation time, completion of the SLAs will remain optional until June 2026, providing trainees with a 12-month transition period. From June 2026 onwards, completion of these learning activities will become a mandatory requirement for progression in training.

In the longer term, the College has developed a new assessment model—the CRA—as a replacement for the CEQ. Developed in consultation with key stakeholders, the CRA aligns with modern assessment principles and the framework of competency-based medical education (Appendix 5.20). The interim SLA modules will be incorporated into the final CRA structure, which will form an integral part of the redeveloped FECs, currently scheduled for launch in 2028, however this date may change when the NFPT completes its implementation plan.

Condition 27			Due Date: 2027*	

Develop and implement the outcomes of the review of Entrustable Professional Activities (EPAs) with evidence of:

(i) Opportunities to reduce the number of EPAs to focus on high-quality, high relevance activities.

(ii) Engaging Aboriginal and Torres Strait Islander and Māori expertise within the College to lead development in assessing culturally safe practice and care.

(iii) Engaging the expertise of consumer and community stakeholders with lived experience in development of the EPAs. (Standard 5.2)

Due 2023: Review

2025: Implementation

2026: Operational

2027: Evaluation

Timeframes extended from 2025 to 2027, in 2024

Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			X	

2025 College response

27 (i)

The EPA WG has finalized the proposal for a new set of 16 core EPAs to be assessed across the training continuum. This proposal has received in principle endorsement from the EC with approval to go ahead with plans for a pilot of the new model in 2026 (see Appendix 3.06). Preparation for the pilot is underway with a business case being written to support IT system development, pilot sites being identified, and a transition plan for final implementation also in development. An updated project plan with progress against it can be viewed in Appendix 5.21.

27 (ii)

Consultation on the new set of EPAs is complete with feedback incorporated into the final set of EPAs (see Appendix 5.22). The consultation was informed by an early draft of Education and Training's *Consultation and Engagement Policy and Procedure* (Appendix 1.09).

Engagement with Aboriginal, Torres Strait Islander and Māori expertise occurred on multiple occasions throughout this process as evidenced in the report provided

(see Appendix 5.22) and in the decision to have a specific EPA entitled – 'Developing a culturally responsive plan', as well as ensuring guidance in relation to cultural competence and safety is provided throughout all EPAs where relevant, along with specific guidance in each EPA in relation to cultural safety for Aboriginal, Torres Strait Islander and Māori trainees.

Invitations to provide feedback on the EPAs continue to be made to the Aboriginal and Torres Strait Islander Mental Health Committee.

27 (iii)

Engagement with carer and consumer expertise also occurred on multiple occasions throughout this process as evidenced in the reports provided. This includes presence of a consumer representative on the working group, the decision to have multiple EPAs focused on person-centred care plans for various parts of the treatment journey, as well as a specific EPA relating to engagement with carers.

The next steps include piloting the new EPA model in 2026 at one or two training sites. This will provide further opportunity to refine, improve and develop proof of concept. The pilot will generate significant data for evaluation including identification of when EPAs and areas of practice relevant to consumers, carers and First Nations peoples have been conducted.

The timelines for implementation may be affected by the output of the NFPT.

Condition 28				Due Date: 2025

Develop and implement outcomes arising from the 2020 ACER Review recommendations in summative assessments to:

(i) Ensure robust blueprinting, standard setting, and calibration for all College assessments. (Standards 5.2.2 and 5.4)

(ii) Enhance the quality and timeliness of individualised feedback to both pass and fail candidates. (Standard 5.3) **- Satisfied.**

(iii) Ensure special considerations are applicable to all aspects of assessment and examinations, including for emergency situations. (Standard 5.1.3)

Due 2024: Development and Communication

2025: Implementation

Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
		(iii)	(i)	(ii)

2025 College response

28 (i)

The recommended Angoff method was trialled in parallel with the Modified Ebel standard setting methods for the March 2024 and August 2024 MCQ Examinations

(Appendix 5.23). Based on the outcomes of the 2024 Angoff method trials and the comparative analysis conducted to date, it is proposed that the College continue to use the Modified Ebel standard setting method for MCQ examinations.

While the Angoff method has demonstrated procedural clarity and streamlined the process, the findings from the March and August 2024 trials raise significant concerns. These include:

- Substantially lower pass rates under the Angoff method (33.4% in March and 25.5% in August), which may not accurately reflect the performance of competent trainees and could have adverse impacts on progression.
- Higher cut scores generated through Angoff, influenced by the uniform treatment of items without factoring in relevance, potentially disadvantaging candidates on questions that are lower in clinical value but still within curriculum scope.
- Resource and time implications, as Angoff requires full-panel review of all items and more intensive calibration, particularly in the early stages of implementation.

In contrast, the Modified Ebel method continues to provide a balanced and defensible framework for standard setting, allowing examination panels to apply nuanced judgments based on both difficulty and relevance. It remains aligned with the curriculum, educational intent, and current programmatic assessment strategies, and produces pass rates consistent with historical patterns and workforce expectations.

The final validation trial, scheduled for July 2025, will provide further insights into the comparative performance of the Angoff and Modified Ebel methods. However, based on current findings, unless compelling evidence demonstrates that the Angoff method delivers a fairer or more valid outcome, the Modified Ebel method remains the most appropriate and contextually relevant approach for the College's MCQ standard setting.

While ACER's 2020 review saw current blueprinting as satisfactory, following finalisation of the new curriculum framework, mapping against assessments, and adjustments as required, the MCQ and MEQ will be blueprinted once again. Exact timelines for this work will be influenced by the work of the NFPT.

28 (ii)

See the section 'Significant Developments' under standard 5.

28 (iii)

A revised Special Consideration policy (Appendix 5.24) was approved by the EC Executive on 20 June 2025, formalising processes that are followed when a trainee is unable to complete workplace-based assessment.

Initial consultation with DoTs confirmed that the criteria for special consideration outlined in the policy (longstanding medical condition, a sudden and significant change in personal circumstances, religious grounds, and reproductive health, pre- and post-natal care) are not directly applicable to workplace-based assessment, as accommodations by the employer will already be in place.

The scheduling of workplace-based assessment is flexible within each training rotation and may occur opportunistically when both trainee and supervisor are available and prepared. If a trainee is absent from work when an assessment is planned (due to the above criteria or any other reason), it is rescheduled.

An exception to this flexible scheduling is the IOCA, which relies on the availability of an external assessor, however the same principle of rescheduling if the trainee is absent still applies, as a workplace-based assessment can only occur when the trainee is at work.

Initial feedback from the Partial Comparability Assessment Review Panel (PCARP) as well as trainee representatives from the TAC and BCT was also sought to identify specific situations for special consideration that should be included in the revised policy. No gaps or concerns were identified.

The revised policy confirms that trainees should, where possible, reschedule workplace-based assessment. Further, it allows trainees to apply to the CFT for special consideration where exceptional circumstances may adversely affect their assessment. This includes situations where trainees have not submitted workplace-based assessment (for example, due to misunderstanding their training requirements), and requests can be made retrospectively.

The revised policy was presented to the TAC, who were invited to identify any other circumstances where special consideration should be available. The TAC was supportive of the revised policy and had no suggested amendments.

Noting that the revised policy formalised processes that are already standard practice, it was published (Appendix 5.24) and implemented immediately following EC Executive approval.

2. Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs and assists the AMC to determine if these programs are continuing to meet the approved accreditation standards.

Please provide a summary of significant developments completed or planned relevant to Standard 5. If a significant development has been made in response to addressing a condition, please only report on this this against the relevant condition. The development does not need to be reported twice.

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program.

Examples of significant developments to report on could include:

- Assessment program and completion requirements
- Special consideration policy and procedures
- Remediation and reassessment of trainees, policies and procedures

- Format or methods of any examinations and work-based assessment
- Mechanisms for providing timely feedback to trainees on assessment performance
- Policies and processes for informing employers and registration authorities of patient safety concerns that arise from trainee assessment

- Examination contingency plans
- Mechanisms for informing supervisors of assessment performance of trainees

Has there been any significant developments in relation to Standard 5?	If yes, please describe the developments completed or planned
	Please include any potential impacts on continuing to meet the standard in the description.
Yes ☒ No ☐	**Examiner recruitment** In the past three years there has been an increase in the number of submissions for the Scholarly Project (SP) and Psychotherapy Written Case (PWC). As a result, the College has been actively recruiting examiners. This year a significant number were recruited, bringing the number of SP examiners up to 49 from 22, and PWC examiners up to 72 from 28. The workload on examiners has been reduced with PWC examiners now allocated two cases each, and experienced examiners allocated three cases. Previously each examiner marked up to six cases over a six-week period. **Examiner resources** In addition, key resources for examiners have been updated this year. The PWC marking sheet was revised, updated, and implemented in May 2025 (Appendix 5.25). Feedback on this marking sheet will be collected from examiners after the first marking round in mid-June. In addition, improvements were made to the Member and Examiner Guidelines to include more information on the requirements for marking a case and providing actionable feedback (Appendix 5.26). This guideline was discussed at the May 2025 CFE meeting and at the EC meeting in June and will be circulated to examiners shortly. **MEQ result letter and timing of results (formerly condition 28 ii)** Trainee committees were consulted on the new MEQ result letter format, which aims to provide more detailed and relevant feedback to unsuccessful MEQ candidates (Appendix 5.27). This work corresponds to the previously satisfied condition 28 (ii). The revised format includes a blueprint mapping each MEQ sub-question to specific areas of the curriculum, along with the candidate's percentage of performance for each sub-question. A brief description of each MEQ question will also be included to enhance clarity and context. This change is seen as a positive step toward delivering more individualised and meaningful feedback. Its full impact, however, is expected to become clearer over time, particularly in supporting candidates with repeated unsuccessful attempts. The College has engaged an exam vendor to transition the MEQ examination to an online platform. This change is expected to significantly reduce the time between the examination date and the release of results. In response to a request from the Trainees' Committee, the College has outlined clear timeframes and processes for the release of results following exam delivery. To ensure transparency and provide context, these timeframes and processes have been published on the College website (Appendix 5.28).

Requests for additional information from the AMC response to the 2024 monitoring submission	
Request	College Comment
The College is asked to comment on the reasons for the Psychotherapy Written Case (PWC) pass rate being less than 60% and its plans for improvement (including support for candidates).	Between 2018 and 2024, PWC pass rates averaged 70.9%, with some variability over time. The lowest annual average was recorded in 2023 (63.3%). However, results from 2024 show signs of recovery, with an annual pass rate of 69.5%, aligning more closely with the long-term average (see Appendix 5.29).

In response to feedback from trainees, DoTs, and examiners, the CFE has implemented several quality improvement measures to enhance the clarity and consistency of the PWC assessment process. This includes the development of a revised marking sheet implemented in May 2025, as well as supporting resources for both trainees and supervisors to better understand the expectations of the PWC. The CFE has prepared a new document titled 'Quick Guide to Starting the PWC' designed to be a resource for both trainees and supervisors.

The revised marking sheet aims to improve transparency in the assessment process and provide clearer, more meaningful feedback to candidates. The CFE will monitor and evaluate the impact of these changes over the next 12 months.

Key changes include:

- A clearer explanation of the write-up requirements in the Presentation domain.
- Removal of emphasis on the standard of English, to reduce potential disadvantage for candidates from non-English-speaking backgrounds.
- Updated and clarified terminology across all sections for consistency and ease of understanding.
- Consistent use of the term 'patient' throughout the marking sheet.
- Introduction of two new domains: Reflective Appraisal and Risk Appraisal, placed between Assessment and Management Plan.
- A new domain header above the Assessment section indicating expectations aligned with 'end of Stage 3 – Junior Consultant Level'.
- General improvements to wording and phrasing throughout, replacing ambiguous terms with succinct and accessible descriptions.

The changes are intended to improve fairness and consistency, and to clarify the assessment criteria for both candidates and examiners. |

3. Statistics and annual updates

Please provide data **for 2024** in the table showing each summative assessment activity (e.g. Part 1 and Part 2 exams) and the number and percentage of trainees who passed at their first, second, third and subsequent attempts.

Assessment Activity	1st attempt			2nd attempt			3rd attempt			4th or greater attempt		
	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed
MCQ – March	175	136	78%	28	12	43%	6	2	33%	2	0	0%
MCQ - August	179	147	82%	30	23	77%	15	9	60%	3	1	33%
CEQ-February	180	137	76%	35	20	57%	13	8	62%	11	4	36%
CEQ-August	159	113	71%	49	23	47%	15	3	20%	8	3	38%
MEQ-February	166	121	73%	59	30	51%	23	7	30%	28	8	29%
MEQ-August	214	144	67%	58	31	53%	35	10	29%	29	6	21%
SP- March	33	23	70%	28	26	93%	-	-	-	3	3	100%
SP-July	45	35	78%	16	16	100%	1	1	100%	1	1	100%
SP-November	87	67	77%	28	27	96%	0	0	0%	3	1	33%
PWC-February	59	36	61%	29	23	79%	2	2	100%	-	-	-
PWC-May	88	54	61%	27	19	70%	4	4	100%	-	-	-
PWC-August	67	48	72%	24	20	83%	4	4	100%	-	-	-

PWC-November	92	55	60%	31	27	87%	8	8	100%	-	-	-
CCA-April	55	52	95%	2	2	100%	-	-	-	-	-	-
CCA-September	107	104	97%	5	4	80%	2	2	100%	-	-	-

In the table below, please provide combined summative assessment data **for 2024** showing the number and percentage of the cohort who passed at their first, second, third and subsequent attempts.

