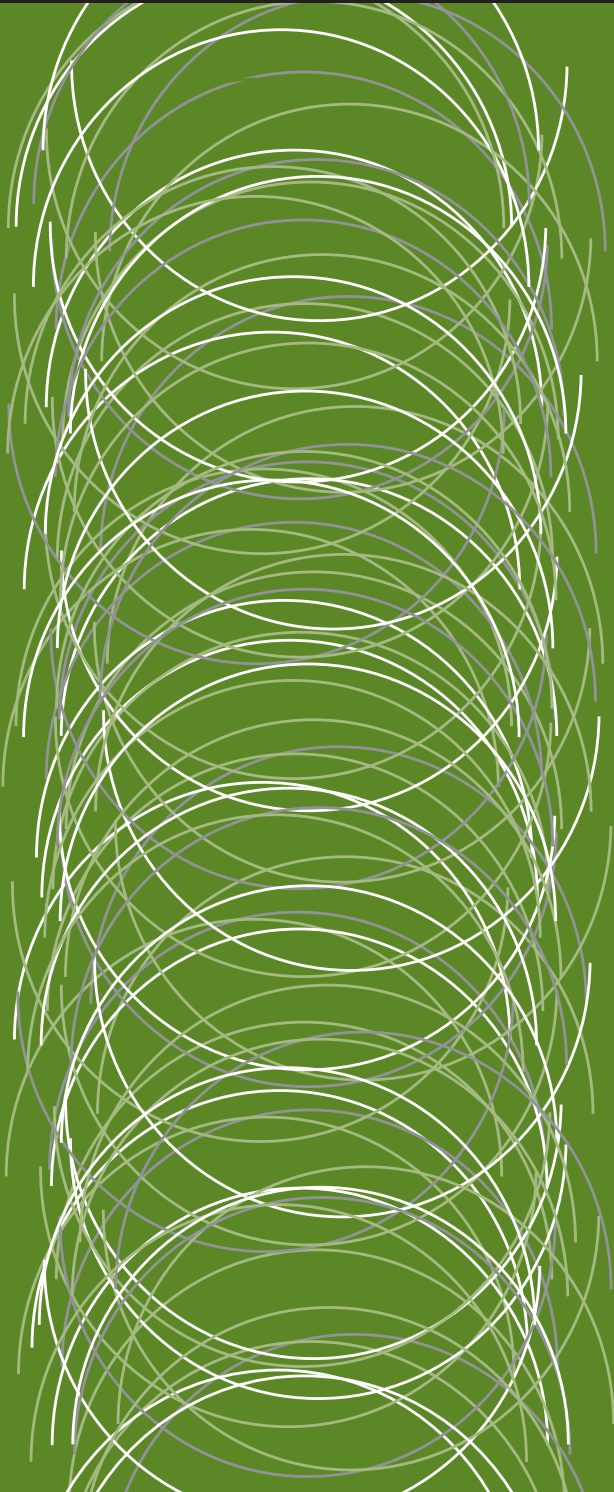


Australian Medical Council Limited

# Accreditation Report: The Education and Training Programs of the Royal Australian and New Zealand College of Psychiatrists

# AMC



Specialist Education Accreditation Committee  
February 2023

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## **Acknowledgement of Country**

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The Australian Medical Council acknowledges the Aboriginal and/or Torres Strait Islander Peoples as the original Australians, and Māori as the original Peoples of Aotearoa New Zealand.

We acknowledge and pay our respects to the Traditional Custodians of all the lands on which we live, and their ongoing connection to the land, water and sky.

We recognise the Elders of all these Nations past, present and emerging, and honour them as the traditional custodians of knowledge for these lands.

## **Executive Summary: Royal Australian and New Zealand College of Psychiatrists**

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The Australian Medical Council (AMC) document, *Procedures for Assessment and Accreditation of Specialist Medical Education Programs and Professional Development Programs by the Australian Medical Council 2022*, describes AMC requirements for reaccreditation of specialist medical programs and their education providers.

The AMC first assessed the Royal Australian and New Zealand College of Psychiatrists' (RANZCP) training program in 2005. The 2005 assessment resulted in accreditation of RANZCP for four years, with a requirement for annual monitoring submissions to the AMC and a follow-up review in 2009. Based on the follow-up review in 2009, the College's accreditation was extended to December 2011.

In 2011, the College submitted their accreditation extension submission. The AMC found that the College met the accreditation standards and accreditation was extended until December 2015. When it submitted its accreditation extension submission in 2011, the College also submitted its plans to introduce a new Competency Based Fellowship Program, which was a redevelopment of the College's existing five-year fellowship training program.

The College was invited to submit plans for the new program for assessment by an AMC team as this change fit within the AMC definition of material change. Based on this assessment, accreditation of the College's existing program and new program was granted until 31 March 2018 subject to annual monitoring submissions to the AMC.

In 2017, the College submitted their accreditation extension submission. The AMC found that the College met the accreditation standards and accreditation was extended by two years until 31 March 2020 with a further three years' extension to be considered upon the submission of satisfactory monitoring submissions in 2018 and 2019.

The College submitted satisfactory monitoring submissions to the AMC in both 2018 and 2019, and based on these, the AMC found that the College met the accreditation standards and extended the College's accreditation for a period of three years, until 31 March 2023.

The team reported to the Monday 13 February 2023 meeting of the Specialist Education Accreditation Committee. The Committee considered the draft report to make recommendations on accreditation to AMC Directors in accordance with the options described in the AMC accreditation procedures.

This report presents the accreditation decision made by the Friday 10 March 2023 meeting of AMC Directors, and the detailed findings against the accreditation standards.

### **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 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 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.

In 2022, the AMC team reviewed a range of College activities and met with College staff, fellows, trainees, and specialist international medical graduates. The following accomplishments and initiatives were of note:

- Education and training are clear priorities for the College, which is supported by a large number of committed fellows who support all facets of the College's responsibilities for specialist medical training, continuing professional development and assessment of specialist international medical graduates.
- The appointment of a trainee director is a positive step towards recognition of the importance of trainees as a key stakeholder group for the College in the successful delivery of its responsibilities for education and training.
- The development of specific curriculum content to respond to the needs of rural communities as part of the Rural Psychiatry Roadmap.
- The commitment of fellows to develop and implement the Alternate Assessment Pathway, enabling the progression of trainees through the training program in the context of the challenges of the COVID-19 pandemic and online delivery of assessments.
- Flexibility and innovation within the accreditation process, which supported the accreditation of a new training program zone for the West Australian rural pathway.

