

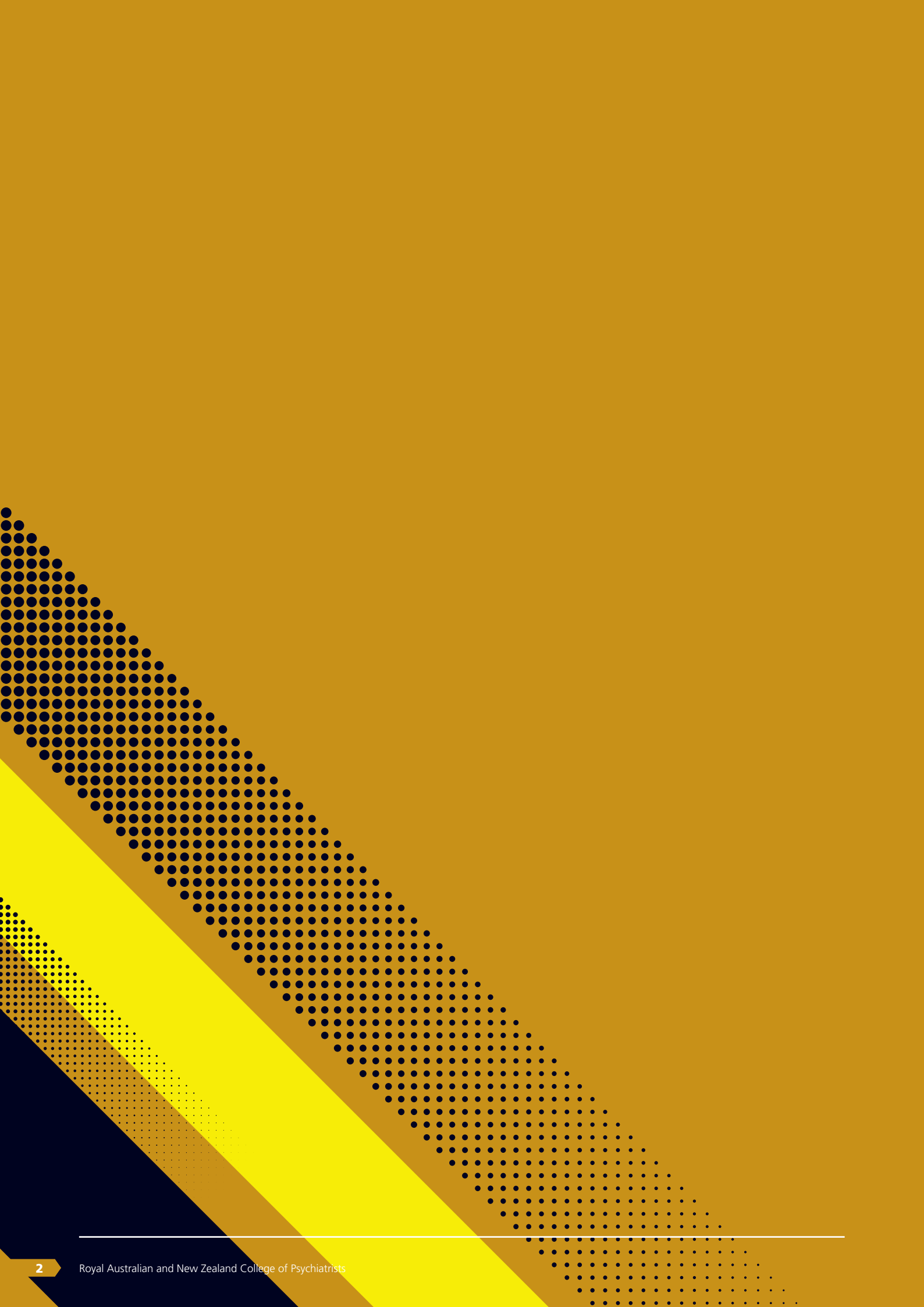


The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists



# Monitoring and Evaluation Framework

Specialist International  
Medical Graduate Pathways  
to Fellowship





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# Introduction and Purpose of the Framework

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

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

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

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

This Monitoring and Evaluation (M&E) Framework outlines how the RANZCP will monitor the quality of implementation, pathway effectiveness, and workforce and community contributions across the Specialist International Medical Graduates pathways to Fellowship. It provides a consistent approach to indicators, data sources, analysis, and reporting, ensuring the College meets the expectations of AMC Standard 6 (2023) and relevant MCNZ accreditation requirements, while supporting continuous improvement.

# 1. Specialist International Medical Graduate Pathways to Fellowship

The Specialist International Medical Graduate (SIMG) assessment pathway is the process through which psychiatrists who obtained their primary specialist qualification outside Australia and Aotearoa New Zealand are assessed for comparability to a Fellow of the Royal Australian and New Zealand College of Psychiatrists (RANZCP).

The specialist assessment of comparability is a regulatory determination process that evaluates prior qualifications, training, and experience to decide pathway allocation. This assessment occurs within the Medical Board of Australia (MBA) and Medical Council of New Zealand (MCNZ) specialist registration frameworks, with the RANZCP acting as the specialist medical college responsible for determining the equivalence of qualifications, training, and experience.

Following specialist assessment, the RANZCP determines one of three comparability outcomes:

- Substantially Comparable
- Partially Comparable
- Not comparable.

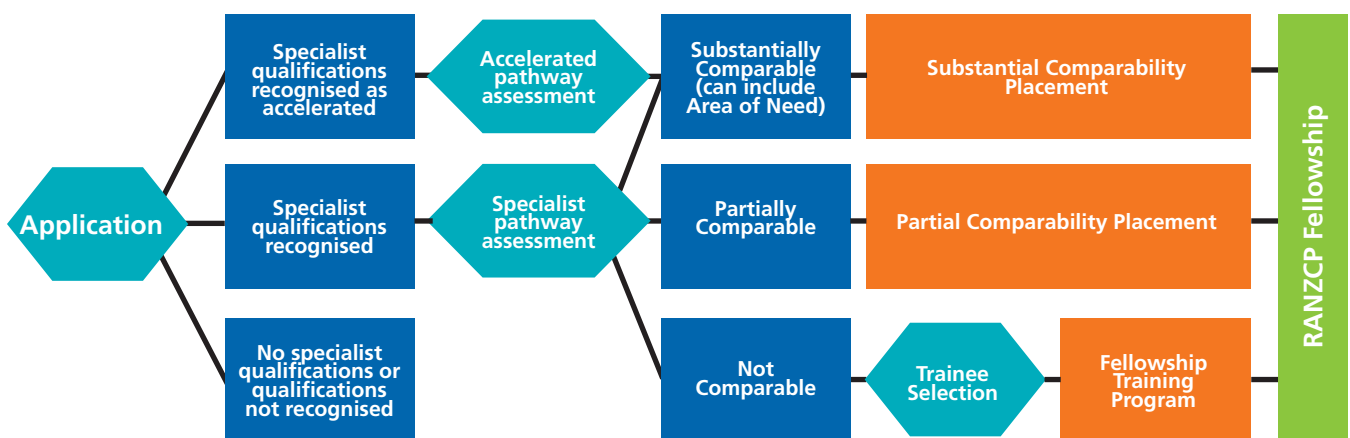
SIMGs assessed as Substantially Comparable or Partially Comparable may proceed to a period of supervised practice in an approved position. These roles are workplace-based performance verification placements that confirm clinical performance, professional practice, and alignment with RANZCP Fellowship competencies.

The two placement types are:

- Partial Comparability Placement
- Substantial Comparability Placement

These placements are assessment and verification mechanisms rather than training programs. Their purpose is to determine whether the SIMG demonstrates performance consistent with the standard expected of an RANZCP Fellow. Successful completion of required assessment processes and placement conditions may lead to eligibility for Fellowship of the RANZCP, subject to College and regulatory requirements.