MCQ	1st attempt			2nd attempt			3rd attempt			4th or greater attempt		
Cohort	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed
Aboriginal and/or Torres Strait Islander trainees	5	1	20%	-	-	-	-	-	-	-	-	-
Māori trainees	3	3	100%	-	-	-	-	-	-	-	-	-
Pasifika trainees	3	3	100%	-	-	-	-	-	-	-	-	-
Specialist International Medical Graduates	-	-	-	-	-	-	-	-	-	-	-	-

CEQ	1st attempt			2nd attempt			3rd attempt			4th or greater attempt		
Cohort	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed
Aboriginal and/or Torres Strait Islander trainees	2	0	0%	1	0	0%	1	1	100%	4	1	25%
Māori trainees	3	3	100%	-	-	-	2	2	100%	1	0	0%
Pasifika trainees	1	1	100%	-	-	-	1	1	100%	-	-	-
Specialist International Medical Graduates	25	16	64%	14	7	50%	11	5	45%	4	2	50%

MEQ	1st attempt			2nd attempt			3rd attempt			4th or greater attempt		
Cohort	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed
Aboriginal and/or Torres Strait Islander trainees	2	0	0%	2	1	50%	-	-	-	1	0	0%
Māori trainees	2	2	100%	1	1	100%	-	-	-	1	0	0%
Pasifika trainees	2	0	0%	-	-	-	-	-	-	-	-	-
Specialist International Medical Graduates	39	21	54%	11	4	36%	8	1	12%	5	0	0%

SP Cohort	1st attempt			2nd attempt			3rd attempt			4th or greater attempt		
	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed
Aboriginal and/or Torres Strait Islander trainees	1	0	0%	1	1	100%	-	-	-	-	-	-
Māori trainees	3	3	100%	1	1	100%	-	-	-	-	-	-
Pasifika trainees	-	-	-	1	1	100%	-	-	-	-	-	-
Specialist International Medical Graduates	-	-	-	-	-	-	-	-	-	-	-	-

PWC Cohort	1st attempt			2nd attempt			3rd attempt			4th or greater attempt		
	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed
Aboriginal and/or Torres Strait Islander trainees	3	0	0%	2	2	100%	-	-	-	-	-	-
Māori trainees	5	1	20%	1	1	100%	-	-	-	-	-	-
Pasifika trainees	1	1	100%	-	-	-	-	-	-	-	-	-
Specialist International Medical Graduates	3	2	67%	1	0	0%	1	1	100%	-	-	-

CCA	1st attempt			2nd attempt			3rd attempt			4th or greater attempt		
Cohort	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed
Aboriginal and/or Torres Strait Islander trainees	-	-	-	-	-	-	-	-	-	-	-	-
Māori trainees	1	1	100%	-	-	-	-	-	-	-	-	-
Pasifika trainees	-	-	-	-	-	-	-	-	-	-	-	-
Specialist International Medical Graduates	29	26	90%	-	-	-	-	-	-	-	-	-

Standard 6: Monitoring and evaluation

Areas covered by this standard: program monitoring; evaluation; feedback, reporting and action

1. Activity against conditions

The numbering of conditions matches that used in the AMC Accreditation Report.

Please address each of these conditions individually.

Condition 30				Due Date: 2024*
Finalise the monitoring and evaluation framework with a timely implementation plan, key performance indicators, demonstration of diverse stakeholder engagement in co-design and mechanisms to capture qualitative data. (Standard 6.1) **Due 2023: Development* **2024: Implementation*				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			X	
2025 College response				
The M&E Framework for the Fellowship program is now in the final stages of internal approval (see Appendix 6.01). A separate but aligned M&E Framework for the SIMG Assessment Pathway has also been developed and is included in this submission (see Appendix 6.02). The frameworks include mechanisms to capture qualitative data through structured discussion forums, in-depth interviews, and open-text survey responses, including data from the Medical Training Survey (MTS) and the Exit Survey. These mechanisms will allow for triangulation of data across stakeholder groups and enhance the depth of insight generated through the evaluation process. In response to the AMC's 2024 commentary regarding co-design, the College has strengthened its approach. Further consultation has been undertaken to support meaningful co-design. Feedback was sought from key College bodies including the Aboriginal and Torres Strait Islander Mental Health Committee, Te Kaunihera, and internal teams (see Appendix 6.03). Importantly, a dedicated consultation process is now underway with the two internal LLE Advisers and the CCC to ensure that the M&E Framework is strategically aligned with the College's broader engagement strategy and principles of co-design. This final phase of consultation, informing the last revisions to the framework to				

ensure that community and workforce interests are embedded in both its structure and implementation, will be completed later than planned due to the delay in recruiting the LLE Advisors.

Condition 31	Due Date: 2024*

Implement regular and safe processes for trainees in smaller centres, specialist international medical graduates, Aboriginal and/or Torres Strait Islander peoples and Māori, employers and consumers to provide feedback on program delivery, development and program and graduate outcomes. (Standards 6.1.3 and 6.2.3)
Due 2023: Development
2024: Implementation

Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			X	

2025 College response

To address risks around identifiability in small cohorts (e.g., trainees in smaller centres, SIMGs, and First Nations trainees), the College's M&E Frameworks (Appendices 6.01 and 6.02) include safeguards such as de-identification protocols for small sample sizes, training for staff handling anonymous surveys, aggregated reporting, communication around anonymity and confidentiality, and timing strategies.

To further support safe and inclusive feedback processes, especially during program improvements or reform, the Education and Training Department developed a *Consultation and Engagement Policy and Procedure* (Appendix 1.09; see more on this in response to Condition 5.1). This supersedes the engagement strategy presented in our 2024 monitoring submission to the AMC. This document is linked to and integrated in regular development and change management processes which include our *Change Management Policy and Procedure* (Appendix 5.03, Condition 22.2) and is designed to guide staff in conducting effective and representative consultation.

The consultation and engagement policy clearly defines key diverse groups including Aboriginal and Torres Strait Islander peoples and Māori, SIMGs, employers, consumers, and trainees in smaller or rural centers. It also provides a comprehensive but not exhaustive list of internal and external stakeholders who can provide input on development work and promotes the importance of consultation with a representative sample of the impacted population, especially critical for large scale or high impact developments.

A variety of engagement channels are outlined in the procedure, offering differing different levels of safety and accessibility and guides staff to select the most appropriate avenue for safe feedback based on the cohort and the context.

Consultation on this policy and procedure is underway with feedback already collected from the TAC, BCT and the New Zealand Training Committee. Input from First Nations committees and the CCC is scheduled between August and September 2025 (a consultation plan is included in Appendix 1.10). While still in development, the

Consultation and Engagement Policy and Procedure has already been used to shape the external and internal consultation plan for major development work around the curriculum including program and graduate outcomes (see more under the response to Condition 10).

The document has also informed the development of two mechanisms for regularly collecting feedback on aspects of program delivery, specifically supervision and training (see responses to Conditions 39 and 20 respectively). Both of these survey methods have been developed with trainees to ensure the process is safe and encourages unfettered feedback. This work aligns with the M&E Framework for both trainees and SIMGs that aim to ensure routine, safe, and responsive feedback loops are embedded across the department's work.

Condition 32				Due Date: 2024*
Include lived experience content and influence on outcomes and actions taken in monitoring and evaluation reports. (Standard 6.3) *Due 2023: Development *2024: Implementation				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			X	
2025 College response				

In 2024, the College developed a M&E Framework to support systematic, evidence-based review and improvement of its education programs. In response to Condition 32, the M&E Framework was amended to embed LLE perspectives in the monitoring and evaluation cycle.

As part of this amendment, all College partnership committees, including the CCC, were formally assigned a consultative role in reviewing key M&E findings and providing input into report recommendations and outcomes. This structure ensures that perspectives from consumers, carers, and other lived and living experience stakeholders are meaningfully incorporated into College evaluations. The updated process is visually represented in the revised reporting governance flowchart within the M&E Framework (Appendix 6.01), which shows the consultative pathways from analysis to action.

From 2026, the role of partnership committees (the CCC, Te Kaunihera Committee, and the Aboriginal and Torres Strait Islander Mental Health Committee) in the evaluation process will be further strengthened. Rather than being engaged only after initial recommendations are drafted, committees will be consulted prior to the finalisation of recommendations, ensuring that their input shapes not only the interpretation of findings but also the formulation of proposed actions. This approach ensures partnership committees are not merely recipients of outcomes, but active contributors with meaningful influence over the direction and focus of the College's continuous improvement processes.

This shift reflects the College's commitment to embedding collaborative decision-making practices and ensures that lived and living experience, cultural, educational, and other perspectives are embedded from the earliest stages of evaluation planning through implementation.

2. Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs and assists the AMC to determine if these programs are continuing to meet the approved accreditation standards.

Please provide a summary of significant developments completed or planned relevant to Standard 6. If a significant development has been made in response to addressing a condition, please only report on this this against the relevant condition. The development does not need to be reported twice.

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program.

Examples of significant developments to report on could include:

- Monitoring and Evaluation plan/strategy/framework

- Processes to evaluate program and graduate outcomes

- Mechanisms to manage concerns about, or risks to, the quality of the training program(s) effectively and in a timely manner

- Mechanisms to collect and analyse trainee, feedback to improve the training program(s)

- Stakeholder contribution to evaluation of program and graduate outcomes

- Mechanisms to collect and analyse supervisor, feedback to improve the training program(s)

- Mechanisms for making monitoring and evaluation results available to stakeholders

Has there been any significant developments in relation to Standard 6?	If yes, please describe the developments completed or planned *Please include any potential impacts on continuing to meet the standard in the description.*
- Yes ☒ - No ☐	**Evaluation and reporting webpage** A dedicated Education and Training Reports webpage now consolidates key evaluation outputs, including the College's Exit Survey, the College's analysis of the MTS findings, and other monitoring outputs, providing clearer access to stakeholders. Reports are actively disseminated via the Psyche newsletter and the Training and Assessment newsletter to ensure members and stakeholders are aware of evaluation outcomes. **Responding to recommendations from the Exit survey and MTS** A more structured approach has been implemented to respond to key recommendations emerging from the Exit Survey and MTS. These recommendations, endorsed by the EC and CEEMR, are linked to responsible committees and stakeholders, circulated for action, and tracked using a standardised template to support consistency in responses and follow-up. This mechanism strengthens the College's ability to address identified risks and improve training quality.

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Technological advancements in data monitoring

The College has developed Power BI dashboards to support ongoing monitoring of training data at national and jurisdictional levels. These dashboards provide visualisations of key indicators, such as trainee numbers, stage distribution, breaks in training, demographic details, post-allocation, and SIMG figures. The dashboards are available to College staff, DOTs, DOATs, and Branch Chairs to support timely and informed decision-making. In 2025/2026 dashboards for Certificates of Advanced Training/Faculty membership are planned for development.

Education and Training Evaluation Framework (formerly condition 8 i)

Work continues in relation to condition 8(i) which was satisfied last year. This forms part of the second phase of development for the M&E Framework. Since our last report, a consultant (Ardnell Group) was engaged in May 2025 to develop a review framework for evaluating all Education and Training functions on a cyclical basis.

The consultants are currently in the scoping and planning phase, which includes background research and contextual analysis. Final outputs are expected in September 2025 and will include a review framework with recommended methodologies and benchmarks as well as guidance on the implementation and adoption of this ongoing review work within the Education team. The final review framework will expand upon and be aligned with the M&E Framework. Further detail can be found in the comprehensive project plan (Appendix 6.04) and the consultant's project scope (Appendix 6.05).

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3. Statistics and annual updates

Please provide data **for 2024** in the table below showing:

- A summary of evaluations undertaken

- The main issues arising from evaluations and the college's response to them, including how the College reports back to stakeholders.

Evaluation activity	Issues arising	College response to issues
Medical Training Survey Analysis 2024 (Appendix 6.06)	• Opportunities to improve communication regarding training program updates • Slight decrease in satisfaction with workplace orientation • Perceptions of limited usefulness of feedback and alignment of assessments with curriculum	• Enhancements to the Training and Assessment Newsletter, Increased communication of TAC outcomes to improve transparency and program updates. • Launch of Bi-national orientation webinars 'Getting started as a trainee' webpage and welcome packs. Accreditation visits to include focus on program orientation; an orientation

Evaluation activity	Issues arising	College response to issues
	- Feedback indicating variability in physical learning environments - Increased reports of bullying, harassment, and discrimination, with underreporting remining a concern - Reduced interest in research, teaching, and rural practice pathways	checklist to be developed for accreditation panels. - Exam timetable adjusted to reduce delays; updated MEQ feedback letters to include cut scores and question-level feedback; PWC mark sheet summary updated for improved feedback. - Strategies in development to promote safe workplaces and incident reporting, including core messaging on culture, and review of the RANZCP Code of Ethics and Conduct. - Expansion of PIF program to attract interns and unaccredited trainees, continued evolution of PIF to raise awareness and interest in psychiatry careers, congress participation initiatives: support for abstracts, potential grants for rural/faculty events.
Exit Survey 2024 (Appendix 6.07)	FECs seen as less aligned with clinical and exam preparation needs	Extensive consultation to inform a new consistent educational model, exploration of a flipped classroom approach to standardize delivery, logic model and governance mechanisms for continuous improvement.
Training and Assessment Report 2024 (Appendix 5.29)	- Significant increase in trainee intake (+8.9%). - Fellow admissions increase annually, but the rate of new Fellowships does not yet match trainee intake growth, suggesting potential delays. - High enrolment in Certificates of Advanced Training (CATs) uptake indicating strong demand.	- Ongoing monitoring of jurisdictional trends to ensure adequate College and service level support for growth. - Monthly tracking of Fellowship admissions to identify trends. Development of KPIs to better align intake with progression to fellowship. - Monitoring uptake trends across the CATs to inform future resource planning and workforce capacity.
Review of the Indigenous Financial Support Scheme (IFSS) (Appendix 6.08)	- Scheme eligibility rules were conflicting and confusing - Decision tree had multiple touchpoints which increased processing time. - Trainees not clear on reimbursement timeframe, often left out of pocket for 8+ weeks. - Financial robustness not in place, opening College to potential budget overruns.	- Streamlined pre-approval with Board-approved list of activities. - Redesigned application form and guidelines - Pre-approval process (likely) to reduce 8-week application-to-payment time frame to 2-weeks. - Extended eligibility to allow Pasifika applicants
Community Member Remuneration process update	Reimbursement form system was not user friendly. Consumers expected to remember and use relevant internal	Developed online form for community members with user-friendly form to make multiple submissions with less detail.

