



The Royal
Australian &
New Zealand
College of
Psychiatrists



Burden of assessment in the RANZCP Fellowship Program

Trainee and Supervisor survey report

working
with the
community

Contents

Background	3
Summary and Key findings	5
Assessment overview	8
Workplace-based assessment	8
<i>In-training Assessment (ITA)</i>	8
<i>Entrustable Professional Activity (EPA)</i>	8
<i>Observed Clinical Activity (OCA)</i>	9
<i>Case-based Discussion (CbD)</i>	9
<i>Mini Clinical Exercise (Mini-CEX)</i>	9
<i>Professional Presentation (PP)</i>	9
College-administered assessment	10
<i>Multiple Choice Question examination (MCQ)</i>	10
<i>Modified Essay Question examination (MEQ)</i>	10
<i>Critical Essay Question examination (CEQ)</i>	11
<i>Psychotherapy Written Case (PWC)</i>	11
<i>Scholarly Project (SP)</i>	12
<i>Clinical Competency Assessment (CCA / CCA-MPR)</i>	13
Recommendations	14
Appendix 1: Trainee survey analysis	16
Appendix 2: Supervisor survey analysis	34

Background

The current iteration of the Royal Australian and New Zealand College of Psychiatrists' (RANZCP) Fellowship Program is the subject of broad reform and substantial redesign as part of a long-term strategy to move towards more programmatic assessment consistent with a contemporary competency-based Fellowship Program.

This work gives the College an opportunity to address a condition imposed by the Australian Medical Council (AMC), in its [2023 RANZCP Accreditation Report](#), to:

“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.”

Over a four-week period in August / September 2024, Fellowship Program trainees and supervisors were surveyed to gather baseline data about the existing program. Focusing on the concept of 'burden of assessment', the two surveys explore personal experiences to

- identify assessments that are valued,
- highlight common assessment issues, and
- gauge the current sentiment towards training and assessment in the Fellowship Program.

All current trainees, including those who have interrupted their training, were invited to answer fourteen quantitative and qualitative questions about their training experiences. Of 2,531 trainees surveyed, 437 trainees (17.3%) responded.

All currently accredited supervisors were invited to answer nine quantitative and qualitative questions about the burden imposed on them in their role supporting trainees' preparation for assessment and facilitating workplace-based assessment. This survey was the first time the College has invited supervisors to share their perspective on the crucial role they play in training the future psychiatrists of Australia and Aotearoa New Zealand. Compared to a 17.3% response rate to the trainee survey, 8.2% (280 of 3,396) supervisors responded. However, it should be noted that anywhere between 25% - 63% of this group are not actively supervising trainees¹.

The survey was hosted on the College's Consultation Hub platform to protect data integrity by restricting access to the target audience and preventing multiple submissions. While Member login was necessary to access the survey, no identifying information was collected, and all submissions are anonymous. Questions that could be perceived as identifiable were optional, and their high response rates indicate confidence in the process. For example, 85.6% of trainees and 87.1% of supervisors identified their training zone, and 76.2% of trainees and 73.9% of supervisors provided open feedback.

¹ At a 1:1 trainee to supervisor ratio, 865 accredited supervisors will not be actively providing supervision to a trainee. A potential 2:1 ratio would result in 2,130 of 3,396 accredited supervisors not having a trainee.

This report provides an overview of the feedback from trainees and supervisors, exploring broad sentiments towards the Fellowship Program and to each workplace-based and College-administered assessment. This is followed by a full analysis of the quantitative and qualitative data for each question.

It's important to view this data as a baseline, and as a starting point for the reforms underway.

"Is becoming a psychiatrist worth the pain of assessments? I'm not sure, but for me, the sunk cost is too high to leave."

"I am continually surprised by the number of registrars who believe that the current assessment pathway is unrealistic, difficult, and/or unfair. We are doctors and professionals, training to be specialists, and we need to take ownership of our progress, assessments, and completion of our training."

The negative feedback described in this report was not unexpected. Many of the concerns raised reflect the College's existing understanding of issues in the current structure of the Fellowship Program and are incorporated in reforms already in development.

More broadly, progress towards the Educational reform that will change the delivery of formal education, training, and workplace-based assessment, will be informed by the voices of the trainees and supervisors who participated in the Burden of Assessment survey

Summary and Key findings

It should be acknowledged that the sentiment of trainees and supervisors towards the Fellowship Program, received through this survey, is distinctly negative. [Trainees and supervisors equally reported that participation in training impacts their physical and mental wellbeing, and disrupts their work-life balance.](#) They share a low opinion of the program of assessments, with comments that it is superficial yet administratively onerous, that it lacks relevance and transparency, and that it detracts from training quality and clinical practice. All agree there is too much assessment.

"It's difficult to maintain my mental health. I feel a lot of pressure from family and also seeing colleagues on other programmes progress. They [trainees in other colleges] just have 1 or 2 written exams and a clinical. It's almost like the college doesn't want more new Psychiatrists to qualify."

"In OSCE/OCA/observed activities, trainees often feel compelled to simply emulate their supervisor's style (regardless of quality) in order to pass."

"MEQ has an esoteric and arbitrarily set pass mark, and does not reflect competencies already gained"

"The burden is high, and at the same time virtually meaningless."

Trainee and supervisor respondents broadly agreed that [workplace-based assessment contributes more to a trainee's development than the current College-administered assessments.](#) That said, many struggle to fully engage in the teaching and learning aspects of programmatic assessment, thus reducing workplace-based assessment to a burdensome administrative exercise.

A third of trainees reported that assessments are more manageable if they are spread evenly throughout training, and less than 4% feel that assessments are more effective at capturing learning if they are at the end of the training program. Despite this, [less than 3% of trainees responding to the survey have completed all College-administered assessments, and nearly 13% \(or 8% of eligible trainees\) have not completed any.](#)

Nearly half of trainees responding to the survey have taken, or will need to take, a break in training for the purposes of completing College-administered assessments. Only 6% of Stage 3 trainee respondents have completed all six assessments. 15% of respondents have completed Stage 3 training, but cannot progress to Fellowship until they complete outstanding College-administered assessments.

There is [frustration that the standard for all College-administered assessments is set at the end of Stage 3,](#) noting that some Colleges (for example the Royal College of Physicians) set exams as a hurdle to enter advanced training.

"The MEQ exam is the main hurdle to complete fellowship for most trainees. It should be an 'earlier hurdle' to complete and if the trainee cannot pass the MEQ they can 'move on' to another fellowship program as would be the case with physician training where the major exam hurdle occurs prior to advanced training or stage 3 training in psychiatry. Even the RANZCP Assessment Report shows that Stage 2 trainees have a higher pass rate than Stage 3. It should be targeted at completing at the end of Stage 2 rather than being set at the standard of a junior consultant."

The Fellowship Program focuses formal education and mandatory training requirements in Stages 1 and 2, allowing trainees to pursue elective rotations or Certificates of Advanced Training in Stage 3. After completing Stage 2, trainees will gain minimal, if any, further experience or knowledge outside of their chosen elective areas of practice.

While core competencies continue to develop throughout Stage 3 and beyond, using a Child and Adolescent Psychiatrist as an example, there is no difference in their expected competency in Psychiatry of Old Age at the end of Stage 2 and at the end of Stage 3. It follows that the standard expected for some College-administered assessments may be more appropriately referred to as ‘the end of Stage 2’.

While there are other factors at play in the trend for late completion of assessments, notably the pressure of workforce shortages bi-nationally, the currently defined expected standards for College-administered assessments, combined with trajectory deadlines all set at 60 months of training, are identified as the primary cause for trainees taking more than five years to complete the Fellowship Program.

A common criticism of assessments—workplace-based to an extent, but more significantly College-administered assessments—relates to [inadequate provision of timely and actionable feedback](#).

“Assessments are necessary, but it feels that the current assessments (type, implementation) do not reliably assess the skills required of us as future psychiatrists or provide feedback in a way that helps us improve / learn.”

Results and feedback on written examinations can take close to three months to be delivered. Feedback on the Psychotherapy Written Case and Scholarly Project is provided 10-11 weeks after submission. These timeframes are not arbitrary – the integrity of these assessments relies on time-consuming work undertaken by members, and their capacity to provide meaningful, in-depth feedback is limited by the increasing volume of work as trainee numbers grow.

Trainee and supervisor respondents experience a substantial burden of assessment imposed by the administrative processes attached to workplace-based assessment. Some described challenges navigating training policies, and anxiety about potentially missing training requirements.

[The numerous workflows and forms to complete in InTrain are seen as a barrier to reflection and learning in workplace-based assessment](#). The value of workplace-based assessment suffers as a result—there is a sense that the primary purpose of assessment is simply to complete and submit the correct forms.

“spending a few hours a fortnight wrestling with the challenges of navigating InTrain and the dozens of forms (may I add, redundant) needed. Please give us space to learn and become better doctors.”

“The number of forms that need to be filled in and the number of check boxes on them. I do not do them as they should be done i.e. too many and too little time and they are meaningless.”

The impression that workplace-based assessment has been reduced to filling check boxes on forms was prevalent among supervisor respondents. Some feel the process of supervision is similarly reduced to filling in paperwork. [There is resistance to the evolving role of supervisors as the College introduces more programmatic assessment](#), rooted in the belief that adopting the role of assessor will undermine the mentoring relationship supervisors build with their trainees.

"I am well aware that some consultants are passing their own registrars despite under/poor performance and lack of psychiatry knowledge due to fear of conflict and bullying allegations. I am worried that we are compromising quality over quantity."

"I feel the burden of the assessment is the imposed "demand" to enable trainees to come out successfully as a psychiatrist even if deficits identified on a wider basis."

The high administrative burden of assessment in the Fellowship Program is tied to complex and difficult to navigate training policies. Ironically, the complexity stems from an intentional approach to writing policies that incorporate a high degree of flexibility for trainees. Now, compounded by over a decade of amendments and changes to the current iteration of the Fellowship Program Regulations, it is not uncommon for trainees and supervisors to misinterpret the rules, leading to missed training requirements and delayed progression towards Fellowship.

"The training program has becoming overly convoluted. It is clear the college has realised there are significant issues with a number of assessments, but due to a number of bandaid solutions we now have a system which is both overly heavy on workplace based assessments, and has a number of external assessments of questionable validity and usefulness. The entire assessment process needs to be scrapped and rewritten with a clear philosophy in mind as to whether we value workplace based assessments or external high stakes exams."

As the curriculum redesign progresses, there is an opportunity to review, revise, and consolidate the extensive suite of more than thirty policies, as well as the Fellowship Program Regulations, which are currently divided across more than thirty documents.

Trainees and supervisor respondents have lost confidence in the training program and the program of assessments, and they feel their doubts are reflected by colleagues across specialties.

"This college is a laughingstock to my peers and colleagues in other specialities with no change in sight."

While not the majority opinion of survey respondents, there are significant numbers of trainees and supervisors who consider the OSCE to be the gold standard for assessment. For some, its independent and external assessment of clinical competency cannot be achieved in an alternative format. Others favour the OSCE because it is a one-day assessment, compared to the multi-rotation Clinical Competency Assessment that has replaced it. The OSCE is notably supported by supervisors who are reluctant to contribute to the summative assessment of clinical competency.

"I feel that the assessment needs to reflect demand of day to day work - which to me would be best encapsulated in an OSCE style assessment under pressure, showing logical reasoning as well as depth of relevant clinical knowledge."

"Removal of the OSCE is the greatest loss to our integrity as a fellowship program and an embarrassment as the only specialty that does not formally assess our trainees ability to perform their job."

Assessment overview

Workplace-based assessment

Trainees find that five of the six workplace-based assessment tools (WBAs) contribute more to their professional development than any of the College-administered assessments. Supervisors place a higher value on the College-administered Modified Essay Question examination (MEQ), but otherwise share the view that workplace-based assessment is more beneficial than College administered assessment.

A common concern is that the integrity of WBAs is diminished by the number of assessments required each rotation, and the lack of available time to meaningfully engage in them.

"I have found that WBAs, EPAs and ITAs are a tick box exercise, and have rarely received any useful feedback from these. They are a distraction from clinical work."

In-training Assessment (ITA)

Trainees consider mid- and end-of-rotation ITAs to be an important assessment tool, offering a significant contribution to their development. Despite this, some trainees describe arbitrary feedback from supervisors, and lower grading on mid-rotation ITAs contrived to demonstrate growth during the rotation.

The integrity of the ITA is further impacted with the introduction of the Clinical Competency Assessment (CCA / CCA-MPR), as there is a perceived pressure on supervisors to avoid negative commentary or low grades on ITAs that may affect the outcome of the CCA / CCA-MPR. Understandably, supervisors see less value in the ITA, and experience a high burden of assessment facilitating and conducting both mid- and end-of-rotation ITAs.

"The reliance on ITAs for the CCA relies on the efforts of the supervisor to truthfully assess the trainee however I have had multiple supervisors stating the need to mark mid-rotation ITAs lower than my actual performance, just to reflect "growth" for the end-of-rotation ITA despite providing feedback that I had exceeded the level expected of my training stage."

Entrustable Professional Activity (EPA)

The WBAs that contribute to an EPA are considered to be more valuable than the EPA itself, both by trainees and supervisors. Completing EPA Certificates of Entrustments (COEs) is effectively seen as an extension of the administrative burden attached to the contributing WBAs, and exemplifies the sense that the purpose of assessment is to complete the correct forms, not to build competencies.

"EPAs have absolutely no meaning."

"In my experience the least useful part of training was the EPAs, and the burden of having to find 3 cases and sign them off and to do that so often was quite challenging. I appreciate and agree with the idea behind them, but in reality they don't seem to contribute significantly to learning."

As early adopters of EPAs, the College recognises that the principles and best practices for workplace-based assessment have evolved significantly since implemented in the Fellowship Program. A radical redesign of the College's EPA model, progressing towards implementation in 2028, realigns the Fellowship Program to best practices, and reinforces the learning opportunities that underpin workplace-based assessment.

Observed Clinical Activity (OCA)

Trainees and supervisors share the opinion that the OCA contributes to the trainee's professional development more than any other workplace-based or College-administered assessment.

"Being assessed on work that I am doing in delivering service in my department, by people who know me, feels positive."

"I found OCAs much more helpful and formative. Instead of EPAs you could make it so that everyone has to do one OCA for each category e.g. instead of doing an EPA on substance use management, every trainee has to do at least one OCA on a patient with substance misuse disorder and focus on that in the formulation/management plan etc. This would obviously mean more OCAs, but I think that can only be a good thing, given they really examine the nuts and bolts of being a psychiatrist."

Conversely, supervisors experience the greatest burden of assessment in facilitating and conducting OCAs, equal to the ITA.

The surveys did not specifically seek feedback on the upcoming implementation of the I-OCA, however a number of trainees and supervisors noted their concerns.

"The new burden of the I-OCA is in contradiction with the rationale given by the College when the original OCI assessment task was removed (on the basis that it was a less valid assessment than the OSCE, which has since been discontinued as well). It is difficult to accept the added burden of assessment tasks when the rationales provided for the addition or removal of assessments appear to be logically inconsistent."

Case-based Discussion (CbD)

The CbD is the most commonly used WBA, and trainees and supervisors agree that CbDs contribute significantly to professional development. The burden of assessment imposed on supervisors conducting CbDs is equivalent to most other workplace-based assessments, however some feel the design of the tool is flawed.

"Particular assessments such as CbDs and OCAs and other 1:1 trainee:supervisor interactions [give] the best feedback in terms of developing the skills of a psychiatrist."

"The rating scales for CBDs [is] too general. It does not allow one to 'fail' in one area without significant difficulty with the fallout."

Mini Clinical Exercise (Mini-CEX)

While both trainees and supervisors agree that the Mini-CEX contributes to the trainee's development, it is used significantly less than CBDs and OCAs.

Professional Presentation (PP)

The PP is rarely used, and has little perceived value to trainees or supervisors.

College-administered assessment

When reflecting on College-administered assessments they have completed, trainees consistently report they experienced a lower burden of assessment than trainees who are yet to complete the assessment.

