

Executive Summary 2009

Royal Australian and New Zealand College of Psychiatrists

An Australian Medical Council (AMC) Team assessed the education, training and professional development programs of the Royal Australian and New Zealand College of Psychiatrists during 2005 as part of the AMC's ongoing cycle of assessment of specialist/vocational medical training.

The 2005 assessment resulted in a decision by the AMC to grant accreditation to the education and training program and the continuing professional development programs of the Royal Australian and New Zealand College of Psychiatrists for a limited period, until June 2009. Conditions were placed on the accreditation relating to reports to the AMC on progress in addressing the recommendations made in the AMC Accreditation Report.

The AMC resolved that before the expiry of this period of accreditation and at a time suitable to the College, it would review its progress in relation to the key issues raised in the Accreditation Report with a view to extending the period of accreditation to the maximum period of six years.

An AMC Team completed the review of the College's progress in May 2009.

This Executive Summary provides a short summary of the 2009 Team's main findings. It also lists the commendations and recommendations made by the 2009 Team and included in the body of the report.

The 2009 Team observed that the College had made considerable progress in responding the recommendations of the 2005 assessment, although in some key areas implementation of new policies and structures was still in an early stage.

In 2005, the AMC found that the momentous change created by the implementation of the College's new training and assessment regulations had caused problems for trainees, supervisors and for the College. The College have given considerable attention to expanding the range of communication strategies it employs, both with external stakeholders, and with trainees and supervisors. Nevertheless some concerns remain for trainees about the communication particularly concerning changes to training and assessment regulations.

New committee structures are being implemented; these appear able to enhance internal communication. The College has made progress towards incorporating trainees at all level of College governance, although there are still issues to be resolved. These include the level of support for the new College committee, the Registrars Representative Committee, the engagement of the wider body of trainees, the trainees who are associated with the external organisation, the Australian and New Zealand Association of Psychiatrists in Training.

The structure and duration of the psychiatry training program have not changed since 2005 but significant changes are being planned. The Australian Government Department of Health and Ageing has invited the College to participate in a Curriculum Improvement Project, which provides funding over five years to develop an outcome-based curriculum with specified competencies and appropriate assessments. This may entail a major change to the accredited training program, and the AMC will require detailed information about the changes in annual reports.

There continue to be difficulties in trainees' access to low-acuity, high prevalence conditions such as anxiety disorders, mild to moderate depressive disorders and other conditions not seen in the public system in Australia. The College has extended the range of positions and the experience available, in particular using the Council of Australian Government's Expanded Specialist Training Program. Continued development in this area will be required.

The trainees' structured educational activities are principally provided through a formal education course, which may be provided by an educational institution, organisation or an approved training program. Concerns raised in 2005 about variations in cost and quality, and misalignment with the timelines of the training program and learning objectives have been difficult to resolve. The College indicated a longer term plan to develop a bi-national, in-house program for the formal education course and this would be welcomed by trainees. Negotiation with other colleges and universities about a contribution to components of such a course might facilitate this plan.

In 2005, the AMC recommended that the College instigate an academic track for trainees, to address the discipline's academic future. This is yet to be addressed.

Major changes have occurred in the support the College makes available to overseas-trained psychiatrists seeking recognition to practise in Australia and New Zealand. Developments such as the separate examination for exemption candidates and the Overseas Trained Psychiatrists Committee have been a success.

In the area of trainee assessment, assessment and examination processes for basic psychiatry training, which were relatively new in 2005, are now well established. There have been some additional and welcome modifications since then including: the introduction of criterion-referenced standard setting for written and clinical summative assessments; permitting trainees to undertake the written examination at any time during basic training; improvements to the structured feedback for candidates after the written and clinical examination.

The College has commenced two external reviews of the College examinations, and these are applauded. The AMC will expect the College to report on the outcome of the external consultant reviews of the examinations and the subsequent changes to the assessment process.

The College recognises the need to match assessment to the curriculum, but the process so far is incomplete. The Curriculum Improvement Project, combined with the review of the assessment, should result in more rigorous blueprinting. Progress on formal and structured blueprinting should be reported by 2010.

In 2005, the AMC reported on the need for clear policies with regard to bullying and for the review of the College's complaints process. Much work has been done in this area. There remain concerns about the appropriateness of College policies for some situations, and the College could strengthen the independence of the parties considering trainee concerns.

The College has an intention to focus on evaluation. It has additional staff and a new Committee on External Liaison and Reporting to support this plan. There needs to be a strong process methodology to ensure that evaluation activities are prioritised and related to program improvement.

The College has developed a system for tracking data on individual trainees. There is still work to do on the aggregation and examination of data to provide comprehensive descriptive reports to inform program development and workforce planning.

