Accreditation Report: The 2012 Fellowship Program of the Royal Australian and New Zealand College of Psychiatrists

Specialist Education Accreditation Committee
August 2014
Executive summary: Royal Australian and New Zealand College of Psychiatrists

The document, *Procedures for Assessment and Accreditation of Specialist Medical Education Programs and Professional Development Programs by the Australian Medical Council 2013*, describes Australian Medical Council (AMC) requirements for accrediting specialist programs and their education providers. This document outlines how education providers seek AMC review of major changes to specialist medical programs which require reaccreditation of the program.

The Royal Australian and New Zealand College of Psychiatrists is introducing a new Competency Based Fellowship Program, known as the 2012 Fellowship Program, over the period 2012 to 2015. This is a redevelopment of the College’s existing five-year Fellowship training program, which the AMC judged to meet the criteria to be considered a major change that would require accreditation of the whole program. The 2012 Fellowship Program consists of three stages: Stage 1 basic, Stage 2 proficient and Stage 3 advanced. Within the three stages training occurs in six-month rotations, enabling trainees to obtain clinical and educational experiences in a number of mandatory and elective areas of psychiatric practice. Trainees acquire competency in multiple areas of practice, but also have the opportunity to extend competencies in single areas of practice to achieve a specialty certificate as well as fellowship.

The existing 2003 Fellowship Program is being phased out, with the majority of all basic trainees expected to transition to the new program by the end of 2016.

An AMC team reviewed the College’s submission and completed an assessment of the new program plans in August 2012. The November 2011 meeting of AMC Directors had completed an assessment of the 2003 Fellowship Program and found that the program met the approved accreditation standards. On the basis of the team’s preliminary report on the assessment of the plans for the 2012 Fellowship Program, and the findings of the 2011 AMC assessment of the College’s existing Fellowship program, the December 2012 meeting of AMC Directors accredited the introduction of the 2012 Fellowship Program.

This report presents the findings on the 2012 Fellowship Program against the *Standards for Assessment and Accreditation of Specialist Medical Education Programs and Professional Development Programs by the Australian Medical Council 2010*. This full report on the assessment of the program was considered by the May 2014 meeting of the AMC Specialist Education Accreditation Committee. The Committee considered the draft report and made recommendations on accreditation to the August 2014 meeting of AMC Directors in accordance with the options described in the AMC accreditation procedures.

Decision on accreditation

Under the *Health Practitioner Regulation National Law*, the AMC may grant accreditation if it is reasonably satisfied that a program of study and the education provider that provides it meet an approved accreditation standard. It may also grant accreditation if it is reasonably satisfied that the provider and the program of study substantially meet an approved accreditation standard, and the imposition of conditions on the approval will ensure the program meets the standard within a reasonable time. Having made a decision, the AMC
reports its accreditation decision to the Medical Board of Australia to enable the Board to make a decision on the approval of the program of study for registration purposes.

The accreditation options for a major change to an established program of study are:

(i) Accreditation for a period up to one year after the full new program has been implemented depending on satisfactory progress reports. In the year the accreditation ends, the medical education provider will be required to submit a comprehensive progress report for extension to the accreditation. Subject to a satisfactory report, the AMC may grant a further period of accreditation, up to the maximum possible period, before a new accreditation assessment.

Accreditation may be subject to the medical education provider addressing certain conditions within a specified period. The conditions may include a requirement for follow-up assessments to review progress in implementing the program.

(ii) Accreditation of the new program will be refused where the medical education provider has not satisfied the AMC that it can implement and deliver the complete specialist medical program at a level consistent with the accreditation standards. The AMC will give the medical education provider written notice of the decision and its reasons, and the procedures available for review of the decision within the AMC.

The AMC is reasonably satisfied that the College’s 2012 Fellowship Program meets the approved accreditation standards. This accreditation decision relates to the College’s programs of study and continuing professional development program in the recognised medical specialty of psychiatry.

In August 2014, AMC Directors resolved to:

(i) Confirm the accreditation of the major change to the Royal Australian and New Zealand College of Psychiatrists’ training program, including the introduction of the 2012 Fellowship Program.

(ii) Extend the accreditation of the 2003 Fellowship Program to 31 March 2018 subject to the submission of satisfactory progress report to the Specialist Education Accreditation Committee in 2016 on the teach-out phase of the program.

(iii) Extend the accreditation of the 2012 Fellowship Program to 31 March 2018 subject to satisfactory progress reports to the AMC.