From the 2022 assessment, the AMC team determined a number of areas for the College to focus its attention on, including:

- Implementing clear Aboriginal and Torres Strait Islander and Māori leadership roles for the Aboriginal and Torres Strait Islander Mental Health Committee and Te Kaunihera mo ngā kaupapa Hauora Hinengaro Māori to increase capacity and a clear commitment to the College's remit to embed Aboriginal and Torres Strait Islander and Māori perspectives, including a direct reporting to the Board by these Committees.
- Developing an overarching training program framework across all three stages that brings together the competence-based medical education approach and rationale, education purpose, graduate outcomes, development descriptors, syllabus, and curriculum map, which is aligned with the Assessment Framework currently under development.
- Developing and implementing a syllabus and learning outcomes for Stage 3 of training with appropriate consultation with internal and external stakeholders.
- Continuing the body of work that has begun to improve trainee representation and engagement in governance processes. Strong College leadership is required to demonstrate genuine listening and responsiveness to trainee concerns and valuing of trainees' contributions to the training program and the College more broadly.

### *Findings*

The AMC's finding is that it is reasonably satisfied that the training, education and the continuing professional development programs of the Royal Australian and New Zealand College of Psychiatrists substantially meets the accreditation standards.

The Friday 10 March 2023 meeting of AMC Directors resolved that:

- (i) The Royal Australian and New Zealand College of Psychiatrists' specialist medical programs and continuing professional development programs in the recognised medical specialty of **psychiatry** be granted accreditation for **four years** until **31 March 2027**, subject to AMC

monitoring requirements including monitoring submissions and addressing accreditation conditions set out in the report.

- (ii) The accreditation of the Royal Australian and New Zealand College of Psychiatrists as a CPD Home is subject to the condition identified under Standard 9 in the report and subject to AMC monitoring requirements.
- (iii) This accreditation is subject to the College providing evidence that it has addressed conditions in the specified monitoring submission as set out in the table below.

<b>Standard</b>	<b>Condition</b>	<b>To be met by</b>
Standard 1	1 Undertake and complete the planned external review of governance structures, decision-making and management of conflicts of interests and confidentiality, with relevant consultation, benchmarking mechanisms, implementation, and evaluation. (Standard 1.1)	2025 Review and evaluation by 2023 Implementation by 2024 Evaluation of changes by 2025
	2 To ensure appropriate College governance and transparency, and improve the confidence of the broader group of trainees and their perceptions of the college: (i) Identify methods to systematically monitor consistent application of College policies in branch and national committees and training committees in Australia and Aotearoa New Zealand, respectively. (Standards 1.1 and 6.1) (ii) Review and implement changes to address barriers created by the Deed of Undertaking to ensure a balance between effective governance and confidentiality protection, and engagement of and communication with trainees. (Standards 1.1 and 7.2) (iii) Implement the Binational Trainee Committee and Trainee Advisory Committee with regular evaluation mechanisms to ensure effectiveness of the new governance structure. (Standard 1.1.3) (iv) Ensure regular processes for revising and centrally monitoring conflicts of interest to manage actual or perceived bias in decision-making. (Standard 1.1.6)	2025 Scoping and development of actions for i, ii and iv by 2023 Implementation of iii by 2023 Evaluation of iii by 2024 Implementation by 2024 Evaluation of changes by 2025
	3 Finalise, publish, and implement the revised review, reconsideration and appeals policy with monitoring to ensure that processes are clear and that criteria underpinning decisions are transparent. (Standard 1.3)	2023
	4 Develop and implement a resourcing strategy to demonstrate resources for sustainable delivery of 'best practice' education and training functions and programs, with consideration of the expertise of medical educators, and Aboriginal and/or Torres Strait Islander and Māori culture and health experiences. (Standards 1.4 and 1.5.1)	2024 Scoping and development by 2023 Implementation by 2024
	5 Develop and implement a program of systematic collaboration with relevant internal and external stakeholder groups on:	2025 Scoping and development by 2024

Standard	Condition	To be met by
	<ul style="list-style-type: none"> <li>(i) Key issues relating to the College’s purpose, education, and training functions.</li> <li>(ii) An enhanced leadership role in workforce planning for the specialty to meet the needs of communities in Australia and Aotearoa New Zealand. (Standards 1.4 and 1.6.4)</li> </ul>	Implementation by 2025
6	Develop and implement systematic processes to strengthen the voice of community participation in the co-design of training and education programs and in all levels of governance. (Standards 1.1 and 1.6.4)	2025 Development and consultation by 2024 Implementation by 2025
7	<p>Demonstrate commitment to Aboriginal and Torres Strait Islander and Māori expertise, leadership, health, and culturally safe practice by:</p> <ul style="list-style-type: none"> <li>(i) Involving the Aboriginal and Torres Strait Islander Mental Health Committee and relevant community stakeholders in the development and implementation of the Innovate Reconciliation Action Plan. (Standards 1.1 and 1.6.4)</li> <li>(ii) Establishing relationships with Te Whatu Ora (Health New Zealand) and Te Aka Whai Ora (Māori Health Authority) to address workforce needs and health equity for Māori and the broader community in Aotearoa New Zealand. (Standard 1.6.4)</li> <li>(iii) Embedding cultural safety training for all fellows, trainees, specialist international medical graduates and College staff. (Standard 1.7)</li> </ul>	2025 Scoping, development and consultation by 2024 Implementation by 2025
8	<p>Develop and implement mechanisms to ensure systematic and continuous review of:</p> <ul style="list-style-type: none"> <li>(i) Education and training functions, based on evidence, to meet evolving practice and need, with benchmarking against peer organisations in the sector.</li> <li>(ii) College structures and functions, regulations, policies, and guidelines, with regular evaluation mechanisms for quality assurance and improvement. (Standard 1.7)</li> </ul>	2025 Scoping, development and consultation by 2024 Implementation by 2025
Standard 2	9 Explicitly define the College’s commitment to Aboriginal and/or Torres Strait Islander peoples and Māori health outcomes and perspectives, and community responsibilities in its educational purpose and within key College documents. (Standard 2.1)	2024 Development and consultation by 2023 Implementation by 2024
	10 Ensure program and graduate outcomes acknowledge and address equity in healthcare for Aboriginal and/or Torres Strait peoples and Māori. (Standards 2.2 and 2.3)	2024 2023 development and consultation 2024 implementation
	11 Expand the College’s educational purpose, program outcomes and graduate outcomes to reflect community need for non-acute mental health services across a range of settings. (Standards 2.1, 2.2 and 2.3)	2025 Development and consultation by 2024