Supervisors report a low-to-moderate burden of assessment is imposed on them when supporting a trainee's preparation for College-administered assessments.

Multiple Choice Question examination (MCQ)

Of the written examinations, the MCQ imposes the least burden of assessment on trainees and supervisors. The MCQ has a substantially higher completion rate (86%) among respondents compared to other College-administered assessments.

Sentiment towards the MCQ is highly varied. Some find it to be an effective and relevant assessment, others feel it is contrived and 'bizarre'.

"The MCQ had good relevance and I did not mind that assessment."

"The MCQ is an antiquated piece of assessment"

"useful and beneficial with regards to training, knowledge, ongoing development & career pursuits as a psychiatrist"

"tests bizarre topics which are often unrelated to day to day practice"

"The MCQ appears to fail to assess important and relevant knowledge, and instead focuses on developing a distribution curve with pointless questions of limited clinical importance or relevance. (30% of questions seem to capture the important knowledge)."

Modified Essay Question examination (MEQ)

The MEQ is recognised by trainees and supervisors to contribute more to a trainee's professional development than any other College-administered assessment. Preparation for the MEQ imposes a high burden of assessment on trainees, though less than the Psychotherapy Written Case or Scholarly Project.

Criticisms of the MEQ centre around the provision of feedback, and a perception that passing the assessment relies on matching contrived 'correct' answers rather than learning content.

"The MEQ is an excellent opportunity for learning, however its administration as written, is archaic and not representative of skills we need as psychiatrists."

"The MEQ especially is needlessly stressful - some of the content is actually good to learn, but it does not need to be such a "guess what I'm thinking" exam, where so much effort has to go into practicing exam technique rather than learning content."

"MEQ assesses clinical knowledge of trainees which is essential"

"The MEQ is an examination that appears to cause the most trainee distress, and consume high burden of their training time and supervision time. Very competent trainees continue to fail this exam repeatedly, which is unsurprising considering the pass rate is often 40%. This exam does not appear to differentiate candidates or hold up to external review of its validity."

Critical Essay Question examination (CEQ)

Trainees and supervisors agree that the CEQ has little developmental impact on trainees, while imposing a high burden of assessment.

"I just sat the CEQ which was intellectually stimulating however I cannot seem to see how it tests my ability to be a competent psychiatrist."

"The CEQ renders the College a laughingstock among other colleges - when in professional life would anyone be called on to hand write an essay on a given topic in 50 minutes whilst shoehorning in buzz phrases?"

"The CEQ demonstrates the ability to think holistically but [the] ability to write an essay is not a core competency for any doctor."

"easy for me as an Australian school and uni student but is grossly discriminatory to those of non-English speaking background or non-western schooling."

The CEQ has since been retired.

Psychotherapy Written Case (PWC)

The PWC imposes the highest burden of assessment in training, equal to the Scholarly Project, and had the lowest rate of completion among respondents.

There is a consensus that psychotherapy is a core competency for all psychiatrists, and gaining experience in psychotherapeutic practice is an important part of training. The PWC, however, is considered problematic in terms of the therapy and supervision requirements and the assessment of the written submission.

Many trainees report the need to pay privately for psychotherapy supervision to avoid long delays waiting for supervision to be provided through their local training programs.

Of great concern, trainees feel they need to either structure therapy or fabricate the case write up to match an expected narrative for the assessment.

"I do see the utility in undertaking a psychotherapy long case, but the assessment relies on an unreliable patient population. I have had multiple patients drop out to the point it will now delay my training time, and I started psychotherapy early on in Stage 2. Every trainee or psychiatrist I know who has passed the PWC has admitted that a majority of their assessment was a work of fiction."

"Financial cost of supervision if needing to find external supervisor can be many thousands of dollars."

"I can definitely see the value, being unable to start during a break in training was, for me, prohibitive. Additionally it's very challenging to find supervisors, making this a rate limiting step."

"PWC, although necessary, is a burden when the training site does not have a supervisor for the assessment and the selection of patient can be limited when working regionally, which can in turn mean greater risk of patient discontinuation prior to completion of 40 sessions and closure."

"The PWC is no longer about learning how to do longer term therapy but more about how to write it up to please the examiner."

"PWC is poorly supported but a great learning opportunity."

"PWC should just be a pass/fail exam that is assessed by our supervisor. If we did 40 weeks of sessions and supervision that should be sufficient. If it is such an important task then it should be marked by psychotherapists and not generalists."

"My psychotherapy case with take at least 100 hours to complete at a 40 hours of therapy, 20-40 hours of supervision and 20-40 hours of write up, and it will cost me something around \$10000 and this is if I pass on my first attempt."

"great experience doing it. The write up is phony - real therapy is not perfect and does not follow some perfect arc where you find out every detail about a person in assessment and then address every issue and wrap it up in 40 sessions, get real."

Issues with the current model of the PWC have been identified in other forums including the Trainee Advisory Council (TAC) and the Faculty of Psychotherapy, who have raised concerns about the provision of a consistent standard of supervision to trainees undertaking the assessment. There is an appetite to explore changes to the current model, and an opportunity to improve the accessibility of this assessment.

Scholarly Project (SP)

Trainees and supervisors responding to the survey share the opinion that the SP contributes less to trainee development than any other College-administered or workplace-based assessment. Conversely, it also imposes the highest burden of assessment on trainees, equal to the PWC. Supervisors also experience a high burden of assessment supporting trainees with the SP, second only to the Clinical Competency Assessment. Less than a quarter of respondents had successfully completed this assessment.

Many trainees and supervisors question the need for a mandatory research component in the Fellowship Program. Some feel an elective Advanced Training program would be more appropriate.

"The scholarly project is a heavy burden (time and effort) & is woefully under-supported by the college throughout training as well as during completion of this assessment; unless you are lucky to have access to a research minded supervisor, it is very challenging to access appropriate and timely support. This has delayed my training completion."

"The scholarly project should be scrapped - so much junky research out there, and it creates a stupid amount of pressure and drain on our time"

"I have friends with PhDs who failed the scholarly project!"

"The fact the SP needs to be created from the ground up out of nothing is apparently deliberate in assisting trainees pursue an area of their own interest for research but the reality is that you end up finding something that your supervisor is interested in so you can just get it done. If the purpose of the assessment is to ensure a quality standard around research knowledge and ability then an alternative method which is less onerous should be created."

"The feeling around scholarly project in particular is that colleagues, including supervisors feel this is an exercise in simply "getting through" with no real passion for actual genuine research. Supervisors asked for assistance will often grimace and state they "know very little" and overall support is extremely thin on the ground in completing this. It is the most cumbersome of the fellowship assessments with very little actual value in real day to day psychiatric practice. Research skills could be tested throughout the program and those with degrees in research methodology practices should be exempt regardless of subject topic."

Clinical Competency Assessment (CCA / CCA-MPR)

Of all College-administered assessments, the CCA / CCA-MPR imposes the least burden of assessment on trainees, while imposing the highest burden of assessment on supervisors.

The CCA / CCA-MPR is not seen to contribute significantly to trainees' professional development, ranking just above the rarely used Professional Presentation WBA, and the CEQ and SP.

Supervisors reported increasing pressure for contrived positive outcomes to WBAs and ITAs, as these now contribute to this College-administered assessment.

"Given how humanistic our profession is surely the only necessary centralized exam is an OSCE yet this is the one that has been cancelled. In place of this we have been asked to fork out thousands of dollars to have out 'portfolio' (a fancy term for pre-existing data on InTrain) ticked off."

"Placing the burden of a hurdle requirement (the clinical competency portfolio review) on supervisors who work clinically with trainees and are expected to mentor them is fundamentally an unreasonable demand and not a valid approach to objectively assess the competence of a trainee to achieve fellowship."

Recommendations

The extent to which trainees and supervisors have disengaged with the training program is damaging to the integrity of the Fellowship Program. Opportunities for learning and development are lost as both parties struggle to navigate requirements that have little perceived value due to a low grade of feedback and a lack of transparency in terms of examiner expectations.

The current period of Educational reform provides an opportunity to address identified pain points that impact the burden of assessment, as well as the associated administrative burden, and to demonstrate a commitment to supporting trainees and supervisors. The following recommendations focus on the pressure points that were consistently raised in trainee and supervisor feedback.

1. *Review the definitions of the expected standard for College-administered assessments to accurately reflect the point at which formal education and mandatory training in the assessed competency or knowledge has been completed.*

For most generalist competencies and knowledge, this is the end of Stage 2. As trainees pursue elective areas of interest while working towards transitioning into independent practice during Stage 3, there is little change in their competency across many generalist areas between finishing Stage 2 and reaching the end of Stage 3.

2. *Improve the sequencing of College-administered assessments with the reviewed definitions of expected standards, so that assessments are better distributed across the training program Stages and become milestones for trainee progression instead of a series of final hurdles after training has been completed.*

This approach also establishes meaningful transition points between the stages of training. At present, these transition points are defined by mandatory rotations plus dwell time and the completion of mandatory EPAs. However, these EPAs will be retired when a new EPA model is implemented in 2028.

3. *Design future iterations of College-administered assessment with a focus on facilitating feedback that enables trainees to successfully complete the assessment.*

The provision of meaningful and actionable feedback is a vital aspect of programmatic assessment and competency-based medical education. Summative or high stakes assessments inherently have limited capacity to facilitate useful, personalised feedback to trainees, in contrast to workplace-based assessment tools which are structured around feedback and reflection.

To achieve an effective balance of fit-for-purpose workplace-based and College-administered assessment in the Fellowship Program, opportunities to incorporate feedback should be considered from the outset when designing or revising assessments.

4. *Strengthen the relationship between the College and Fellowship Program supervisors to gain an understanding of their needs, support the development of their skills and understanding of the Fellowship Program, and rebuild mutual trust.*

The critically important role that supervisors play in developing the psychiatric workforce cannot be overstated. The College engages with local training programs through Directors of Training and trainees, but rarely with supervisors outside of specific project work or support tickets to decipher their trainees' requirements. The establishment of a properly resourced Supervisor Development program within the Education Department of the College will improve supervisor engagement and confidence in the Fellowship Program.

5. *Engage with stakeholder groups including trainees, supervisors, DOTs, Branch Training Committees (BTCs) and local proposal assessors for the Scholarly Project, to develop an appropriate assessment of research proficiency that balances burden of assessment, professional benefit, and stakes.*

The imbalance between the burden of assessment imposed by the Scholarly Project and the professional development trainees achieve in completing it is compounded by an administrative burden imposed on multiple parties that trainees rely on when completing each component of the assessment. Trainees experience negative or reluctant responses when seeking the required support from supervisors, DOTs, BTCs and local proposal assessors.

6. *Engage with the Faculty of Psychotherapy and other stakeholders to develop an alternative model for training and assessing psychotherapy skills.*

Trainees value the experience gained in the provision of psychotherapy for the PWC, but the current model has become severely flawed. The inequity in accessible supervision is discriminatory, as trainees who cannot afford the cost of private supervision (which is reported to be up to \$10,000) can experience delays in their progression through training.

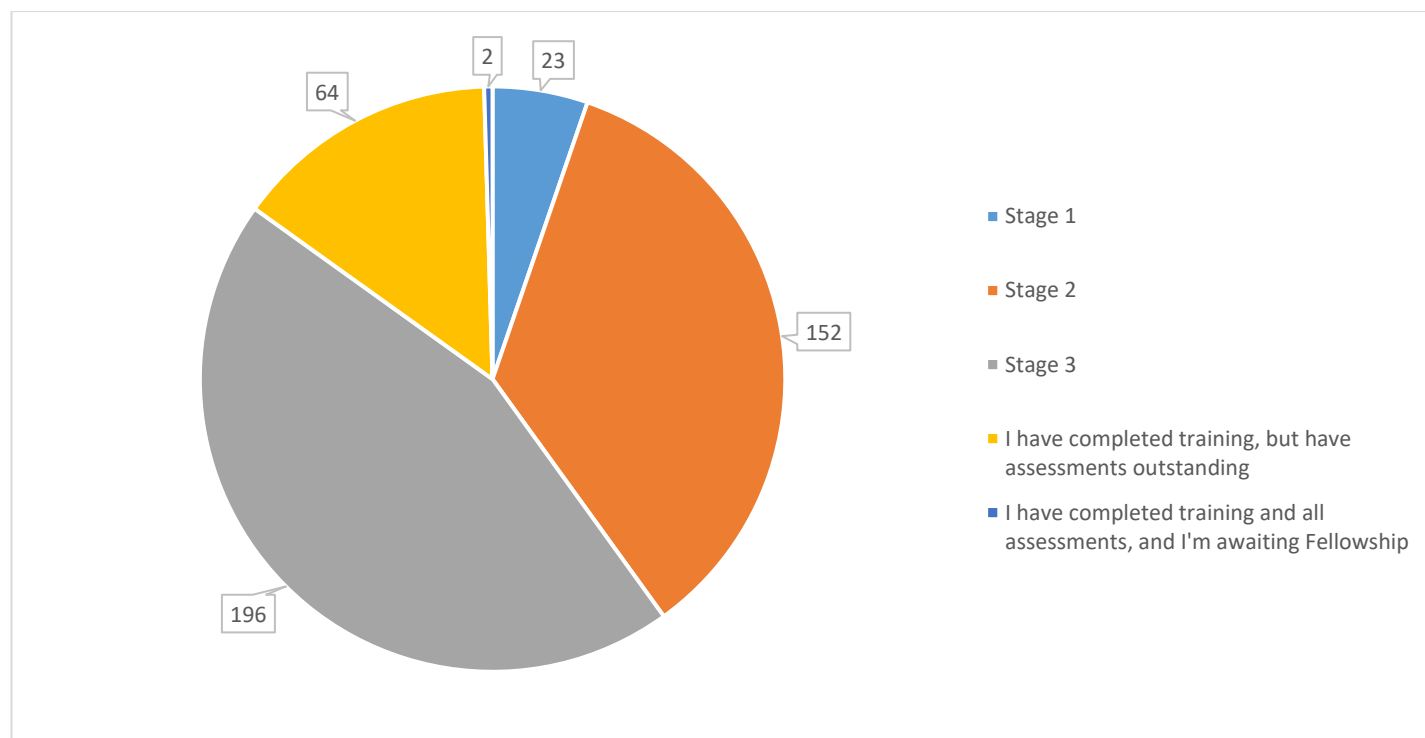
Appendix 1: Trainee survey analysis

Question 1

Which stage of training are you currently undertaking

Drop down selection, required.

Responses by Stage of training



60% of responses received were from trainees who have commenced or completed Stage 3, 34.8% from trainees in Stage 2, and 5.2% from trainees in Stage 1.

The response rate of trainees who have commenced or completed Stage 3 was 24.3%, with 262 responses received from 1,080 trainees in this cohort. The Stage 2 response rate was 17.5%, with 152 responses received from 868 trainees surveyed. Only 4% of Stage 1 trainees responded, or 23 of 582 trainees surveyed.