Figure 1. Specialist pathway to Fellowship



## 1.1 Partial Comparability Placement

The Partial Comparability Placement is a workplace-based pathway for SIMGs assessed as Partially Comparable to an RANZCP Fellow. Its purpose is to verify Fellowship-level competencies and confirm closure of identified competency gaps relative to RANZCP standards.

This pathway involves:

- A two-year program of workplace-based assessment
- Completion of the clinical competency assessment
- Completion of the Modified Essay Question (MEQ) Examination
- Completion of any training or experience gaps specified in the candidate's specialist assessment outcome letter.

Placements are not cohort-based and may commence at any time of the year. From the date of the specialist assessment outcome letter, SIMGs have 12 months to enter the country (if applicable), obtain medical registration, and start the job and the placement.

SIMGs assessed as Partially Comparable are granted two years of comparability status to complete placement requirements. Extensions beyond two years are considered on a case-by-case basis by the Committee for Specialist International Medical Graduate Education (CSIMGE). The maximum duration on the pathway is four years.

### a) Assessment and Comparability requirements

To meet Partial Comparability requirements, SIMGs must complete the following minimum assessment components:

Workplace-based assessments

- four Observed Clinical Activities (OCAs)
- two IOCA with Stage 3 standards
- eight Entrustable Professional Activities (EPAs) with Stage 3 standards.

Three of these EPAs must be selected from the prescribed SIMG EPA list

- four end-of-rotation In Training Assessment (ITA) Reports

Formal Assessments

- Clinical Competency Assessment
- Modified Essay Questions (MEQ) Examination

Stage 3-Equivalent Requirements

- Psychotherapy – three patients for at least six sessions each
- Leadership and Management experience
- Training in the mental health of Aboriginal and Torres Strait Island people/s or Māori

Individualised requirements

- any additional gaps in skills and experience as identified in the specialist assessment outcome letter.

### b) Placement Structure

The placement is structured in six-month full-time equivalent (FTE) terms. During each term, the expected minimum assessment activity is:

- at least 1 OCA
- at least 2 EPAs
- 1 ITA

Across the two-year placement, SIMGs must complete two Stage 3 IOCA's, which may be undertaken in any term.

Assessment documentation is submitted at the conclusion of each six-month term, including:

- Confirmation of Entrustment forms for completed EPAs
- OCA form(s) completed during the term
- IOCA form (where applicable)
- End-of-term ITA report

## 1.2 Substantial Comparability Placement

The Substantial Comparability Placement is a workplace-based pathway for SIMGs assessed as Substantially Comparable to an RANZCP Fellow. Its purpose is to confirm that the SIMG demonstrates clinical performance, professional practice, and system functioning consistent with the standard expected of a consultant psychiatrist in Australia and Aotearoa New Zealand.

This placement involves:

- 12-month full-time equivalent (FTE) supervised work placement
- Completion of structured workplace-based assessments
- Verification of performance at a level consistent with a junior consultant psychiatrist standard

From the date of the specialist assessment outcome letter, SIMGs have 12 months to enter the country (if applicable), obtain medical registration, secure employment in an approved position, and commence the placement.

SIMGs are granted one year of comparability status to complete the placement. Extensions beyond 12 months FTE are considered on a case-by-case basis by CSIMGE. The maximum duration on the pathway is two years.

The Substantial Comparability Placement does not include a prescribed syllabus or high-stakes summative examinations. It operates as a practice-based verification model, with comparability determined through longitudinal supervisor evaluations and structured clinical discussions in the workplace.

The placement includes an initial orientation period (first eight weeks) covering local health service systems, relevant legislative frameworks (including Mental Health legislation), and cultural safety training on the mental health of Aboriginal and Torres Strait Islander Peoples and/or Māori.

To meet placement requirements, SIMGs must hold an appointment of at least 0.6 FTE, with a minimum of 0.3 FTE in direct consultant-level clinical care.

### a) Assessment Milestones – substantial comparability placement

Assessment activities occur at defined points across the 12-month placement:

Stage	Assessment activities	Stage	Assessment activities
0 months	Orientation to health service, health system, and legislative context begins	9 months	Summative case-based discussion 3
2 months	Formative case-based discussion Supervisor's report 1	10 months	Supervisor report 3
3 months	Summative case-based discussion 1	12 months	Supervisor and Employer End-of-Placement Declaration
6 months	Summative case-based discussion 2 360-degree feedback process Supervisor report 2		

# 2. Framework and Pathway Logic Model

## 2.1 Pathway Evaluation Approach

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

Table 1. Kirkpatrick model levels of outcomes<sup>1</sup>

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

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

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

Figure 2. Kirkpatrick model, evidence tools



<sup>1</sup> Kirkpatrick, D.L. (1959). Techniques for evaluating training programs. Journal of the American Society of Training Directors, 13(3), 21-26

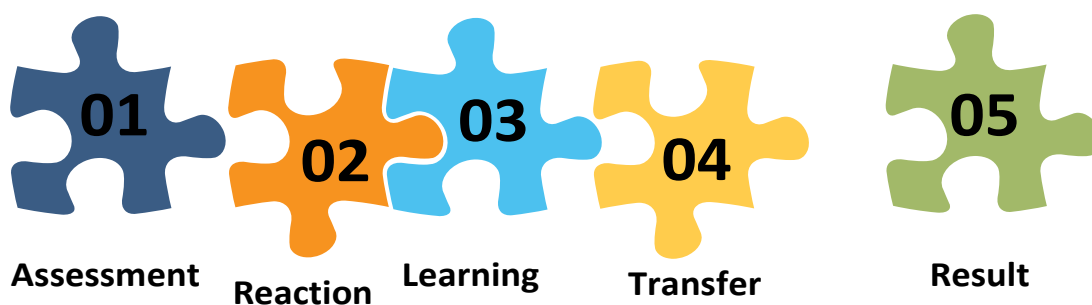
In the SIMG context, this model is adapted to suit a regulatory comparability pathway rather than a training program. The RANZCP monitoring model integrates a **Pathway Logic Model** with an **expanded Kirkpatrick evaluation framework**. The expanded Kirkpatrick framework is used to classify outcomes by type and level across this pathway, from assessment and placement activities to long-term system impact.

The expanded framework includes an additional level: **Assessment (Comparability Determination)**. This level evaluates the College's capability to make valid, reliable and defensible comparability determinations, not candidate learning aligned with culturally safe and person-centred psychiatric care (see Figure 3).

The five levels are: Assessment (comparability determination), Reaction, Learning (or capability development), Transfer, and Results. The assessment (comparability determination) indicates that the SIMG pathway is not a training pipeline entry mechanism but rather a regulatory comparability determination process. At this level, the focus is on the integrity, consistency, and validity of specialist assessment decisions that determine pathway allocation (Substantial, Partial, or Not Comparable). This stage serves as the gatekeeping mechanism that determines whether and under what conditions an SIMG may progress toward Fellowship and therefore is the foundational determinant of downstream pathway performance and outcomes.

The Results level recognises that long-term workforce, service system, and population mental health outcomes are influenced by health system capacity, regulatory environments, immigration settings, and workforce distribution factors that sit beyond the College's direct control. Accordingly, Levels 1–4 are monitored as primary indicators of pathway effectiveness, with a focus on the quality of assessment decisions, candidate experience, capability verification, and workplace performance. Level 5 indicators are therefore interpreted as measures of the pathway's contribution to workforce and system outcomes, rather than outcomes attributable solely to the College's SIMG processes.