Standard	Condition	To be met by
		Implementation and communication by 2025
	<p>12 Ensure that the needs of Aboriginal and Torres Strait Islander and Māori communities for cultural safety are addressed by:</p> <p>(i) Implementing the Takarangi framework across the training, CPD and SIMG assessment programs.</p> <p>(ii) Developing and implementing actions in the Innovate Reconciliation Action Plan that relate to training, CPD and SIMG assessment programs. (Standards 2.1.2, 2.2 and 2.3)</p>	<p>2024</p> <p>Scoping and development by 2023</p> <p>Communication and implementation by 2024</p>
Standard 3	<p>13 Develop and implement an overarching curriculum framework and enhanced mapping aligned with program and graduate outcomes, syllabi, and assessment for all stages of training. This work should include implementation timelines and coordinated with:</p> <p>(i) Completing the planned review of the syllabus in Stage 1 and 2 of training.</p> <p>(ii) Establishing a clear syllabus and curriculum map for Stage 3 of training. (Standards 3.1 and 3.2)</p>	<p>2026</p> <p>Scoping and development by 2024</p> <p>Communication by 2025</p> <p>Implementation by 2026</p>
	<p>14 Review and implement enhanced curriculum content, including explicit learning outcomes and relevant minimum clinical experience to ensure all graduates have capabilities in:</p> <p>(i) Psychotherapy and high prevalence disorders to prepare graduates for non-acute presentations.</p> <p>(ii) Neuroscience, addictions, trauma-informed care, and intellectual disability.</p> <p>(iii) Leadership and working in multidisciplinary teams to prepare for roles in both public and private practice and community settings.</p> <p>(iv) Delivering high quality, patient centred mental health care with understanding of health inequities and systemic barriers in Australia and Aotearoa New Zealand. (Standards 3.2.3, 3.2.4, 3.2.5, 3.2.6 and 3.3.2)</p>	<p>2026</p> <p>Scoping and development by 2024</p> <p>Communication by 2025</p> <p>Implementation by 2026</p>
	<p>15 Develop and implement explicit learning outcomes for trainees to develop culturally safe practice in Australia and Aotearoa New Zealand supported by and mapped to specific learning resources and assessments. (Standards 3.2.9 and 3.2.10)</p>	<p>2026</p> <p>Completion by 2023 – 2024</p> <p>Communication by 2025</p> <p>Implementation by 2026</p>
	<p>16 Develop and implement mechanisms to centrally monitor the application of the College’s “break in training” and part-time policies at local training sites. (Standard 3.4.3)</p>	<p>2024</p> <p>Development and consultation by 2023</p> <p>Implementation by 2024</p>

<b>Standard</b>	<b>Condition</b>	<b>To be met by</b>
Standard 4	17 Develop, implement, and monitor increased opportunities in non-acute settings and longitudinal care to facilitate the expansion of skills of trainees to manage high prevalence, low acuity disorders. (Standards 4.2.1 and 3.2)	2025
	18 Evaluate the utility of Formal Education Courses, addressing their purpose as a valid educational tool, and develop and implement measures to address variations in content, course fees and equity of access for all trainees. The evaluation should involve relevant stakeholder consultation from the onset and transparent reporting of outcomes. Developmental measures should include contemporary modes of delivery to align with trainee’s clinical placements. (Standard 4.2.2)	2024 Evaluation by 2023 Implementation by 2024
	19 Curate a central set of educational materials and activities and roadmap to support consistent delivery of teaching and learning, aligned with program and graduate outcomes, and assessments. (Standard 4.2.2)	2025
	20 Develop and implement central College monitoring of trainee development of independence, with clear articulation of service expectations, required skills and responsibility for Stage 1 trainees. (Standard 4.2.4)	2025 Development by 2023 Consultation by 2024 Implementation by 2025
Standard 5	21 Develop, implement, and monitor the outcomes of the Assessment Framework review with evidence of: (i) Improved alignment of assessment methods to program and graduate outcomes. (ii) Effective engagement with relevant stakeholders, including those with lived experience, in development and implementation plans. (iii) Embedding of culturally safe and inclusive practice, and feedback from those with lived experience, in the program of assessment. (iv) Effective monitoring of the workload of supervisors and Directors of Training to ensure wellbeing is looked after with appropriate support and training. (Standards 5.1, 1.6.4, 6.1, and 8.1.3)	2025 Development by 2023 Implementation by 2024 Monitoring and evaluation by 2025
	22 Provide evidence of the application of valid project/program management and change management methods to ensure appropriate sequencing of work, accountability for delivery, timely implementation, and effective communication of actions and rationale related to the Assessment Framework. This should be part of an overarching plan that includes other planned reviews and the integration of these with each other and the program of assessment. (Standard 5.1)	2024 Development by 2023 Implementation by 2024
	23 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	2024 Development by 2023

Standard	Condition	To be met by
	to determine reasons for the high prevalence of breaks in training undertaken in order to complete summative assessments, so that there is improved alignment of assessment requirements and program duration. (Standards 5.1 and 5.2)	Implementation by 2024
24	Develop and implement systems to monitor and ensure calibration of workplace-based assessment practices and assessors across different training sites and posts. (Standards 5.2, 5.4.2 and 8.1.3)	2025 Development by 2024 Implementation by 2025
25	Monitor and evaluate the Clinical Competency Assessment as an appropriate replacement for the Objective Structured Clinical Examination. (Standard 5.2)	2024 Evaluation by 2023 Implementation by 2024
26	Review and benchmark the content and role of the Clinical Essay Question and Modified Essay Question examinations to ensure utility and fitness for purpose, including relevance of each to contemporary practice. (Standard 5.2)	2025 Review and development by 2023 Implementation and communication by 2024 Operational by 2025
27	Develop and implement the outcomes of the review of Entrustable Professional Activities (EPAs) with evidence of: (i) Opportunities to reduce the number of EPAs to focus on high-quality, high relevance activities. (ii) Engaging Aboriginal and Torres Strait Islander and Māori expertise within the College to lead development in assessing culturally safe practice and care. (iii) Engaging the expertise of consumer and community stakeholders with lived experience in development of the EPAs. (Standard 5.2)	2025 Review by 2023 Implementation by 2024 Operational by 2025
28	Develop and implement outcomes arising from the 2020 ACER Review recommendations in summative assessments to: (i) Ensure robust blueprinting, standard setting, and calibration for all College assessments. (Standards 5.2.2 and 5.4) (ii) Enhance the quality and timeliness of individualised feedback to both pass and fail candidates. (Standard 5.3) (iii) Ensure special considerations are applicable to all aspects of assessment and examinations, including for emergency situations. (Standard 5.1.3)	2025 Development and communication by 2024 Implementation by 2025
29	Respond to the 2020 ACER RANZCP Examination Review by reporting on the rationale for implementation or non-implementation of all recommendations to the College Board. (Standards 5.2 and 5.4)	2024