(iv) That this accreditation is subject to the conditions set out below:

(a) By the 2015 progress report, evidence that the College has addressed the following conditions from the accreditation report:

1 Complete the documentation describing the full curriculum for all three stages of the 2012 Fellowship Program. (Standard 3.1)

2 Provide evidence of review of the graduate outcomes and competencies for the 2012 Fellowship program in relation to community need for specialist psychiatrists to manage high prevalence mental health conditions, and evidence of how the learning outcomes, the curriculum and the assessment have been aligned to ensure that the identified need is addressed. (Standard 2.2 and Standard 3.2)
3 Allow trainees to choose any available Formal Education Course to satisfy the completion requirements rather than mandating completion of the local Formal Education Course. (Standard 4.1.2)

4 Complete the phasing out of the Objective Clinical Interview as proposed, and report on communication with trainees about the revised assessment requirements. (Standard 5.1)

5 Review the College Appeals Process and associated policies to ensure that the College has mechanisms to consider whether individual trainees may be disadvantaged by the move to set the major summative assessment standard at Junior Consultant level. (Standard 5.1)

11 Provide evidence that the College’s planned approach to managing the transition of trainees from the 2003 Fellowship program to the 2012 Fellowship Program is implemented and has flexibility to address exceptional circumstances. (Standard 7.3)

12 Implement mechanisms that result in regular trainee feedback on the performance of Directors of Training and their supervisors. (Standard 8.1)

14 Complete the mapping of the 2012 Fellowship Program regulations to training standards and implement any changes required to accreditation standards. (Standard 8.2)

(b) By the 2016 progress report, evidence that the College has addressed the following conditions from the accreditation report:

8 Develop and implement the plans for ongoing evaluation and monitoring of elements of the 2012 Fellowship Program. (Standard 6.1)

10 In view of the increasing number of applicants for psychiatry training, review the selection process to increase its robustness and transparency. (Standard 7.1)

13 Develop resources to support Directors of Training in their role, particularly in dealing with the underperforming trainee. (Standard 8.1)

(c) By the 2017 progress report, evidence that the College has addressed the following conditions from the accreditation report:

6 Implement mechanisms to identify, review and address possible systemic and/or site-specific reasons for trainees failing to complete the requirements of the Psychotherapy Written Case and the Scholarly Project in a timely manner. (Standard 5.1)

7 Evaluate if the formative and summative assessments facilitate performance feedback to supervisors and trainees to guide effective learning, with particular attention to the regular required In-Training Assessments. (Standard 5.2)

9 Provide the results of outcome evaluations. (Standard 6.2)

Overview of findings
The findings against the nine accreditation standards are summarised below. Only those substandards which are not met or substantially met are listed under each overall finding.
1. The Context of Education and Training (governance, program management, educational expertise and exchange, interaction with the health sector and continuous renewal) | This group of standards is MET

**Commendations**

A  The planning and implementation of the reform of the College governance and organisational structure since the 2009 AMC accreditation assessment.

B  The College’s use of educational expertise in curriculum review and the development of the 2012 Fellowship Program.

C  The continued development of the Community Collaboration Committee and other opportunities for community, consumer and carer engagement in the training, assessment and accreditation of psychiatrists, mental health policy direction and to the internal operation of the RANZCP through membership of committees.

**Recommendations for improvement**

AA  Include community members on local level committees such as those which deal with trainee selection, Specialist Training Program post selection, where the processes could benefit from the input of representatives of local service users. (Standard 1.1)

2. The Outcomes of the Training Program (purpose of the training organisation and graduate outcomes) | This group of standards is MET

**Commendations**

D  The clear articulation of the College’s organisational purpose and the learning outcomes for the 2012 Fellowship Program.

E  The way in which the College has adapted the CanMEDS framework to describe the roles of the specialist psychiatrist and the domains of the curriculum.

F  The College’s focus on communicating with relevant stakeholder groups regarding the change to the 2012 Fellowship Program.

G  The accessibility of documents regarding the activities of the College to the public, stakeholders, trainees and fellows.

**Recommendations for improvement**

Nil.

3. The Education and Training Program – Curriculum Content (framework; structure, composition and duration; research in the training program and continuum of learning) | This group of standards is MET

Standard 3.1 (curriculum framework) is substantially met. Standard 3.4 (flexible training) is substantially met.
Commendations

H The College’s careful planning and piloting work to develop the 2012 Fellowship Program combined with the investment in time, expertise and resources to support the development.

I The educational rationale for the program change is well described, sound and forward looking.