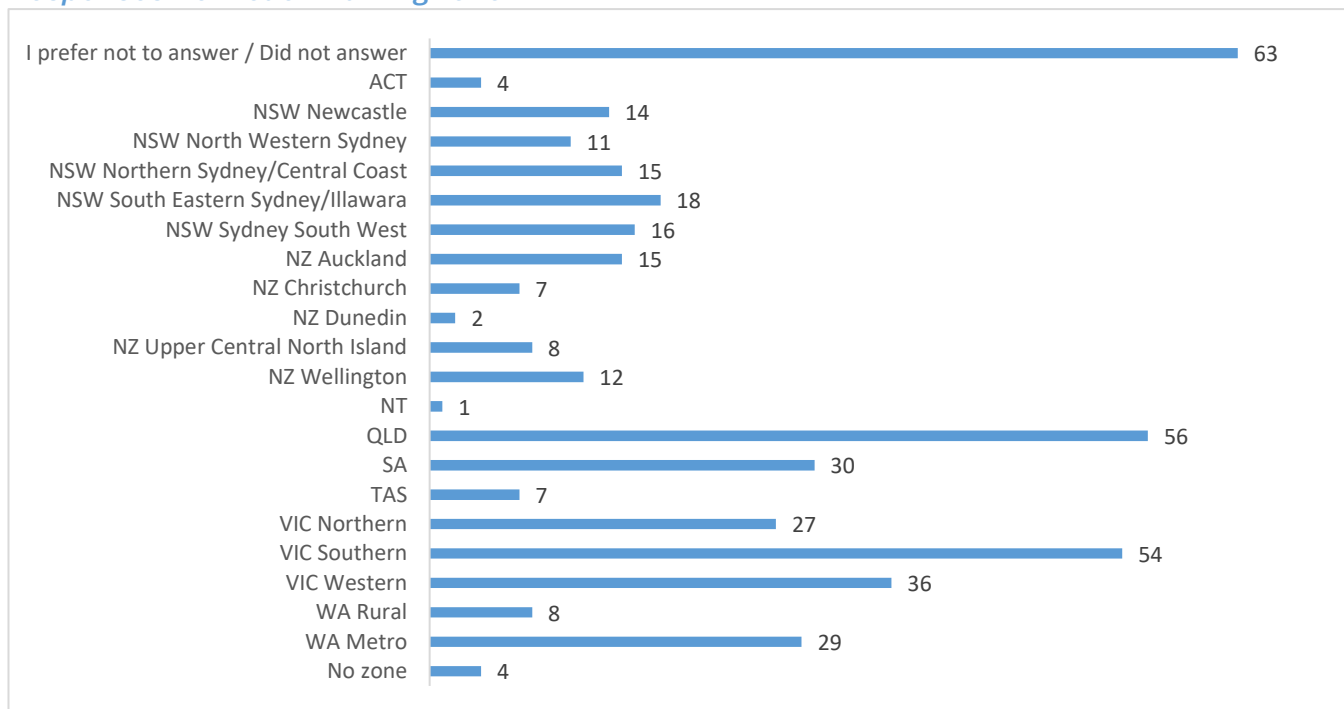
Question 2

Which training zone are you with?

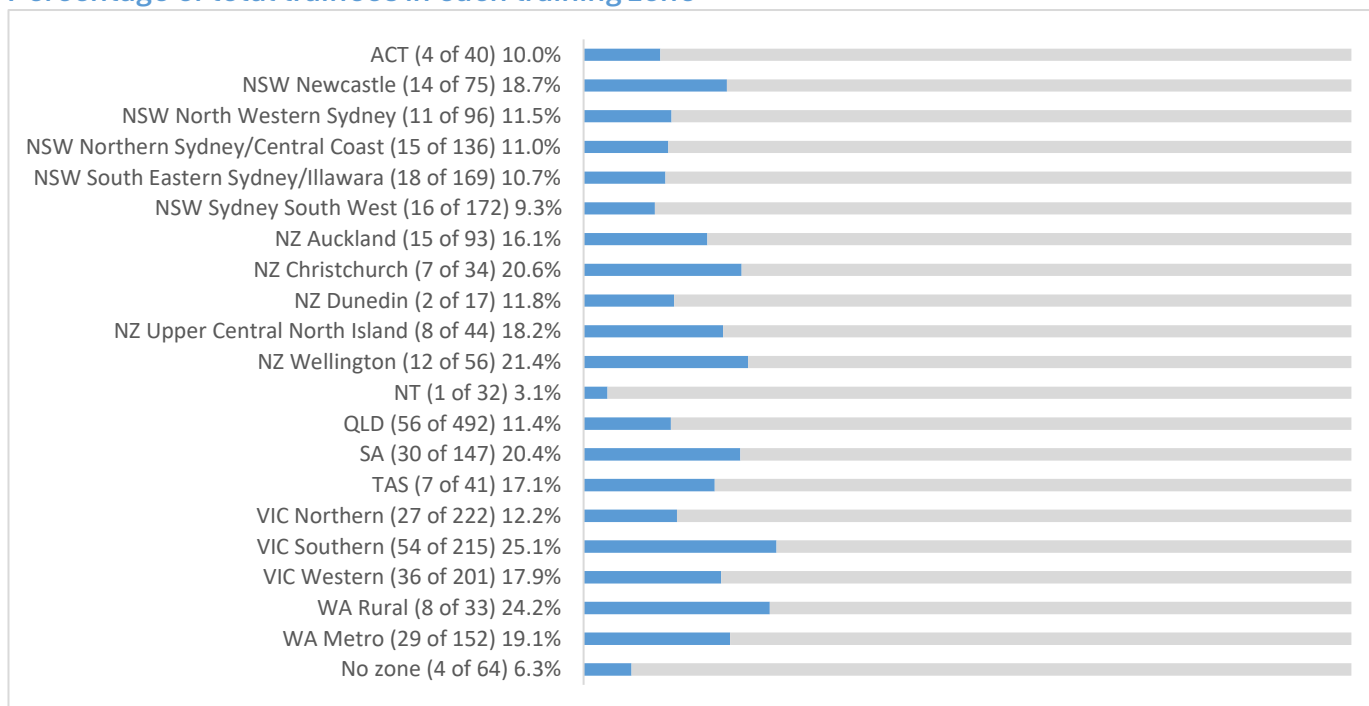
This is optional, for the purpose of using aggregate data to identify regional differences in the burden experienced by trainees.

Drop down selection, optional.

Responses from each training zone



Percentage of total trainees in each training zone



Response rates in each training zone varied from 3.1% (Northern Territory) to 25.1% (Victoria Southern). There is no correlation between training zone size and response rates, even though trainees in smaller training zones may perceive they are more easily identified.

Question 3

How would you describe what the term 'burden of assessment' means to you?

Free text, required.

Statement	References
Impact on physical & mental wellbeing	175
Impact on time & effort	154
<i>Demands of time and effort</i>	127
<i>Timing and preparation for assessment</i>	17
<i>Impact on training progression</i>	10
Assessment quantity and frequency	145
<i>Number & volume of assessment</i>	129
<i>Onerous Nature</i>	16
Work-life imbalance	94
Perception regarding assessments	79
<i>Relevance to the training program</i>	32
<i>Requirement for completing the Fellowship program</i>	29
<i>Repetitive feeling of being assessed</i>	14
<i>Missing opportunities</i>	4
Workload	64
Financial burden	56
Struggle with assessments	46
<i>WBA</i>	10
<i>PWC</i>	9
<i>SP</i>	9
<i>MEQ</i>	5
<i>CEQ</i>	5
<i>EPA</i>	5
<i>MCQ</i>	2
<i>Failure of AVOSCE</i>	1
Detracts from clinical practice	15
Assessment Process	14
<i>Transparency of the assessment process</i>	7
<i>Lack of clarification on assessment</i>	4
<i>Waiting for the result</i>	3
Formal education requirement	8
General comment	6
Lack of support	5
Lack of supervisors & resources	2
Burden on supervisors	2
Demonstrating clinical competence	1
No Comment	1

The following are the top six categories identified as having the highest impact on trainees' lives due to the burden of assessment, with indicative comments:

Impact on physical & mental wellbeing

Many RANZCP trainees reported that the rigorous assessment requirements significantly affect their physical and mental well-being. Compared to other specialist colleges, the number of assessments,

combined with the relentless pressure to perform leads to chronic stress, burnout, and feelings of inadequacy. Long hours of study in addition to regular clinical work, result in sleep deprivation and physical exhaustion. Mentally, the constant cycle of evaluation diminishes morale, induces anxiety, and erodes trainees' passion for psychiatry.

"How much the set of assessments during training affect mental health and wellbeing; and the balance between these requirements and service workload."

"That there is an almighty pressure and expectation on us to fulfil a significant no. criteria to be deemed worthy of becoming psychiatrists, that this is lengthy, intrusive, often completely unnecessary in terms of what's asked of us and doesn't equate to good consultant psychiatrists."

"Overwhelming number of assessment items, so onerous to the point of considering abandoning training. I literally break into a cold sweat when logging onto in-train."

"The disproportionate impact on physical, mental and learning outcome of trainees."

Impact on time & effort

The second most frequently cited concern is the time and effort required to pass assessments. Trainees described a demanding schedule that necessitates extended hours of study and preparation after clinical work, resulting in exhaustion and limited opportunities for relaxation and self-care.

"Amount of unpaid hours preparing, multiple different hurdles that are not particularly helpful in clinical work. "

"The time, effort and mental load associated with doing core components of the training program."

"Amount of time & effort spent thinking, planning/preparing and undertaking formal training requirements + associated stress/impact of same on work and life outside of training."

"The term burden of assessment refers to the amount of time, effort, and emotional/cognitive demand required to complete assessments. In essence it refers to the amount and difficulty of work required to achieve fellowship of the RANZCP."

Assessment quantity and frequency

Trainees expressed concern about the number and frequency of both summative and workplace-based assessments, perceiving them as burdensome. Many questioned the relevance of these assessments to clinical practice, describing them as 'tick-box' exercises that do not enhance the learning experience. Instead, the assessments are seen as part of a relentless cycle that contributes to physical and mental burnout, sleep deprivation, and work-life imbalance.

"Having too many assessments, creating a hindrance to learning instead of supporting and facilitating a positive training experience."

"Excessive demands on a trainee of "tick box" exercises for Fellowship and number of assessments required compared to other Medical Colleges."

"You're constantly worried you need to be ticking off a major assessment every 6 months and studying constantly for these, taking away time you could be more proactive in your clinical placements. A lot of assessments also don't seem clinically relevant - essay springs to mind. The ability to communicate should be assessed on the job."

"The quantity of assessments needing to be completed whilst also managing a full-time workload with rostered overtime."

Work-life imbalance

Trainees highlighted their struggles to maintain a balance between work and personal life due to the high volume of assessments. The demand for summative and workplace-based assessments often spills over into personal time, requiring after-hours and weekend work. This results in reduced quality time with family and friends, contributing to feelings of isolation and negatively impacting mental wellbeing.

"I personally feel the pressure of passing all these assessments take a toll on trainees and affect their work too specially while balancing full time work, studies, family and life in general."

"Poor exam content relevance to day-day operational practice resulting in high burden to study outside of work hours at the cost of family, relationships and work life balance."

"The amount of assessment activities that are required through training and how much they impact your progress through training and work/life balance."

"Burden of assessment - An incompatibility to complete assessments with fulltime work and achieving a work-life balance."

Workload

Trainees reported that the burden of assessment significantly increases their workload. These assessments require extensive preparation, often extending beyond regular working hours and encroaching on personal time. This leads to long shifts, weekend work, and the challenge of balancing clinical duties and study obligations.

"Demands of completing assessment increase to workload/training load such that performance is (ironically) compromised and undue financial and emotional stress placed on trainees."

"The amount of assessment to be completed - comes in addition to the daily work tasks and ongoing assessment during work hours."

"Burden of assessment means the increased workload - both assessment wise and cognitive load that the training program places on trainees."

"The extra college requirements that must be completed for training on top of everyday clinical workload."

Financial burden

Trainees highlighted the financial strain associated with assessment. The cost of sitting multiple assessments, coupled with the potential expenses of re-sitting failed ones, was described as burdensome. This financial stress increases when trainees need to take unpaid leave to study, further affecting their income. Over time, the cumulative costs create significant financial challenges, making it difficult for trainees to maintain financial stability while pursuing their qualifications.

"The 'burden of assessment' is the immense burden placed on RANZCP trainees as relates to the required assessments to progress towards fellowship. Specifically, there is an issue with the number of assessments being particularly high, and the effects this has on the individual. Cost is one factor, given each assessment or re-sitting of that assessment costs money, which we need to consider in the current cost of living crisis."

"Cost of Assessment and cost of assessment preparation."

"The number of assessments required for fellowship. This includes the time spent studying for assessments and the financial burden of paying for assessments."

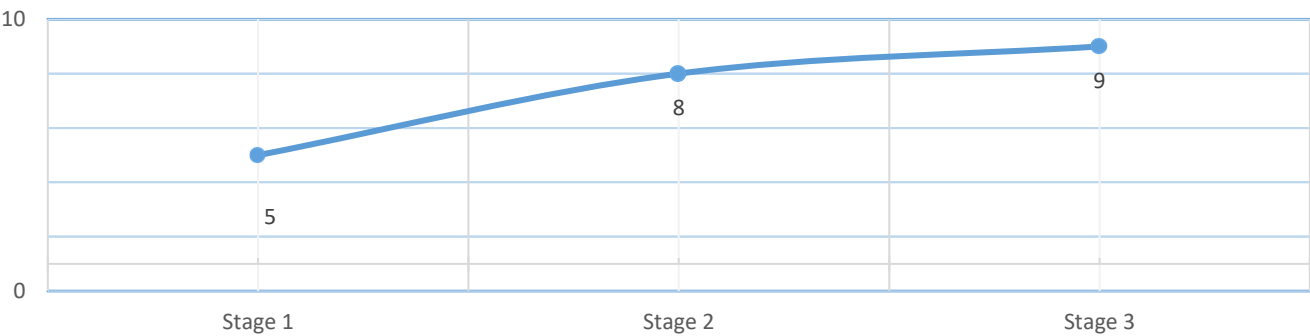
Question 4

Based on your description above, how would you rate the burden of assessment that you have experienced during each stage of training up until now?

Rate the burden of assessment from 0 (no burden) to 10 (heavy burden)

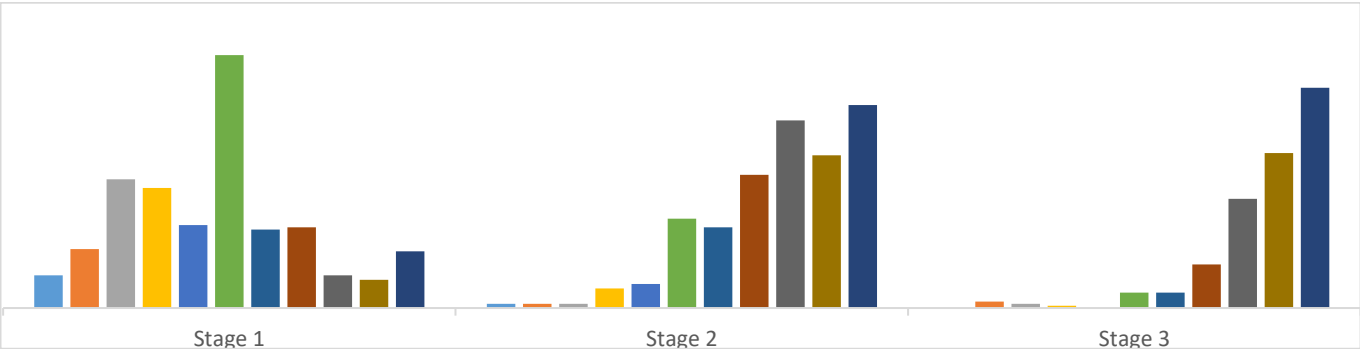
Rating from 0 to 10, required, only presenting stages the trainee had commenced.