<b>Standard</b>	<b>Condition</b>	<b>To be met by</b>
Standard 6	30 Finalise the monitoring and evaluation framework with a timely implementation plan, key performance indicators, demonstration of diverse stakeholder engagement in co-design and mechanisms to capture qualitative data. (Standard 6.1)	2024 Development by 2023 Implementation by 2024
	31 Implement regular and safe processes for trainees in smaller centres, specialist international medical graduates, Aboriginal and/or Torres Strait Islander peoples and Māori, employers and consumers to provide feedback on program delivery, development and program and graduate outcomes. (Standards 6.1.3 and 6.2.3)	2024 Development by 2023 Implementation by 2024
	32 Include lived experience content and influence on outcomes and actions taken in monitoring and evaluation reports. (Standard 6.3)	2024 Development by 2023 Implementation by 2024
Standard 7	33 Enhance existing selection into training policy and procedures by: (i) Developing and implementing centralised mechanisms to ensure the validity, reliability, feasibility and consistent application of selection policies and criteria. There should be general uniformity of weighting and criterion across jurisdictions, and Branch and National Training Committees should clearly indicate weighting for each criterion. (ii) Making selection criteria with weighting for each criterion publicly available. (iii) Developing and implementing a centralised and publicly available selection policy related to Aboriginal and Torres Strait Islander and Māori equity and the needs of rural communities, mapped to roles of specialist practice and community needs. (Standard 7.1)	2024 Development and consultation by 2023 Communication and implementation by 2024
	34 Develop and implement a strategy to enhance recruitment, selection, and retention of Aboriginal and/or Torres Strait Islander and Māori trainees, with appropriate cultural supports to enhance retention. This should include consultation and collaboration with relevant stakeholders. (Standard 7.1.3)	2024 Development and consultation by 2023 Communication and implementation by 2024
	35 Develop and implement, in consultation with trainees: (i) A centralised, long-term strategy to improve communication methods, with relevant evaluation to ensure continuous improvement. (ii) A policy and roadmap on timelines for the notification of changes to training program requirements. (Standard 7.3)	2024 Development by 2023 Implementation by 2024

<b>Standard</b>	<b>Condition</b>	<b>To be met by</b>
	<p>36 Enhance the culture of the College, guided by College leadership, that manifests genuine attention, transparency, and responsiveness to trainee concerns by:</p> <p>(i) Acknowledging and promoting the value of trainee contributions to the training program and the College. (Standard 7.2)</p> <p>(ii) Demonstrating central College support for those experiencing personal/and or professional difficulties. (Standard 7.4)</p>	<p>2025</p> <p>Development by 2023 – 2024</p> <p>Implementation by 2025</p>
	<p>37 Develop and implement a centralised pathway to document and monitor allegations of discrimination, bullying and harassment with procedures to provide support to trainees. This should be developed in consultation with relevant stakeholders. (Standard 7.4.1)</p>	<p>2024</p> <p>Development by 2023</p> <p>Communication and implementation by 2024</p>
	<p>38 Review existing pathways for trainees to confidentially and safely raise issues and resolve training disputes, without fear of jeopardising their position in the training program, and implement changes to ensure the pathways are safe, accessible and centrally monitored. (Standard 7.5)</p>	<p>2024</p> <p>Development by 2023</p> <p>Communication and implementation by 2024</p>
Standard 8	<p>39 Develop, implement and evaluate centralised processes to:</p> <p>(i) Formally elicit and monitor feedback on performance of individual supervisors, Directors of Training and Directors of Advanced Training to identify areas for improvement and of underperformance, with appropriate feedback, intervention and support pathways.</p> <p>(ii) Ensure safe and confidential pathways for trainees to provide feedback on their individual supervisors, developed with trainee input. (Standard 8.1.4)</p>	<p>2025</p> <p>Development, consultation and communication by 2023 – 2024</p> <p>Implementation by 2025</p>
	<p>40 Develop, implement, and centrally monitor mechanisms to address the tension for supervisors of undertaking both supervisory and assessment roles in the workplace. The approach should develop and implement mechanisms for calibration of supervisors across jurisdictions, managing conflicts of interest, training, and supervisor workloads and support. (Standards 8.1.1 and 8.2.1)</p>	<p>2026</p> <p>Development and consultation by 2024 – 2025</p> <p>Implementation by 2026</p>
	<p>41 Address, in the Removal of Accreditation Policy and associated processes, the requirement that the Medical Council of New Zealand is informed about intention to limit or withdraw accreditation from training posts or programs. (Standard 8.2.1)</p>	<p>2023</p>
	<p>42 In the accreditation standards for training posts and programs:</p> <p>(i) Include a requirement that a commitment to Aboriginal and/or Torres Strait Islander and Māori health and cultural safety be evident, to support a high-quality learning environment aligned to relevant learning outcomes, and to safeguard trainee wellbeing.</p>	<p>2025</p> <p>Development by 2023</p> <p>Consultation and communication by 2024</p> <p>Implementation by 2025</p>

Standard	Condition	To be met by
	(ii) Develop and implement mechanisms for remote supervision and other mechanisms to support training in rural and remote locations under the Rural and Remote Psychiatry Roadmap 2021 – 2031. (Standard 8.2.2)	
Standard 9	43 Develop and implement enhanced CPD requirements for culturally safe practice and addressing health inequities by partnering with Aboriginal and/or Torres Strait Islander and Māori communities and consumers groups on clear mandatory CPD requirements and resources to support participants to achieve requirements in Australia and Aotearoa New Zealand. (Standards 9.1.3 and 1.6.4)	2025 Development by 2023 Communication by 2024 Implementation by 2025
Standard 10	44 Provide outcomes and evidence of planned changes arising from the Comparability Assessment Framework Review to enhance and address the fitness for purpose of the SIMG assessment process in Australia and Aotearoa New Zealand, by:  (i) Working with jurisdictions and health services to reduce variability in support for SIMGs, including consideration of establishing SIMG Directors of Training in all jurisdictions. (Standards 10.2, 1.6.4 and 8.1)  (ii) Mandating requirements for SIMGS to develop and demonstrate their ability to provide culturally safe care. (Standard 10.2)  (iii) Developing and implementing increased recognition of CPD and previous professional experience within the SIMG assessment process, to reduce reliance on demonstration of validity of specialist training qualification based on country of training. Consideration should be given to recognition of time in practice since completing primary specialist training. (Standards 10.2 and 9.1)	2025 Review by 2023 Consultation, development and communication by 2024 Implementation by 2025
	45 Develop, implement, and monitor mechanisms to address the relatively low examination and other assessment pass rates for SIMGs. (Standards 10.2 and 5.4)	2025 Development by 2024 Implementation by 2025
	46 Clarify requirements for attaining fellowship, including identifying any barriers to fellowship, for SIMGs in Aotearoa New Zealand to address equity of rights and opportunities that come with achieving fellowship. Ensure that there is clear communication with SIMGs and their supervisors on the differences between vocational assessment for MCNZ registration and the fellowship pathway. (Standard 10.4.1)	2024 Scoping and development by 2023 Communication and implementation by 2024

This accreditation decision relates to the College’s continuing professional development programs and its specialist medical programs in the specialty of psychiatry.