Figure 3. Expanded Kirkpatrick model in the RANZCP program journey



Evaluation questions for SIMG stakeholders are guided by principles of assessment quality, capability verification, and practice performance, informed by a modified Kirkpatrick framework appropriate to regulatory pathways. These questions include:

- Assessment (comparability determination): How valid, consistent, and transparent is the specialist assessment process in determining comparability outcomes? To what extent does the process appropriately identify candidates who meet, or have the capacity to meet, RANZCP Fellowship standards?
- Reaction: How do stakeholders experience the assessment and placement processes, including clarity of requirements, support, cultural safety, and administrative processes?
- Capability Development (Learning): To what extent is SIMG capability relative to Fellowship standards verified, and have identified competency gaps been demonstrably closed during the placement period?
- Transfer: How effectively do SIMGs demonstrate Fellowship-level competencies in workplace settings, including clinical decision-making, professional practice, and functioning within the Australia and Aotearoa New Zealand health and legislative systems?
- Results: What are the tangible and intangible outcomes of the SIMG pathway for the psychiatric workforce, service capacity, and community mental health care, recognising that these outcomes reflect pathway contributions within a broader health system context?

The RANZCP monitoring model integrates:

- A Pathway Logic Model (how comparability determination and capability verification occur)
- A modified Kirkpatrick framework (types of outcomes across assessment, capability, performance, and system contribution)

Inputs and Outputs represent the implementation performance of assessment and governance systems, not outcomes.

Level	Focus
Assessment	Comparability determination and pathway allocation
Reaction	Experience of processes
Capability Verification and Gap Closure	Demonstrated equivalence to Fellowship standards
Transfer	Performance in supervised consultant practice
Results	Workforce and system contribution

## 2.1 Pathway Logic Model

The following logic model outlines the key components, activities, outputs, outcomes, and impacts of the Specialist International Medical Graduate (SIMG) pathways, providing a structured framework for understanding how assessment (comparability determination), workplace-based verification, and regulatory governance produce comparability outcomes and contribute to the psychiatry workforce in Australia and Aotearoa New Zealand. This model explains how comparability decisions and supervised practice produce assurance of standards, rather than how education produces learning.

### a) Inputs

Inputs are the foundational resources and stakeholders that enable effective assessment (comparability determination), placement, and pathway governance:

- **Funding:** Financial support from assessment (comparability determination) application fees, examination fees, extension fees, and relevant government funding programs in Australia and Aotearoa New Zealand, enabling pathway delivery and sustainability.
- **Regulatory frameworks:** Standards, policies, and guidance from the Medical Board of Australia (MBA), Medical Council of New Zealand (MCNZ), and RANZCP that define comparability, registration, and eligibility requirements.
- **Assessment (comparability determination) frameworks:** A competency-aligned framework mapped to RANZCP Fellowship standards, demonstrating equivalence with locally trained psychiatrists and ensuring consistent evaluation of SIMG candidates.
- **Accredited post and supervisors:** Services and trained supervisors capable of providing reliable and valid workplace-based assessment and clinical practice.
- **Key stakeholders:** Diverse groups who contribute to, or are impacted by, the pathways, including SIMGs, supervisors, SIMG Directors of Training (DOTs), people with lived and living experience and their carers/whānau, Aboriginal and Torres Strait Islander peoples, Pasifika and Māori communities, health service and private practice employers, governments, the AMC/MCNZ, other training institutions, specialist colleges, clinicians, psychiatrists, advocacy groups, and university medical groups.
- **College staff and Governance:** RANZCP staff, CSIMGE, assessment panels and governance structures responsible for establishing, overseeing, and operationalising SIMG pathway policies, comparability standards, placement requirements, and candidate progression decisions.

## b) Activities and Outputs

The activities and structural supports drive the SIMG pathways and produce outputs that contribute to short, medium, and long-term outcomes. Activities are grouped under four domains:

### Pathway Entry and Governance

- Specialist Assessment (comparability determination) Policies and Procedures: Identification and application of policies determining SIMG eligibility, pathway allocation (Substantial, Partial, Not Comparable), and comparability outcomes.
- Governance and Structural Support: Establishment and oversight of governance frameworks, committees, and procedural guidance underpinning administration, assessment (comparability determination), integrity, and consistency of outcomes.
- Accreditation and Standard Maintenance: Maintenance of the College's role as the accrediting body for SIMG assessments, ensuring processes are reliable, valid, and aligned with RANZCP Fellowship comparability standards.
- Communication and Engagement: Structured communication and stakeholder engagement mechanisms to support transparency, participation, and understanding of pathway processes.

### Pathway Frameworks

- Assessment (placements) Framework: Administration and oversight of centrally coordinated and workplace-based assessments to evaluate SIMG equivalence to Fellowship standards, ensuring reliability, validity, and examiner calibration across Substantial and Partial pathways.
- Assessment (placements) Tools and Requirements Management: Development, review, and documentation of assessment instruments and requirements, including workplace-based assessments and centralised exams for Partial pathway candidates. Tools are regularly updated to reflect competency standards and regulatory expectations.
- Supervisor and Assessor Standards: Establishment of College requirements for supervisors and assessors, including accreditation, training, and role responsibilities.
- Orientation and cultural safety requirements: Implementation of an orientation period introducing SIMGs to local health systems, legislation, and culturally safe practice, including mandatory training relevant to Aboriginal and Torres Strait Islander Peoples and/or Māori.
- Pathways policy guidance and documentation: Development and publication of pathway handbooks, guidance materials, and policies supporting candidate understanding and assessment during placements governance.

### Supervision, Clinical Practice and Support

- Structured Supervision: Provision of accredited supervision, including workplace-based assessment, feedback, observation, and reporting. Supervisors are trained to ensure consistency and quality.
- Workplace Clinical Practice: Facilitation of supervised clinical practice as the primary mechanism for verification of SIMG competence, including direct patient care, participation in multidisciplinary teams, and engagement with local clinical systems.
- Candidate Support Systems: Provision of mentoring, guidance on placement expectations, support for regulatory and employment processes, and mechanisms for early identification of candidates experiencing performance or well-being challenges.
- Integration and Cultural Safety Support: Activities promoting safe and culturally responsive practice, including orientation to health services, legislation, and culturally respectful engagement with patients and colleagues.
- Placement Alignment: Integration of placement activities with the RANZCP Lived and Living Experience Strategy and Cultural Training Plan.
- Workplace Suitability and Environment Monitoring: Ongoing monitoring of placement environments to ensure appropriate clinical exposure, supervision, and workplace safety.

- Remediation and Performance Support Processes: structured mechanisms to address performance concerns and provide targeted remediation, maintaining patient safety and assessment standards.

### Quality Assurance and Continuous Improvement

- SIMG Pathway Feedback Mechanisms: Collection and analysis of structured feedback from candidates, supervisors, and assessors to inform ongoing improvements to pathway design, assessment tools, and candidate support.
- Assessment and Placement Quality Assurance: Monitoring and review of workplace-based assessments, placement environments, and supervisory practice to ensure alignment with competency standards and regulatory requirements.
- Regulatory and Standards Compliance: Maintenance of pathway processes in accordance with RANZCP, MBA, and MCNZ standards, ensuring procedural fairness, transparency, and alignment with accreditation requirements.
- Continuous Improvement and Governance: Implementation of corrective actions and updates based on audit findings, assessment outcomes, and stakeholder feedback, ensuring pathways remain effective, equitable, and aligned with workforce needs.

## c) Outcomes and Impact

The activities and structural supports described above are designed to produce outcomes across five levels of the expanded Kirkpatrick framework: Assessment, Reaction, Capability Development (Learning), Transfer, and Results. Short-term outcomes focus on the integrity, consistency, and candidate experience of the assessment and placement process; medium-term outcomes capture verified capability and workplace performance; and long-term outcomes reflect workforce, system, and community-level contributions.

Across all levels, the framework recognises lived and living experience as a critical form of expertise that informs assessment, candidate support, and continuous improvement, ensuring that pathways remain person-centred, inclusive, and responsive to the perspectives of service users and carers.

### Level 1: Assessment (Comparability Determination) (Short Term Outcomes)

This level evaluates the RANZCP's capability to assess SIMG candidates and determine appropriate comparability outcomes (Substantial, Partial, Not Comparable). It establishes the foundational gatekeeping mechanism that underpins downstream pathway outcomes.