Median burden of assessment experienced in each stage of training



Results indicate an increasing burden of assessment as training progresses, ranging from a neutral median rating of 5 (moderate burden) in Stage 1, to a high median rating of 9 (heavy burden) in Stage 3

Rating distribution per stage



	<div></div>	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>6</div>	<div>7</div>	<div>8</div>	<div>9</div>	<div>10</div>
Stage 1 (437 ratings)	15	27	59	55	38	116	36	37	15	13	26
Stage 2 (414 ratings)	2	2	2	9	11	41	37	61	86	70	93
Stage 3 (262 ratings)	0	3	2	1	0	7	7	20	50	71	101

Question 5 (two parts)

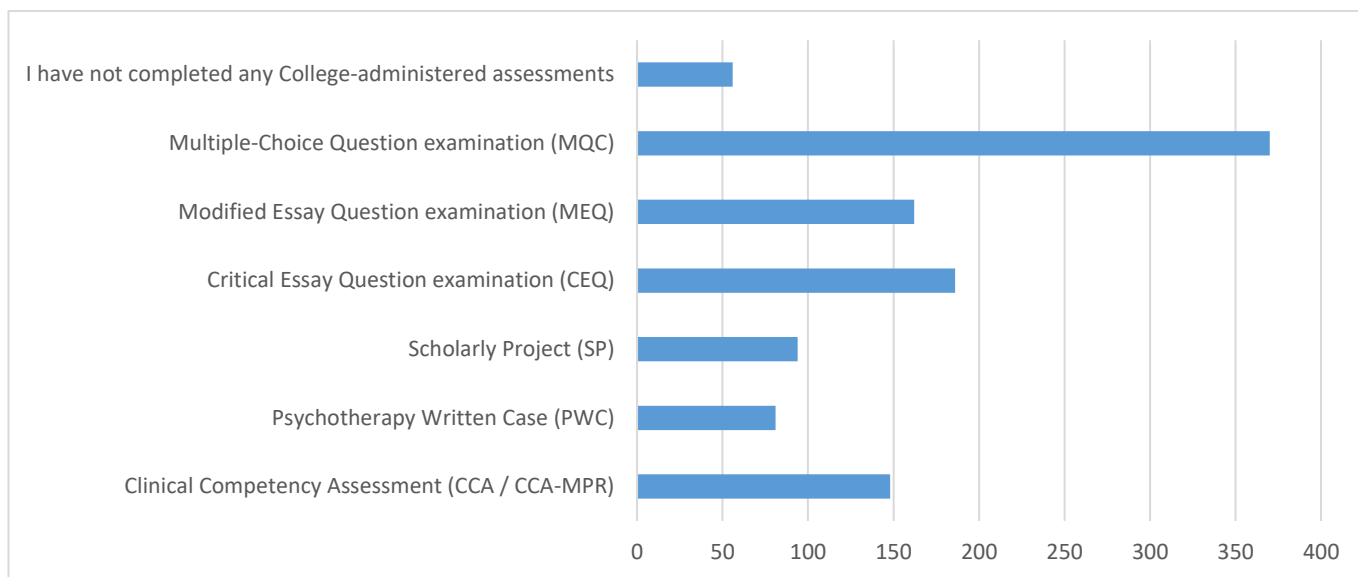
Have you completed any College-administered assessments?

(Examinations, Scholarly Project, Psychotherapy Written Case, Clinical Competency Assessment)

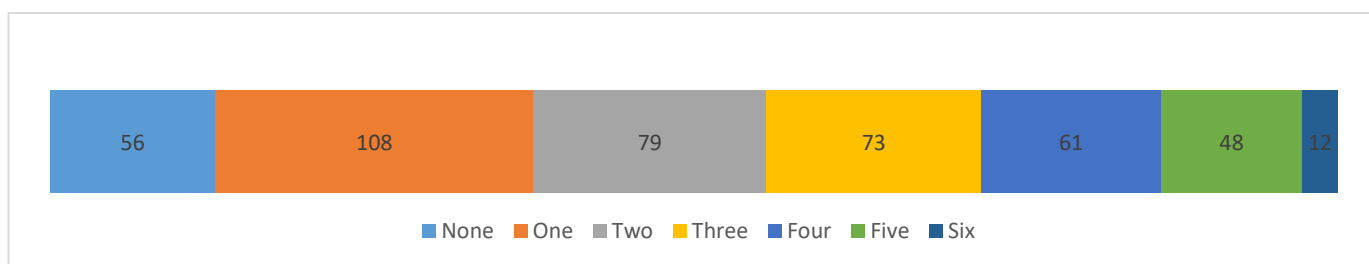
Single selection multiple choice (to facilitate survey logic), required.

Which of the following College-administered assessments have you successfully completed?

Multi-selection multiple choice, required, skipped if the previous response was "I have not completed any College-administered assessments".



Number of assessments completed



While nearly two thirds (59.9%) have commenced or finished Stage 3, less than half of all respondents (44.5%) have completed more than two of the six College-administered assessment.

Question 6

For each of the College-administered assessments you have completed, rate the assessment's contribution to your burden of assessment.

Rate the burden of assessment from 0 (no burden) to 10 (heavy burden)

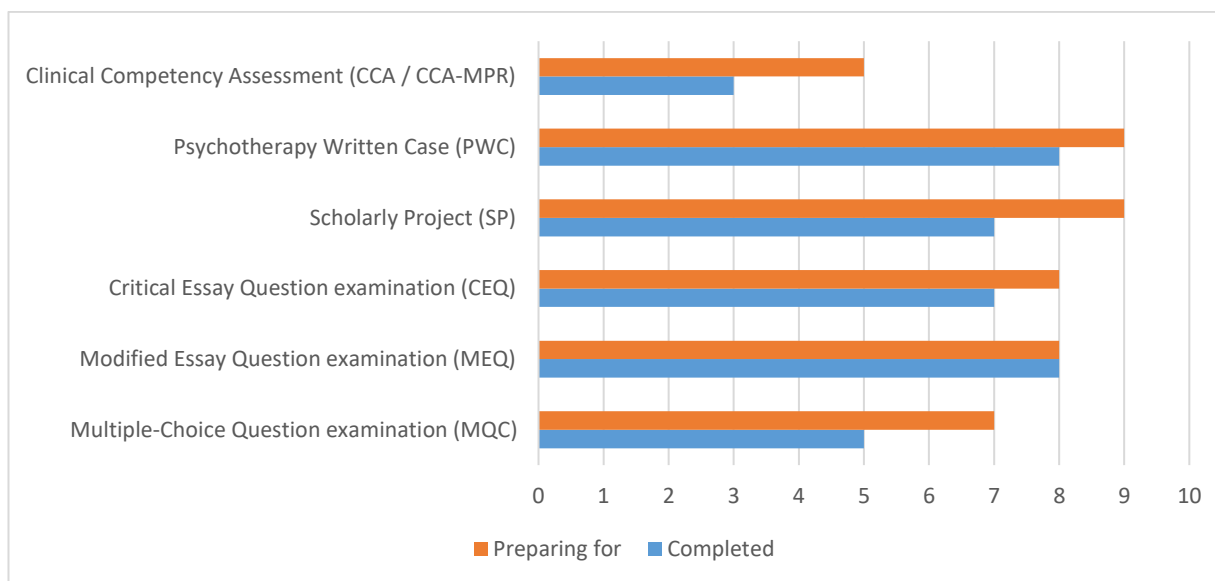
Rating from 0 to 10, only presenting assessments the trainee had completed.

Question 7

And for College-administered assessments you are yet to complete, what burden of assessment have you experienced while preparing for the assessment?

Rate the burden of assessment from 0 (no burden) to 10 (heavy burden)

Rating from 0 to 10, only presenting assessments the trainee had not completed.



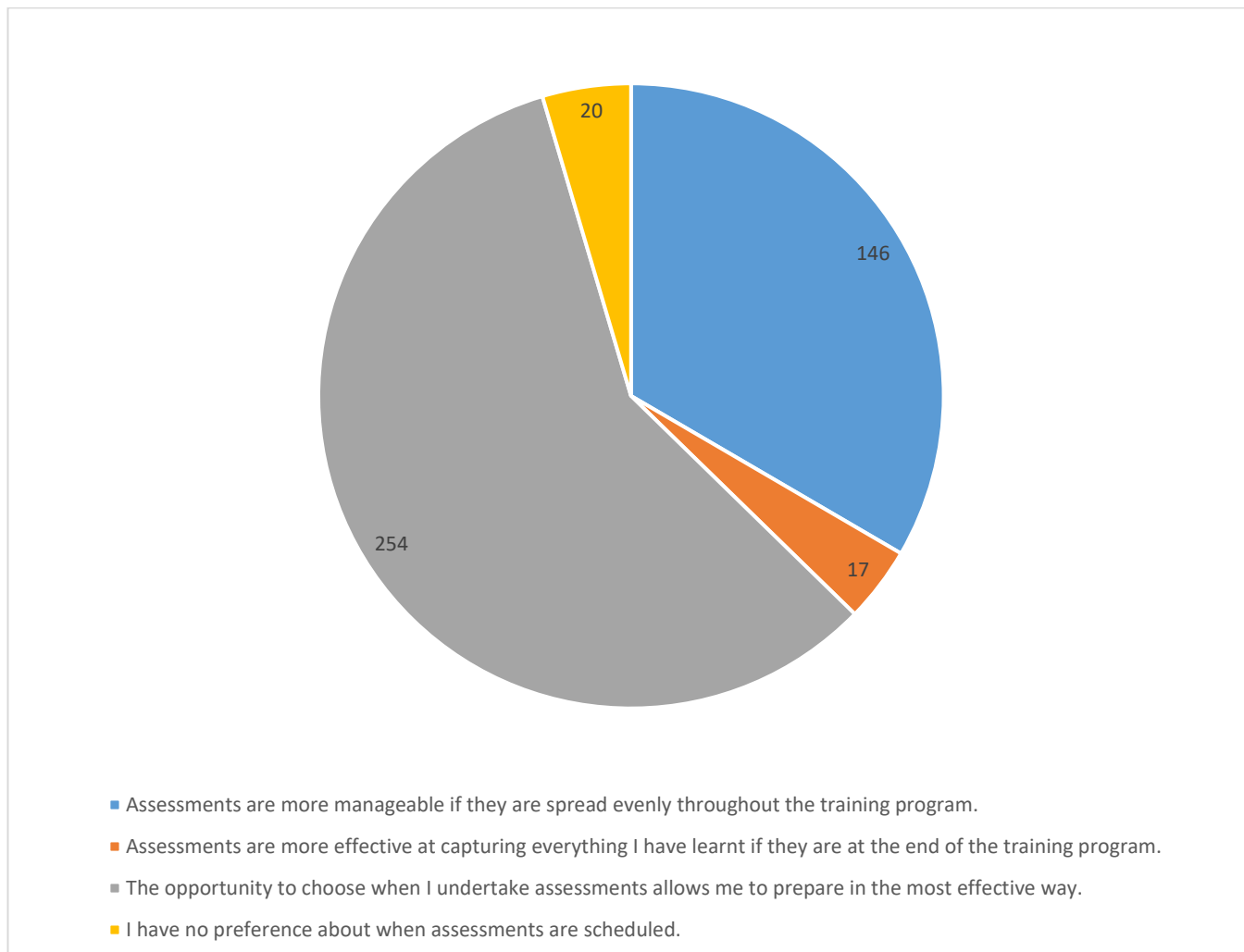
Trainees consistently reported a higher burden for assessments they have not completed.

Question 8

Which of the following statements about the spread of College administered assessments do you feel is more important?

Select the best response.

Single selection multiple choice, required.



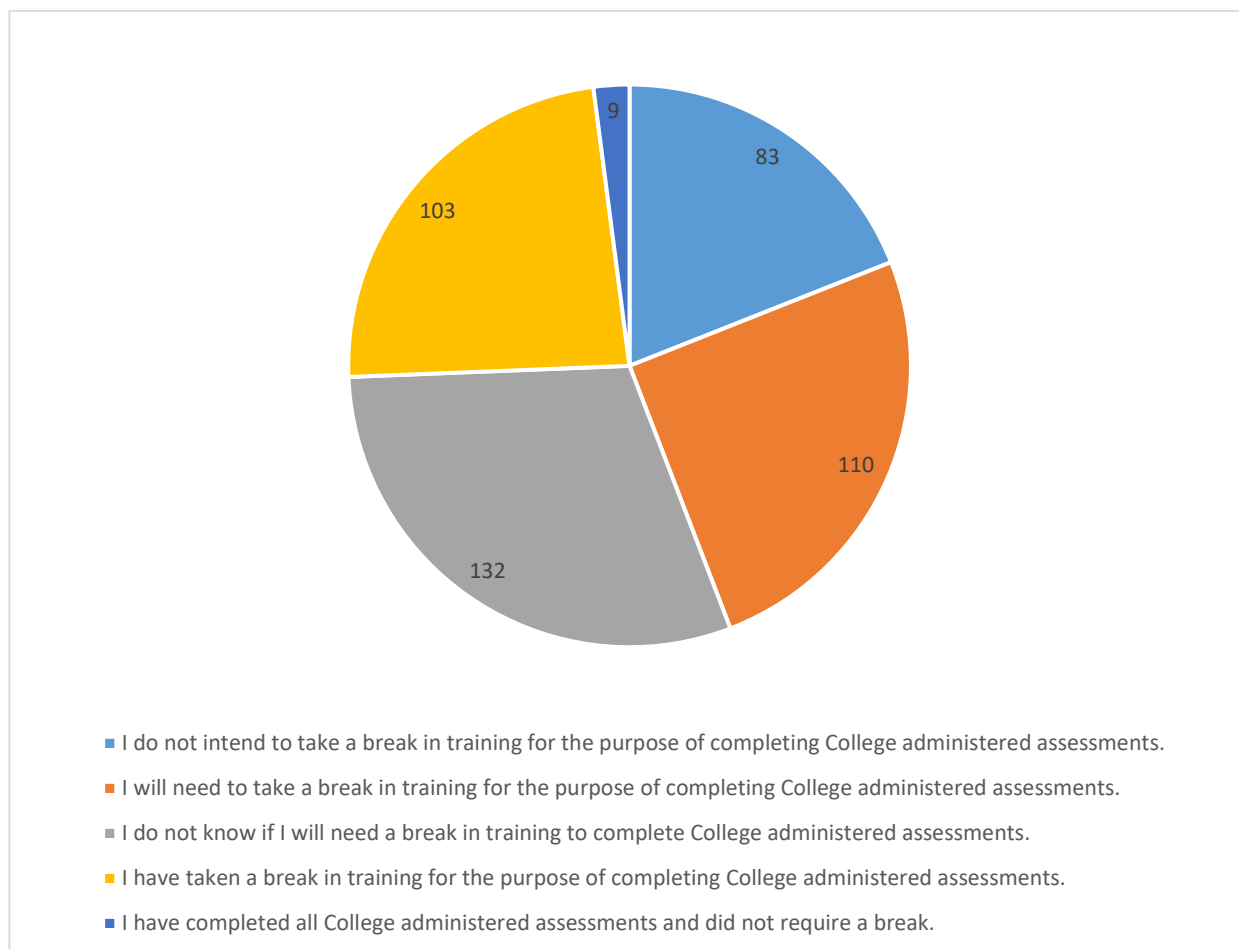
Loading the end of training with assessments is the least preferred option, despite the low assessment completion rates indicated in question 5.

Question 9

Thinking of your own progression through training, which of the following statements is true?

Select the best response.

Single selection multiple choice, required.



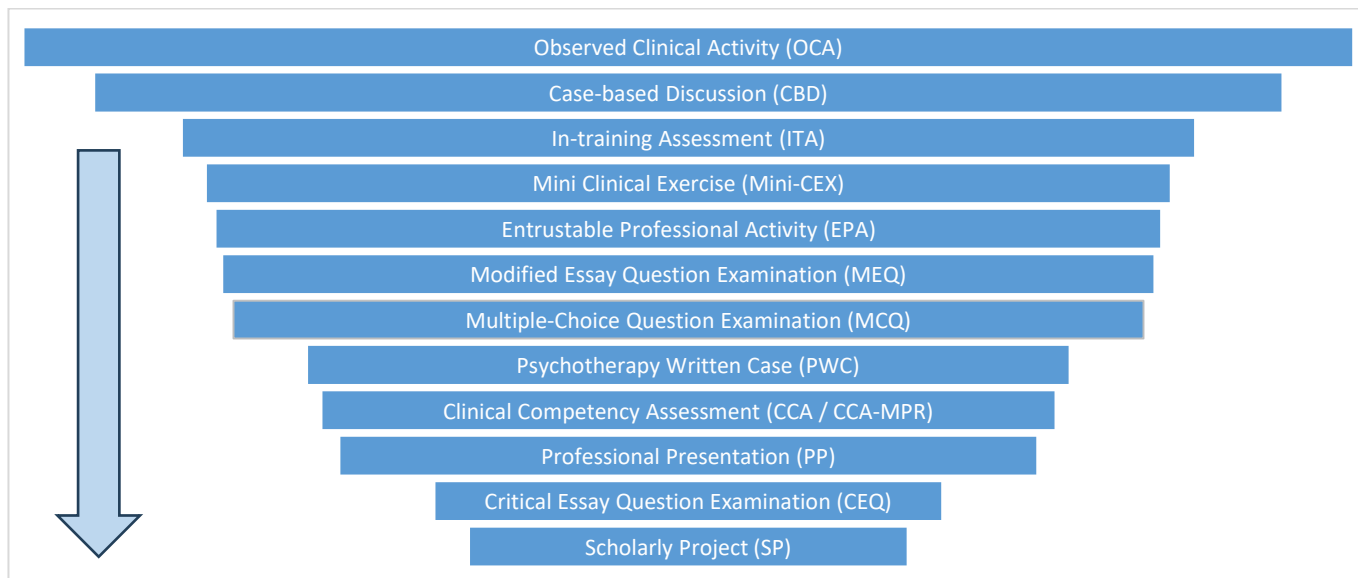
49% of trainees have or will need to take a break in training for the purpose of completing College-administered assessments, compared to 21% who have completed, or believe they can complete, assessments without taking a break.