### *Next Steps*

Following an accreditation decision by AMC Directors, the AMC will monitor that it remains satisfied the College is meeting the standards and addressing conditions on its accreditation through annual monitoring submissions.

In 2026, before this period of accreditation ends, the College will undergo a follow-up assessment. See section 5.1 of the accreditation procedures for a description of accreditation outcomes.

The AMC will consider if the College is continuing to meet the accreditation standards, and the AMC Directors may extend the accreditation by a maximum of two years (until March 2029). By March 2029, the College may submit an accreditation extension submission to seek an extension of accreditation.

## Overview of findings

The findings against the ten accreditation standards are summarised below.

Conditions imposed by the AMC to enable the College to meet the accreditation standards are listed in the accreditation decision (pages 3 to 10). The team's commendations of areas of strength and recommendations for improvement are listed under each standard in the body of the report (pages 37 to 104).

In the tables below, M indicates a standard is met, SM indicates a standard is substantially met and NM indicates a standard is not met.

1. The context of training and education				This set of standards is NOT MET
<i>governance</i>	NM	<i>educational resources</i>	SM	
<i>program management</i>	M	<i>interaction with health sector</i>	SM	
<i>reconsideration, review appeals</i>	SM	<i>continuous renewal</i>	NM	
<i>educational expertise</i>	SM			

2. The outcomes of specialist training and education				This set of standards is SUBSTANTIALLY MET
<i>educational purpose</i>	SM	<i>graduate outcomes</i>	SM	
<i>program outcomes</i>	SM			

3. The specialist medical training and education framework				This set of standards is SUBSTANTIALLY MET
<i>curriculum framework</i>	SM	<i>continuum of training</i>	SM	
<i>content</i>	SM	<i>structure of the curriculum</i>	SM	

4. Teaching and learning				This set of standards is NOT MET
<i>approach</i>	M	<i>methods</i>	NM	

5. Assessment of learning				This set of standards is NOT MET
<i>approach</i>	SM	<i>performance</i>	SM	
<i>methods</i>	NM	<i>quality</i>	NM	



6. Monitoring and evaluation				This set of standards is SUBSTANTIALLY MET
<i>monitoring</i>	SM	<i>feedback, reporting and action</i>	SM	
<i>evaluation</i>	SM			

7. Trainees				This set of standards is NOT MET
<i>admission policy and selection</i>	SM	<i>trainee wellbeing</i>	SM	
<i>trainee participation in provider governance</i>	NM	<i>resolution of training problems and disputes</i>	SM	
<i>communication with trainees</i>	NM			

8. Implementing the program – delivery of educational and accreditation of training sites				This set of standards is SUBSTANTIALLY MET
<i>supervisory and educational roles</i>	SM	<i>training sites and posts</i>	SM	

9. Continuing professional development, further training and remediation				This set of standards is SUBSTANTIALLY MET
<i>continuing professional development</i>	SM	<i>remediation</i>	M	
<i>further training of individual specialists</i>	M			

10. Assessment of specialist international medical graduates				This set of standards is SUBSTANTIALLY MET
<i>assessment framework</i>	M	<i>assessment decision</i>	SM	
<i>assessment methods</i>	SM	<i>communication with applicants</i>	SM	

## **Introduction: The AMC accreditation process**

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### **Responsible accreditation organisation**

In Australia, the Health Practitioner Regulation National Law Act 2009 (the National Law) provides authority for the accreditation of programs of study in 15 health professions, including medicine.

Accreditation of specialist medical programs is required before the Board established for the profession, in medicine's case the Medical Board of Australia, can consider whether to approve a program of study for the purposes of specialist registration.

In New Zealand, accreditation of all New Zealand prescribed qualifications is conducted under section 12(4) of the Health Practitioners Competence Assurance Act 2003 (HPCAA).

The Australian Medical Council (AMC) is the accreditation authority for medicine under the National Law. Most of the providers of specialist medical programs, the specialist medical colleges, span both Australia and New Zealand. The AMC accredits programs offered in Australia and New Zealand in collaboration with the Medical Council of New Zealand (MCNZ). The AMC leads joint accreditation assessments of binational training programs and includes New Zealand members, site visits to New Zealand, and consultation with New Zealand stakeholders in these assessments. While the two Councils use the same set of accreditation standards, legislative requirements in New Zealand require the binational colleges to provide additional New Zealand-specific information. The AMC and the MCNZ make individual accreditation decisions, based on their authority for accreditation in their respective country.

### **Accreditation standards applicable to the accreditation of specialist medical programs**

The approved accreditation standards for specialist medical programs are the *Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs by the Australian Medical Council 2015*.

These accreditation standards are structured according to key elements of the model for curriculum design and development and focus on the specific context and environment in which specialist medical programs are delivered. These standards are followed by two standards relating to processes undertaken by the providers of specialist medical training programs on behalf of the Medical Board of Australia.

In 2015, following a period of consultation, the AMC completed a review of the accreditation standards for specialist medical programs and continuing professional development programs. The Medical Board of Australia approved new accreditation standards which apply to AMC assessments conducted from 1 January 2016. The relevant standards are included in each section of this report.

The following table shows the structure of the standards:

<b>Standards</b>	<b>Areas covered by the standards</b>
1: The context of training and education	Governance of the education provider; program management; reconsideration, review and appeals processes; educational expertise and exchange; educational resources; interaction with the health sector; continuous renewal.
2: Outcomes of specialist training and education	Educational purpose of the provider; and program and graduate outcomes
3: Specialist medical training and education framework	Curriculum framework; curriculum content; continuum of training, education and practice; and curriculum structure

<b>Standards</b>	<b>Areas covered by the standards</b>
4: Teaching and learning	Teaching and learning approaches and methods
5: Assessment of learning	Assessment approach; assessment methods; performance feedback; assessment quality
6: Monitoring and evaluation	Program monitoring; evaluation; feedback, reporting and action
7: Trainees	Admission policy and selection; trainee participation in education provider governance; communication with trainees; trainee wellbeing; resolution of training problems and disputes
8: Implementing the program – delivery of educational and accreditation of training sites	Supervisory and educational roles and training sites and posts
9: Continuing professional development, further training and remediation	Continuing professional development programs; further training of individual specialists; remediation
10: Assessment of specialist international medical graduates	Assessment framework; assessment methods; assessment decision; communication with specialist international medical graduate applicants

### **Assessment of the programs of the Royal Australian and New Zealand College of Psychiatrists**

In 2022, the AMC began preparations for the reaccreditation assessment of the Royal Australian and New Zealand College of Psychiatrists' programs. On the advice of the Specialist Education Accreditation Committee, the AMC Directors appointed Dr Lindy Roberts AM to chair the 2022 assessment of the College's programs. The AMC and the College commenced discussions concerning the arrangements for the assessment by an AMC team.