- Assessment (comparability determination) integrity: Decisions are valid, reliable, consistent, and transparent, aligning with RANZCP Fellowship standards and regulatory requirements.
- Appropriate pathway allocation: Candidates are accurately allocated to Substantial, Partial, or Not Comparable outcomes based on demonstrated competencies.
- Regulatory and safety alignment: Assessment (comparability determination) processes ensure patient safety and adherence to culturally safe and person-centred psychiatric care standards.
- Stakeholder confidence: Stakeholders recognise the comparability determination process as equitable, rigorous, and aligned with Fellowship comparability expectations.

Contributing Activities:

- Specialist Assessment Policies and Procedures
- Governance and Structural Support
- Assessment Accreditation and Standard Maintenance
- Policy Guidance and Documentation
- Comparability Assessment Framework
- Assessment Tools and Requirements Management
- Supervisor and Assessor Standards

## Level 2: Reaction (Short Term Outcomes)

This level captures candidate and stakeholder perceptions of the pathway, including their experiences with assessment (comparability determination), placement experience, and support mechanisms.

- Candidate experience and satisfaction: SIMGs perceive assessment (comparability determination) and placement processes as fair, clear, and well-supported, including the meaningful integration of lived and living experience perspectives.
- Pathway acceptability and safety: Placement environments and assessment interactions are safe, respectful, and inclusive.
- Transparency and clarity: Candidates understand pathway requirements, assessment criteria, and performance expectations.
- Wellbeing support: Candidates report that mentoring, guidance, and support systems during placement facilitate engagement and confidence in the pathway.

Contributing Activities:

- Communication and Engagement
- Candidate Support Systems
- Structured Supervision
- Workplace Suitability and Environment Monitoring
- Policy Guidance and Documentation
- Orientation and Cultural Safety Requirements
- SIMG Pathway Feedback Mechanisms

## Level 3: Capability Verification and Gap Closure (Short Term Outcomes)

This level measures the extent to which SIMG capability relative to Fellowship standards is verified, and identified competency gaps are demonstrably closed. In addition, this level incorporates the development of relational capabilities, empathy, and skills in navigating power dynamics, ensuring that lived and living-experience perspectives inform both capability verification and gap closure.

- Competency verification and progression: SIMGs demonstrate measurable achievement of clinical, professional, and relational competencies.
- Readiness for consultant-level practice: Candidates demonstrate competence in clinical decision-making, patient care, culturally safe practice and engagement with lived and living experience perspective, indicating readiness for independent practice under supervision.
- Relational and cultural capability: SIMGs consistently apply interpersonal, collaborative, and culturally responsive practices.
- Assessment (placement) Integrity: Workplace-based assessments reliably reflect capability progression and comparability to RANZCP standards.

Contributing Activities:

- Workplace Clinical Practice
- Structured Supervision
- Orientation and Cultural Safety Requirements
- Supervisor and Assessor Standards
- Comparability Assessment Framework
- Assessment Tools and Requirements Management

- Integration and Cultural Safety SupportCandidate Support Systems
- SIMG Pathway Feedback Mechanisms
- Placement alignment (Including lived and living experience integration)

#### **Level 4: Transfer (Medium Term Outcomes)**

This level evaluates the application of verified capabilities in real-world practice and the candidate's progression toward Fellowship eligibility. In addition, this level monitors the application of relational skills, lived and living-experience-informed practice, successful placement progression and completion.

- Pathway completion and progression: Candidates meet placement and assessment (placement) requirements, progressing toward Fellowship eligibility.
- Timely completion: Candidates progress through placements within prescribed timeframes, demonstrating efficient application of capability verification and readiness for independent practice.
- Workplace performance: SIMGs apply verified competencies effectively in clinical settings, demonstrating safe, competent, and culturally responsive practice.
- Integration into the workforce: SIMGs demonstrate the ability to function independently within Australian and Aotearoa New Zealand health systems.
- Perceived value of the pathway: Stakeholders recognise that the pathway supports supervision and assessment that effectively enable competency demonstration and workplace readiness.
- Validated workforce integration: SIMGs meet comparability standards, ensuring clinical competence and readiness for independent practice equivalent to that of Australia- and New Zealand-trained Fellows.
- Application of relational and lived and living experience-informed practice: Candidates consistently apply relational capabilities, empathy, and lived and living experience-informed approaches in clinical practice, demonstrating effective patient engagement, collaboration and power-sharing in real-world settings.

Contributing Activities:

- Workplace Clinical Practice
- Structured Supervision
- Candidate Support Systems
- Integration and Cultural Safety Support
- Workplace Suitability and Environment Monitoring
- Remediation and Performance Support Processes
- Orientation and Cultural Safety Requirements
- SIMG Pathway Feedback Mechanisms
- Assessment and Placement Quality Assurance

#### **Level 5: Results (Long-Term Outcomes)**

This level reflects the broader, system-level contributions of the SIMG pathways and captures the main impacts of the College's regulatory and assessment processes. These outcomes demonstrate that the pathways ensure that internationally trained psychiatrists are comparably qualified, safe to practice, and effective contributors to the psychiatric workforce and healthcare system.

- Regulatory credibility and trust: The SIMG pathways are recognised as fair, transparent, and standards-based by the College, regulators (MBA/MCNZ), employers, and the psychiatric profession.
- Quality and safety of psychiatric care: Assessment (comparability determination) and placement processes ensure SIMGs deliver care that is safe, culturally responsive, and aligned with person-centred psychiatric standards.
- Pathway equity and accessibility: Processes support equitable opportunities for internationally trained psychiatrists, including culturally safe practices and support for underrepresented or diverse candidate groups.
- Workforce contribution: SIMGs provide a sustainable, competent, and diverse psychiatric workforce, complementing local training programs and addressing workforce shortages.
- System-level impact: The pathways contribute to the broader health system by enabling regulated, high-quality psychiatric practice, supporting service delivery, and enhancing public confidence in the psychiatric workforce.

Contributing Activities:

- All Level 1–4 Activities collectively contribute
- SIMG Pathway Feedback Mechanisms
- Assessment and Placement Quality Assurance
- Regulatory and Standards Compliance
- Continuous Improvement and Governance