Question 10

Thinking about your professional development as a psychiatrist, rank the value of each assessment type from 1 (highest) to 12 (lowest)

Drag each assessment stripe to the right-hand box, with the most valuable at the top and the least valuable at the bottom.

Ranking, required.



<i>Assessment</i>	<i>Score²</i>	<i>Avg Rank</i>
<i>Observed Clinical Activity (OCA)</i>	9.85	3.01
<i>Case-based Discussion (CBD)</i>	8.80	4.10
<i>In-training Assessment (ITA)</i>	7.50	5.36
<i>Mini Clinical Exercise (Mini-CEX)</i>	7.14	5.77
<i>Entrustable Professional Activity (EPA)</i>	7.00	5.81
<i>Modified Essay Question Examination (MEQ)</i>	6.90	6.04
<i>Multiple-Choice Question Examination (MCQ)</i>	6.75	6.18
<i>Psychotherapy Written Case (PWC)</i>	5.64	7.24
<i>Clinical Competency Assessment (CCA / CCA-MPR)</i>	5.43	7.41
<i>Professional Presentation (PP)</i>	5.16	7.68
<i>Critical Essay Question Examination (CEQ)</i>	3.75	9.17
<i>Scholarly Project (SP)</i>	3.24	9.67

Trainees perceive the highest burden of assessment while preparing for the Scholarly Project, however this is the least valued assessment in terms of professional development.

With the exception of the Professional Presentation, all workplace-based assessments are more valued than any College-administered assessment.

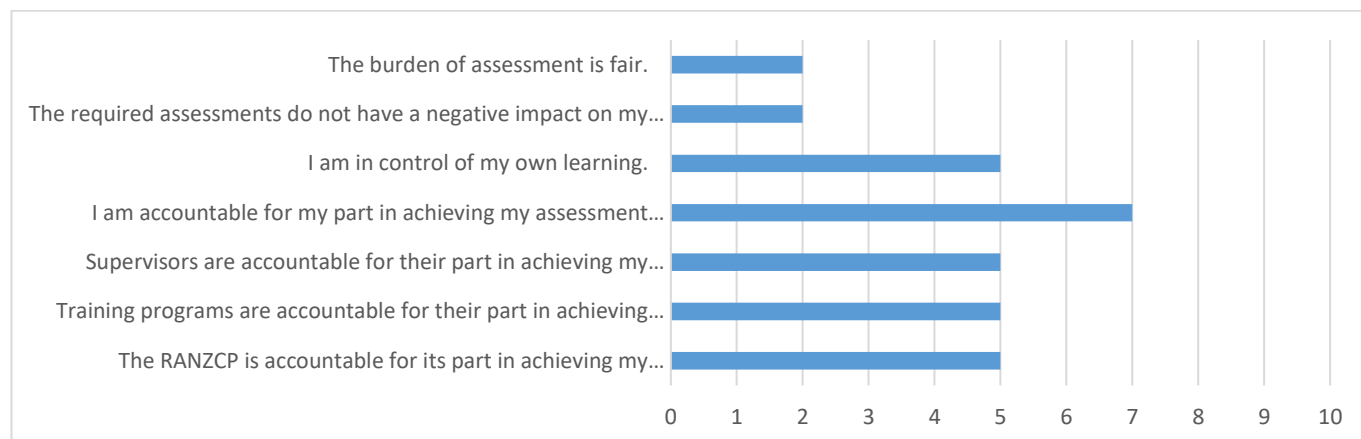
² The score is calculated as the sum of the weight of each ranked position, multiplied by the response count for the position choice, divided by the total contributions. Weights are inverse to ranked positions.

Question 11

In the context of your autonomy in training, and your agency in determining how you progress through training, do you agree or disagree with each of the following statements?

Rate from 0 (strongly disagree) to 10 (strongly agree)

Rating from 0 to 10, optional.

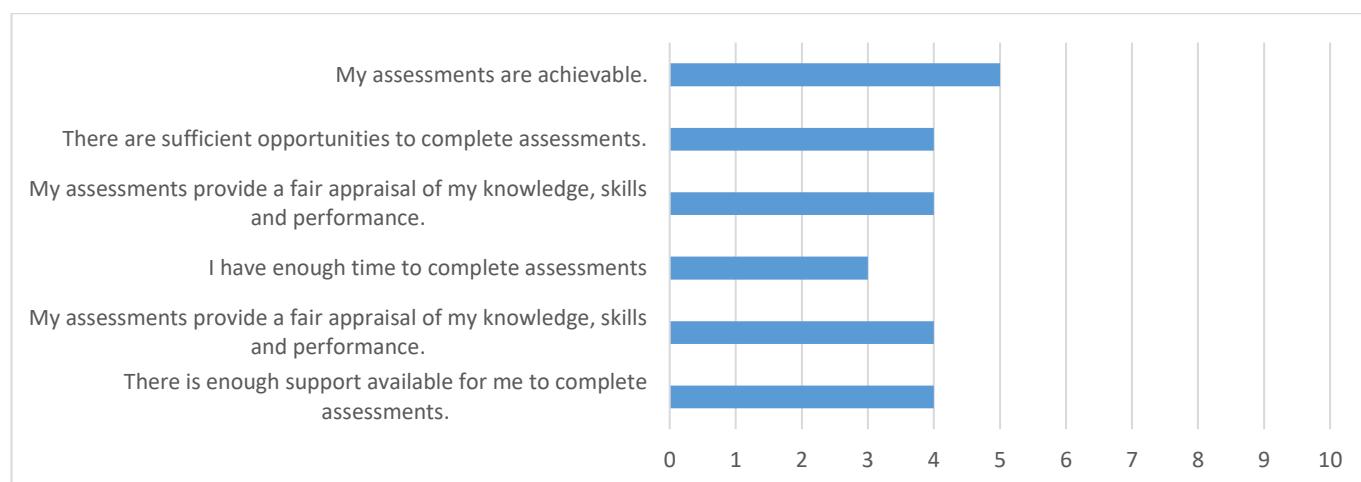


Question 12

In the context of your assessment requirements' relatedness to your training, do you agree or disagree with each of the following statements?

Rate from 0 (strongly disagree) to 10 (strongly agree)

Rating from 0 to 10, optional.

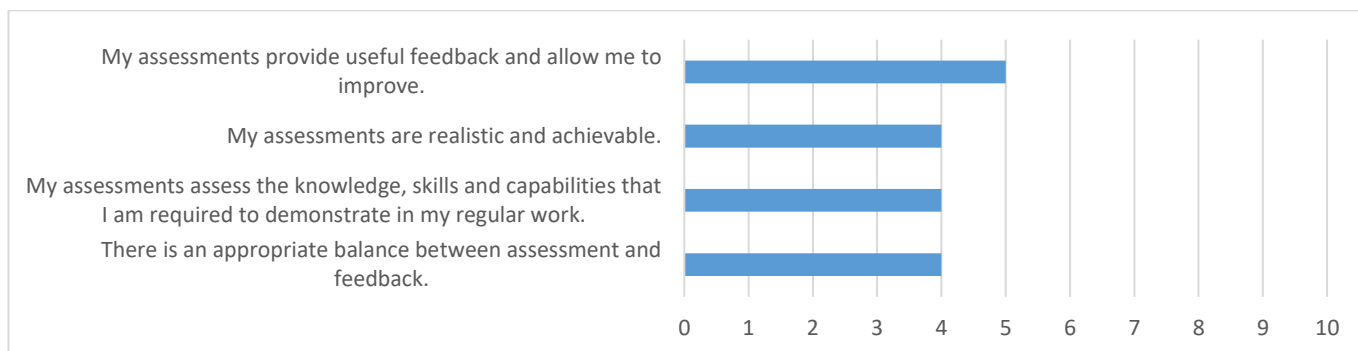


Question 13

Thinking of your competence as a psychiatrist, do you agree or disagree with each of the following statements?

Rate from 0 (strongly disagree) to 10 (strongly agree)

Rating from 0 to 10, optional.



Notably, the response to most statements in questions 11 – 13 was neutral, except for three statements: trainees strongly disagreed that “The burden of assessment is fair” and “The required assessments do not have a negative impact on my other roles”, and agreed with “I am accountable for my part in achieving my assessment requirements.”

Question 14

Would you like to comment on the burden of assessment in the RANZCP Fellowship Program?

This question is optional. We would appreciate your honest feedback on the training program.

Free text, optional.

Statement	References
Assessment related issues	175
<i>Number of assessments</i>	154
<i>Usefulness of assessment</i>	127
<i>Assessment process</i>	17
<i>Lack of transparency</i>	10
<i>Result time</i>	145
<i>Changes in the process</i>	129
<i>Amount of preparation</i>	16
<i>Strictness of various assessment</i>	94
<i>Timing of the assessment</i>	79
<i>Survey on assessments</i>	32
Work-life imbalance	29
Impact on mental wellbeing	14
Financial burden	4
Burdens associated with PWC	64
Feedback from the College	56
<i>Insufficient feedback</i>	46
<i>Not useful</i>	10
<i>Timeliness of results</i>	9
<i>Help from the DOTs</i>	9
Burdens associated with SP	5
Pressure with FEC	5
Feedback on PWC	5
Workload and overtime	2
Feedback on CEQ	1
Suggestions	15
<i>Removal of SP</i>	14
<i>Adopting a robust model</i>	7
<i>Improving supervision</i>	4
<i>Improving training program</i>	3
<i>OSCE style exam</i>	8
<i>Removal of PWC</i>	6
<i>Standardised WBA</i>	5
Burdens associated with CEQ	2
Burdens associated with EPA	2

Distraction from clinical practice	1
Frustrations about the process	1
<i>Training program</i>	<i>1</i>
<i>Supervisors</i>	<i>15</i>
<i>Issues with InTrain</i>	<i>14</i>
<i>Neglecting patient care</i>	<i>7</i>
<i>SP exemption criteria</i>	<i>4</i>
<i>Treatment towards trainees</i>	<i>3</i>
Lack of support	8
<i>Lack of support from the College</i>	<i>6</i>
<i>Insufficient Resources</i>	<i>5</i>
<i>Past exam papers</i>	<i>2</i>
<i>Under-resourced</i>	<i>2</i>
<i>PWC</i>	<i>1</i>
<i>Lack of supervisors</i>	<i>1</i>
<i>Insufficient funding</i>	<i>1</i>
Feedback on WBA	15
Burdens associated with Essay exams	14
Burdens associated with MEQ	7
Feedback on MEQ	4
Feedback on SP	3
Difficulties with time management	8
Burdens associated with WBA	6
Tick box to Fellowship	5
Feedback on CCA	2
Feedback on EPA	2
Feedback on ITA	1
Gender discrimination	1
Burdens associated with OCA	1
Dependant on workload	15
Increased training time	14
Language issue	7
Opportunities in the Training Program	4
Recognition from another country	3
No Comments	8

Trainees were asked to comment on the burden of assessment within the RANZCP Fellowship program. From the qualitative analysis, several key themes emerged, with the top six categories discussed below:

Assessment related issues

Trainees identified various assessment-related that they perceived as significant contributors to their overall burden. The number and volume of both summative and workplace-based assessments were frequently cited as overwhelming. Many trainees questioned the relevancy of these assessments to clinical practice, describing some as redundant or unnecessary. Additionally, a lack of transparency in the assessment process was highlighted as a major concern.

"Much of the assessment processes are opaque. The marking criteria, standards and syllabi are very unclear, lacking in detail, inconsistent and sometimes illogical or incorrect. The number of assessment tasks is absurd, and their utility is negligible. It is very clear that the assessment processes are not designed by experts in education or assessment and not subject to adequate quality control processes. I would be surprised if any of the College administered tasks measure what they intend to measure. The impact of these assessments on the lives and well-being, and of trainees is profoundly negative and difficult to describe. The fact that the assessments are largely invalid and do not contribute to our development as psychiatrists makes this untenable."

"The volume of assessments is overwhelming (and much higher vs. e.g. other specialities or British speciality psychiatry training); some are redundant as it do not focus on essential competencies or assessing for already verified competencies. There is an opportunity to reduce the number of exams and optimising in-training assessments."

"The amount of preparation needed for each (and again if assessments are not passed/need to be retaken) is a lot and causes stress."

"RANZCP has the most amount of assessments out of all fellowship programs. Initially this was justified when it was easy to enter the training program, but now it is very competitive."

Work-life imbalance

Trainees reported significant challenges in balancing work and life due to the high volume of assessments. The demands of summative and workplace-based assessments often extend beyond regular working hours, intruding on personal time and leaving little room for quality time with family and friends. This imbalance negatively affects mental well-being and fosters feelings of isolation.

"Balancing clinical duties, study time and personal life extremely challenging."

"In my personal capacity the burden of current training program has a tremendous impact on my personal and professional life."

"Incredibly high burden, my training journey has been incredibly stressful and it negatively affected my personal life and relationships."

"Having 6 college assessments and a minimum of 25 EPAs consisting of 75 WBAs in 5 years whilst also balancing workplace duties, on-call commitments, family life and maintenance of well-being is a heavy burden to be placed on trainees."

Impact on mental wellbeing

Many RANZCP Trainees reported that the rigorous assessment requirements affect both their physical and mental health. The number of assessments, compared to other specialist Colleges, coupled with relentless pressure to perform, leads to chronic stress, burnout, and feelings of inadequacy. Long hours of study, in addition to regular clinical duties, contribute to physical exhaustion and sleep deprivation. Mentally, the constant cycle of evaluation and repeated assessments diminish morale, induce anxiety, and erode their passion for psychiatry.

"I have concerns that the burden of assessment detracts trainees from tending to their own wellbeing, which brings in the question the RANZCP code of ethics principle nine."

"High assessment burden has had significant impact on my mental health throughout training. While I don't plan on taking a break in training, I have had to go part time twice now to recover from burnout associated with assessment stressors."

"These college assessments cause incredible stress, and it is almost impossible to complete these assessments whilst also working full time. I have almost completely sacrificed living a life outside of work and training in an attempt to complete training requirements."

"ITAs/EPAs - depending on the consultant - might spend 2 minutes vs 20 minutes to do these. Such variance in interest from supervisors which doesn't accurately reflect real-life practice. Some consultants avoid signing WBAs which leads to more stress."

Financial burden

Trainees highlighted the financial strain associated with the assessment process as a significant burden. Assessments are costly, and the financial impact is compounded when trainees need to retake failed exams or take unpaid leave to study, further reducing their income. Over time, these expenses lead to significant financial stress, making it challenging to maintain financial stability while pursuing their qualifications.

"The cost of assessments is a financial burden and barrier to progression in training, particularly as pass rates are often low and trainees are required to re-sit exams, costing thousands of dollars. The rationale for the high costs (not to mention college fees) remains elusive and frustrating. Assessment supports are often lacking, and private exam supports (e.g. psych scene) feel exploitative."

"Overall, the burden is extremely high and very complicated, and very expensive. Remember NSW trainees are paid very little!"

"High fees for assessment, affecting equity of training progression particularly for those working part-time or needing to re-sit assessments."