Evaluation activity	Issues arising	College response to issues
	codes for College committees to secure reimbursement.	Annual updates (starting 2024) to the community member remuneration policy will reflect fee structure as per the Australian Remuneration Tribunal of Part Time Office Holders award and will be communicated to community members.
RANZCP Mentoring Program Evaluation Report 2024 (Appendix 6.09)	No significant issues identified.	Improvements made to application process (years of experience, languages spoken, anticipated date of Fellowship); improved communications of program timelines to applicants/participants.
2024 PIF Introduction to Psychiatry Online Short Course – Evaluation report (Appendix 6.10)	No significant issues identified. Key recommendations were: • Continue to include lived and living experience speaker in future events; continue to share training pathway information post-event; consider highlighting locations in Australia where there is a greater demand for psychiatrist and places are less competitive; consider covering 'a day in the life' from different perspectives (metro v rural psychiatrists).	Recommendations assessed and partially implemented for 2025 event; lived and living experience talk was included in another PIF activity.
2024 PIF Congress (Australia and New Zealand) – Evaluation reports (Appendix 6.11 and 6.12)	No significant issues identified. Key recommendations were: • Welcome and orientation changes ahead of the first day of the PIF program; pre-Congress enrichment activities; amendment to room set up; having a rural pathways presentation in this part of the program; use a speed-networking style format for in-program sessions; incorporate changes to the meet and greet session for Indigenous scholars with the College's Aboriginal and Torres Strait Islander Mental Health and Te Kaunihera Committees.	Recommendations implemented for 2025 event; a specific networking session was arranged with rural psychiatrists, to further the understanding of the rural pathway program.
2024 PIF Facilitated Networking Activity – Evaluation report (Appendix 6.13)	No significant issues identified. Key recommendations were: • Increase lead times and advertising of the activity, particularly through university societies; consider delivering the event earlier in semester two; provide resources/merchandise to students who participate in the sessions; incorporate a rural/regional university in the activity; providing hybrid options to participate.	Recommendations planned for implementation in scheduled delivery of event later in 2025.

Evaluation activity	Issues arising	College response to issues
2024 PIF Retreat – Evaluation report (Appendix 6.14)	No significant issues identified. Key recommendations were: • Where possible, include Fellow/Trainee speakers who identify as First Nations as well as the College Aboriginal and Torres Strait Islander mental health liaison officer; incorporate more enrichment activities into the program; increase social interaction opportunities for participants; increase interactive sessions between College members and PIF scholars as part of the program.	Recommendations implemented for 2025 event.
2024 PIF Introduction to Psychiatry Short Course – Evaluation report (Appendix 6.15)	No significant issues identified. Key recommendations were: • A more formal introduction to each of the speed networking doctors would have been useful to help focus questions; consideration to reduce the number of rotations for speed networking session	Recommendations planned for implementation in scheduled delivery of event later in 2025.
2024 PIF New Zealand National Conference – Evaluation report (Appendix 6.16)	No significant issues identified. Key recommendations were: • Continue with structured speed networking and include bios participating of psychiatrists and trainees; Continue to offer the pre-conference Wānanga support enabling Māori medical students to take part in this activity hosted by Te Kaunihera.	Recommendations planned for implementation in scheduled delivery of event later in 2025.

Military and Veterans' Psychiatry Training Program (MVPTP) Impact Evaluation – Interim Report (Appendix 6.17)	No significant issues identified. Key findings included:
	
	• 100% of MVPTP trainees reported feeling confident in applying the skills they acquired during the rotation, particularly in managing Post Traumatic Stress Disorder and other trauma-related conditions.
	• Participating health services emphasised that trainees played a pivotal role in expanding clinical capacity, enabling services to treat more patients and improve access to care.
	• Of the trainees surveyed, all but two indicated that they would either:
	   o actively pursue a career specialising in military and veteran mental health, or
	   o incorporate this area as a specialist focus alongside
		N/A

Evaluation activity	Issues arising	College response to issues
	their broader psychiatric practice	
MVPTP Trainee Participant Survey Report 2023, finalised in 2024 (Appendix 6.18)	No issues identified. Recommendation that the program funding be extended past February 2025. Key findings included: • 88% of respondents reported the quality of their MVPTP post's training as very high, with the remaining 11% rating the quality as high • All respondents would recommend training in an MVPTP funded post.	The College requested extension of the program for a further 12 months past February 2025.
MVPTP Orientation Webinar Survey 2023 – 2024	One Participant in the 2024 session recommended that orientation be held earlier in the rotation.	The College delivers Orientation Webinars at the commencement of each rotation, upholding the College's commitment to supporting those in government-funded training posts.
MVPTP Educational Grants 2022 – 2024	Surveys were circulated to recipients of the grant at the end of each rotation between 2022 and 2024. No issues identified. One recommendation to promote the educational grants to DoTs / Supervisors involved in the program.	The College promoted the MVPTP educational grant in a range of communications including in the Australian Government Funded Training Programs Newsletter which is circulated to all health services, DoTs and Supervisors in funded posts.
MVPTP participants funded to attend the Australian Military Medicine Association Conference and the ICMM World Congress on Military Medicine	Two participants in 2023 suggested more advertising and communication about the opportunity. In 2024 participants recommended that the College provides trainees with contact details of other trainees in an MVPTP funded post, so they are able to meet pre, during, and post conference to encourage networking.	The Grant was further promoted to MVPTP participants following the feedback from 2023. Funding ceased in 2025 for this support so unable to proceed with the recommendations for the 2025 conferences.
2022 Australian Government Funded Training Programs (AGFTP) Participant Survey Report, finalised in 2024 (Appendix 6.19)	The report identified areas for improvement such as: • Enhancing communication about available support programs. • Addressing supervision and workload concerns. • Tailoring posts to different training stages.	• Enhanced Communication: Awareness of AGFTP support projects will improve by clearly communicating available resources and support options to participants. • Increased Support for Isolated Trainees: especially those in rural or remote posts, the College will facilitate networking and peer support opportunities • Enhanced Support for Rural Psychiatry Pathway: Continue

Evaluation activity	Issues arising	College response to issues
		implementing the Rural Psychiatry Roadmap to increase support for trainees in rural areas. • Continued Development of Research Opportunities: Increase access to research and scholarly project support, especially for those in rural posts. • Post Suitability and Structure: Ensure that AGFTP posts are well-suited to the trainee's experience level, with specific posts for early-stage trainees. • Improved Training and Supervision Quality: Standardise the quality of training and supervision across AGFTP posts. • Better Alignment of Workload with Training Goals: Manage workloads to allow trainees time for study and assessments, particularly in high-demand or under-resourced settings.

2022 Integrated Rural Training Pipeline (IRTP) Survey Report, finalised in 2024 (Appendix 6.20)	The report identified areas for improvement such as:
	• Enhancing communication about educational resources and support programs.
	• Addressing high workloads and travel demands.
	• Addressing participant isolation.
		• Enhance access to educational resources.
		    o Provide guidance and support for academic requirements, such as the Psychotherapy Written Case and Scholarly Project.
		    o Host webinars to develop online research skills.
		    o Encourage participation in the Mentoring Program, pairing rural participants with mentors outside their local area.
		• Raise awareness of support programs.
		    o Evaluate and improve communication methods about support programs.
		    o Promote support programs and grants at the start of rotations, during orientation, and throughout the training year via direct communication.
		• Foster peer connections to address isolation.
		    o Facilitate networking through Rural Trainee Forums to encourage collegial interactions,
		    o Provide direct feedback and share updates on the STPs.
		    o Develop a Peer-to-Peer Support Program

Evaluation activity	Issues arising	College response to issues

AIDA 2023 Insights to Psychiatry Evaluation (Appendix 6.21)	The workshop effectively promoted psychiatry as a career, enhanced understanding of training pathways, and provided networking opportunities. Positive feedback underscored its value, with recommendations for minor refinements to future events.	• Workshop:
		  o Incorporate icebreakers to improve delegate interaction and comfort.
		  o Provide case study materials and reading lists in advance for better preparation.
		  o Enhance marketing efforts to increase workshop visibility and attendance.
		• Sponsorship:
		  o Continue funding Aboriginal and/or Torres Strait Islander medical students and junior medical officers (JMOs) to attend the workshop and conference.
		  o Ensure funded Aboriginal and/or Torres Strait Islander medical students and JMOs attend the pre-conference workshop.
		• Exhibition Booth:
		  o Collect delegate contact details (e.g., emails) alongside QR codes to improve follow-up.
		  o Continue offering promotional materials and Psychiatry Interest Forum (PIF) membership opportunities.
		• Feedback and Reporting:
		  o Reintroduce same-day feedback collection during workshop to supplement post-event surveys.
		  o Use detailed feedback to refine future activities.
		• Partnership:
		  o Maintain collaboration with AIDA to deliver the workshop and sponsor future conferences.
		  o Explore additional opportunities to strengthen engagement with Aboriginal and/or Torres Strait Islander medical professionals.

Tasmanian Project Evaluation 2022, finalised in 2024 (Appendix 6.22)	• The newly restructured FEC program was successful in 2022. Some challenges presented around having such small numbers of trainees in each stage of training, and	• Continue STP-funded support for interstate and private practice presenters. • Expand grants with an open application process, potentially including travel subsidies for Congress.

Evaluation activity	Issues arising	College response to issues
	with late cancellations by presenters within the program. • There was an underspend of funds on a per annum basis in 2022, and this can be addressed by further support for the trainee group in future years within the funding period, including the expansion of the Educational Grants program.	• Implement a Quarterly Workshop Program starting in 2023 to provide in-depth educational opportunities for all training stages. • Working Group to focus on directing expenditure to ensure funds are well utilised in supporting trainees in Tasmania.

The AMC has previously signaled to colleges that it will look at how the results of the MTS can be used in accreditation and monitoring processes. In this section the AMC is asking the College to comment on how it has used or plans to use the results.

Can the College please provide evidence on actions taken based on MTS results, including:

- Developments and changes made by the College as a result of the MTS
- Future directions and planning based on the results

College response	
Developments and changes made by the College as a result of the MTS?	The CEEMR integrates MTS findings into the College's M&E Framework to support continuous quality improvement. Every year a dedicated report with recommendations is endorsed by the EC and circulated to multiple committees and areas for discussion/action. In 2024 (based on 2023 outcomes), the report has informed committee-specific actions: • In response to orientation and feedback on wellbeing, bullying, and engagement: launched two bi-national orientation webinars, developed the 'Getting started as a trainee' webpage, distributed 393 welcome packs, and refreshed wellbeing resources. The College co-developed new web pages on bullying and discrimination and promoted reporting mechanisms. Congress participation strategies and professional behaviour content were initiated. • Addressing consistent concerns about exam feedback and preparation: 2024 timetable adjusted; MEQ letters updated (implemented March 2025); PWC mark sheet clarified. Communication plans and result monitoring processes have also been enhanced. • In response to stagnant interest from unaccredited/pre-vocational doctors, expanded program opportunities, doubled communication efforts, and began work on targeted engagement strategies. • Informed by declining FEC satisfaction: engaged Curio Group to redesign delivery; developing flipped-classroom model, logic model, and evaluation mechanisms in progress. These actions directly respond to CEEMR and MTS recommendations and are tracked through a

	recommendations monitor
How is the College reflecting on its performance in the MTS?	The College has established a structured approach to reflecting on MTS results via CEEMR, which produces an annual summary and recommendations report for the EC Analysis - Medical Training Survey	RANZCP (Appendix 6.23). This report compares RANZCP performance with that of other specialist colleges and identifies recurring themes over time. Recommendations are reviewed and actioned by the relevant parties, with outcomes and progress incorporated into planning cycles. Committees are currently reviewing and considering new actions based on early analysis of the 2024 MTS outcomes, including new recommendations.
What are the future directions and planning of the College based on MTS results?	MTS remains a key driver for planning and quality improvement. Actions planned or underway include: • development of key messaging and web-based tools to support respectful workplace culture • delivery of a redesigned FEC with a new learning model and monitoring indicators • trialing online written exams in 2025, with implementation from 2026 • ongoing monitoring and improvements to assessment feedback and clarity • expansion of trainee participation strategies (e.g., Congress grants, abstract support) • committees are currently reviewing the 2024 MTS results to identify further priority areas, with new initiatives expected to be finalised and implemented throughout 2025.

Standard 7: Issues relating to trainees

Areas covered by this standard: admission policy and selection; trainee participation in education provider governance; communication with trainees; trainee wellbeing; resolution of training problems and disputes

1. **Activity against conditions**

The numbering of conditions matches that used in the AMC Accreditation Report.

Please address each of these conditions individually.

Condition 33	Due Date: 2024*

Enhance existing selection into training policy and procedures by:

(i) Developing and implementing centralised mechanisms to ensure the validity, reliability, feasibility and consistent application of selection policies and criteria. There should be general uniformity of weighting and criterion across jurisdictions, and Branch and National Training Committees should clearly indicate weighting for each criterion.

(ii) Making selection criteria with weighting for each criterion publicly available.

(iii) Developing and implementing a centralised and publicly available selection policy related to Aboriginal and Torres Strait Islander and Māori equity and the needs of rural communities, mapped to roles of specialist practice and community needs. (Standard 7.1)

Due 2023: Development and consultation
2024: Communication and implementation

Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
		(ii)	(i)(iii)	

2025 College response

33 (i)

Following a review of all selection criteria, and consultation with a Medical Education specialist, the updated selection into training process and documentation was presented to the DoTs and CFT several times to further refine and reach consensus on the documentation (August, September, October and November 2024 CFT meetings) (Appendices 7.01 and 7.02). The final documentation was endorsed by the CFT in January 2025 and approved by the EC in February 2025 (Appendix 7.03).

Communication of the updated selection criteria to BTCs was completed in March 2025, and the website updated to make the selection criteria with weightings available for both the BTCs and the applicants (see condition 33ii).