## LOGIC MODEL

Inputs	Activities	Short-term Outcomes	Medium-term Outcomes	Long-term Outcomes
<p><b>1. Funding</b></p> <ul style="list-style-type: none"> <li>• Application fees, Examination fees, Extension application fees, Government funding programs</li> </ul> <p><b>2. Regulatory frameworks</b></p> <p><b>3. Assessment frameworks</b></p> <p><b>4. Accredited posts and supervisors</b></p> <p><b>5. Key stakeholders</b></p> <ul style="list-style-type: none"> <li>• SIMG Candidates / Supervisors / SIMG Directors of Training (SIMGDOTs)/ office staff</li> <li>• Communities (People with lived and living experience and their families (whanau) - Aboriginal and Torres Strait Islander peoples / Pasifika and Māori)</li> <li>• Governments /AMC/ MCNZ</li> <li>• Health services, employers, jurisdictional health authorities, clinical directors, related disciplines</li> </ul> <p><b>5. College staff</b></p> <p><b>6. RANZCP Committees/ Governance</b></p>	<ol style="list-style-type: none"> <li>1. Specialist assessment (comparability determination) policies and procedures</li> <li>2. Governance and structural support</li> <li>3. Accreditation and standard maintenance</li> <li>4. Communication and Engagement</li> <li>5. Assessment (placements) framework</li> <li>6. Assessment (placements) tools and requirements management</li> <li>7. Supervisor and assessor standards</li> <li>8. Orientation and cultural safety</li> <li>9. Pathway policy guidance and documentation</li> <li>10. Structured supervision</li> <li>11. Workplace clinical practice</li> <li>12. Candidate support systems</li> <li>15. Integration and cultural safety</li> <li>16. Placement Alignment (Lived and Living experience strategy)</li> <li>17. Workplace suitability and Environment Monitoring</li> <li>18. Remediation and performance support</li> <li>19. SIMG pathway feedback</li> <li>20. Assessment and placement quality assurance</li> <li>21. Regulatory and Standards Compliance</li> <li>22. Continuous Improvement and Governance</li> </ol>	<p><b>Assessment (comparability determination)</b></p> <ul style="list-style-type: none"> <li>• Decisions are valid, reliable, consistent, and transparent, aligning with RANZCP Fellowship standards and regulatory requirements.</li> <li>• Candidates are accurately allocated to Substantial, Partial, or Not Comparable outcomes based on demonstrated competencies.</li> <li>• Assessment (comparability determination) processes ensure patient safety and adherence to culturally safe and person-centred psychiatric care standards.</li> <li>• Stakeholders recognise the process as equitable, rigorous, and aligned with Fellowship comparability expectations.</li> </ul> <p><b>Reaction</b></p> <ul style="list-style-type: none"> <li>• SIMGs perceive the assessment (comparability determination) and placement processes as fair, clear, and well supported, with the meaningful integration of lived and living-experience perspectives.</li> <li>• Placement environments and assessment interactions are safe, respectful, and inclusive.</li> <li>• Candidates understand pathway requirements, assessment criteria, and performance expectations</li> <li>• Candidates report that mentoring, guidance, and support systems facilitate engagement and confidence in the pathway.</li> </ul>	<p><b>Capability Development</b></p> <ul style="list-style-type: none"> <li>• SIMGs demonstrate measurable achievement of clinical, professional, and relational competencies.</li> <li>• Candidates demonstrate competence in clinical decision-making, patient care, culturally safe practice, and engagement with lived and living-experience perspectives, indicating readiness for independent practice under supervision.</li> <li>• SIMGs consistently apply interpersonal, collaborative, and culturally responsive practices.</li> <li>• Workplace-based assessments reliably reflect progression of capability and alignment with RANZCP standards.</li> </ul> <p><b>Transfer</b></p> <ul style="list-style-type: none"> <li>• Candidates meet placement and assessment (placement) requirements, progressing toward Fellowship eligibility.</li> <li>• Candidates progress through placements within prescribed timeframes, demonstrating efficient application of capability verification and readiness for independent practice</li> <li>• SIMGs apply verified competencies effectively in clinical settings, demonstrating safe, competent, and culturally responsive practice.</li> </ul>	<p><b>Results</b></p> <ul style="list-style-type: none"> <li>• The SIMG pathways are recognised as fair, transparent, and standards-based by the College, regulators (MBA/MCNZ), employers, and the psychiatric profession.</li> <li>• Assessment (comparability determination) and placement processes ensure SIMGs deliver care that is safe, culturally responsive, and aligned with person-centred psychiatric standards.</li> <li>• Processes support equitable opportunities for internationally trained psychiatrists, including culturally safe practices and support for underrepresented or diverse candidate groups.</li> <li>• The pathways contribute to a sustainable, competent, and diverse psychiatric workforce, complement local training programs, and help address workforce shortages.</li> <li>• The pathways contribute to the broader health system by enabling regulated, high-quality psychiatric practice, supporting service delivery, and enhancing public confidence in the psychiatric workforce.</li> </ul>

### 3. Key evaluation questions

The Key Evaluation Questions (KEQs) provide the central line of sight that links the pathway governance, assessment activities, workplace-based verification, and regulatory outcomes to evidence collection, analysis, and reporting. They specify what the evaluation must determine to judge the quality, integrity, effectiveness, and system contribution of the Specialist International Medical Graduate (SIMG) comparability pathways.

The SIMG pathway is a regulatory comparability determination and capability verification system. Accordingly, the KEQs focus on assessment quality, decision validity, workplace-based verification of standards, and the pathway’s contribution to workforce and service outcomes rather than educational delivery alone.

This framework adopts a two-tiered approach:

1. Implementation KEQs (Inputs & Outputs) – These questions examine whether the assessment, governance, and support systems that underpin the SIMG pathways are in place, functioning as designed, and operating with quality, consistency, and equity. They assess implementation fidelity, procedural integrity, and operational performance — the enabling conditions required for valid comparability outcomes. Core implementation domains include governance, assessment systems, supervision structures, cultural safety, and quality assurance.
2. Outcome & Impact KEQs (Levels 1–5) – These questions assess whether the SIMG pathways are achieving their intended effects across the expanded Kirkpatrick levels: Assessment, Reaction, Capability Verification, Transfer, and Results. They evaluate the quality of decisions, stakeholder experience, demonstrated equivalence to Fellowship standards, workplace performance, and system contribution.

Together, these KEQs:

- Link governance and assessment implementation to capability verification and system outcomes
- Distinguish between process performance, regulatory, and workforce contribution
- Embed cultural safety, equity, and lived and living experience perspectives across all levels
- Provide a structured basis for defining indicators, data sources, benchmarks, and reporting lines.

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

**Table 3. Implementation layer - Inputs and Activities/Outputs**

Area	Key performance indicators	Performance Indicators	Target
<b>Pathway Entry and Governance</b>	1. Are eligibility, comparability criteria, and pathway allocation policies current, clearly defined, and applied consistently?	% policies reviewed on schedule; % decisions compliant with policy; panel variance analysis	100% policies reviewed on schedule. ≥95% policy adherence; inter-panel variance within acceptable threshold
	2. Do governance structures ensure defensible, fair, and consistent assessment decisions?	Quorum compliance; COI declarations; audit findings	100% quorum compliance; COI declarations recorded; no major audit breaches
	3. Are SIMG assessment processes aligned with Fellowship standards and accreditation expectations?	Accreditation status, standards mapping documentation, and external review outcomes	Accreditation maintained; 100% standards mapping documented; satisfactory review findings
	4. Are pathway requirements and processes communicated clearly to stakeholders?	Stakeholder clarity ratings, clarification requests, and appeals linked to miscommunication	≥80% clarity rating; declining clarification trend

Area	Key performance indicators	Performance Indicators	Target
<b>Assessment Process and Pathway Frameworks</b>	5. Are assessment processes standardised and administered consistently across pathways?	Calibration participation; inter-rater reliability; moderation records	≥95% calibration completion; reliability coefficients within accepted threshold; moderation completed on schedule
	6. Are tools valid, current, and mapped to competency standards?	% tools reviewed; validation documentation	100% tools reviewed on schedule; validation evidence recorded
	7. Are supervisors and assessors appropriately accredited and trained?	Accreditation %; training completion	100% accredited; ≥95% training completion
	8. Is the required orientation and cultural safety training delivered and completed?	Completion rates, training evaluation results	≥95% completion; ≥80% positive relevance ratings
	9. Are pathway handbooks and guidance materials current and accessible?	Review cycle compliance; stakeholder clarity	100% reviewed annually ≥80% clarity rating
<b>Supervision, Clinical Practice and Support</b>	10. Is supervision delivered as required and documented appropriately?	Report submission timeliness; supervision frequency compliance	≥95% reports on time; ≥90% compliance with supervision frequency
	11. Do placements provide appropriate clinical exposure and assessment opportunities?	Placement audits; supervisor ratings	≥90% placements meet exposure criteria
	12. Are support and mentoring mechanisms accessible and used appropriately?	Support utilisation; early intervention cases	Evidence of utilisation; ≥75% report support helpful
	13. Are culturally responsive practices embedded in placements??	Training completion; candidate ratings	≥90% completion; ≥85% positive cultural safety ratings
	14. Are placements aligned with the Lived and Living Experience Strategy and Cultural Training Plan?	Alignment audits	100% alignment documented
	15. Are placement environments regularly reviewed for safety and appropriateness?	Review completion; risk resolution	100% scheduled reviews completed; risks resolved within timeframe
	16. Are remediation processes applied consistently and safely?	Remediation documentation; safety incidents	100% cases documented; no unmanaged safety risks
<b>Quality assurance and Continuous improvement</b>	17. Is stakeholder feedback systematically collected and analysed?	Feedback cycle completion; actions implemented	100% feedback cycles completed; ≥75% actions implemented within cycle
	18. Do processes meet MBA, MCNZ, and RANZCP regulatory requirements?	Compliance audit outcomes	No major non-compliance events
	19. Are data and audit findings used to improve pathway processes?	Improvement actions implemented annually	Evidence of annual data-driven improvements