The AMC assesses specialist medical education and training and continuing professional development programs using a standard set of procedures.

A summary of the steps followed in this assessment follows:

- The AMC asked the College to lodge an accreditation submission encompassing the three areas covered by AMC accreditation standards: the training pathways to achieving fellowship of the Royal Australian and New Zealand College of Psychiatrists; College processes to assess the qualifications and experience of overseas-trained specialists; and College processes and programs for continuing professional development.
- The AMC appointed an assessment team (called 'the team' in this report) to complete the assessment after inviting the College to comment on the proposed membership. A list of the members of the team is provided as Appendix One.
- The team met on Monday 5 and Friday 9 September 2022 to consider the College's accreditation submission and to plan the assessment.
- The AMC gave feedback to the College on the team's preliminary assessment of the submission, the additional information required, and the plans for visits to accredited training sites and meetings with College committees.

- The AMC surveyed trainees and supervisors of training of the College. The AMC also surveyed overseas trained specialists whose qualifications had been assessed by the College in the last three years.
- The AMC invited other specialist medical colleges, medical schools, health departments, professional bodies, medical trainee groups, and health consumer organisations to comment on the College's programs.
- The team met by videoconference on Tuesday 3 October 2022 to finalise arrangements for the assessment.
- The team conducted virtual meetings with training sites in the Australian Capital Territory, Northern Territory, South Australia and Western Australia in October 2022. Both face-to-face and virtual meetings were conducted in Queensland, New South Wales and Victoria in October 2022.

The assessment concluded with a series of meetings with the College office bearers and committees from Monday 24 to Friday 28 October 2022. On the final day, the team presented its preliminary findings to College representatives.

### **Appreciation**

The team is grateful to the fellows and staff who prepared the accreditation submission and managed the preparations for the assessment. It acknowledges with thanks the support of fellows and staff in Australia and Aotearoa New Zealand who coordinated the site visits, and the assistance of those who hosted visits from team members.

The AMC also thanks the organisations that made a submission to the AMC on the College's training programs. These are listed at Appendix Two.

Summaries of the program of meetings and visits for this assessment are provided at Appendix Three.

## **Section A Summary description of the education and training programs of the Royal Australian and New Zealand College of Psychiatrists**

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### **A.1 History and management of its programs**

The history of the Royal Australian and New Zealand College of Psychiatrists (RANZCP) commenced with the establishment of the Australasian Association of Psychiatrists in 1946 and it was officially incorporated in 1963. The College is a company limited by guarantee with a Constitution defining its membership, functions, and powers of the Board with governing regulations providing oversight of College operations.

The College's specialist education and training programs in psychiatry are accredited by the Australian Medical Council (AMC) with accreditation reviews conducted in 2005 and 2012. The College is responsible for training, educating, and representing psychiatrists in Australia and Aotearoa New Zealand, providing continuing professional development programs for its specialists, and assessing specialist international medical graduates (SIMGs). Completion of the College's education and training programs lead to the Fellowship of the Royal Australian and New Zealand College of Psychiatrists (FRANZCP).

Since the 2012 AMC accreditation, the College has made a number of amendments to its Constitution including differentiation of the New Zealand National Committee in recognition of its national status and recognition of charity status by the Australian Charities and Not-for-profits Commission. The College's Constitution was last revised on 3 May 2017.

#### **The College's Vision, Values and Strategic Priorities**

The College's vision is to *"improve the mental health of communities through high quality psychiatric care, education, leadership, and advocacy"* and its values are:

- Collaboration
- Compassion
- Excellence
- Innovation
- Integrity
- Sustainability
- Respect

Strategic plans guide RANZCP activities, and the College has developed its 2022 – 2025 strategic plan agreed in principle by the Board. The College's vision is *"excellence and equity in the provision of mental healthcare"* and its purpose is *"to support our members, advance psychiatry and advocate for the best mental health outcomes for our communities"* with three strategic priorities:

- Training, education and learning that increases capacity and quality.
- Connected and contemporary College for community and member benefit.
- Advocacy and collaboration to improve access and equity.

The strategic plan further states a commitment to training, continued learning, education and research to build capacity and facilitate delivery of high-quality psychiatric treatment, care and support to the community. The College is committed to:

- Deliver best practice psychiatry training and professional development programs across the career span, from trainee level to advanced specialisation, mid-career, and retirement.
- Ensure the College remains adaptive and contemporary in its delivery of high standard assessments.
- Develop, disseminate, and maintain contemporary evidence-informed clinical and practice resources to support the profession to deliver care for those with lived experience and strengthen the provision of culturally safe and inclusive psychiatric care.
- Support research, leadership, and policy changes that drives innovation.

- Adapt our educational processes to meet the needs of all communities.

### **Fellowship and Membership Categories**

The College has four member categories – fellows, associate, affiliate, and international corresponding members, with 7400 members, including more than 5400 qualified psychiatrists (both fellows and affiliates) as of 31 December 2021.

- *Fellow*: Qualified psychiatrists who have successfully completed the RANZCP training program, or otherwise met the requirements for Fellowship of the RANZCP.
- *Associate*: Trainees currently enrolled in the RANZCP training program in psychiatry.
- *Affiliate*: Overseas-trained psychiatrists currently working in the field in Australia or New Zealand.
- *International Corresponding Member*: Specialist qualified psychiatrists outside of Australia and New Zealand.

### **Governance Structure**

The RANZCP Board is a membership-based Board with seven elected Directors and, as of 2022, includes an appointed trainee director. The Board oversees College education and training programs, operational and strategic functions, the Member’s Advisory Council, six Board constituent College Committees, Faculties and Sections. The RANZCP Risk Management Framework assists the Board in managing and mitigating risk as well as providing a mechanism to identify opportunities for improvement.

The Member’s Advisory Council, formed in 2013, provides advice to the RANZCP Board, acting as a forum to raise issues and provide feedback. It is represented by all Australian Branch Committees, the New Zealand National Committee, Faculties, trainees, overseas trained psychiatrists, community members, and Aboriginal and Torres Strait Islander and Māori mental health committees.