The Trainee Selection Interview Proforma (Appendix 7.04), now includes the updated selection criteria and weighting, for use by the selection panel. The published *Registration for Entry into Training Policy and Procedure* which outlines the requirements and criteria of the selection process for all training programs (sections 4.6-4.10) has also been updated (Appendix 7.05). It includes a new ongoing monitoring process (section 11), where the BTCs or delegated body, report outcomes of the selection process to the CFT which is responsible for ensuring the validity, reliability, feasibility and consistent application of selection policies and criteria across all jurisdictions. The selection process will also be routinely monitored and evaluated during the accreditation site visits and reporting.

Expanding on the monitoring process outlined in the policy above, a *Selection Policy Monitoring Procedure* has been drafted to evaluate and monitor the application of the selection process (Appendix 7.06). This is progressing through review and approvals internally.

33 (ii)

The selection criteria and weightings have been published on the College's Selection Process webpage.

33 (iii)

The Selection Process (sections 4.6 – 4.10) of the *Registration for Entry into Training Policy and Procedure* (Appendix 7.05) has been updated to include the independent selection process for applicants identifying as Aboriginal and Torres Strait Islander or Māori and individuals from rural origins (sections 4.7.3 and 4.10). As specified, the BTC will offer an interview to these applicants who meet the eligibility criteria for admission. All branches and relevant teams responsible for applying this policy have been notified.

The Application to Register form (Appendix 7.07) has also been updated to include specific questions for collecting information on these cohorts. This is available to all applicants on the College website.

Condition 36			Due Date: 2025*

Enhance the culture of the College, guided by College leadership, that manifests genuine attention, transparency, and responsiveness to trainee concerns by:

(i) Acknowledging and promoting the value of trainee contributions to the training program and the College. (Standard 7.2) - Satisfied

(ii) Demonstrating central College support for those experiencing personal/and or professional difficulties. (Standard 7.4)

Due 2023 – 2024: Development
2025 - Implementation

Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			(ii)	(i)

2025 College response

36 (i)

See the section 'Significant Developments' under standard 7.

36 (ii)

The College has completed its Trainee Support Needs Project Plan, provided as Appendix 7.08. One of the purposes of the Plan was to conduct a gap analysis to identify accessible data and literature on trainee wellbeing needs and areas of available information on trainees experiencing personal and/or professional difficulties, as a means of identifying relevant projects and initiatives. A framework for annual monitoring and collection of evaluation metrics and analysis is also included in the Plan.

The Trainee Support Needs Survey was the primary tool designed to acquire this information, and its design was the core focus of the consultation phase. Feedback on the Survey questions and overall design was received and actioned from TAC trainee members, the Member Wellbeing Subcommittee (MWSC), the MEC, as well as DoTs via meetings held from July to October 2024.

The Survey featured 45 quantitative and qualitative (free text) questions and was open from 16 October to 10 November 2024. The Survey received 148 responses, a response rate of 5.98% during a busy period of trainee surveys from within the College and externally (Appendix 7.09). Despite the relatively small sample size, the College is acting on this feedback given its focus on trainee wellbeing and supports. The College notes that many of the challenges trainees shared through this survey relate to long-term workforce and service demands or systemic factors that sit beyond the direct control of the College, and that some of the issues raised are present in other datasets such as the MTS, or are a focus of external initiatives, such as the 'A Better Culture' project. However, the College also acknowledges its role in contributing to sector-wide efforts addressing the challenges that trainees are experiencing in the workplace.

A draft Survey Report on the findings and recommended actions for the College was prepared and provided to the MWSC, MEC and the TAC for feedback in February and April, with further refinements made in the following months. The BCT considered and endorsed the final report and recommendations, with further changes, at its meeting in June 2025.

The College plans to consult with First Nations/Māori trainees to understand their support needs via discussions facilitated by trainees who identify as First Nations/Māori, as well as the College cultural liaison officers at the AIDA Conference (27-29 November), and the RANZCP New Zealand Conference (8-10 September). This approach ensures cultural safety in how discussions are led and facilitated, reducing individual cultural load on trainee committee representatives who identify, and utilises in-person events (e.g. wānanga activities).

A draft report on the Survey findings is provided in Appendix 7.10. Suggestions and feedback from the BCT to increase the response rates will be actioned before repeating the biennial survey.

Draft recommendations arising from the survey, proposed in support of Condition 36.2 and Standard 7.4 (Trainee welfare) for trainees who are experiencing personal and/or professional difficulties (Appendix 7.11) are provided below, noting that some are already being actioned:

- expanding information about flexible training options
- facilitating and strengthening supervisor and DoT support capability
- advising local BCT representatives or Associations of Psychiatry Trainees about sharing information on College external wellbeing options to members and peers using diverse channels, including social media/messaging groups
- improving visibility of wellbeing supports during training from both the College and external providers
- empowering College staff to increase knowledge and skills in supporting trainees who may be experiencing professional and/or personal difficulties
- implementing a targeted, 'support touchpoints' communication plan
- including trainees as part of a feasibility assessment of College Balint Groups (and peer debriefing spaces)
- resourcing local trainee-led social/peer support events

The College plans to repeat the Survey once every two years, with the next scheduled for late 2026.

Updates against other supporting projects that were in development from its previous submission are provided below:

- Profiling trainee-led wellbeing initiatives is an ongoing project. Several anonymous examples were shared by trainees through the Survey indicating a number of future opportunities for this where trainees wish to share their experiences.
- Communicating and encouraging trainees to access the RANZCP Member Support Program has continued via the Getting started as a new trainee web content, the branch and online orientation sessions, and the drop-in sessions for NSW trainees.
- The revised RANZCP Code of Ethics should be launched to the membership at the New Zealand National Conference this year, together with an updated RANZCP Code of Conduct. The Code of Ethics Steering Group included the Board Appointed Trainee Director.
- The College continues to develop new dedicated webpages that offer support and options for Aboriginal and Torres Strait Islander, as well as Māori and Pasifika psychiatrists and trainees. Further work and consultation with First Nations members is required, including consultation with the College cultural advisors, as well as the Te Kaunihera Committee and the Aboriginal and Torres Strait Islander Mental Health Committee.
- The College is progressing an online module to provide education and training to members on addressing discrimination, bullying and harassment (Appendix 5.12). The module has been delayed, and it is now expected to be completed by September 2025.
- Information on how to access College information on complaints about discrimination, bullying, harassment is included in trainee orientation presentations and our bi-national trainee orientation webinars.

Condition 37				Due Date: 2024*

Ensure there are systematic mechanisms to monitor and resolve training issues by:

(i) Developing and implementing a centralised pathway to document and monitor allegations of discrimination, bullying and harassment. (Standard 7.4.1)

(ii) Reviewing existing complaints pathways to implement confidential methods for trainees to raise training disputes without fear of jeopardising their position in the training program. Implemented pathways must be safe, accessible and centrally monitored with clear procedures for trainee support. (Standard 7.5)

(iii) Developing (i) and (ii) in consultation with relevant stakeholders, including trainees. (Standard 7.3 and 6.1.3)

Due 2023: Development and consultation

2024: Communication and implementation

Condition 37 and 38 consolidated in 2024. Condition 38 retired.

Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
		(i)	(ii)(iii)	

2025 College response

37 (i)

The Discrimination Bullying and Harassment (DBH) Policy and Procedure was implemented in 2022 and publicly available on the College website. This policy and

procedure, includes a framework and form that allows for identifiable or anonymous complaints, specifically for College-related activities (employment-related concerns are directed to the employer). Both the policy and procedure were presented to the BCT and TAC who undertook to raise further awareness through their networks, this occurred in their October 2024 and April 2025 meetings. Awareness was also raised and reported more widely to the training body via the Training Newsletter.

Whilst the College uses a devolved training model that allows localised management of training, there is clear delegation and management of training disputes that occurs via the national office, not locally. This is to ensure each trainee or International Medical Graduate (IMG) dispute, irrespective of their jurisdiction is managed with appropriate due process.

Since 2023, 9 complaints were received under the DBH policy and procedure: four from trainees, one international medical graduate (IMG), one Fellow on behalf of a trainee, and four from Fellows. At the time of writing this report, four complaints remain under investigation. The pathway has been used by individuals to seek advice about alleged bullying from a non-member manager, to notify the College of a workplace investigation and finding, and as a means of advising the College of inappropriate conduct at a service level, as well as notification about complaints relating to racial discrimination reflective of international disputes.

The sample size remains too low to meaningfully identify trends therefore an overarching strategy remains to continue to raise awareness of the pathway and the independent management of these matters via legal services. This has included presentations at the TAC in 2024, and 2025, facilitation of a Congress workshop on bullying harassment and discrimination, and the development of an online module in May 2025 (see Condition 40). A similar presentation will occur for Directors of Training in August 2025.

37 (ii)

The College has a series of confidential and anonymous pathways to raise concerns, and this is carefully balanced with the requirement of due process and transparency for all parties. Irrespective of this, the College is aware of the need to undertake a review of the existing pathways and work alongside trainees and IMGs to highlight the independence and integrity of College processes. Initial presentation of these concepts occurred with the TAC and BCT throughout 2024, more recently in April 2025 where trainees requested a flowchart be developed to support navigation of College processes. Progress on this work was presented and supported at the recent TAC meeting in June, whereby the TAC acknowledged greater awareness was being built of College processes.

Following the desktop review of College processes, initiatives identified were undertaken. Updates and evaluation of Phase 1 is as follows:

- [Website content](#) was updated to highlight the ability to lodge complaints relating to training disputes directly with the College, and made clear with simple language and [flowcharts](#).
- A governance chart is provided during trainee inductions, and the central management of complaints is highlighted to trainees via committees and directly to the trainee body as a part of communications.
- A centrally administered monitoring system has been implemented to map complaints from the various avenues within the College and leading up to NHPO processes.
- Ongoing communication to the trainee membership via newsletters and the TAC.

The implementation of Phase 1 was an effective way of bringing together the various avenues of established complaints. However, further analysis of effectiveness is required and will continue to be monitored with the implementation of the early resolution process, designed to give members the opportunity to raise concerns directly with the Committee that made the decision in a supportive manner (see Standard 1, the section titled, 'Requests for additional information from the AMC

response to the 2024 monitoring submission').

Enhancements planned under Phase 2 have been paused amidst the NSW accreditation review. Further consideration is required on whether to include 'complaints' made during accreditation processes, surveys, or College forms, given the inability to triangulate concerns and provide services with the appropriate opportunity to respond.

However, as the Early Resolution Process has been launched (see the policy linked in two places, here or here, and in Appendix 1.37 and the request form in Appendix 7.12), the development of a College wide grievance policy will commence to ensure clear pathways to raise concerns and complaints directly with the College.

37 (iii)

The importance of meaningful engagement with stakeholders remains central to this process.

The College works alongside the TAC, BCT, and through the wider trainee body in the development of any model as well as established governance committees such as BTCs and CFT. Regular attendance at these meetings allows for meaningful discussion of key issues, as well as the opportunity for targeted feedback. Current complaints regarding training disputes have also provided a useful tool to support any prospective models.

The TAC and BCT provided feedback on the Early Resolution process, and the DBH Policy including its accessibility and its potential benefits, this is outlined in 37 (i) and (ii) above. Overall, the trainee bodies supported these innovations and undertook to promote them with their networks. No additional input, issues, or feedback were raised. The College will also consult with trainees and other stakeholders to inform the development of the Grievance Policy.

2. Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs and assists the AMC to determine if these programs are continuing to meet the approved accreditation standards.

Please provide a summary of significant developments completed or planned relevant to Standard 7. If a significant development has been made in response to addressing a condition, please only report on this this against the relevant condition. The development does not need to be reported twice.

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program.

Examples of significant developments to report on could include:

- Selection into training policies and procedures
- Strategies to enable a supportive learning environment
- Trainee Committee frequency or format of meetings

- Trainee participation in education provider governance
- Policies relating to bullying, discrimination and sexual harassment
- Processes to nominate or elect trainee representatives to College committees

- Trainee representation on major College committees
- Opportunities for trainees to meet senior College officers
- Policies to support trainees in fee distress

- Support and funding provided by the College to its Trainee committees

- Mechanisms for trainee representatives or committees to communicate with other trainees

- Strategies and mechanisms for communication with trainees

- Policies and strategies for recruitment and selection of Aboriginal and/or Torres Strait Islander, Māori and Pasifika trainees

- Mechanisms to support trainees to address problems with training supervision and requirements, and other professional issues

- Changes to training fees *(Please describe how the College ensures its costs associated with training and education meet the outcomes of the National Registration and Accreditation Scheme, and are not prohibitive for potential trainees)*

Has there been any significant developments in relation to Standard 7?	If yes, please describe the developments completed or planned
	Please include any potential impacts on continuing to meet the standard in the description.
Yes ☒ No ☐	**RANZCP Member Census Survey** In 2025, the College implemented its first member-wide census survey as a pilot to better understand more about members' work and psychiatry practices. This voluntary survey will support the College's workforce planning and advocacy, and it is anticipated that data collection will become embedded as an annual activity. Future editions of the census are planned as well as easier ways for members to review and update it as part of their profile from 2026. **LGBTIQA+ Steering Group** The College has established a new Steering Group to provide advice on areas of focus, allyship, support, and specific initiatives for lesbian, gay, bisexual, trans, intersex, queer/questioning and asexual (LGBTIQA+) College members, staff and consumers. This is in recognition of the broader health risks and barriers facing the LGBTIQA+ community, and forms part of our strategic plan's commitment to diversity, inclusion and empowerment. The Steering Group is time-limited for a period of one year to provide initial advice to the Collage Board, including the co-design of a potential future standing LGBTIQA+ group within the College. **Continuation and expansion of the RANZCP Mentoring Program** Now in its sixth year, the College's Mentoring Program continues to provide all trainees, early career psychiatrists, and selected SIMG candidates on the partial comparability pathway with the option to apply to receive mentoring guidance from experienced College Fellows and Affiliate Members. Since its inception, the program has facilitated over 500 mentoring partnerships and has undergone periodic reviews to identify areas of improvement and expansion. Dedicated streams for members approaching or who have retired from psychiatry practice, as well as a new stream for internationally trained psychiatrists who have recently

commenced practice in Aotearoa New Zealand have been implemented in the last year. A copy of the 2024 mentoring program evaluation report is provided in Appendix 6.09.