"My biggest challenge with the assessment burden is the amount of time outside of my job required and the financial costs. My psychotherapy case will take at least 100 hours to complete at 40 hours of therapy, 20-40 hours of supervision and 20-40 hours of write up, and it will cost me something around \$10000 and this is if I pass on my first attempt."

Burden associated with PWC

Trainees highlighted significant challenges regarding the Psychotherapy Written Case (PWC) exam, perceiving it as a lengthy and arduous process that spans 40 weeks. Many Trainees struggled to find suitable patients, with some reporting multiple dropouts during the process. The difficulty in securing supervision and the perceived redundancy of the write-up process were recurring concerns.

"Finding suitable cases and supervisors for PWC is a huge burden. The system is not well set up at all to facilitate this. I have been looking for a suitable patient for over 18 months. I have paid for private supervision, spending thousands of dollars of my own money on this, which has been fruitless. No support from the college of local training branch in regard to this. No financial support. It's awful. I think it is an important assessment to undertake but the college does nothing to help it happen and does not care about the situation trainees are in regarding this. It is exhausting spending such a long time trying to do it and spending a huge amount of my income on supervision. To the point that I plan to leave training with RANZCP."

"PWC, although necessary, is a burden when the training site does not have a supervisor for the assessment and the selection of patient can be limited when working regionally, which can in turn mean greater risk of patient discontinuation prior to completion of 40 sessions and closure. I think there should be more flexibility around marking."

"Psychotherapy written case should be about the process of psychotherapy, not the way you write it up. I say that if you've done 40 sessions, your supervisor can sign you off as completed it. The write-up is unnecessary and doesn't add value, it just adds stress and adds to marriage strain."

"PWC supervision and case has been extremely challenging and time consuming to find and set up. Clear guidance/direction on how to start this assessment is lacking."

Feedback from the College

Trainees expressed frustration with the feedback provided by the college, describing it as inadequate, generic, and unhelpful. The lack of specific, actionable insights made it challenging for them to identify areas of weaknesses and improve for future assessments.

"Lack of specific feedback on MEQ, especially as I borderline was unsuccessful on my first attempt is very challenging. There could be improvements in question setting to eliminate problems/unclear questions."

"We don't get any constructive feedback from the college if we fail exams, just generic comments that play no part in helping us address the issues for future attempts."

"The amount of feedback often feels insufficient for the investment of time and energy required in completing assessments, leaving one with the feeling of jumping through hoops rather than the assessment providing opportunities for growth and development."

"The feedback given following an unsuccessful attempt at College provided assessments is a joke. It is almost intentionally vague and generalised, making it impossible to identify and therefore correct, any areas of deficiency."

Appendix 2: Supervisor survey analysis

Question 1

In your own words, how would you describe the role of a supervisor of specialist medical trainees?

Think about the different aspects of specialist medical training, including teaching, assessment, feedback, and professional development, in the context of safe and effective patient care.

Free text, required.

Statement	References
Teaching and educational support	175
Mentorship and guidance	143
Feedback and performance evaluation	137
Clinical supervision and patient safety	102
Systemic challenges and barriers ³	76
Role modelling and ethical leadership	46
Administrative and regulatory responsibilities	42
Personal and professional development	42
Welfare and emotional support	34
Professionalism, ethical guidance and standards	22
Carer guidance and development	17
Confidentiality and trust	7
Supervision as commitment to the profession	4

Supervisors describe their role as both highly rewarding and challenging, with a broad range of responsibilities that include teaching, mentoring, clinical supervision, and performance evaluation. Despite the satisfaction that comes with shaping the future of medical specialists, these duties are often complicated by systemic challenges. A central theme in the responses is the constant balancing act supervisors face as they manage multiple roles (educator, evaluator, clinician, and mentor) while ensuring that trainees receive the necessary support for their development.

The most frequently highlighted aspects of the role include Teaching and Educational Support, underscoring the importance of transferring knowledge and skills to trainees, and Mentorship and Guidance, where supervisors recognize their significant role in shaping both the personal and professional growth of trainees. Feedback and Performance Evaluation also emerged as a key area, with supervisors stressing the need to provide constructive feedback to guide trainees' continuous improvement. Additionally, Clinical Supervision and Patient Safety are emphasised, with supervisors prioritising the safe and effective delivery of patient care under their trainees' supervision.

Despite these key responsibilities, Systemic Challenges and Barriers remain a significant concern. Supervisors face frustrations due to time constraints, heavy administrative workloads, and institutional limitations that hinder their ability to fully perform their roles and affect the quality of supervision they can provide.

³ Systemic challenges and barriers are not directly related to the individual supervisor's role but more to external factors impacting supervision.

Teaching and Education Support (175 comments)

Supervisors highlight the critical importance of providing direct teaching and educational support to their trainees. Their responses reflect a strong focus on facilitating learning, offering essential resources, and guiding trainees through complex clinical situations. This teaching goes beyond traditional classroom settings, extending to hands-on support during clinical practice and in-depth case discussions. Supervisors view the transfer of knowledge as a central aspect of their role, and they actively engage with trainees to ensure that learning is practical, relevant, and aligned with professional expectations.

"A supervisor teaches through supporting learning through doing... including recommending reading, reflective discussions, observed or joint clinical work... in an atmosphere of safety and support with clear expectations and respectful kindness."

"As a supervisor, my primary role is to teach and guide trainees through their clinical duties and ensure they understand the academic content while applying it in real-life situations"

"Teaching and educational support are essential to help trainees develop the necessary skills for safe, effective patient care"

"The role of the supervisor is to help trainees take continuous, incremental steps towards being able to practice independently... involves teaching, observing, role-modelling, praising, criticising, talking, listening, and a lot of thinking."

Mentorship and Guidance (143 comments)

Supervisors emphasise that mentorship and guidance are fundamental aspects of their role. They are expected to support the personal and professional growth of their trainees, offering valuable advice, encouragement, and career development insights. Many respondents highlighted the emotional dimension of mentoring, noting how they guide trainees not only through successes but also through challenges encountered during their training journey. Supervisors recognize the importance of fostering a supportive relationship that helps shape trainees' confidence, resilience, and long-term career trajectories.

"Mentorship is about offering guidance on both personal and professional challenges, ensuring that the trainee feels supported throughout their career development"

"I see my role as helping trainees not just with clinical tasks but with broader career choices, work-life balance, and emotional support when things get tough"

"A supervisor's role is to guide the trainee in obtaining experience in the key aspects of the specialty, appropriate to the trainee's stage of training and their abilities. Ensuring they have adequate opportunity to assess, prioritize and make decisions in clinical situations, (both supervised and unsupervised) and having space to discuss this will be the ideal learning experience."

"The role supervisor of specialist medical trainees is to guide and mentor trainees to meet the accredited training requirements. They liaise with local training network to address issues related to trainee progression on the program."

Feedback and performance evaluation (137 comments)

Supervisors frequently identify feedback and performance evaluation as essential aspects of their role. However, they face a delicate balancing act between delivering constructive feedback, ensuring its positive reception, and evaluating trainees in a way that does not demotivate them. A recurring theme is the challenge of providing feedback that is both helpful and encouraging, especially in the context of high expectations. Additionally, supervisors express frustration with the bureaucratic aspects of performance

evaluations, describing them as time-consuming and sometimes detached from the actual learning and development process.

"Providing regular feedback is crucial to help trainees reflect on their performance and make improvements, but it can be exhausting given the volume of assessments we need to complete"

"Feedback should be part of a supportive dialogue, not just a tick-box exercise for compliance"

"The role involves accompanying and mentoring them during the term, completing the assessments and entrusting EPA's providing feedback, monitoring progress etc."

"I consider it a highly responsible role, to provide in an apprenticeship model, my experience and clinical wisdom from many years in practice, to ensure that the trainee is safe in practice, promote an enquiring and open mind to new learning, to be critical of information, to get the most out of the rotation that they are doing in terms of experience in that field, to ensure they are being provided with the opportunity to complete compulsory assessments, to monitor their progress and provide feedback, to encourage them to look after their physical and mental health. To identify areas of strengths and weaknesses and work with them to address their training needs."

Clinical supervision and patient safety (102 comments)

Ensuring patient safety and the competence of trainees in clinical settings is a priority for supervisors. Many respondents emphasised the critical importance of closely monitoring trainees' clinical work to ensure that patient care standards are upheld, and safety is maintained. Supervisors often act as the final safeguard in ensuring trainees are adequately prepared to manage clinical responsibilities. This supervisory role involves not only overseeing clinical decisions but also providing guidance and correction when necessary, ensuring that trainees can provide safe, effective care while developing their clinical skills.

"Clinical supervision is about ensuring that trainees are capable of making safe, ethical decisions in patient care while learning the ropes"

"Supervising clinical practice is the most important aspect of my role. It ensures that patients are safe while trainees are learning"

The supervisor works closely with the trainee to impart knowledge and skills required to improve the performance of the trainee in their professional development. They are trusted mentors that guide, coach and motivate the trainee by supporting opportunities for learning, giving constructive feedback, and modelling good practice, shaping attitudes and behaviour while encouraging reflection and critical thinking to promote a trainee that is capable of leading a multidisciplinary team in providing quality evidence-based treatment for effective and efficient patient care."

"The clinical supervisor is primarily responsible for the clinical work of the trainees. This includes providing direct observation and comment on their performance. The supervisor ensures that trainees meet the required skills and standards outlined by the college. In addition to clinical oversight, the supervisor focuses on the broader educational needs of the trainee. This includes guiding their career development, helping them navigate their training pathways, and ensuring they understand the college requirements to attain their fellowship."

Systemic challenges and barriers (76 comments)

Systemic challenges and barriers are frequently mentioned as significant sources of frustration for supervisors, directly impacting their ability to deliver effective teaching and mentorship. Key challenges

identified include time limitations, excessive administrative burdens, and increasing bureaucratic demands associated with training programs. Supervisors express that these external factors often limit their capacity to engage meaningfully with trainees, hindering their ability to provide the high-quality supervision they aim to offer. The cumulative effect of these systemic barriers is a sense of constraint in fulfilling their supervisory responsibilities, which affects both their professional satisfaction and the effectiveness of their support for trainees.

"The system is overwhelming—too much time spent on paperwork and bureaucracy, not enough time to devote to meaningful supervision and teaching"

"Time constraints and administrative duties mean I have to rush through assessments and supervision, which detracts from the quality of the training"

"The trainees and supervisors in public mental health setting are drowning under the pressure of workload and it is affecting their ability to dedicate energy into learning and education. College should stipulate the case load very clearly and place heavy penalty on institutions including failing accreditation in case of failure to provide this training requirements."

"It is hard to balance clinical work and supervision. Time is the biggest enemy here. Hospitals hire consultants mainly for clinical work. Medical Workforce is very thin in most of the hospitals especially in a regional hospital."

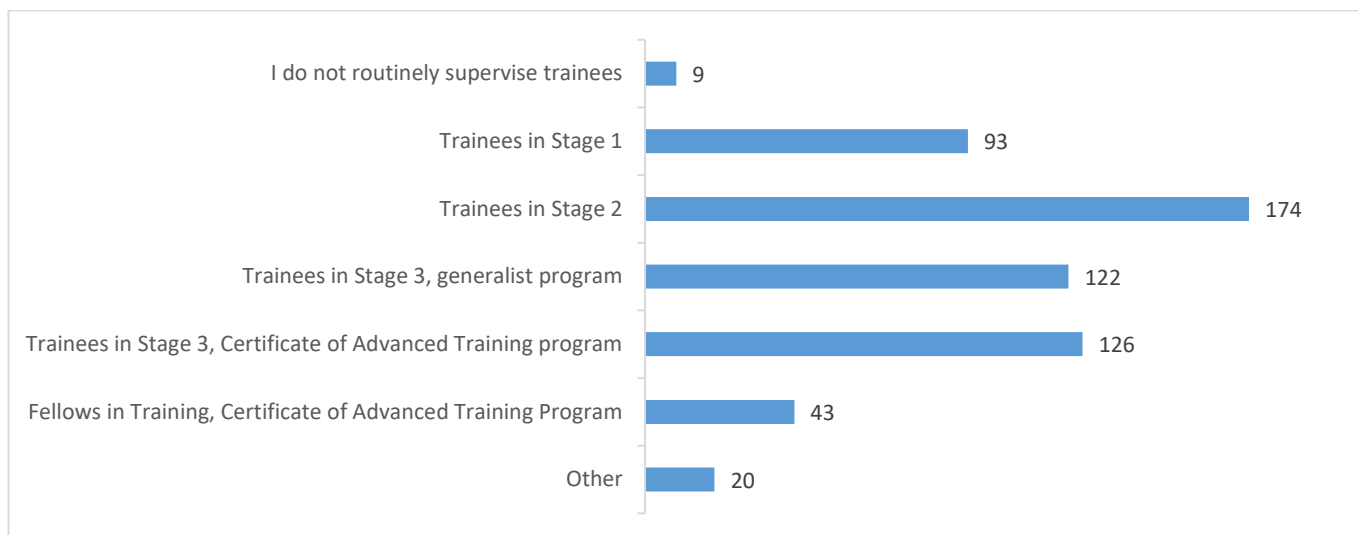
"I think the main current challenge of public sector acute psychiatry (and thus the main challenge in the supervision of trainees) is the moral hazard of not being able to provide optimal care to patients in a grossly under-resourced system. Whole classes of patients are being excluded from proper care (or in some cases any sort of care at all). Those who are admitted to care (inpatient or community) are discharged prematurely."

Question 2

Which trainees do you usually supervise?

Select only trainees that you routinely supervise, even if you are accredited for others.

Multi-selection multiple choice, required.



'Other' was described to be:

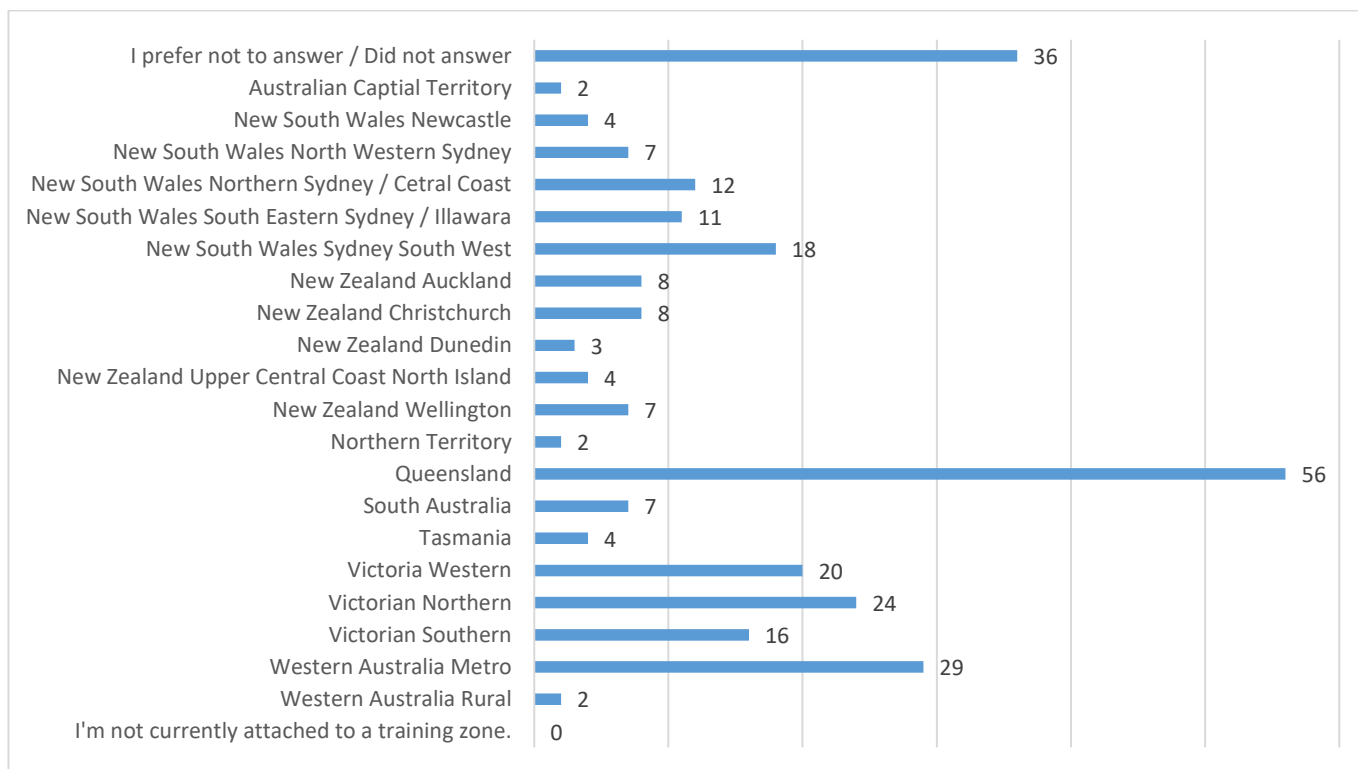
- Specialist International Medical Graduates (9 responses)
- Interns / HMOs / Nursing practitioners (3 responses)
- Trainee physicians (addiction medicine & paediatrics) (2 responses)
- No longer supervising (2 responses)
- "Break in training because 'stopping the clock!'" (1 response)
- 'Dependent on the locum I'm doing' (1 response)
- Trainees doing Psychotherapy Written Case (1 response)
- Supervising supervisors (1 response)

Question 3

Which training zone are you with?