Recommendations for improvement

BB Develop mechanisms to ensure trainee access to a consistent standard of educational material to address the requirements of the Scholarly Project, such as consistency of coverage through the Formal Education Courses, as well as the provision of education material by the College. (Standard 3.2)

CC Develop a Trainee Handbook with clear information on flexible training and related aspects of the implementation and operation of the 2012 Fellowship Program. (Standard 3.4)

DD Make stronger links between the vocational training program and undergraduate and prevocational medical education. (Standard 3.5)

4. The Training Program – Teaching and Learning

This group of standards is MET

Standard 4.1.2 (practical and theoretical instruction) is substantially met.

Commendations

Nil.

Recommendations for improvement

EE Review within the next three years the appropriateness of having only time-based training requirements for a competency-based program. (Standard 4)

FF Provide more online learning modules to complement the Formal Education Courses and plan in the longer term for the College to provide a Formal Education Course. (Standard 4.1.2)

5. The Curriculum – Assessment of Learning

This group of standards is SUBSTANTIALLY MET

(assessment approach, feedback and performance, assessment quality, assessment of specialists trained overseas)

Standard 5.1 (assessment approach) is substantially met. Standard 5.2 (performance feedback) is substantially met.

Commendations

J The work to improve the assessment regimen, aiming for assessment that aids trainee learning and that is aligned to the curriculum.
K The introduction of formative workplace based assessment including case-based discussions, Mini Clinical Evaluation Exercises, and Observed Clinical Activities, and the summative Entrustable Professional Activities.

Recommendations for improvement

GG Review the amount of summative assessment in the 2012 Fellowship Program, as well as the manner in which it is conducted, as the new approach to assessment signified by the introduction workplace based assessment is embedded. (Standard 5.1)

HH Streamline the submission and management of training administrative requirements, including by implementing plans for online submission of training forms. (Standard 5.1)

II Progress the development and implementation of a process by which psychiatrists practising in New Zealand with full vocational registration may become fellows of the RANZCP without the need for further examination or supervision. (Standard 5.4)

JJ In the context of the development of the 2012 Fellowship Program, report on the College’s review of its approach to assessment of specialist international medical graduates with the aim of simplifying the approach and enhancing flexibility for specialist international medical graduates assessed as substantially comparable or partially comparable. (Standard 5.4)

<table>
<thead>
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<th>6. The Curriculum – Monitoring and Evaluation (monitoring, outcome evaluation)</th>
<th>This group of standards is SUBSTANTIALLY MET</th>
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<td>Standard 6.1 (ongoing monitoring) is substantially met. Standard 6.2 (outcome evaluation) is substantially met.</td>
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Commendations

L The College’s steps to introduce web-based monitoring and evaluation processes, enabling input from all trainees and fellows, and facilitating timely data collection and subsequent change.

Recommendations for improvement

Nil.

<table>
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<th>7. Implementing the Curriculum - Trainees (admission policy and selection, trainee participation in governance of their training, communication with trainees, resolution of training problems, disputes and appeals)</th>
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<td>Standard 7.1 (admission policy and selection) is substantially met. Standard 7.3 (communication with trainees) is substantially met.</td>
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Commendations

M The development and implementation of the Trainee Representative Committee and the involvement of trainees in other College committees.
Recommendations for improvement

KK During the transition, maintain a focus on communication with trainees regarding training program requirements, to ensure clear presentation of what is changing and which trainees are affected by those changes. (Standard 7.3)

| 8. Implementing the Training Program – Delivery of Educational Resources (supervisors, assessors, trainers and mentors; and clinical and other educational resources) | This group of standards is MET |

Standard 8.1 (supervisors, assessors, trainers and mentors) is substantially met. Standard 8.2 (clinical and other educational resources) is substantially met.

Commendations

N The College’s plans for additional support and training sessions for supervisors recognising their enhanced role in facilitating learning and the assessment of competence through the observation of performance in the workplace.

Recommendations for improvement

LL Make explicit the College’s processes for monitoring and addressing the quality of supervision in the 2012 Fellowship Program. (Standard 8.1)

MM Implement enhanced databases to assist Directors of Training and supervisors to keep track of trainees, their rotations and assessments. (Standard 8.1)

NN In risk management plans, address the risk to the breadth of psychiatry training of the possible future diminution or loss of support for the Specialist Training Program. (Standard 8.2)

9. Continuing Professional Development (programs, retraining and remediation) This group of standards is MET

Commendations

O The College’s clear CPD processes which are outlined on the College website.

Conditions to satisfy accreditation standards

Nil.

Recommendations for improvement

Nil.
The accreditation conditions are listed in order of standard in the following table:

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