Progress on the RANZCP Member Wellbeing Action Plan & Gender Equity Action Plan

Both five-year Action Plans are in their second year of implementation, with progress being made in both the Gender Equity Action Plan (17 out of 36 actions complete, or completed and ongoing) and the Member Wellbeing Action Plan (7 actions complete, or completed and ongoing, with all 26 actions commenced).

Continuation of the Psychiatry Interest Forum (PIF) Program

The PIF program continued to grow in 2024, with 1,074 new members joining PIF across Australia and Aotearoa New Zealand last year – a record high for the program. PIF membership is free for all current Australian and New Zealand medical students and prevocational doctors. 84% of all trainees who joined the Fellowship pathway in 2024 were formerly PIF members. In 2024, PIF delivered 14 events, provided over 200 scholarships to attend PIF organised activities, and provided funding and other support to assist at least 42 university students' societies and groups to host psychiatry careers events. 56 new PIF members who joined in 2024 identify as Aboriginal and/or Torres Strait Islander, Māori, or Pasifika. Evaluation reports of PIF events and activities are provided in Appendices 6.10-6.16).

Central oversight of applications to the trainee fellowship program

Currently, applications to join the Fellowship program are managed at the local jurisdictional level across Australia and New Zealand. Once applicants are enrolled, the College has access to the number and details of successful applicants only. This information is increasingly required by regulators and governments. The College is exploring options to centralise the collection of data from BTCs on training applicants. A proposal (Appendix 7.13) was developed for a central application number, however given the local variations in jurisdictional application processes, and the extent of system development and roll out required, this is not feasible in the near future. Instead, discussions will be had with the BTCs on how the College can easily receive this data for central oversight and accurate reporting to regulators and government. Further exploration of the benefits of a central application process will be considered.

Updates on the Trainee Communication Strategy (formerly Condition 35 i)

The Trainee Communication Strategy has continued to be implemented in the first half of 2025, coordinated and monitored by the central Communications team with support from across the College.

The updated tracker of progress is included as Appendix 7.14 highlights including:

- The style and format of key trainee-focused emails and updates has been reviewed, and the template of the College's Training and Assessment newsletter has been refreshed.

	- An initial review of practices around general College email communications to trainees was conducted and steps identified to reduce trainee email overload, including better email segmentation and fewer marketing emails. - The College website is being used more effectively for trainee-related updates, and MyRANZCP member dashboard messages are reviewed and updated weekly to highlight news and information relevant to trainees. - A project is underway to develop an online help knowledge base to simplify navigation for trainees and make information more accessible. It will include a set of self-serve online resources that address day-to-day issues encountered during training, provide consistent and accurate information. - Regular internal training is provided to College staff around use of our email platform, and best practice; and the College's Written Style Guide, Visual Brand Guideline, Communication Channels and Bulk Email Tips documents are supplied to all new staff members as part of their induction. - Further work currently being planned includes developing a new voice and tone guideline for written communications, and a bulk communications policy. - Trainee communications matters are included as a standing item for discussion at each meeting of the BCT and the TAC. Trainees receive email updates with key points and meeting outcomes following TAC meetings, within one week of meetings being held. - Online modules for trainee orientation and onboarding are being developed and are expected to be completed in 2025. - There's a greater emphasis to provide Psychiatry Interest Forum (PIF) members clear information on the training program, application dates and resources. PIF members who transition to the training program are surveyed to help measure the effectiveness and improve the PIF program. - A 'Meet the BCT' open forum was held for Trainees attending the RANZCP 2025 Congress. - Trainee achievements are regularly highlighted in College publications including award winners, scholarship recipients, and trainee representatives on various College committees (Appendix 7.15). In response to the findings of the 2024 Trainee Engagement Survey, a number of additional items are being implemented across 2025/26 including: - Improvements to web information about changes in the program of assessments and using multiple channels to communicate this to Fellows and Trainees. - Continuing to improve year-on-year the College welcome pack and orientation for new trainees and expanding this to new SIMG candidates on a pathway to Fellowship. **Updates on the Trainee Member Engagement survey and resulting initiatives (formerly Condition 36 i)** The College published the results of the 2024 Member Engagement surveys via email campaigns as well as a

member news article on 5 December 2024. The Fellow/Affiliate and Trainee reports were provided to all Branch, FSN Chairs, including the BCT (Appendix 7.16 and 7.17), as well as in easy-to-read formats for the wider membership (Appendix 7.18 and 7.19). Recommendations arising from the survey were reviewed by BCT trainee representatives, the MEC, the Board and the MAC in late 2024.

The MEC finalised the recommendations and actionable areas in February 2025 (Appendix 7.20). Items designed to respond to issues identified by and impacting trainees, include:

- Improvements to web information about changes in the program of assessments, and using multiple channels to communicate this to Fellows and Trainees
- Collating resources and developing new website content centered on the transition to Fellowship and early career psychiatrists
- Continuing to improve year-on-year the College welcome pack and orientation for new trainees
- Implementing an annual gratitude campaign for all members, including trainees, to better recognise their contributions and collective achievements
- Putting in place standard information about what members can expect when they contact the College and increasing staff training around responding to members' enquiries
- Developing information for members to improve understanding about how decisions at a policy and individual level are made in the College
- Encouraging more trainees to attend College conferences through sponsorships funded by the convening Faculties, Sections or Networks.

The College is focusing on implementing the agreed actions from the Engagement Surveys across 2025-26 and will direct its resources towards this during this time period, accordingly the College will not repeat the large-scale survey in 2026. We will instead seek qualitative feedback via member focus groups (that will include trainees) in order to monitor and adjust the findings from the 2024 survey. It is also important to clarify that the survey is planned for biennial delivery, not twice yearly as reported in the AMC 2024 findings. The Trainee Member Engagement Survey formed part of the activities under the M&E Framework (Appendix 6.01), which identifies feedback and engagement as key to improving stakeholder satisfaction.

The College has also continued to implement the Trainee Engagement Strategy (2023-25). Since the last update provided to the AMC:

- Orientation presentations to welcome new trainees, highlighting engagement opportunities, local trainee representatives, external Associations of Psychiatry Trainees, ways to get involved in the College, and how to take action on bullying, discrimination, harassment and racism were presented in four jurisdictions during February and March 2025.
- A bi-national orientation webinar for all new trainees who commenced in 2025 was delivered in June.

	- The trainee welcome pack project will continue in 2025, with enhanced welcome packs distributed in June that included a welcome letter from the College President (Appendix 7.21).
	- 'Getting started as a trainee' was promoted to all trainees in their first rotation.
	- New trainee role opportunities created through the Early Career Group of *Australasian Psychiatry* were provided to trainees.
	- Trainee feedback on Learn*it* modules is being collected at the end of each module.
	- Education and Training are consulting on the new *Change Management Policy and Procedure* which references appropriate notification timelines for changes to training and assessment (see Condition 22).
	Consultation on the next iteration of the Trainee Engagement Strategy for beyond 2025 is currently underway and is being led by the Chair and Deputy Chair of the BCT.
	The issue of trainee voting rights has been an area of focus for the Board since the last update provided to the AMC. Amending the College's Constitution to enable trainees to vote at the College's annual general meeting and in Board elections requires a 75% threshold of votes cast by Fellows. As the Board reviewed this issue in 2024, there was an awareness that further groundwork and expert external advice would be a necessary preliminary step, to better understand the depth and breadth of engagement required to deliver a positive vote.
	An external consulting group was engaged to explore this further and consider the requirements of a campaign for change to have the best chances of success. This work clarified that while there is general support from our engaged members around the rights of trainees, a standalone ballot around voting rights for Trainees and Affiliates in 2025/26 would still be highly unlikely to succeed. Furthermore, another unsuccessful vote would further impact engagement and sentiment.
	Therefore, while the College will not proceed with another ballot at this stage, the expansion of voting rights will remain a priority for the College and will be revisited in the future potentially as part of wider Constitutional changes. The Board's decision has been communicated to the BCT along with reconfirming the importance of trainee engagement, input and participation across all aspects of College life.
	Updates on other supporting initiatives under this Condition include:
	- The 2026 RANZCP Awards will include the newly-established RANZCP Award for Excellence in Trainee Supervision and Clinical Education. This award is Trainee led, with Trainees able to nominate individuals who have made a significant contribution to their supervision and/or clinical education. Changes to other College awards have been made with Trainees now eligible to receive additional major awards such as the College Citation, and to participate in the nomination process for awards, including the College Medal of Honour.
	- 310 trainees registered to attend the 2025 RANZCP Congress hosted in the Gold Coast from 4- 8 May 2025, both in-person and virtual formats. 37 trainees were accepted for oral or poster presentations as part of the

	scientific program. 37 letters of support were provided to trainees to assist them to obtain time off from work commitments to present at Congress (Appendix 7.22).
	• The 2024 College Annual Review, published in March 2025, included a feature article on trainee engagement and involvement (Appendix 7.23)
	• The College has published nine profiles of trainee members during 2025 so far (Appendix 7.15).
	• A special online mini-conference, Charting your course: diverse paths in early career psychiatry is taking place on 2 August and registration is free for all Trainees and early career psychiatrists (Appendix 7.24).
	• Other business as usual trainee engagement projects have continued including: the trainee matters column in *Australasian Psychiatry*, with 61 the letters of thanks from the President to trainee representatives on College committees so far in 2025 (Appendix 7.25).

3. Statistics and annual updates

Please provide data in the tables below showing:

- The number of trainees, including Aboriginal and Torres Strait Islander, Māori, and Pasifika trainees entering the training program, including basic and advanced training **in 2025**, and the number of applicants from these cohorts who applied and were unsuccessful.
- The number and gender of trainees undertaking each college training program **in 2025**
- The number of trainees, including Aboriginal and Torres Strait Islander, Māori, and Pasifika trainees who exited the training program **in 2024** (does not include those trainees who withdrew to take an extended leave of absence)
- The number of trainees, including Aboriginal and Torres Strait Islander, Māori, and Pasifika trainees who completed training (attained Fellowship) in each program **in 2024**
- The number of Fellows of the College in **2025**

Number of trainees entering training program in 2025											
Training program	ACT	QLD	NSW	NT	SA	TAS	VIC	WA	NZ	Total	No. of applicants who applied to training program and were unsuccessful
2012 Training Program (*)	8	55	84	3	27	5	99	31	34	346	236
Aboriginal and/or Torres Strait Islander trainees										3	2
Māori trainees										2	5
Pasifika trainees										2	0

(*) Data correct as of 26 May 2025. Intakes conclude in February 2026.

Number and gender of trainees undertaking each training program in 2025					
Training program	Male	Female	Non-binary	Not stated	Total
2012 Training Program (*)	1225	1374	9	1	2617

(*) Data correct as of 26 May 2025.

Trainees exiting from program in 2024 (prior to attaining Fellowship)		
Training Program	Number	Reason for exiting
2012 Program	45	• Family and personal commitments • Career transition • Work-related issues • Health concerns • Personal circumstances (e.g., relocation, immigration, cultural factors)
Specialist International Medical Graduates	0	-
Aboriginal and/or Torres Strait Islander trainees	3	• Career transition • Cultural challenges
Māori trainees	2	• Family commitments
Pasifika trainees	-	-
Could the College please provide comment on its reflections on the withdrawal rate to ensure there is no systemic issue, such as discrimination, bullying or harassment, lack of resources, or lack of support, which could cause withdrawals. The College regularly monitors trainee withdrawal data to identify trends and potential systemic issues. The withdrawal rate observed is within the expected range and when analysed by cohort, it follows established patterns seen is previous years. Based on the 2024 data, reasons for withdrawal primarily include family and personal commitments, career changes, work-related issues, health concerns, and personal circumstances. While these reasons reflect a range of personal and professional factors, the College remains committed to ensuring a supportive and inclusive training environment.		

Number of trainees who completed the training program in 2024 (attained Fellowship)											
Training program	ACT	QLD	NSW	NT	SA	TAS	VIC	WA	NZ	NoZ	Total
2012 Program	4	50	46	1	13	4	63	14	21	4	220
Specialist International Medical Graduates-Partial Compatibility	1	8	6	-	-	-	9	4	-	-	28
Specialist International Medical Graduates-Substantial Compatibility	2	10	5	-	-	2	14	5	1	-	39
Overall	7	68	57	1	13	6	86	23	22	4	287
Aboriginal and/or Torres Strait Islander trainees											2
Māori trainees											6
Pasifika trainees											2

Number of Fellows in 2025		
Australia	New Zealand	Other
5446	512	147

(*) Data correct as of 26 May 2025

Standard 8: Implementing the training program – delivery of education and accreditation of training sites

Areas covered by this standard: supervisory and educational roles and training sites and posts

1. Activity against conditions

The numbering of conditions matches that used in the AMC Accreditation Report.

Please address each of these conditions individually.

Condition 39	Due Date: 2025*

Develop, implement and evaluate centralised processes to:

(i) Formally elicit and monitor feedback on performance of individual supervisors, Directors of Training and Directors of Advanced Training to identify areas for improvement and of underperformance, with appropriate feedback, intervention and support pathways.

(ii) Ensure safe and confidential pathways for trainees to provide feedback on their individual supervisors, developed with trainee input. (Standard 8.1.4)

*Due 2023-2024: Development, consultation, and communication
*2025: Implementation

Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
	X			

2025 College response

39 (i) (ii)

To inform our approach to meeting this condition, an environmental scan and brief review of the literature was conducted (see Appendix 8.01). The environmental scan revealed that most other Specialist Medical Colleges face the same requirement. Only three colleges have successfully satisfied this condition; however, details of their approach were not available in publicly accessible materials. For the others, it was unclear how they were working towards meeting the condition.

The greatest challenge with meeting this condition is ensuring de-identification of trainees (to encourage honest feedback). Supervisors work with only two trainees per year and most health services have a small number of psychiatry trainees at any one time (45% of health services have 5 FTE or less). Providing unidentifiable data would entail aggregating data after three years (6 trainees) which potentially reduces the timeliness of the feedback.