This is optional, for the purpose of using aggregate data to identify regional differences in the burden of assessment.

Drop down selection, optional.



Response rates generally correlate to the size of the training zone.

Question 4

How would you describe what the term 'burden of assessment' means to you?

Think about the burden on you, as a supervisor, supporting trainees as they meet assessment requirements.

Free text, required.

Statement	References
Time constraints and workload	111
Assessment requirements and expectations	62
Navigating dual roles	44
Emotional and psychological strain	36
Burnout and attrition risk	27
Impact on training quality	22
Superficiality and structure of assessments	20
Administrative and paperwork burden	12
Alternative perspectives on the term	2

Supervisors describe the burden of assessment as an overwhelming challenge that significantly affects their time, professional responsibilities and emotional well-being. The core issue extends beyond the number of assessments and includes their structure, management, and integration into the training process. Many supervisors feel that assessments have become a bureaucratic exercise rather than a meaningful tool for trainee development.

A recurring theme is the tension between mentorship and assessment responsibilities, with supervisors struggling to balance their roles as educators, evaluators, and clinicians. The emotional strain of assessing struggling trainees, combined with a heavy administrative workload, has led some to question the system's sustainability.

While a small minority acknowledge assessment as an essential component of training, the prevailing view is that the current structure of assessments is excessive, inefficient, and contributes to burnout.

Time constraints and workload (111 comments)

Time pressure is the most frequently mentioned challenge, with supervisors emphasising that assessments consume an excessive amount of time that could otherwise be spent on direct supervision, teaching, and patient care. The assessment process involves direct observation, discussion, documentation, and administrative tasks, all of which add to the supervisor's workload.

Many supervisors feel that the time spent on assessments detracts from meaningful supervision, reducing the process to a compliance exercise rather than an opportunity for constructive feedback.

"Burden of assessment means the time involved in supporting completion of assessment requirements. This burden means that time is taken away from other aspects of my role. The burden may impact my ability to do my clinical role."

"The word Burden suits this best as it was a privilege for me to teach trainees but now with crazy workload it is a burden. The EPAs and weekly 1 hour supervision is almost impossible to be managed with current workload and allocated FTE - currently I am 0.5 FTE looking after 10 patients (with rapid turnover) with 0.5 FTE registrar. It's a joke."

"Making good use of the InTrain assessment documentation and process means spending time with each individual trainee... It is increasingly difficult to adhere to a regular time for structured supervision as clinical/system demands regularly disrupt the schedule."

"Significant time commitment, particularly the review of written reports. It can take up to 16 hours for just one report, on top of OCAs, supervision, and clinical duties."

"All the time spent on assessments—observing WBAs, marking them online—takes away from teaching and patient care."

Assessment requirements and expectations (62 comments)

Many supervisors question the necessity and effectiveness of the current assessment system. Concerns extend beyond the number of assessments required to whether they genuinely contribute to trainee learning and development.

Some supervisors feel that assessment requirements have become excessive, shifting the focus away from quality supervision and meaningful feedback to completing checklists. Many express frustration that trainees and supervisors must complete assessments at a set pace, regardless of the trainee's actual progress or development needs.

Another concern is the rigidity of some assessments, which fail to account for individual trainee differences or the complexities of clinical practice. Some supervisors worry that trainees view assessments as a box-ticking exercise rather than a meaningful developmental experience.

"The implementation of WBA, EPA and related pathways to Fellowship are a joke. Trainees come to me saying 'I want to submit this rotation for my assessment and want to get done with things.' This pretty much puts the entire responsibility on me, they get Fellowship if I give a good rating on that, if they don't, I will be that person who effectively delayed their Fellowship. How is this fair for a supervisor?"

"The burden goes far beyond time completing WBA and EPAs. There is a huge amount of work in thinking about which cases to allocate to trainees, helping them to do a good job, and stepping in appropriately when they don't. When a trainee is not performing well, there is a huge amount of stress for the supervisor as there is a lot of pressure to get trainees 'through' regardless of performance and it feels impossible to fail them, even when you genuinely believe that would be in their and in patients' best interests at this moment in time."

"Assessment has become the dominant focus of supervision because of the onerous number of mandatory tasks for supervisors and trainees."

"The sheer number of assessments, both formative and summative, is enormous. Some trainees, especially junior ones, need multiple repetitions to achieve competency, further increasing the burden."

"The assessment burden is enormous, and I'm not convinced that it creates better psychiatrists. It feels like a series of insurmountable hurdles rather than a constructive learning process."

Navigating dual roles (44 comments)

A significant concern for many supervisors is the challenge of balancing their dual roles as mentors and assessors. Supervisors are expected to build supportive, trusting relationships with their trainees while simultaneously evaluating their competence at high stakes.

This dual role can lead to ethical and professional dilemmas. Supervisors aim to create an environment where trainees feel safe discussing their challenges and areas for improvement. However, they must also provide formal assessments that can impact a trainee's progression, career, and, in some cases, ability to continue in the program. Many supervisors report that this conflict generates stress and tension, particularly when they need to fail a trainee or deliver difficult feedback.

"The greatest burden is the dual position that the new competency pathway puts on the psychiatrist. How can one know and support a trainee, and yet be completely objective on formal assessments, knowing that there are clear conflicts of interest and potential fall out."

"We expect trainees to be open about their struggles, yet we assess them in ways that directly impact their progression. This creates a conflict—do we prioritize honesty or ensure they meet the required standards?"

"The detriment to the role of teacher and mentor imposed by becoming the summative gatekeeper for their progress is significant."

"There is now a perceived burden and responsibility to fail trainees who might have previously failed OSCEs. The weight of making that decision while maintaining a working relationship is heavy."

"I am not happy with the trend for supervisors to be increasingly placed into a double-bind with trainees, whereby they are at once trying to play the role of a supportive mentor figure while also increasingly relied on to play the role of the hard inflexible college assessor who holds the progression of the trainee in their hands."

Emotional and Psychological Strain (36 comments)

Supervisors also report high levels of emotional strain associated with assessments. This burden arises from the need to deliver difficult feedback, make high-stakes decisions, and manage the expectations of both trainees and the training system.

The pressure is especially intense when supervisors must fail or delay a trainee's progression. Many feel that the system places excessive responsibility on individual assessors rather than creating a supportive and collective process for managing trainee performance concerns.

"Time commitment, emotional commitment, fear of retribution (accusations of bullying or accusations of failure to make a training rotation sufficiently supportive - increasingly unrealistic expectations), fear of reputational damage - self, program, institution -, impact on patient care (trainee absenteeism)."

"It is easy to give positive feedback, but giving negative feedback, even to highly conscientious trainees, requires sensitivity and time to avoid triggering shame."

"Ethical dilemmas arise when a trainee is struggling. The stress of balancing their training needs with their work performance is significant."

"Supervisors are stretched beyond their capacity, often working unpaid hours to complete assessments. This adds unnecessary pressure in an already overburdened system."

"The supervisors are increasingly being cornered into an unsafe space and it is traumatizing. Trainees are becoming more and more entitled; supervisors are bullies if they try to teach trainees. Or even worse, it's the supervisor's fault that the trainee is not progressing well. [...] This puts enormous burden on the supervisor, and the College is just blinded by the AMA recommendation who don't seem to have a clue in what they are recommending."

Burnout and attrition risk (27 comments)

Many supervisors warn that the burden of assessment is contributing to burnout, with some experienced educators reconsidering their roles. The increasing administrative demands and emotional weight of assessments are pushing supervisors to disengage, which in turn affects the quality of training and mentorship.

"The significant pressure placed upon service delivery impacts on time availability for supervision. Despite using every opportunity to provide informal and formal supervision, the requirements of the service, and the deficit in staffing places an enormous burden on the supervisor."

"The burden of assessment is an expression of the conflicting roles now held by supervisors. We expect our trainee to be honest about challenges and their weaknesses, vulnerable and emotionally open. At the same time we have the role of assessing them in ways that will directly impact upon whether they progress in training, in the absence of other objective assessments. Given the latter function, any trainee wishing to pass might minimise their difficulties, and avoid any expression of disagreement with the supervisor. The conflicting nature of the supervisor role is a burden on the psychiatrist who must decide at particular points which aspect of the role to prioritise."

"The current training system is horribly burdensome for both trainee and supervisor. I'm not convinced it adds value—it feels like a set of insurmountable hurdles."

"Supervisors are taking on more and more responsibility, often unpaid, leading to exhaustion and disengagement."

"Because of the assessment burden, I've had to spend less time on actual teaching, which is frustrating. It's not sustainable."

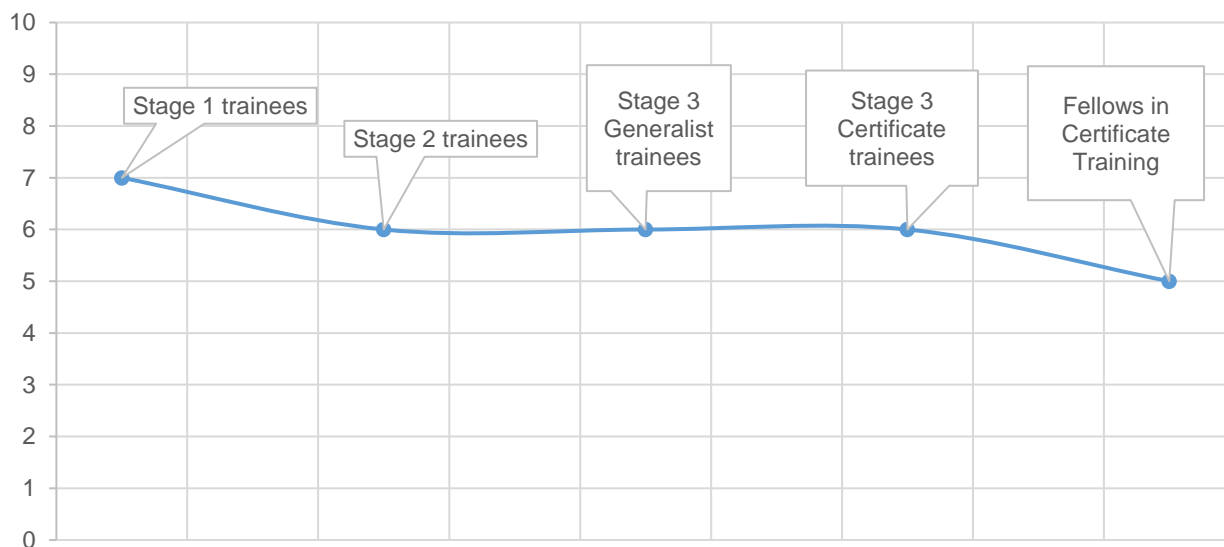
Question 5

Based on your description above, how would you rate the burden of assessment that you have experienced while supporting trainees in each stage of training?

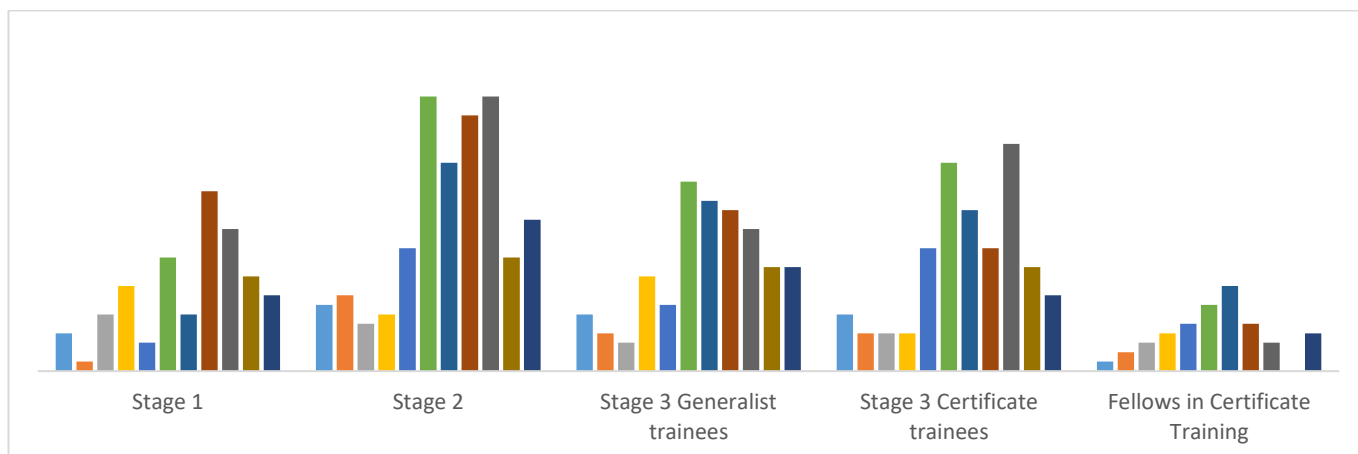
Rate the burden of assessment from 0 (no burden) to 10 (heavy burden)

Rating from 0 to 10, required, only presenting trainees identified in question 2.

Median burden of assessment imposed on supervisors in each stage of training



Rating distribution per stage



	0	1	2	3	4	5	6	7	8	9	10
Stage 1	4	1	6	9	3	12	6	19	15	10	8
Stage 2	7	8	5	6	13	29	22	27	29	12	16
Stage 3 Generalist trainees	6	4	3	10	7	20	18	17	15	11	11
Stage 3 Certificate trainees	6	4	4	4	13	22	17	13	24	11	8
Fellows in Certificate Training	1	2	3	4	5	7	9	5	3	0	4

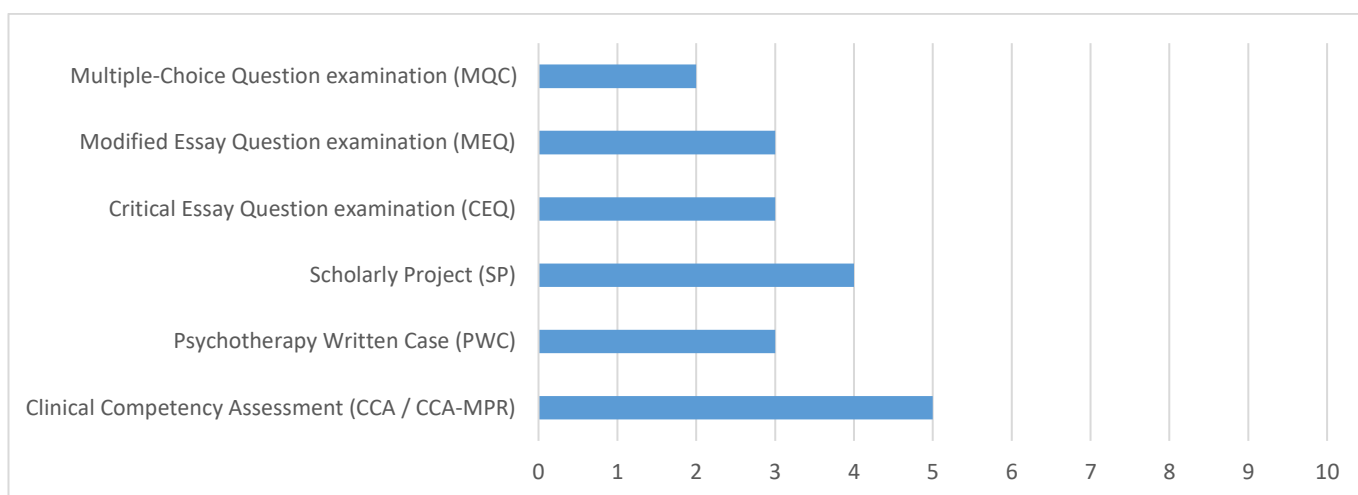
Question 6

Rate the burden of assessment that you experience when supporting trainees prepare for each of these College-administered assessments.