The College is reviewing its Continuing Professional Development Program. It is encouraged to develop strategies to increase participation in CPD and reporting of participation rates.

The College has developed a specialist refresher program for psychiatrists returning to practice following a break. Currently the uptake of the program is poor, and the College is encouraged to promote what appears to be a very good initiative.

2009 commendations and recommendations

Commendations:

- A The ongoing process to consolidate and improve the board and committee structure and the resulting improvement in communication within the College.
- B The inclusion of trainees on many committees and boards.
- C The evolution of the Fellowship Board into the Fellowship Attainment Committee under the Board of Education, and the removal of discretionary decisions on fellowship and of delays in the award of fellowship between General Council meetings.
- D The Curriculum Improvement Project and the negotiation with the Australian Government to provide substantial funding for the project.
- E The changes to the training requirements that would facilitate the completion of all training requirements and assessments in the minimum time, with the proviso that College ensure that trainees currently in training are not disadvantaged.
- F The establishment of the education governance structure. The College is encouraged to continue to ensure that there is effective sharing of information across all the committees within the education portfolio.
- G The development of the exemption candidates' examination and the commitment by the Committee for Specialist International Medical Graduate Education to even better outcomes for this group of candidates.
- H The development and implementation of a system of feedback to trainees about their performance in summative assessments.
- I Progress since 2005 in implementing rigorous analysis of examination performance and criterion-referenced standard setting.
- J The College's focus on and attempts to increase recruitment into psychiatry training.
- K The sound progress made on in the development of policy concerning bullying and the review of the complaints process.

- L The College's increased support of trainees and their representation, in the form of the Registrar Representative Committee.
- M The College's development of online tracking of training component completion, and intention to move towards online training assessment and reporting.
- N The College's efforts to improve trainee education about safety in the workplace.
- O In collaboration with employers and health departments, the College's efforts to expand the number of accredited training places offering an appropriate range of high quality training.
- P The sound processes for training supervisors.
- Q The instigation of the new mentoring initiative which has excellent potential.
- R The College's initiatives to improve feedback about supervisor performance.
- S The College's intention to focus on evaluation, and the evidence of this commitment through the deployment of additional staff resources and the establishment of the Committee on External Liaison and Reporting.
- T The development of a database for tracking data on individual trainees.
- U The achievements of the College and the Committee for Specialist International Medical Graduate Education in supporting the professional and educational needs of International Specialist Psychiatrists.
- V The enthusiasm and engagement of the members of OTP Committee and the College's changes to expand the category of affiliate.
- W The specialist refresher program for psychiatrists returning to practice. The College is encouraged to promote what appears to be a very good initiative.

Recommendations:

That the RANZCP:

- 1 *Continue to work towards full engagement of trainees and overseas-trained psychiatrists in the governance structures of the College.*
- 2 *Continue to promote ongoing dialogue with health service providers in Australia and New Zealand in relation to workforce training and development to meet the educational objectives of the College and the workforce priorities of health service providers.*
- 3 *In annual reports to the AMC, report on the outcome and development of basic training and of the advanced training programs, including College mechanisms to encourage links between the advanced training programs.*

- 4 *Review the formal education courses and seek better alignment of requirements, quality and costs between the various jurisdictions.*
- 5 *Develop a syllabus for a bi-national formal education program appropriately aligned to the curriculum and assessment and, where appropriate, negotiate with third party providers to provide this education program.*
- 6 *Proceed with the development of an academic track for trainees with appropriate potential and commitment.*
- 7 *Actively progress recognition of prior learning and policies that will facilitate streamlined progression through advanced training.*
- 8 *Include in the Curriculum Improvement Project careful, continuing and repeated communication with fellows, directors of training, supervisors, trainees, and health services.*
- 9 *Continue to develop more effective communication with trainees, exemption candidates, supervisors and fellows about assessment development, implementation and standards. This should include comprehensive web-based information.*
- 10 *In annual reports to the AMC, report on:*
 - *progress in achieving formal alignment of objectives, training and assessment. This information should be provided in the 2010 annual report, with specific attention to blueprinting of assessments, and improved access to training opportunities in common and low acuity psychiatric conditions for Australian trainees;*
 - *outcomes of the external review of the assessment processes and any changes to assessment as a result;*
 - *further development and implementation of procedures for management and remediation of poorly performing trainees;*
 - *how the College is addressing the low overall pass rate for summative assessment, with attention to how the expected standard in basic training is applied.*
- 11 *Develop and implement criteria for satisfactory completion of mandatory training experiences and effective supervisor training about these as a matter of priority.*
- 12 *Actively consider reducing the burden of formative and summative assessment and assessment of mandatory experience.*
- 13 *As a priority, investigate further the reasons that trainees do not complete in the minimum time and identify in greater depth reasons for this and possible strategies to address them.*
- 14 *Consider changes to the OCI requirement such as making it a formative hurdle conducted locally.*