A meeting with the AMC was arranged in March 2025 to seek further guidance on what success may look like. The College was advised to approach other colleges who

were also having the same challenges. The College has reached out to the Royal Australian and New Zealand College of Optometrists who are leading a project funded by the 'Flexible Approach to Training in Expanded Settings' program in conjunction with other colleges. Part of this project will include looking at policies for feedback on supervision. The College is currently exploring how to engage with them on this topic, however the project is not yet up to the stage of development of feedback on supervisors.

The literature scan provided insights into the most effective methods and common challenges associated with collecting this type of feedback, with the questionnaire being the most widely used medium. The SWG explored the option of collating and triangulating data from several existing surveys to avoid contributing to survey fatigue. A comprehensive review of questions on supervisor performance, drawn from existing College surveys (e.g., post-rotation, MTS, the exit survey, accreditation surveys), was compiled (see Appendix 8.02). However, the data could not be linked to specific supervisors or narrowed down by health service and would not assist in meeting the intent of this condition.

The SWG then created a new survey for trainees to collect insights on the performance of supervisors, DoTs and DoATs (see Appendix 8.03). This has undergone review by the Reporting Team to ensure consistency and alignment with the M&E Framework and is currently undergoing review by the Governance team for advice on managing the confidentiality aspect of this information. Consultation on the importance of a safe and confidential survey has already occurred with the TAC (June 2025) with Trainees supportive of consistently collected feedback if Trainee anonymity is protected. The best way to ensure anonymity is currently being considered alongside the management of the survey, before seeking further input from the BCT. It is likely that data will need to be collated over several years for individual supervisors to maintain confidentiality. De-identified data can then be provided back to individual supervisors, DoTs and DoATs, once the threshold number of responses has been met.

Technical considerations will also be addressed over the coming months, with the aim of finalising all aspects of the survey by the end of the year, and commencing a pilot shortly thereafter. Data from this annual survey will supplement information about supervisor, DoT and DoAT performance collected and handled at the local level, and the content will include areas for improvement or underperformance.

Condition 40				Due Date: 2026
Develop, implement, and centrally monitor mechanisms to address the tension for supervisors of undertaking both supervisory and assessment roles in the workplace. The approach should develop and implement mechanisms for calibration of supervisors across jurisdictions, managing conflicts of interest, training, and supervisor workloads and support. (Standards 8.1.1 and 8.2.1) *Due 2024-2025: Development, consultation* *2026: Implementation*				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			X	

2025 College response

Supervisor training and support

The SWG has been reviewing current resources and developing additional resources to help align and update knowledge for supervisors across jurisdictions. Specifically, the group has updated the Supervisor Handbook, created a Learning Pathway of online modules, and presented a Pre-Congress workshop for supervisors. For an overview of the progress against these tasks see Appendix 8.04.

The new Supervisor Handbook was well received at the pre-Congress workshop and was also promoted through multiple College newsletters, targeted emails, the RANZCP news page, and circulated to the Branches and Faculties and Sections (Appendix 8.05). Developing this handbook involved extensive consultation between August 2024 and February 2025 where feedback was incorporated from all groups including the BCT, the New Zealand Training Committee, the Aboriginal and Torres Strait Islander Mental Health Committee and Te Kaunihera (Appendix 8.06).

The Supervisor Learning Path Online modules are non-mandatory modules that contribute to a deeper understanding of the attitudes, knowledge and skills required for supervisors to effectively supervise trainees at all stages of training. Two modules are complete with the 'Welcome and Overview' module already published on Learn*it* and advertised across multiple channels, with the 'Remote Supervision' module to follow shortly. Other topics include providing feedback to trainees, bullying and harassment, culturally safe supervision, where to find support, and competency based medical education. Additionally, this online Learning Path will provide access to articles, podcasts and other resources for ongoing learning and upskilling in supervision.

The full day pre-congress workshop for supervisors was held in May 2025 and covered providing feedback to SIMGs that is culturally sensitive, providing supervision for trainees in remote settings, and gathering evidence for ITAs. The post workshop evaluation indicated a high level of satisfaction with the content and gave recommendations for providing further support (Appendix 8.04).

A series of webinars are also being rolled out to both trainees and supervisors to help foster broad understanding on key areas of reform within the Fellowship Program such as revising the curriculum, the introduction of IOCAs, and updating EPAs (Appendix 8.07).

Calibration

The training and support outlined above help supervisors align on the approach to various aspects of their work including providing feedback to trainees and the evidence required for ITAs. In addition to these resources, the development of dedicated training workshops for supervisors to understand their role as OCA/IOCA assessors helps develop a shared understanding of standards and addresses concerns about conflicts between providing support to trainees and providing critical feedback.

A 'train the trainer' model has been adopted with Trainer workshops occurring first to develop subject matter experts (Fellows) who then facilitate the Supervisor Training Workshops with other supervisors. A video of a mock IOCA provides structure for the discussion of assessment standards and processes.

Uptake of OCA/IOCA Supervisor Training Workshops has been strong. The initial workshop series was fully subscribed, with 150 supervisors trained and more than 400 enrolled in upcoming sessions this year. Currently, 58 facilitators across Australia and New Zealand are delivering in-person and online training, with additional workshops scheduled throughout 2025 and into 2026 to capture supervisors. As part of this model, workshop facilitators are also available for one-on-one supervisor support. Feedback on these workshops has been positive (Appendix 5.15) and further evaluation is planned with reviews of future OCA and IOCA assessments.

It's important to note that supervisors conducting WBAs (including OCAs/IOCAs and ITAs) use feedback-orientated tools and do not make pass/fail decisions. The final progression decisions are made by a panel coordinated by the College.

Monitoring supervisor workloads and support

As reported under Condition 21.4, a new survey targeted at supervisors, DoTs and DoATs was launched in June this year to collect annual data on the workload and wellbeing of these individuals along with their feedback on the types of support they would find useful. The survey was open until the end of July 2025 and results are currently being analysed.

As reported under Condition 39, another new survey has been developed for trainees. It is currently undergoing consultation with trainees in the TAC and BCT before anticipated distribution before the end of 2025. This data will provide insights from the trainees on areas of supervision that may need more training or support.

Conflict of Interest

The development of an IOCA assessment provides a safe avenue for assessment when trainees or supervisors feel there may be a conflict of interest. Additional policies and processes have been developed as part of the CCPR process to account for these issues. These include criteria around independent assessors such as: being an accredited RANZCP supervisor who has participated in the OCA/IOCA supervisor training, someone who has not been a principal supervisor of the candidate in the last 12 months, and does not have any personal or professional conflict of interest with the candidate.

Condition 42	Due Date: 2025*

In the accreditation standards for training posts and programs:

(i) Include a requirement that a commitment to Aboriginal and/or Torres Strait Islander and Māori health and cultural safety be evident, to support a high-quality learning environment aligned to relevant learning outcomes, and to safeguard trainee wellbeing. - Unrated in 2024

(ii) Develop and implement mechanisms for remote supervision and other mechanisms to support training in rural and remote locations under the Rural and Remote Psychiatry Roadmap 2021 – 2031. (Standard 8.2.2) - Satisfied

Due 2023: Development

2024: Consultation and communication

2025: Implementation

"Due to the collaborative work to address the recommendations of the National Health Practitioner Ombudsman (NHPO) relating to specialist medical colleges' site accreditation, no reporting is required for (i) in 2025.

Regarding (ii) this has been satisfied, however the AMC welcomes an update in the 2025 monitoring submission on the pilot currently underway of the newly developed Remote Supervision Guidelines (approved late 2023)"

Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
				(ii)

2025 College response

42 (i)

First Nations views on the draft model standards and procedures were sought at a joint hui of the three partnership committees (CCC, Aboriginal and Torres Strait Islander Mental Health committee, and Te Kaunihera) in late 2024 and feedback was provided to Miller Blue.

The College is an active participant in the Miller Blue project, with the Senior Manager CPD, Accreditation and Reporting being a member of the project working group. The College has committed to implementation of the new AMC model standards and procedures, with a Project Plan (Appendix 8.08, 8.09, 8.10) approved by the Accreditation Committee and the EC. Mapping of the current College standards to the model standards is complete (Appendix 8.11, 8.12) which showed overall alignment with the model standards, except for those relating to diversity, equity and inclusion. Evidence mapping was conducted in June (Appendix 8.13 and 8.14) and consultation with partnership committees and consumer groups (CCC, Aboriginal and Torres Strait Islander Mental Health committee, Te Kaunihera, and LLE Advisers) is planned for Q3-2025 to identify further evidence that will support these standards, and ensure a focus on trainee welfare, cultural safety and supervision.

The Accreditation Decision Making Risk Framework has been developed to support the accreditation decision making process from a risk-based perspective, aligning with the new Model Procedures, and will be trialed in the second half of 2025.

The College accreditation standards, policies and procedures and other accreditation documentation are being reviewed and updated to support and reflect the new standards and evidence requirements. It is planned that all updated documents be approved by the end of 2025, in addition to training materials. Training of all accreditation stakeholders in the new standards and process will commence in January 2026. Pilot testing will also be undertaken before full implementation of the new standards and process which is anticipated at the end of June 2026.

42 (ii)
See the section 'Significant Developments' under Standard 8.

2. Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs and assists the AMC to determine if these programs are continuing to meet the approved accreditation standards.

Please provide a summary of significant developments completed or planned relevant to Standard 8. If a significant development has been made in response to addressing a condition, please only report on this this against the relevant condition. The development does not need to be reported twice.

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program.

Examples of significant developments to report on could include:

- Processes for the selection and removal of supervisors
- Criteria and processes for accreditation of training sites
- Supervisor training, development and support
- Processes for ensuring that training sites that are undergoing accreditation are Culturally Safe
- Mechanisms for evaluating supervisor effectiveness and processes for providing feedback

Has there been any significant developments in relation to Standard 8?	If yes, please describe the developments completed or planned *Please include any potential impacts on continuing to meet the standard in the description.*
Yes ☒ No ☐	**Accreditation of Programs and Posts** During 2024 and 2025 there have been accreditation issues raised in three jurisdictions – WA, NSW, and New Zealand. The College has addressed these issues, focusing on trainee welfare, whilst supporting the maintenance of service delivery. The WA zones currently have provisional accreditation in response to anomalies in their governance, and in the application of College policies being identified. These have largely been addressed, and an accreditation visit to both zones is planned for August 2025 to confirm that their provisional status can be upgraded. The College and the local WA Branch have worked extensively with the jurisdiction and the Office of the Chief Medical Officer to improve the resourcing of the training program in WA to meet workforce requirements. In NSW, the resignation of staff specialist psychiatrists has raised concerns in sections of the Fellowship that training posts were not meeting accreditation standards relating to supervision and clinical oversight. In response, the College conducted accreditation visits to several sites to gather information on how training posts were meeting the supervision and clinical oversight requirements. Post accreditation would normally be undertaken by the NSW BTC, but to address conflicts of interest, both perceived and actual, the accreditation was undertaken by the Accreditation Committee (AC) on behalf of the CFT, which is the parent committee for BTCs. The accreditation of the posts was confirmed, but as a significant proportion of the supervision was being provided by consultants on fixed term employment arrangements, monitoring through phone calls to trainees has been implemented until the conclusion of the 2025 training year. This arrangement will be reviewed depending on the outcome of the NSW Industrial Relations Commission, which at the time of writing is still unknown. At Counties Manukau in Auckland the arrangements for after-hours home visits were not considered to meet

standards and provisional accreditation has been placed on training posts with a condition that after hours home visits are discontinued until safety arrangements have been reviewed and updated.

Remote Supervision Pilot (formerly Condition 42ii)

The Board-approved model of remote supervision was piloted in the second rotation of 2024 (5 August 2024 – 2 February 2025).

Three trainees agreed to participate in the pilot, however one resigned from their health service at the start of the rotation for unrelated reasons.

Due to the small scale of the pilot, evaluation of the pilot was limited to confirming the functionality of the model, and a full evaluation of the requirements and structure of the model will be conducted when a meaningful sample size is available.

Brief interviews with the two trainees and their supervisors confirmed:

- Both trainees successfully completed and passed the rotation.
- The trainees felt they received adequate supervision, with appropriate access to a psychiatrist at all times.
- The supervisors agreed they were able to maintain oversight of their trainees' work and facilitate workplace-based assessment.
- The 'Risk Assessment' tool (identifying mitigation / escalation pathways to manage workplace, patient, trainee, and trainee/supervisor relationship risks) helped trainees feel reassured and comfortable working remotely.
- When comparing previous rotations under standard supervision to the remote supervision model, both trainees noted the lack of peer support in the workplace as a major difference, acknowledging this was not directly related to the type of supervision.
- Trainees and supervisors agreed that the model of remote supervision was effective.
- No suggestions were made to improve the model.

The role of the Guideline in relation to the Model Standards will need to be reviewed, given that it specifies additional requirements for supervision that are inconsistent with the Model Standards. This issue is being addressed through the College working group in the Miller Blue project.

3. Statistics and annual updates

Data for Standard 8 will be collected separately as part of NHPO reporting.

Standard 9: Assessment of specialist international medical graduates

Areas covered by this standard: assessment framework; assessment methods; assessment decision; communication with specialist international medical graduate applicants

1. Activity against conditions

The numbering of conditions matches that used in the AMC Accreditation Report.

Please address each of these conditions individually.

Condition 44	Due Date: 2025*

Provide outcomes and evidence of planned changes arising from the Comparability Assessment Framework Review to enhance and address the fitness for purpose of the SIMG assessment process in Australia and Aotearoa New Zealand, by:

(i) Working with jurisdictions and health services to reduce variability in support for SIMGs, including consideration of establishing SIMG Directors of Training in all jurisdictions. (Standards 10.2, 1.6.4 and 8.1)

(ii) Mandating requirements for SIMGS to develop and demonstrate their ability to provide culturally safe care. (Standard 10.2)

(iii)Developing and implementing increased recognition of CPD and previous professional experience within the SIMG assessment process, to reduce reliance on demonstration of validity of specialist training qualification based on country of training. Consideration should be given to recognition of time in practice since completing primary specialist training. (Standards 10.2 and 9.1) - Satisfied.