Rate the burden of assessment from 0 (no burden) to 10 (heavy burden).

Rating from 0 to 10, required.

Median burden imposed on supervisors supporting trainees prepare for assessment



Supervisors report the highest burden was imposed while supporting trainees to prepare for the Clinical Competency Assessment, while trainees report this assessment contributes the least to their burden of assessment.

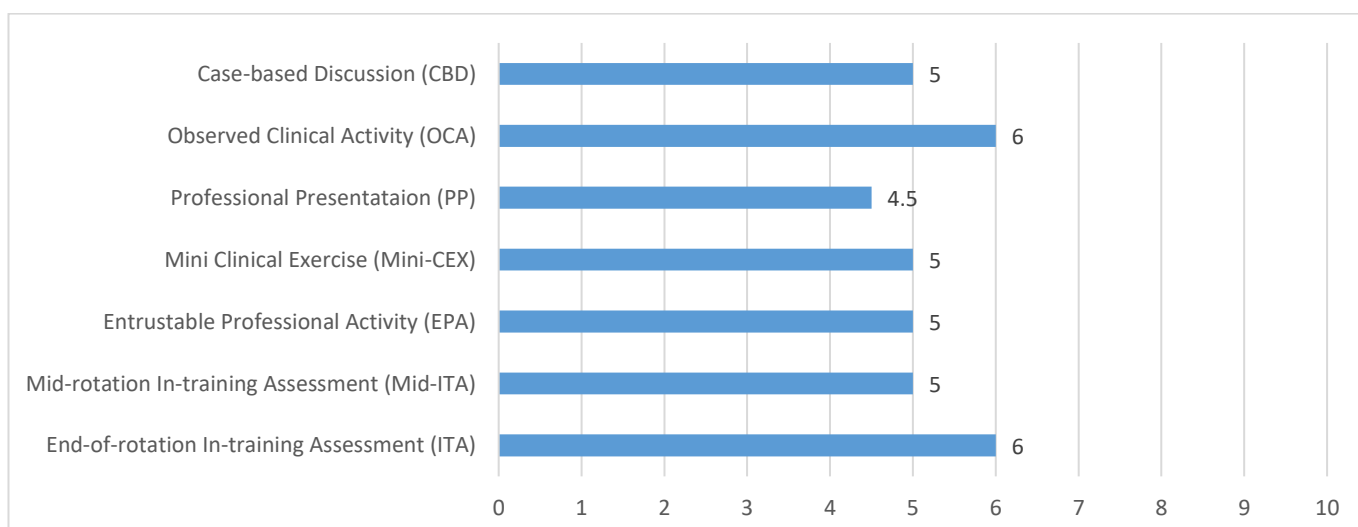
Question 7

Rate the burden of assessment that you experience in facilitating and conducting each of these Workplace-based Assessments.

Rate the burden of assessment from 0 (no burden) to 10 (heavy burden).

Rating from 0 to 10, required.

Median burden imposed on supervisors facilitating and conducting assessments

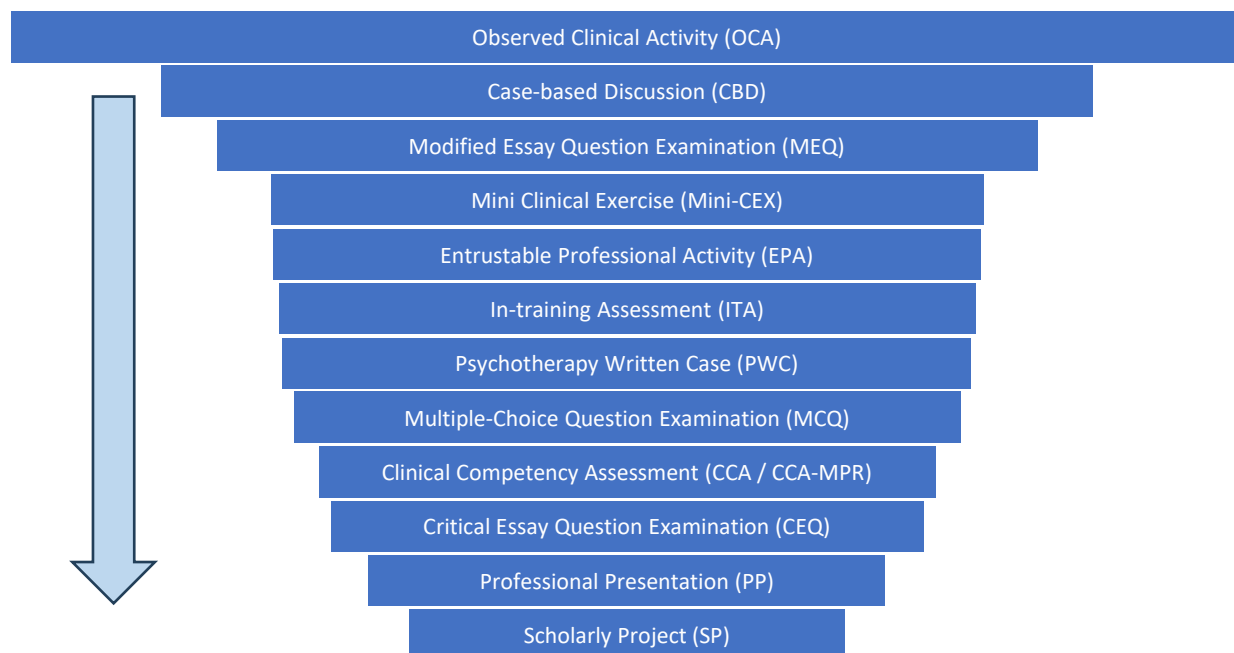


Question 8

From your perspective as a supervisor, which assessments contribute the most to a trainee's development as a psychiatrist?

Drag each assessment stripe to the right-hand box, with the most valuable at the top and the least valuable at the bottom.

Ranking, required.



Assessment	Score ⁴	Avg Rank
Observed Clinical Activity (OCA)	10.28	2.38
Case-based Discussion (CBD)	7.77	4.60
In-training Assessment (ITA)	6.84	5.37
Mini Clinical Exercise (Mini-CEX)	5.94	6.21
Entrustable Professional Activity (EPA)	5.90	6.17
Modified Essay Question Examination (MEQ)	5.81	6.36
Multiple-Choice Question Examination (MCQ)	5.74	6.57
Psychotherapy Written Case (PWC)	5.56	6.51
Clinical Competency Assessment (CCA / CCA-MPR)	5.14	7.00
Professional Presentation (PP)	4.94	7.31
Critical Essay Question Examination (CEQ)	4.31	7.95
Scholarly Project (SP)	3.63	8.63

Both trainees and supervisors ranked the Observed Clinical Activity as the most valuable assessment, and the Scholarly Project as the least valuable.

⁴ The score is calculated as the sum of the weight of each ranked position, multiplied by the response count for the position choice, divided by the total contributions. Weights are inverse to ranked positions.

Question 9

Would you like to comment on the burden of assessment imposed on supervisors in the RANZCP Fellowship Program?

This question is optional. We would appreciate your honest feedback on the training program.

Free text, optional.

Statement	References
Workload and administration burden	106
Structural issues in the assessment framework	68
Concerns about training quality and patient care	57
Role conflict and emotional strain	39
Lack of College/Service support	35
Impact on supervisor wellbeing	19
Positive or neutral perspectives	16

Supervisors in the RANZCP Fellowship Program have raised significant concerns about the assessment burden associated with their role. These concerns relate to three key themes: workload and administrative burden, structural issues in the assessment framework, and the impact on training quality and patient care. While some feedback reflects positive or neutral perspectives, the overwhelming majority highlights the substantial stress placed on supervisors due to the demands of the assessment process.

Workload and administration burden (106 comments)

A predominant concern among supervisors is the substantial administrative workload associated with trainee assessments. Many supervisors report feeling overwhelmed by the time-consuming nature of completing assessment forms, managing multiple competency requirements (e.g., EPAs, ITAs), and ensuring compliance with the RANZCP's standards.

Supervisors are particularly critical of the repetitiveness and perceived limited effectiveness of these assessments, which they believe detract from more meaningful teaching and mentoring opportunities. The increased documentation and record-keeping requirements further constrain the time available for direct supervision and trainee development. As a result, supervisors feel that their primary role as educators and mentors is compromised by administrative demands.

"In the pursuit of a competency-based program we are now drowning in bureaucracy because of all of the forms. This is before the conflict arises around coach, mentor and line manager and examiner."

"It's incredibly challenging to effectively balance the clinical workload and supervisory responsibilities within a fellowship program. Assessments are frequently required, and finding sufficient time to ensure the quality of these assessments and feedback remains a persistent obstacle."

"The burden on supervisors is increasing. This coincides with increased administrative burden associated with Royal Commission, Reform, Community Expectations, Complaints and poor resourcing as well as major workforce challenges."

"It is an unreasonable burden on consultant psychiatrists to be the examiner, teacher, mentor and work supervisor while trying to manage a heavy clinical load. Manageable with high-performing trainees but untenable with struggling trainees."

Filling out the forms associated with the WBAs and EPAs is probably the most onerous part for me, and just feels like a bunch of hurdles that they jump through rather than being particularly meaningful."

Structural issues in the assessment framework (68 comments)

Many supervisors identified structural issues within the current assessment framework as a significant source of stress. In particular, the shift away from traditional external clinical examinations toward locally administered assessments has been a point of contention. Supervisors report that this change places an unrealistic expectation on them to act as both educators and assessors, creating a conflict of roles. The fear of damaging relationships with trainees when providing critical feedback or failing them further exacerbates this conflict. This tension makes it challenging for supervisors to balance their responsibilities as mentors while upholding assessment standards.

Additionally, concerns were raised about the lack of consistency and reliability in the assessment process. Without clear guidelines or adequate training, many supervisors feel ill-equipped to navigate complex assessment tasks, making it challenging to evaluate trainee performance effectively.

"Turning supervisors into assessors of summative assessments has added a significant psychological burden due to creating a new conflict of interest between mentorship/teaching/support and assessment. This has been especially notable with the creating of the CCA which has led to trainees becoming increasingly concerned about the 'grades' given on ITAs and OCAs and increasing pressure to inaccurately mark assessments due to a trainee's insistence. I am aware of recent examples of trainees accusing supervisors of bullying in situations when trainees have been unhappy with ITAs/OCAs marked as 'almost always meets the standard' because they are convinced this will result in a failed CCA. This creates a large amount of undue stress on supervisors."

"There need to be independently assessed clinical exams to ensure trainees are performing satisfactorily. Placing the burden on supervisors to do so creates an imbalance of training experience. Those supervisors who are more invested will have greater burden placed on them and vice-versa. Work-based assessments are only a good indicator of performance if all supervisors approach them with the same rigour, which is unlikely to be the case."

"Please, please, please reinstate clinical barrier examinations. The OSCE and/or the OCI that pre-dated even my training. It is essential that trainees' clinical ability is assessed by people other than their supervisors. There is enormous variation in the quality of supervisors and supervision, and huge pressure on supervisors to pass trainees. If you rely on EPAs and ITAs, there is an extremely, intolerably high risk of trainees becoming consultants without the requisite skills to safely practice."

"It is not reasonable to expect the supervisor to be judge, jury and executioner. We need to go back to external objective clinical and knowledge exams, and let supervisors do their best to impart knowledge, skills, ethics, enthusiasm and hope – rather than being seen as another barrier for the trainees to hurdle."

Concerns about training quality and patient care (57 comments)

Supervisors expressed deep concern about the negative impact of the assessment burden on both training quality and patient care. The increasing number of assessments reduces the time available for direct teaching, reflection, and clinical supervision. As a result, administrative tasks often take precedence over meaningful educational interaction.

Furthermore, supervisors warned that the emphasis on assessments may foster a tick-box mentality rather than encouraging deep learning and professional development. This mechanistic approach may fail to promote the critical skills required to develop competent and compassionate psychiatrists.

"Supervisors have become burdened with the task of 'examining' trainees since the College changed the exam requirements... most supervisors tend to pass incompetent trainees because it's more difficult to fail them. The College needs to reduce the burden on supervisors... The quality of trainees that have passed fellowship in recent years has significantly dropped. Supervisors are not getting paid to do the job of examiners!"

"It is untenable... the whole training experience is unbelievably bureaucratic, ineffective, not evidence-based and leads to psychiatrists seeing the College as a useless body... The loss of the external OSCEs was the final straw... there are now a number of psychiatrists who have qualified who never would have got through (the first time) and are much the worse psychiatrists for it."

"This mechanistic approach to assessment may inadvertently neglect the importance of developing compassionate psychiatrists who possess the interpersonal and reflective skills needed in patient care."

Role conflict and emotional strain (39 comments)

The dual responsibility of being both an educator and an assessor places considerable emotional strain on supervisors, particularly when trainees are struggling. Many supervisors highlighted the difficulty of failing a trainee, noting that it can lead to a breakdown in the supervisory relationship and is often a highly emotional experience.

This emotional burden is further compounded by concerns about the potential impact on a trainee's future prospects. The stress of balancing supportive mentorship with the need for objective assessment creates ongoing tension, making the supervisory role increasingly challenging.

"Fulfilling the dual role of supervisor and RANZCP examiner is fraught. The process of identifying, supporting, and in some cases failing registrars is extremely difficult for all involved. In my mind, it is not fair for a trainee's progression to almost solely be in the hands of their supervisor, nor appropriate for the onus to be on their supervisor to be in a conflicted position of supporting and potentially failing them."

"As noted previously: I am not happy with the trend for supervisors to be increasingly placed into a double-bind with trainees, whereby they are at once trying to play the role of a supportive mentor figure while also increasingly relied on to play the role of the hard inflexible college assessor who holds the progression of the trainee in their hands. [...] This is what comes to mind when I think of the 'burden of assessment'."

"Giving feedback to a registrar that is not favourable is challenging. Working with that registrar after the feedback can be incredibly hard if the registrar has limited reflective capacity. There can be fears that the registrar will complain, resulting in a lack of feedback given (some consultants choose the easiest option with the least possible conflict)."

Lack of College/Service support (35 comments)

A consistent theme among responses was the perception of inadequate support from both the College and the services where trainees are placed. Supervisors reported that institutional support for their role is lacking, with little recognition or compensation for the significant time required to complete assessments.

Additionally, many supervisors expressed frustration over the lack of clear guidance and resources from the College on how to effectively manage assessment tasks. The absence of structured support leaves supervisors feeling isolated in their roles, further exacerbating the challenges they face in balancing educational and administrative responsibilities.

"The College seems to have a hands-off approach in negotiating with government around staffing requirements that include consideration of the burden of assessment."

"College need to publish clear guidelines in managing non-performing registrars and their consistent application across various services."

"It's too great and there is no practical support from the College to speak of."

"Need for responsiveness regarding InTrain & training support at RANZCP including timely responses."

"I suspect that without better recognition of the burden borne by supervisors, and probably some form of remuneration too, it will become increasingly difficult to find psychiatrists willing to take on this extra work—no matter how well-intentioned they might be."

"Perhaps a more formal structure through the College to support these assessments could be implemented?"