- 15 *Further develop mechanisms for trainee performance information to be communicated between supervisors.*
- 16 *Review and report to the AMC on the outcome of the move to selection of basic trainees in PGY2, including any increase in the level of supervision required.*
- 17 *Implement a policy for retrospective accreditation which favours the cohort of trainees in transition, applying the 'no disadvantage' principle to affected trainees and ensuring that AMC standard 6.1.3, which requires that trainee feedback is specifically sought on proposed changes to the training program to ensure that existing trainees are not unfairly disadvantaged by such changes, is met. In practical terms, the Team recommends that the enforcement of the regulations relating to the regularisation of advanced training, in their full expression commence for intakes from 2010.*
- 18 *Report in annual reports to the AMC on recruitment into basic training in New Zealand.*
- 19 *Foster a clear and functional working relationship with trainee representative bodies that will clarify consultation and communication processes with the wider trainee body.*
- 20 *Review its current processes for handling complaints, and strengthen the independence of parties assessing these complaints, including the possible appointment of a Dean of Trainees or similar independent trainee advocate.*
- 21 *In relation to its processes for accreditation and quality assurance of training:*
 - *report in annual reports to the AMC on the review and development of accreditation standards and procedures;*
 - *continue to develop quality assurance processes for training programs which enhance appropriate feedback to trainees, supervisors, directors of training and the College.*
- 22 *In relation to the accreditation of formal education courses:*
 - *report in the 2010 annual reports to the AMC on the outcomes of the next accreditation round;*
 - *further develop processes to review the quality and standard of formal education courses bi-nationally, to improve the alignment of their content with the requirements of the psychiatry training program.*
- 23 *Be proactive in its relationship with health care facilities that provide training, including those identified under the Expanded Specialist Training Program, to promote and sustain training independent of short term funding initiatives.*
- 24 *Through the Committee for Training and Board of Education, clarify and make explicit the processes in place to manage conflict of interest between director of training roles in trainee welfare and the individual's role in service provision. Promulgate these processes to directors of training, trainees and training institutions.*

- 25 *Further develop supports for directors of training, including through the website, strengthen its orientation of new directors of training and further develop the directors and supervisor workshops.*
- 26 *Invest further in its data collection mechanisms, specifically:*
- *plans for a regular educational activities report that is made widely and publicly available*
 - *enhance the level of detail in its data collection on trainees, including for example the number of part-time trainees and breaks in training, location of trainees, progression through assessments*
 - *enhance its capacity to produce reports on these data.*
- 27 *Adopt a strong process methodology to ensure that evaluation activities are prioritised and related to program improvement*
- 28 *Pursue the development of a systematic framework for program evaluation, with a particular focus on the use of evaluation information for program improvement.*
- 29 *Report in annual reports to the AMC on new policies and procedures developed by the Committee for Specialist International Medical Graduate Education concerning exemption categories.*
- 30 *Further develop strategies to increase participation in continuing professional development programs and reporting of participation.*
- 31 *Report in annual reports to the AMC on:*
- *the implementation and evaluation of the new CPD Program*
 - *developments concerning a remediation program for under-performing fellows.*

Accreditation recommendation

When the AMC accredited the College in 2005, it gave accreditation for a limited period.

The AMC's accreditation procedures provide that, at the conclusion of the limited period of accreditation, the AMC conducts a follow-up review concentrating on the recommendations made in the previous AMC accreditation to consider extending the accreditation to the maximum possible period of six years. Should the accreditation be extended to six years, before the accreditation ends, the AMC seeks a comprehensive progress report. Subject to a satisfactory report, the AMC may grant a further period of accreditation, up to four years, before a new accreditation assessment.

The Specialist Education Accreditation Committee recommends:

- (i) That the AMC grant accreditation of the education and training programs and the continuing professional development programs of the Royal Australian and New Zealand College of Psychiatrists to December 2011, subject to satisfactory annual reports to the AMC addressing the recommendations in the Accreditation Report.

- (ii) That, in keeping with AMC policy concerning the assessment of proposed major changes to accredited training programs, the College provide detailed reports on the progress of the Curriculum Improvement Project.
- (iii) That in July 2011 the College provide a comprehensive report on the key issues raised in the AMC Accreditation Report, which will be the basis for the AMC to determine whether the period of accreditation should be extended further. The Team recommends that the AMC assessment of this report include discussions between the AMC and relevant College staff, office bearers and committees.