The six Committees that report to the Board are the:

- Audit Committee
- Finance Committee
- Corporate Governance and Risk Committee
- Education Committee
- Membership Engagement Committee
- Practice, Policy, and Partnerships Committee.

Each committee is chaired by an elected Director and there are trainee and overseas trained psychiatrist representatives in all committees except the Audit and Finance Committee. The Education Committee also has a community member.

#### *Faculties*

Since 2015, all groups associated with RANZCP advanced training programs became known as Faculties, representing an international body of knowledge of psychiatry, and there are currently seven Faculties:

- |  |  |
|--|--|
| • Faculty of Addiction Psychiatry            | • Faculty of Consultation-Liaison Psychiatry |
| • Faculty of Adult Psychiatry                | • Faculty of Forensic Psychiatry             |
| • Faculty of Child and Adolescent Psychiatry | • Faculty of Psychiatry of Old Age           |
|  | • Faculty of Psychotherapy                   |

### *Sections*

Since 2015, Special Interest Groups became known as Sections, representing interest groups in psychiatry and other conditions determined by the Board, and are open to all members of the College. The 12 Sections are the:

- Section of Child and Adolescent Forensic Psychiatry
- Section of Early Career Psychiatrists
- Section of Electroconvulsive Therapy and Neurostimulation
- Section of Philosophy and Humanities
- Section of Leadership and Management
- Section of Neuropsychiatry
- Section of Perinatal and Infant Psychiatry
- Section of Private Practice
- Section of Psychiatry of Intellectual and Developmental Disabilities
- Section of Rural Psychiatry
- Section of Social, Cultural and Rehabilitation Psychiatry
- Section of Youth Mental Health.

### *Education Committee*

The Education Committee has committees reporting to it with relevant subject subcommittees, panels, and groups (steering and advisory) sitting under these committees, to support the delivery of education and training functions. The committees reporting to the Education Committee include:

- Accreditation Committee
- Committee for Continuing Professional Development
- Committee for Educational Evaluation, Monitoring and Reporting
- Committee for Examinations
- Committee for Specialist International Medical Graduate Education
- Committee for Training.

Under the *Committee for Examinations* sit three subcommittees aligned to summative examinations:

- Case History Subcommittee
- Written Examination Subcommittee
- Scholarly Project.

Under the *Committee for Training* sit the Directors of Training Advisory Group, Australian state and territory Branch Training Committees, the New Zealand Training Committee, and Subcommittees in Advanced Training of:

- Addiction Psychiatry
- Adult Psychiatry
- Child & Adolescent Psychiatry
- Consultant-Liaison Psychiatry
- Forensic Psychiatry
- Psychiatry of Old Age
- Psychotherapies Psychiatry

A Regional, Rural and Remote Training Steering Group and Syllabus Review Working Group also report to the Education Committee, along with the Portfolio Review Oversight Panel and Case Based Discussion Oversight Group established initially for the Alternate Assessment Pathway (AAP) and continued for the Clinical Competence Assessment (CCA).

Members with lived community experience are included in the Committee for Continuing Professional Development, Education Committee, Committee for Educational Evaluation Monitoring and Reporting, Substantial Comparability Review Panel, and Committee for Examinations.

Trainees are included in the membership of the Education Committee, Accreditation Committee, Committee for Educational Evaluation Monitoring and Reporting, Committee for Training, Committee for Examinations and E-learning Advisory Group.

#### *Practice, Policy, and Partnerships Committee*

This Committee is responsible for executing priorities related to the College's Strategic Plan as it relates to the practice and profession of psychiatry. Committees reporting into this Committee under the portfolio of Partnerships and Community are the:

- Aboriginal and Torres Strait Islander Mental Health Committee
- Te Kaunihera mo ngā kaupapa Hauora Hinengaro Māori (Te Kaunihera)
- Community Collaboration Committee.

#### *Committees reporting directly to the Chief Executive Officer*

These established Committees are the:

- Appeals Committee
- Overseas Trained Psychiatrists Committee
- Membership Conduct Committee
- Trainee Representative Committee

The Education Review Committee and Independent Reconsideration Committee being established will also report to the Chief Executive Officer.

#### **Management of Conflicts of Interest and Confidentiality**

All members and external parties appointed to a College committee (including Co-opted, Observer and Proxy positions) are required to sign a Deed of Undertaking in relation to Confidentiality and Conflicts of Interest (DOU). The DOU's intention is to:

- Keep private and confidential any sensitive information that may be received in the course of the role of a committee member, examiner or marker, standard setter or question writer.
- Ensure that information is not used for personal gain or to the detriment of others through unauthorised disclosure.
- Ensure the disclosure of conflicts (real or perceived) including commercial (where able to disclose) and familial conflicts.
- Ensure compliance with RANZCP guidelines and codes of conduct and ethics.

The College's guideline on Declaring and Managing Conflicts of Interests defines the processes for disclosure and management of conflicts. The declaration of conflicts of interest are a standing item on a majority of Committee agendas, recorded in minutes, and as relevant on a standing committee COI Register.



## **Reconsideration, Review and Appeals**

The College has a process for review, reconsideration and appeals, last reviewed and revised in February 2022. The current policy is publicly available for trainees and specialist international medical graduates on the College website, and summarises the process in three parts:

Part One – Review

Part Two – Reconsideration

Part Three – Appeals

The governance of the process lies with the Chief Executive Officer, Education Review Committee, Independent Reconsideration Panel and Appeals Committee. Applicants may write to the Chief Executive Officer to request:

- Documents considered by the original decision-maker in making its original recommendation or decision; and
- rationale behind the original recommendation or decision.

Since 2019, the College has considered one appeal each from a trainee and specialist international medical graduate. Both decisions were upheld.

### **A.2 Outcomes of the RANZCP Fellowship Program**

The College's educational purpose is articulated through its Constitution, strategic plan, policy documents and annual position statements. The College is responsible for training, examining, and awarding the RANZCP Fellowship qualification to medical practitioners, and for the oversight of continuing professional development to specialist psychiatrists and other doctors working in mental health. There have been no changes to the role of the College.

The program outcomes are underpinned by the College's competency-based training program, incorporating the development of Fellowship competencies to successfully equip RANZCP graduates with specific knowledge, skills, and attitudes to become specialist psychiatrists.