Table 4. Level 1 - Assessment (Comparability Determination Outcomes)

Outcomes	Key performance indicators	Performance Indicators	Target
<b>Assessment (Comparability Determination) Integrity</b>	22. Are comparability determination decisions valid, reliable, consistent, and transparent across candidates and panels?	Inter-rater reliability; upheld appeals	Reliability within accepted coefficient threshold; ≤5% upheld procedural appeals
<b>Pathway Allocation Accuracy</b>	23. Does pathway allocation (Substantial/Partial/Not Comparable) accurately reflect candidate capability relative to Fellowship standards?	Reclassification rates	≤5% reclassification
<b>Standards Alignment</b>	24. Are comparability decisions demonstrably mapped to Fellowship competency standards?	Decision audit	100% decisions traceable to the competency framework
<b>Regulatory &amp; Safety Assurance</b>	25. Do assessment outcomes uphold patient safety and culturally safe practice expectations?	Safety-related conditions; post-determination incidents	No systemic safety concerns; declining safety incident trend
<b>Stakeholder Confidence</b>	26. Do regulators, employers, and Fellows trust the rigour and fairness of the assessment system?	Stakeholder confidence survey results	≥75% positive confidence

Table 5. Level 2 - Reaction

Outcomes	Key performance indicators	Performance Indicators	Target
<b>Candidate Experience</b>	27. Do SIMGs perceive comparability determination and placement processes as fair and respectful?	Satisfaction ratings;	≥75% satisfied
<b>Process Clarity</b>	28. Do candidates understand pathway requirements, expectations, and assessment (placement) processes?	Self-reported clarity;	≥80% report clarity
<b>Cultural Safety Experience</b>	29. Do candidates experience culturally safe and inclusive assessment and placement environments?	Cultural safety survey items; reported incidents	≥85% report culturally safe experience
<b>Supervisor Experience</b>	30. Do supervisors report clarity and manageability of pathway and assessment (placement) requirements?	Supervisor feedback surveys	≥75% positive
<b>Support &amp; Wellbeing</b>	31. Do candidates report that support mechanisms enable engagement and confidence?	Support utilisation data; wellbeing feedback	≥75% report support helpful

Table 6. Level 3 - Capability verification and Gap closure

Outcomes	Key performance indicators	Performance Indicators	Target
<b>Competency Verification</b>	32. Are SIMGs demonstrating Fellowship-level competencies through assessment (placement) processes?	Workplace-based assessment outcomes; exam pass rates (Partial pathway)	The majority meet expected competency benchmarks
<b>Gap Closure</b>	33. Are identified competency gaps demonstrably addressed during placement?	Pre/post assessment comparisons; remediation completion	Documented improvement and closure of gaps

Outcomes	Key performance indicators	Performance Indicators	Target
<b>Assessment (Placement) Integrity</b>	34. Do workplace-based and centralised assessments reliably reflect capability progression toward comparability?	Concordance between assessment sources; moderation findings	High cross-source agreement
<b>Relational &amp; Cultural Capability</b>	35. Do SIMGs demonstrate culturally responsive and relational practice?	Supervisor ratings; lived and living experience feedback integration	≥75% rated competent or above
<b>Readiness for Independent Practice</b>	36. Are candidates demonstrating readiness for consultant-level responsibility under supervision?	Supervisor readiness ratings; reduced need for corrective intervention	≥75% rated ready near completion

Table 7. Level 4 - Transfer

Outcomes	Key performance indicators	Performance Indicators	Target
<b>Workplace Performance</b>	37. Do SIMGs apply verified competencies effectively in clinical settings?	Supervisor performance evaluations; incident reports	≥80% satisfactory performance; no systemic safety concerns
<b>Timely completion</b>	38. Do candidates complete pathway requirements within expected timeframes?	Completion time data	≥75% complete within policy timeframe
<b>Workforce Integration</b>	39. Are SIMGs functioning effectively within ANZ health systems and teams?	Employer/supervisor feedback	≥75% positive integration ratings
<b>Application of Cultural &amp; Relational Skills</b>	40. Are culturally responsive and lived and living-experience-informed approaches evident in practice?	Supervisor observations; patient feedback mechanisms where available	≥75% demonstrate application
<b>Pathway Completion</b>	41. Do candidates successfully meet requirements leading toward Fellowship eligibility?	Completion and Fellowship progression rates	Stable or improving completion rates

Table 8. Level 5 - Results

Outcomes	Key performance indicators	Performance Indicators	Target
<b>Regulatory Credibility</b>	42. Is the SIMG pathway recognised as rigorous and standards-based?	Regulator and employer feedback; external accreditation outcomes	≥75% positive confidence
<b>Quality &amp; Safety of Care</b>	41. Do pathway processes support delivery of safe, culturally responsive psychiatric care?	Employer reports; safety indicators	No systemic safety concerns; positive safety trend
<b>Equity &amp; Accessibility</b>	42. Are pathways equitable and accessible for diverse SIMG groups?	Participation and completion by demographic group	No unjustified disparities
<b>Workforce Contribution</b>	43. Do SIMGs contribute meaningfully to psychiatric workforce capacity?	Workforce participation data; service coverage indicators	Stable or improving SIMG workforce participation
<b>System-Level Impact</b>	44. Does the pathway support public trust and system functioning?	Stakeholder trust measures; policy/sector feedback	≥75% stakeholder trust

## 4. Stakeholders

Stakeholders in the SIMG pathways provide critical perspectives on the effectiveness, fairness, quality, and impact of the College's regulatory assessment and placement processes. Their input ensures that the SIMG pathways operate with integrity, cultural safety, and alignment with workforce and community needs.

The main stakeholder groups in the SIMG framework are:

- SIMG Candidates – psychiatrists trained internationally, completing the comparability pathway.
- Supervisors and Assessors – clinicians providing workplace-based supervision, observation, and assessment (placement).
- Communities, including Aboriginal and Torres Strait Islander peoples, Māori, Pasifika peoples, people with lived and living experience, and carers/whānau – partners providing cultural expertise, lived and living experience, and evaluative input.
- Directors of Training (DoTs) and Site/Hospital Coordinators – responsible for governance, operational oversight, and local pathway implementation.
- RANZCP Members – custodians of professional standards, policy, and pathway governance.
- Workforce and System Stakeholders – health services, employers, jurisdictional authorities, and other clinical partners who rely on SIMGs as part of the psychiatric workforce.

Incorporating these perspectives ensures that the SIMG pathways are evaluated not only for regulatory comparability and assessment quality but also for cultural safety, workforce relevance, and broader system impact.

**Table 9. Stakeholder roles and contribution to monitor and evaluation**

Stakeholder group	Role	Contribution
<b>SIMG Candidates</b>	Professionals trained outside Australia and Aotearoa New Zealand, participating in the comparability pathway to demonstrate equivalence to RANZCP Fellows.	Provide feedback on the fairness, clarity, and support of the assessment and placement process. Contribute data on placement experience, supervision, workload, cultural safety, and candidate well-being. Inform Level 2–4 outcomes (Reaction, Capability Verification, and Transfer) and identify gaps or areas for improvement in pathway design.
<b>Supervisors &amp; Assessors</b>	Provide workplace-based supervision, assessment, and feedback on SIMG performance.	Evaluate candidate capability, progression, and alignment with Fellowship standards. Ensure assessment reliability, consistency, and validity. Contribute to Level 1–4 outcomes (Assessment, Reaction, Capability Verification, Transfer). Provide insight into placement feasibility and clinical learning environments.
<b>Communities (People with lived and living experience and their families (whanau) - Aboriginal and Torres Strait Islander peoples / Pasifika and Māori)</b>	Partners ensure pathways are culturally safe, responsive, and aligned with the needs of people receiving care. Provide lived and living experience and cultural expertise.	Assess cultural safety, inclusivity, and acceptability of placements and pathway outcomes. Inform equity, inclusion, and responsiveness indicators. Contribute to Level 2–5 outcomes (Reaction, Capability Verification, Transfer, Results) and support accountability through structured engagement and feedback.
<b>Directors of Training (DoTs)</b>	Oversee implementation and operational coordination of placements at the site or network level	Provide system-level insight on pathway delivery, resource adequacy, candidate progression, and local governance. Inform Level 1–4 outcomes and pathway feasibility, sustainability, and compliance.