Due 2023: Review
2024: Consultation, development, and communication
2025: Implementation

Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			(i)(ii)	(iii)

2025 College response

44 (i)

To reduce variability in support for SIMGs across jurisdictions and health services, the CSIMGE Regulations have been updated to include SIMG DoTs and Coordinators, where available in each jurisdiction, as co-opted members within its Membership.

The CSIMGE regulations were reviewed by the CSIMGE in March 2025 with specific feedback as per the attached briefing note (Appendix 9.01). The regulations have been updated to include the following:

- All SIMG DoTs have been added to membership as non-voting members (rather than co-opted). This gives the CSIMGE flexibility to appoint additional co-opted members when required for specific pieces of work.
- SIMG Candidate Representatives (1 Partially Comparable SIMG candidate and 1 Substantially Comparable SIMG Candidate) are newly created roles within the CSIMGE composition. These roles add transparency and allow for candidates' views to be heard when considering policy and broader matters affecting the Specialist Pathway program requirements. SIMG Candidate Representative terms will be 12 months and eligible for reappointment for four terms (subject to either completing the pathway or otherwise being excluded).
- Support for the inclusion of a community member.

It is anticipated that the updated CSIMGE regulations (Appendix 9.02) will be finalised by late 2025, following relevant College committee review, feedback and approval.

As outlined in our previous submission, consideration was given to establishing a SIMG Directors of Training/Coordinator Advisory Group. However, this was not feasible due to the relatively small FTE fractions of SIMG DoTs and Coordinators limiting their capacity to participate in an additional advisory group. The compromise is the inclusion of all SIMG DoTs in the membership of the CSIMGE.

It is challenging for the College to establish SIMG DoTs in each jurisdiction without the support and advocacy of health services with the local Government. The very small number of College SIMG candidates in Aotearoa New Zealand makes it difficult to justify a dedicated DoT position at this time. The current CSIMGE membership structure includes a New Zealand representative as part of its composition to inform its decision making and supports for SIMG candidates located in Aotearoa New Zealand.

Advocacy to establish increased resourcing for the training of SIMGs, including DoTs, will continue with jurisdictions.

44 (ii)

Updates to the assessment of applicants for the SIMG pathway

The time limited SIMG Accelerated Pathway Taskforce (SAPT) was established by the College in July 2024, to undertake review and development of the processes in SIMG applications and assessment with a view to accelerate the specialist assessment application process.

This included a review of the processes applied to assessing applications and interviews, and validation of the Substantially Comparable SIMG applicants, with the aim to accelerate the transition to training and workforce utilising technology to support the automation/digitalisation of the application processes.

The recommendations supported by the Taskforce and approved by the EC Executive (4 September 2024) are as follows:

Taskforce recommendations

The following recommendations have been approved by the EC Executive (4/09/2024) and reported to the EC and Board:	
Streamline the Specialist Assessment application form and align it with the new Comparability Assessment Framework (CAF) tool.	Complete (April 2025)
Test the streamlined process with the identified cohort MRCPsych (UK qualification) plus Certificate of Completion of Training or Certificate of Completion of Specialist Training, as this cohort have been identified as suitable for the Australian Health Practitioner Regulation Agency (AHPRA) expedited pathway.	Complete (May 2025)
Partially automate the CAF scoring process as appropriate, while keeping the free text fields for appropriate levels of detail.	In progress as part of Phase 2 form development
Remove the need for interview for Substantially Comparable applicants scoring 26 or above.	Complete (May 2025)
Continue to have only two assessors on each panel with on call support.	Complete
To review the progress of the first 30 – 40 applicants through the adjusted pathways to ensure standards are still being met.	In progress with the implementation of Phase 1 (June 2025)
Further recommendations have been made and endorsed at the respective committees including:	
The removal of the mandatory job offer requirement for Specialist Assessment.	Complete (May 2025)
If Substantially Comparable candidates are successful in their first two WBAs they are exempt from the third WBA, allowing for completion of the pathway in six months.	In progress comms approval for Substantial Comparability Assessment Review Panel (SCARP) and CSIMGE June 2025
Increasing the number of NAP members.	In progress These have been actioned: • recruitment of NAP members is underway • new NAP members have commenced the shadowing process, training them in the use of the CAF scoring tool. • updating the existing NAP training materials and resources has commenced

Update on the CAF Tool

Now that the work of the SAPT is complete, training of new and existing NAP members in the use of the new CAF tool is being prioritised as the first step in implementing the revised CAF tool. There have been delays in implementing the new CAF tool due to committee availability to facilitate NAP training. In the interim Fellows who have been newly appointed to the NAP complete their training via observation of a set of interviews before they can begin conducting the full Specialist Assessment process (paper-based assessment and interviews).

Updates to the existing NAP training resources to align with the revised CAF tool are currently underway, with the aim to deliver NAP calibration training as a Pre-Congress workshop in May 2026. The following resources are being updated in consultation with senior NAP members and CSIMGE in preparation for the Pre-Congress presentation:

- The NAP Handbook
- The CAF Guidelines (internal document with scoring matrix and pointers for NAP members)
- The NAP training presentation

The May 2026 Pre-Congress workshop will be recorded with a view to develop a training module that replaces in person training. Once the training module is developed, quarterly videoconference check-in's will be conducted by CSIMGE to support new NAP members following their completion of the module.

The CSIMGE-Comparability-checklist is currently available on the College website for prospective Specialist Assessment applicants. An updated version of the CAF Criteria Checklist has been developed (Appendix 9.03) to align with the revised CAF tool and approved by the CSIMGE in February 2025. The aim of the checklist is to provide transparency to SIMG candidates regarding the assessment criteria and to assist them in gauging their eligibility for specialist assessment based on the CAF domains.

The revised checklist will be made available via the Specialist assessment | RANZCP web page by mid-2026 following calibration training of new and existing NAP members in the use of the revised CAF tool, to ensure adequate lead-in time for RANZCP Specialist Assessment applicants.

Developing culturally safe care with SIMGs

Current College resources which support SIMGs to develop and demonstrate their ability to provide culturally safe care include:

- The Adaption to Psychiatry in Australia and New Zealand Brochure, currently distributed to SIMG candidates upon entry to the Specialist Pathway to Fellowship. The brochure has advice and additional resources for SIMG candidates to safely and competently practice psychiatry within the cultural context of Australia and New Zealand and is currently being updated (draft brochure still being scoped for changes is included in Appendix 9.04).

- SIMG DoTs or Coordinators are available in SA, WA, QLD, and VIC and support SIMG candidate progression to Fellowship as well as familiarisation with Australian psychiatry work practices. A list of SIMG candidate DoT / Coordinators is distributed to SIMG candidates upon entry to the Specialist Pathway to Fellowship and is updated regularly by staff.

- Indigenous experience is a training requirement for all SIMG candidates on the Specialist Pathway to Fellowship. This training requirement includes either an approved clinical experience (for a minimum of three months) or an approved training module (at least 20 hours of study). It is intended to increase awareness of the mental health issues facing Indigenous peoples of Australia and New Zealand and facilitate partnerships with these communities to provide more

effective mental health services. Further details on the SIMG candidate Indigenous experience requirements are provided in Appendix 9.05. Following a recent recommendation from the SCARP, substantially comparable candidates will no longer be able to complete this training at any point during their placement. From the September 2025 cohort onwards, there will be a requirement to complete this training during the first phase of placement, ideally prior to completion of their three-month orientation period. The three-month orientation sign-off form is being updated to reflect this.

New resources underway to support SIMGs to develop and demonstrate their ability to provide culturally safe care include:

- EPA 6 – 'Developing a culturally responsive plan' (Appendix 9.06) in the new EPA program has been recommended by the PCARP and CSIMGE for inclusion as part of the mandatory core assessment requirements for the Partial Comparability Specialist Pathway to Fellowship. This will become a mandatory component of that pathway following implementation of the EPA program.

- Initial scoping and collection of existing resources has commenced for development of a SIMG onboarding e-module. The module will be made available to all new SIMG candidates upon commencement of the Partial or Substantial Comparability pathways. This project is separated into two parts:
  - Part A - Building a new module for SIMG candidates who have recently joined the pathway. This is in progress with staff reviewing the draft storyboard. Feedback on the content and structure was sought from the CSIMGE at their June 2025 meeting as well as recent Fellows who have completed the Partial and Substantial Comparability Pathway. As a result, more content on the cultural context of Australia and New Zealand and culturally safe care will be explored.
  - Part B - Rebuilding and updating the 3 existing SIMG Centralised Resource modules.

Condition 45	Due Date: 2025*

Develop, implement, and monitor mechanisms to address the relatively low examination and other assessment pass rates for SIMGs. (Standards 10.2 and 5.4)
Due 2024: Development
2025: Implementation

Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
		X		

2025 College response

In response to the ACER findings and following broad consultation, the College has made the decision to discontinue the Critical Essay Question, with its final sitting in March 2025. As part of this decision, the requirement for the CEQ has also been removed from the SIMG Assessment Pathway.

To ensure that SIMGs and other affected trainees are not disadvantaged during the transition, the College has introduced tailored training trajectory rules for different

cohorts to support timely progression toward Fellowship.

As an interim measure, the College will introduce SLA modules from September 2025. These modules are designed to support the development of critical thinking and reflective practice skills previously assessed through the CEQ. To allow for a fair transition, completion of the SLAs will remain optional until June 2026, after which they will become a mandatory requirement for progression in training.

In the longer term, the College plans to develop a new assessment, the CRA to replace the CEQ. The CRA is planned considering CBME principles and will be integrated into the redeveloped FECs, intended to be launched in 2028.

This will be included in the implementation planning of the NFPT.

Condition 46				Due Date: 2024*
Clarify requirements for attaining fellowship, including identifying any barriers to fellowship, for SIMGs in Aotearoa New Zealand to address equity of rights and opportunities that come with achieving fellowship. Ensure that there is clear communication with SIMGs and their supervisors on the differences between vocational assessment for MCNZ registration and the fellowship pathway. (Standard 10.4.1) *Due 2023: Scoping and development* *2024: Communication and implementation*				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			X	
2025 College response				

Clarified requirements for attaining fellowship

The College website information in relation to Specialist Assessment vs Vocational registration in Aotearoa New Zealand has been updated for clarity (Vocational registration in Aotearoa New Zealand | RANZCP). A clear explanation is provided for New Zealand applicants around 'specialist assessment vs vocational registration' and clarification of the college's role as opposed to New Zealand Medical Council. In addition, updated website information in relation to the new accelerated application pathway went live on 30/04/2025 (Accelerated pathway | RANZCP). This includes a flowchart outlining the application process and possible pathways to Fellowship (Specialist assessment | RANZCP). The content will continue to be refined overtime based on user feedback.

New Affiliate Pathway to Fellowship

The College Board has given support for the development of a new Fellowship pathway for long-standing Affiliate Members who are working as senior psychiatrists within the Australian and New Zealand systems. In New Zealand, Affiliate Members make up over 40% of the psychiatry workforce and play an integral part in supporting

College Training as supervisors. A general framework for this has been developed and socialised, and a project team has commenced work on the more detailed development and implementation work which will continue into 2026.

Automating RANZCP membership for SIMG candidates on the pathway to Fellowship

After significant consultation, a proposal to automatically grant RANZCP membership to all SIMG candidates on the Specialist Pathway to Fellowship (Substantially or Partially Comparable) has been developed and was approved by the College Board in July.

This will automatically grant Associate Membership to all Substantial or Partial Comparability Pathway candidates, whilst on the Pathway to attaining Fellowship. This will formalise and strengthen the relationship with the College from commencement on the Pathway, and reinforce the sense of support, connection and belonging as a member during their pre-Fellowship period. As an Associate Member they can also take advantage of a range of benefits including:

- access to a selection of top international psychiatry journals
- access to hundreds of online learning activities via the College's Learn*it* e-learning platform
- membership of a local Branch, as well as optional Faculties, Sections and Networks
- free member webinars and regular podcasts to support learning and CPD
- discounted rates to the RANZCP Congress and other conferences, plus access to past keynote presentations, and invitation to local CPD activities
- access to Dynamed and MEDLINE Ultimate
- access to the Member Extras program, offering benefits and savings on lifestyle and business products and services.

A communication about this change has been sent to all current candidates.

Automated membership is being implemented immediately for current candidates, and relevant business rules and processes are being developed to manage future candidates from 2026 onwards.

2. Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs and assists the AMC to determine if these programs are continuing to meet the approved accreditation standards.

Please provide a summary of significant developments completed or planned relevant to Standard 9. If a significant development has been made in response to addressing a condition, please only report on this this against the relevant condition. The development does not need to be reported twice.

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program.

Examples of significant developments to report on could include:

- Policies and procedures for assessment of specialist international medical graduates
- Methods of assessment for specialist international medical graduates
- Mechanisms for communication of assessment processes

- Support offered to specialist international medical graduates undergoing assessment
- Policies and processes for informing employers and registration authorities of patient safety concerns that arise in assessment

Has there been any significant developments in relation to Standard 9?	If yes, please describe the developments completed or planned *Please include any potential impacts on continuing to meet the standard in the description.*
Yes ☐ No ☐	**Clarity on pathways to fellowship** Providing additional clarity on pathways to fellowship, an interactive online self-check will be made available in 2026 to present possible options to prospective applicants who aren't sure about which pathway to take. **Online SIMG applications** An online application pathway for SIMGs is also in development along with automation features and quality improvements. This will streamline the application and assessment process, while improving transparency and usability. The work will take place in phases: *Phase 1* The digitisation phase of the accelerated application pathway for applicants with the required UK qualifications which includes the scoping and development of an online application form. First round of testing of the Phase 1 technical solution completed by SIMGE/IT team (Feb 2025) Changes requested via Evolve (supplier) which were prioritised around the broader education needs (March 2025). Updated solution moved into second phase of testing by IT and the SIMGE team (28 March 2025). Digital application form soft launch occurred via the College website (30 April 2025) *Phase 2* The digitisation of the entire application process for all candidates irrespective of country of qualifications if applicants can demonstrate they meet the score of 26 or above in the CAF. Additionally, if the application meets all eligibility criteria, applicants will potentially bypass the interview. We have completed and are finalising: Business requirements - these are being reviewed and adjusted from learnings of Phase 1 (which is still in testing phase). Implementation approach and costing of the digital solution and Statement of Work for Phase 2, subject to financing.

	Communication
	Communications have been sent to all Chief Medical Officers and Departments of Health outlining our process and progress with the accelerated pathway for SIMG applications from relevant countries and with eligible qualifications, as well as quality improvements via digitisation to improve the turnaround time (March 2025). Website text and design finalised with bench marking against other colleges such the Australian and New Zealand College of Anaesthetists in preparation of release with Phase 1 digital form (30 April 2025). Web announcement with accompanying Frequently Asked Questions (FAQs) to be published in early August. Removal of mandatory job offer requirements for all SIMG applicants has been launched with Phase 1 (April 2025); communication via the website in June 2025.
	These initiatives are an important step towards ensuring a more connected and supportive experience for SIMGs as they contribute to the psychiatry workforce and progress towards Fellowship.

3. Statistics and annual updates

Please provide data showing the numbers of applicants and outcomes for Specialist IMG assessment processes **for 2024**, broken up according to the phases of the specialist international medical graduate assessment process (e.g. paper-based assessment, interview, supervision, examination). If a binational college, please provide separate figures for New Zealand and Australia. Please provide separate area of need and Specialist IMG figures.

Australian and New Zealand processes

New Applicants undertaking Specialist International Medical Graduate Assessment		
Number of new applicants in 2024:	Australian Numbers	New Zealand Numbers
Specialist recognition (SP)	119 (SP)	6 (SP)
Specialist recognition and Area of Need (SPA)	4 (SPA)	0 (SPA)
Total	123	6

Assessment of Specialist International Medical Graduates 2024		
Phase of IMG Assessment	Australian Numbers	New Zealand Numbers
Initial Assessment	111	6
Interim Assessment Decision: • Not Comparable (NC) • Partially Comparable (PC) • Substantially Comparable (SC) *NB: All not comparable RANZCP applicants proceeded to interview where the 'not comparable' interim assessment outcome was confirmed, as recorded on report 1.*	3 (NC)	0 (NC)
	48 (PC)	0 (PC)
	60 (SC)	6 (SC)
Ongoing Assessment *Applications received in 2024 but final assessment outcome issued in 2025.*	17	1
Final Assessment	111	6
Total:	128	7

New Zealand processes

Advice provided to the MCNZ on the equivalence of SIMGs' qualifications, training and experience in 2024.

Preliminary (paper-based) advice			
Outcome	Vocational scope 1	Vocational scope 2	Vocational scope 3 Provisional Vocational (specialist) registration
Equivalent			2
As satisfactory as			5
Neither equivalent to, nor as satisfactory as			1
Unable to make a recommendation			1
Total			9

Interview advice			
Outcome	Vocational scope 1	Vocational scope 2	Vocational scope 3 Provisional Vocational (specialist) registration
Equivalent			1
As satisfactory as			16
Neither equivalent to, nor as satisfactory as			-
Total			17

Please note: The total number of Preliminary & Interview advice requested by the MCNZ in 2024 was 26 requests. Of the total requests, 3 applicants are on both the preliminary & interview advice. The total Preliminary & Interview advice provided to the MCNZ in 2024 was 22 requests

Section B – Reporting on Quality Improvement Recommendations

The College's accreditation report contains Quality Improvement Recommendations. These are suggestions for the education provider to consider (not conditions on accreditation), and the AMC is interested in how the College considers these, and what, if any, action occurs as a result.

Please provide a brief summary update of the College's response to the Quality Improvement Recommendations. The AMC is asking the College to report on activities in years three, six and nine of the accreditation cycle.

The College is in **YEAR 3** of its accreditation cycle, please provide an update on work related to your Quality Improvement Recommendations. If the College will not be considering the Recommendation, please briefly comment on the reasons for this.

Quality Improvement Recommendation	Has the College undertaken any activities against this recommendation? *If yes, please describe below*	If no activities have occurred, will the College be considering this recommendation in the future? *If yes, please indicate below when the College is likely to consider the recommendation* *If no, please comment below on why the College has decided not to adopt the recommendation*
Standard 1: The context of training and education		
AA Consider, in relation to College objectives and the planned external review of the governance structure: (i) A skills-based Board, with positions for members with experience in corporate governance, members who are Aboriginal and/or Torres Strait Islander and Māori, and those with lived experience. (ii) Direct reporting of the Aboriginal and Torres Strait Islander Mental Health Committee, Te Kaunihera mo ngā kaupapa Hauora Hinengaro Māori, and the Community Collaboration Committee to the Board, to reflect the College's commitment to and importance of these stakeholders.	☒ Yes ☐ No (i) The College has determined to appoint a skills-based director to the Board with experience in corporate governance (see also Condition 1). Recent appointments to the Board have also focused on corporate governance experience. Further adjustment to a skills-based Board will require Constitutional change, as the two appointed director clauses are being utilised by the appointed director trainee and independent director. (ii) The College is considering this under the wider governance review referred to in this report (see	☒ Yes ☐ No (iv) The TAC and BCT structure remain in its infancy. Following the Audio-Visual Objective Structured Clinical Examination (AV OSCE) crisis and enhancements of the trainee voice the College has been working with trainees to ensure their committee structures reflect their needs. At this stage the Associations of Psychiatry Trainees are seen as providing the local voice and they come together

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(iii) Appointment of an Aboriginal and/or Torres Strait Islander person as chair of the Aboriginal and Torres Strait Islander Mental Health Committee. (iv) Trainee committees at branch level in Australia and national level in Aotearoa New Zealand national, to facilitate wider trainee liaison and feedback to the Binational Committee for Trainees and enhance college engagement of and communication with its trainees. (v) Improving trainee engagement at Board level by increasing the term of the Trainee Director to parity with other Directors. (vi) Streamlining the number of committees, with separation of governance and operational responsibilities for education and training. (Standards 1.1 and 1.2)	Condition 1) with the view of uplifting 'peak' voices within the College. (iii) The Chair of the Aboriginal and Torres Strait Islander Mental Health Committee has been appointed and the position is held by an Aboriginal Fellow. This was a targeted recruitment process. (v) The Appointed Director Trainee has been extended at the discretion of the Board to align to a two-year Director term. The previous Trainee Director, Dr Ava Carter, served a two-year term which concluded in 2025. (vi) The College is considering this under the wider governance review referred to in this report (see Condition 1) with the aim of streamlining the College governance structures. The other piece of work is the development of a document outlining the reservation of powers and delegations of authorities which will clearly separate the operational and governance responsibilities (see also Condition 1).	within the TAC.
BB Review remuneration practices for consumer involvement to align with health sector expectations. (Standards 1.1 and 1.6.4)	☒ Yes ☐ No The College's Community Member Remuneration Policy underwent a significant review in 2023 to reflect the recommendations outlined in the LLE Strategy and also in line with remuneration amounts cited within the Australian Government Remuneration Tribunal,	☐ Yes ☐ No

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	Remuneration and Allowances for Holders of Part-time Public Office. The Policy will be renewed again this year led by the new LLE Senior Advisers.	
CC Consider, in relation to the resourcing strategy, the inclusion of the expertise of medical educators, and of Aboriginal and/or Torres Strait Islander and Māori culture and health in senior staff positions. (Standard 1.5.1)	☒ Yes ☐ No A Medical Education Fellow has been appointed to the College, as reported in the 2024 submission. Recruitment of two identified positions in cultural advisory positions has been completed. The recruitment of an identified manager (senior staff) continues but has been unsuccessful to date.	☐ Yes ☐ No
Standard 2: The outcomes of specialist training and education		
Nil.	☐ Yes ☐ No	☐ Yes ☐ No
Standard 3: The specialist medical training and education framework		
DD Structure and consolidate information about the training program and curriculum in documentation and on the College website to improve accessibility and understanding for trainees, supervisors, and other stakeholders. (Standard 3.1)	☒ Yes ☐ No Improvements have been made to the presentation, clarity, and flow of information about Specialist Assessment and Vocational registration in Aotearoa New Zealand (Vocational registration in Aotearoa New Zealand | RANZCP), as well as the content explaining the new accelerated application pathway for SIMGs	☒ Yes ☐ No

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	(Accelerated pathway | RANZCP; Specialist assessment | RANZCP), see Condition 46. Information on supervision has been updated and expanded in the new Supervisor Handbook published this year. Stakeholders have also been kept abreast of future changes to the curriculum through regular webinars in November 2024 and February 2025, entitled 'Navigating the Future: Key Changes to the RANZCP Fellowship Program Webinar' and 'Curriculum Redesign Project: The New Horizon'. These are kept on our website for reference by stakeholders at any time. More webinars are planned on changes around OCAs/IOCAs in June and August 2025. In parallel, work is underway to present the syllabus online in a clearer and more interactive format with links to supplementary learning resources. This is scheduled to be live by the end of 2025 and will be further developed ahead of the FEC rollout in 2028. See condition 19. As part of this broader improvement work, an audit was conducted to update the website including all landing pages, policies and documents by removing the now obsolete terms 'OSCE' and 'CEQ' and adding 'IOCA' where relevant. This was completed in July 2025.	

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EE Update the use the terms "cultural safety" and "cultural competence" in the curriculum and other College documents to reflect current practice. (Standard 3.2.9)	☐ Yes ☒ No	☒ Yes ☐ No This is being undertaken as part of the Curriculum review, the introduction of the CSTP and the review of the FEC.
Standard 4: Teaching and learning approach and methods		
FF Identify ways the InTrain system may improve the College's ability to monitor the delivery of training program requirements centrally and systematically. (Standards 4.1 and 4.2)	☒ Yes ☐ No Since the 2022 Accreditation by the AMC, the College reporting team, working with the IT team, has greatly increased the use of Power Bi to assist with the visualisation of data from the College membership data and InTrain data. Dashboards are available for a range of key metrics, such as trainees on a BiT, jurisdictional specific data, training posts etc. The Cohort progression monitor is now produced monthly for Bi-National monitoring, and versions specific to SIMG, Indigenous trainees and jurisdictions are produced. This enables monitoring of the progression of trainees overall.	☐ Yes ☐ No
GG Recognise the contributions of local educators to the development and delivery of regional and localised education resources in the College. (Standard 4.2.2)	☐ Yes ☒ No	☒ Yes ☐ No This will be considered as part of the redevelopment of the FEC and the revised Curriculum, anticipated for

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		further work in 2025 – 2028.
Standard 5: Assessment of learning		
Nil.	☐ Yes ☐ No	☐ Yes ☐ No
Standard 6: Monitoring and evaluation		
Nil.	☐ Yes ☐ No	☐ Yes ☐ No
Standard 7: Issues relating to trainees		
HH Communicate an immediate timeframe of delivery of the pro-rata fee payment system to trainees. (Standard 7.3)	☒ Yes ☐ No The pro rata fee payment system for trainees was introduced for the 2023 training year. Information regarding the new approach was published in April 2023: A new approach to training fees | RANZCP	☐ Yes ☐ No
Standard 8: Implementing the program – delivery of education and accreditation of training sites		
II Investigate and enhance the functionality of InTrain to facilitate and monitor accreditation processes and outcomes. (Standard 8.2)	☒ Yes ☐ No The post level data in InTrain has been reviewed and cleaned, and business rules are in development to provide greater accuracy of: • location data for rurality monitoring • accreditation dates • consistent naming conventions Data visualisation software has been used to present	☐ Yes ☐ No

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	posts and their associated accreditation dates to support accreditation of training programs/zones. Significant development work on InTrain will not be undertaken until the completion of the project to implement the recommendations of the NHPO Any development will be subject to the acceptance of a business case for funding and priority in IT development cycles.	
Standard 9: Assessment of specialist international medical graduates		
KK Explore opportunities to formalise the status of all SIMGs and increase their involvement in College governance and activities. (Standards 10.1 and 1.1)	☒ Yes ☐ No Following consultation during 2024, a revised model has been developed to automate membership for SIMG candidates on a pathway to RANZCP Fellowship (see Condition 46). This will formalise and strengthen the relationship with the College from commencement on the Pathway, and reinforce the sense of support, connection (including with the College CPD Home) and belonging as a member during their pre-Fellowship period. The proposed model was endorsed by various committees and the Board in July 2025.	☐ Yes ☐ No
LL Utilise existing electronic systems so that SIMGs can document more easily their progress in meeting assessment requirements, and to support timely monitoring by the central	☒ Yes ☐ No Substantially comparable SIMG candidates	☐ Yes ☐ No

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College and communication with individual SIMGs on their progress. (Standard 10.2 and 10.4)	commenced using the My CPD system as of August 2024. A dedicated CPD webpage is available for Substantially Comparable candidates, with clear information provided for each cohort as an appendix to the Program Guide. This includes details of what will automatically be recorded in their CPD through the Substantial Comparability program and what other activities will be needed to supplement their CPD claim, including advice and examples. InTrain for Partial Comparability SIMG candidates on the Specialist Pathway was made live on 12 June 2024. InTrain will be able to assist Partial Comparability SIMG, College Staff, Supervisors and SIMG DoT to monitor progressions while on the Partial Comparability Specialist Pathway. We have completed and are finalising improvements to the College application process for all specialist assessment applicants with the development of a digital application form and the removal of the collection of unnecessary applicant information while still meeting AHPRA requirements. These improvements will lead to improved user experience for SIMG applicants, improved data security and the ability to have a real-time	

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	understanding of the progress and status of applications. The development of the College's digital application form and automation quality improvements will take place in phases: Phase 1 of Accelerated Pathway application digitisation was launched on 30 April 2025 and will lead to improved user experience for SIMG applicants through the establishment of an online registration form, bypassing the interview process where eligible, improved data security and reporting on a real-time progress and status of applications. However, the administrative processes that support end to end application and assessment functions are still manual and will improve subject to the development of Phase 2 digital solution as per Statement of Work for Phase 2 and supported by finance approval.	