Stakeholder group	Role	Contribution
<b>RANZCP Members</b>	Custodians of professional standards, curriculum, policy, and governance for SIMG assessment pathways.	Interpret evaluation findings, approve improvements, and ensure alignment with accreditation and regulatory requirements. Contribute to all levels of monitoring and evaluation, providing professional and strategic oversight.
<b>Workforce &amp; System Stakeholders (Health services, employers, jurisdictional health authorities, clinical directors, related disciplines)</b>	End-users of the specialist psychiatric workforce.	Provide data on workforce demand, service needs, performance expectations, and system priorities. Inform relevance of pathways, candidate readiness for independent practice, and workforce integration. Contribute to Level 4–5 outcomes (Transfer, Results) and longer-term system impact.

# 5. Data collection, analysis and reporting

## 5.1 Measurement approach

The SIMG Monitoring and Evaluation Framework uses a mixed-methods, multi-source measurement model aligned with the pathway logic model and the expanded Kirkpatrick evaluation framework. This ensures the evaluation captures not only candidate experiences, but also the integrity and reliability of comparability determinations, workplace-based capability verification, workforce relevance, and system and community impact.

The measurement approach captures data across all levels of the SIMG pathway:

Table 10. Measurement approach

Program Logic Level	Focus of Measurement	Type of Data
<b>Inputs</b>	Pathway readiness: accredited posts, supervisory capacity, placement infrastructure, governance, CSIMGE policy decisions, ANZPIQ and partnership committee input, candidate support systems	Administrative records, accreditation documentation, governance records, committee reports
<b>Outputs</b>	Delivery of assessment (comparability determination) and verification: specialist assessment decisions, workplace-based supervision, assessment (placement) tool completion, orientation and cultural safety activities, feedback mechanisms	Placement monitoring data, assessment records, accreditation reports, and workplace logs
<b>Level 1 Attraction</b>	Integrity, validity, and consistency of comparability determinations	Assessment outcome data, examiner calibration records, and pathway allocation reports
<b>Level 2 Reaction</b>	Candidate and stakeholder experience, satisfaction, perceived fairness, clarity, support, and cultural safety	Surveys, depth interviews, discussion forums, and qualitative feedback
<b>Level 3 Learning</b>	Demonstration of Fellowship-equivalent competencies, gap closure, relational and culturally responsive capability	Workplace-based assessment results, supervisor reports, and candidate performance logs
<b>Level 4 Transfer</b>	Application of verified capabilities in clinical practice, placement completion, and integration into the workforce	Progression records, placement completion data, supervisor/assessor reports, placement performance evaluations
<b>Level 5 results</b>	Workforce contribution, distribution, service impact, system and community benefits, regulatory credibility	Employer surveys, workforce data, service metrics, and community engagement findings

This structure ensures the SIMG M&E Framework monitors the full pathway lifecycle — from assessment (comparability determination) decision-making through placement verification to workforce and system-level contributions.

## 5.2 Data protection and small cohort safeguards

Given the relatively small numbers of SIMG candidates in certain placements or regions, the framework implements safeguards to minimise identifiability risks:

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

Table 11. Data sources by stakeholder and outcome level

Stakeholder / System source	Tool	Frequency	Method	Framework levels measured
<b>SIMG Candidates</b>	RANZCP Attainment Fellowship Survey	Annual	Mixed	L2 Reaction, L3 capability verification, L4 Transfer
	Medical Training Survey (Australia and NZ)	Annual	Quantitative	L2 Reaction, L3 Capability Verification
	Specialist Assessment Outcome Survey	Annual	Quantitative	L1 Assessment (Comparability determination)
<b>Supervisors</b>	RANZCP Supervision survey	Annual	Mixed	L1 Assessment, L3 Capability Verification, L4 Transfer
<b>DoTs, Coordinators</b>	Implementation review forums	Biennial	Qualitative	Inputs and Outputs
<b>Community and Lived and Living Experience, carers/whānau</b>	Depth interviews	Every 3 years	Qualitative	L2 Reaction, L3–5 Capability, Transfer, Results
	Partnership forums	Annual	Qualitative	L2 Reaction, L3–5 Capability, Transfer, Results
<b>RANZCP Members</b>	Education and Training – Member Survey	Biennial	Mixed	L1 Assessment integrity, L5 System impact
<b>Workforce and System Stakeholders</b>	Employers and workforce interviews	Every 3 years	Qualitative	L4 Transfer, L5 Workforce distribution and readiness
<b>CSIMGE Committee</b>	Pathway decision records (comparability outcomes, extensions, remediation decisions, placement approvals)	Ongoing	Quantitative & Qualitative	L1 Assessment, L3 Capability Verification
<b>College Administrative Systems</b>	Candidate intake data	Annual	Quantitative	Inputs, L1 Assessment, L2 Reaction
	Placement Progression tracking	Ongoing	Quantitative	L3 Capability Verification, L4 Transfer
	Completion and Attrition	Annual	Quantitative	L4 Transfer effectiveness
	Assessment & Remediation Data	Ongoing	Quantitative	L1 Assessment, L3 Capability Verification
	Placement distribution	Annual	Quantitative	Outputs and L5 workforce distribution

### 5.3 Data Analysis

**Quantitative Data:** Quantitative data will be analysed using statistical methods to monitor pathway integrity, performance, and equity across SIMG processes. Key metrics include comparability determinations, progression and completion rates, time to completion, remediation and extension patterns, workplace-based assessment outcomes, and candidate experience indicators. Descriptive statistics will track trends across cohorts, jurisdictions, and pathway categories, while inferential analysis (where appropriate) will examine relationships between assessment decisions, pathway requirements, supports, and outcomes, with attention to consistency, fairness, and defensibility of assessment processes.

**Qualitative Data:** Qualitative data will be analysed through thematic analysis of open-ended survey responses, candidate and supervisor feedback, partnership and community input, and committee discussions. Coding will identify themes related to assessment clarity, perceived fairness, cultural safety, supervision quality, system navigation, and barriers to meeting pathway requirements. These insights contextualise quantitative findings, highlight systemic or policy issues, and inform quality improvement, risk mitigation, and refinement of SIMG assessment and pathway processes.

## 5.4 Feedback Mechanisms and Reporting

The SIMG framework uses a multi-stage stakeholder feedback and reporting process, ensuring data informs continuous improvement while embedding perspectives from communities and regulatory partners.

### Stage 1: Feedback collection and analysis

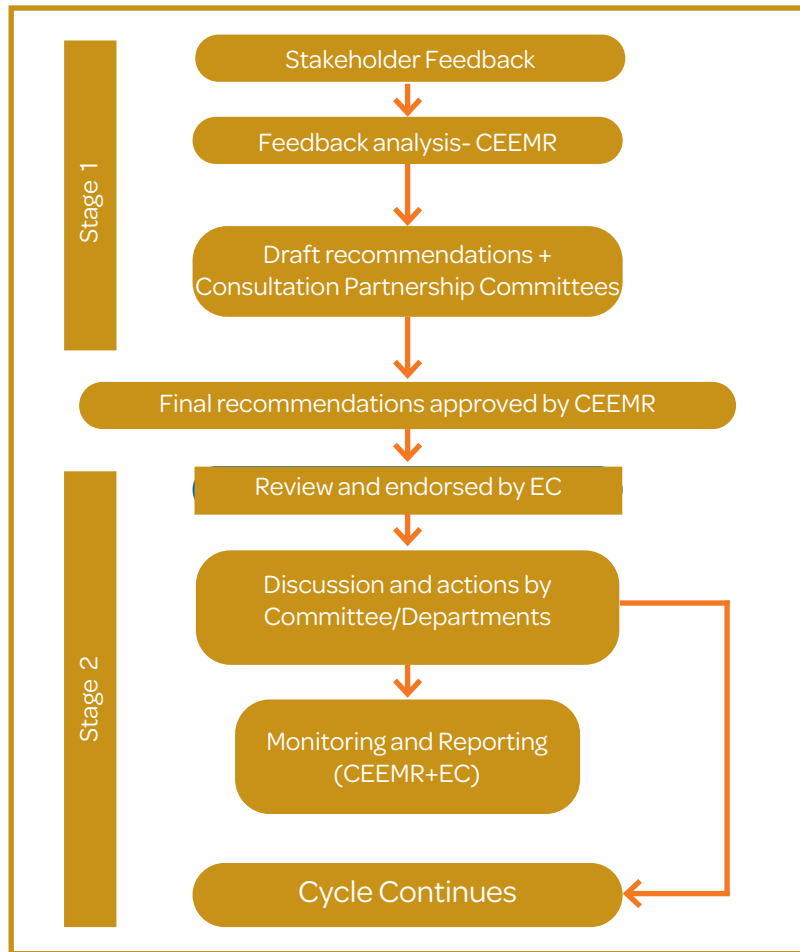
- **Feedback Collection:** Feedback is collected from SIMG candidates, supervisors, assessors, DoTs, site coordinators, RANZCP members, workforce stakeholders, and communities.
- **Analysis and Review:** The Committee for Educational Evaluation, Monitoring, and Reporting (CEEMR), a constituent committee of the Education Committee (EC), analyses data and develops improvement recommendations
- **Development of Recommendations and Consultation:** CEEMR develops a set of quality improvement recommendations based on the feedback. Recommendations and evaluation reports are reviewed by partnership committees (e.g., Aboriginal and Torres Strait Islander Mental Health Committee, Te Kaunihera, Community Collaboration Committee) and SIMG-related committees (e.g., Australia and New Zealand Psychiatrists with International Qualifications Committee, CSIMGE) to ensure regulatory, cultural, and professional alignment.
- **Approval process:** The revised set of recommendations is submitted to the EC for further review. Upon EC endorsement, the recommendations are forwarded to the RANZCP Board for final deliberation and approval.

### Stage 2: Implementation and Monitoring

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

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

Figure 4. Feedback and Approval Flow for Evaluation Reports



### 5.5 Reporting Outcomes

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

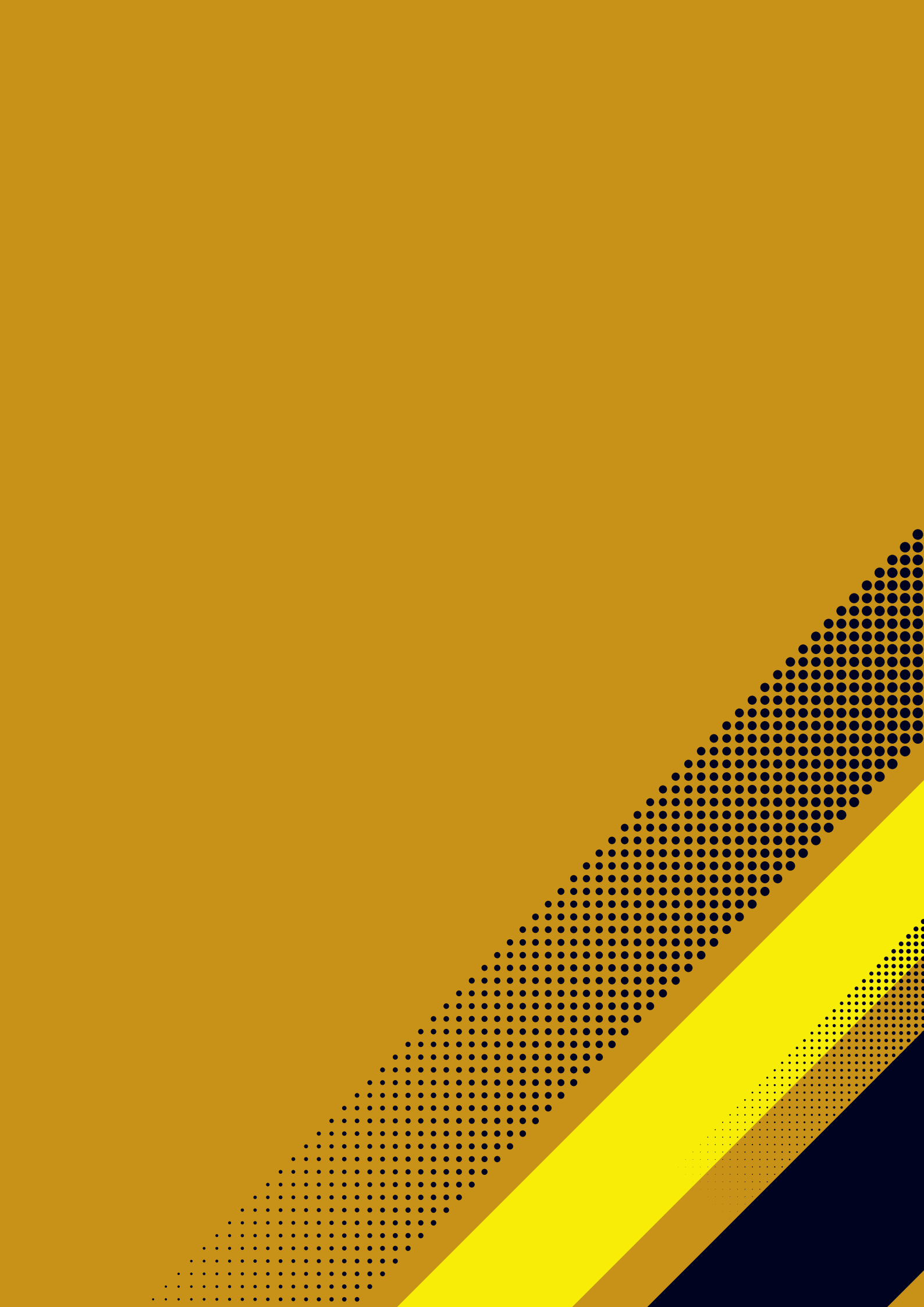
Report type	Audience	Purpose/Outcomes levels
Operational dashboards	Training leads, CSIMGE	Monitor placement delivery, supervision capacity, assessment completion, and site performance
Assessment (Comparability Determination) Integrity	EC, CEEMR, CSIMGE, ANZPIQ	Monitor validity, consistency, transparency, and defensibility of specialist assessment decisions and pathway allocations (Substantial, Partial, Not Comparable)
Candidate Experience & Placement Quality	CEEMR, EC, CSIMGE, ANZPIQ	Satisfaction, clarity of requirements, cultural safety, supervision quality, and placement support
Capability Verification & Competency Evidence	CFT, CFE, EC, CSIMGE, ANZPIQ	Workplace-based assessment performance and completion, gap closure, and remediation trends
Progression & Placement Completion	CEEMR, EC, Board, CSIMGE	Placement completion, application of verified capability in practice, readiness for Fellowship eligibility
Workforce & System Impact	Board, Workforce Stakeholders	Workforce readiness, service contribution, employer feedback, and system-level impact (recognised as pathway contribution)
Community accountability	Partnership committees	Cultural safety, community trust, lived experience perspectives, and actions taken in response to feedback

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