Developed with permission from the Royal College of Physicians and Surgeons of Canada (RCPSC), the College's graduate outcomes or Fellowship competencies map to the seven CanMEDS roles and except for the Manager role, have not changed since the last accreditation. The Manager role is currently under review and being updated to Leader, in line with the most current version of the CanMEDS framework. The program outcomes, focused on graduating psychiatrists proficient in all seven of the CanMEDS roles, are designed to meet the increasing expectations of a more informed community for the delivery of health care in a partnership type model, rather than one with a distinct power differential. A fundamental program outcome is the graduation of psychiatrists to meet the needs of the communities of Australia and Aotearoa New Zealand in the most efficient way and this was a goal of the 2012 Regulations.

### **A.3 RANZCP Fellowship Training Program**

The College's training program to attain the Fellowship of Royal Australian and New Zealand College of Psychiatrists (FRANZCP) is a competency-based medical education program, comprising full-time training over 60 months/five years and three stages of training. Since 2012, there have been no significant changes to the training program. The training program allows trainees to select rotations in accredited training posts in alignment with the concepts of a generalist fellowship program. All rotations have a duration of six months, and each training stage is guided by a training checklist and regulations, policies, and procedures, available on the College website.

Training Stage	Duration	Psychiatry Rotations
1	12 FTE months	<p>Full time training in adult psychiatry, including six months mandatory rotation in an Acute Adult setting.</p> <p><i>Trainees complete rotations with a minimum four hours of supervision per week for 40 weeks annually, including one hour of individual supervision of clinical work. At least one out of the three remaining hours must be conducted as close supervision outside of ward rounds and case review meetings.</i></p>
2	24 FTE months	<p>Full time training with:</p> <ul style="list-style-type: none"> <li>• Mandatory rotations of six months each in Child and Adolescent and Consultation-Liaison.</li> <li>• 12 month of rotations in one or more of these areas of practice – Addiction, Adult, Child and Adolescent, Consultation-Liaison, Forensic, Indigenous, Old Age, Psychotherapies and Research (maximum six months).</li> </ul> <p><i>Trainees complete rotations with a minimum supervision of four hours per week for 40 weeks annually, including one hour of weekly clinical supervision.</i></p>
3	24 FTE months	<p>Full time training with electives in single or multiple areas of practice:</p> <ul style="list-style-type: none"> <li>• Addiction, Adult, Child and Adolescent, Consultation-Liaison, Forensic, Indigenous, Old Age, Psychotherapies, research, medical administration and medical education.</li> </ul> <p><i>Trainees complete rotations with a minimum four hours of supervision per week for 40 weeks annually, including one hour of weekly clinical supervision.</i></p>

### Stage 1 and Stage 2 Training

Syllabus documents for each stage outline the knowledge trainees need to attain through formal, informal, clinical settings, and self-directed learning, with curriculum maps that link learning outcomes with CanMEDS roles. At each stage, the syllabus provides a broad competency required for progression, with a rating system applied to the content, indicating the depth of knowledge expected and learning opportunities available.

The syllabus is supported with guidelines and resources for practice developed by the College and is delivered through Formal Education Courses (FECs). The syllabus documents, curriculum maps, guidelines and resources are all publicly available on the College website.

### Stage 3 Training

There is no syllabus for generalist trainees in this stage and trainees are expected to build on base knowledge acquired in Stage 1 and Stage 2. Generalist trainees are, however, encouraged to attend an adult psychiatry FEC, and there is a curriculum developed and mapped to CanMEDS roles available on the College website.

Trainees may also apply to commence a Certificate or Dual Certificates of Advanced Training in fields of psychiatry practice of Addiction, Adult, Child and Adolescent, Consultation-Liaison, Forensic, Old Age and Psychotherapies.

## **Aboriginal and Torres Strait Islander and Māori Mental Health Modules**

All trainees are required to complete e-learning modules related to Aboriginal and Torres Strait Islander health, history, and cultures. These modules can be completed at any point in training:

- *Module 1:* Interviewing an Aboriginal and/or Torres Strait Islander patient.
- *Module 2:* Developing a mental health management plan for an Aboriginal and/or Torres Strait Islander patient.
- *Module 3:* Formulation of a case involving an Aboriginal and/or Torres Strait Islander patient.

A Māori mental health e-learning module is to be developed; however, topics are identified in the syllabus in relation to Māori health, history, and culture, with similar learning goals as those indicated in the Aboriginal and Torres Strait Islander health modules. Trainees are also encouraged to participate in Māori cultural experiences on marae.

## **Dual Fellowship Training Program**

The College collaborates with the Royal Australasian College of Physicians (RACP) for trainees who wish to attain fellowship in:

- Community Child Health and Child and Adolescent Psychiatry or
- General Paediatrics (Australia and New Zealand) and Child and Adolescent Psychiatry.

Trainees who complete the Dual Fellowship Training Program gain fellowship of both the RANZCP and RACP.

## **A.4 Teaching and learning**

The College utilises a range of formal and informal teaching and learning approaches in its training program, consisting of:

- Mandatory FECs and leadership experiences.
- Workplace-based learning, including role modelling and workplace experience.
- Local health service education programs.
- Online modules learning and podcasts.
- Self-directed learning.

## **Formal Education Courses**

In Stage 1 and Stage 2 of training, trainees must enrol in and demonstrate satisfactory participation in compulsory College-accredited FECs, during the first three years of full-time accredited training. FECs are not required in Stage 3 of training.

FECs provide a breadth of theoretical knowledge and formal instruction, utilising the College syllabus through a mix of didactic and interactive teaching and learning, though the application of content is not prescriptive. Lectures are predominantly delivered by psychiatrists to model the scholar role of the CanMEDS framework and to apply clinical expertise to the content.

The range of FECs available across Australia and New Zealand with related costs is summarised below, noting that the costs are set by the FEC provider, are accurate for 2022, and may change:

Course	Award	Fee
Health Education and Training Institute (HETI)	Master of Psychiatric Medicine	\$27,240
HETI	Postgraduate course in Psychiatry	NSW Health doctors – total cost \$3,000 Non-NSW Health doctors – total cost \$17,820
University of Sydney Brain and Mind Centre (BMC)	Master of Medicine	\$27,000
BMC	Continuing Medical Education (non-degree)	\$5,250 total cost
Hunter New England	None	No cost to Hunter New England trainees Non-HNE trainees \$6,000
ACT	None	No cost to ACT trainees Not available to other trainees
South Australia	None	\$6,300 Limited availability to other trainees
Tasmania	None	No cost to Tasmanian trainees Not available to other trainees
Western Australia	None	\$5,400
Queensland	None	\$4,500
Monash University	Master of Psychiatry	\$23,000, sponsorship for RANZCP trainees reduces cost to \$18,080
University of Melbourne	Master of Psychiatry	\$30,869
Dunedin	None	No cost to trainee, available only to Dunedin trainees
Christchurch	None	No cost to trainees, available only to Christchurch trainees
Wellington	None	No cost to trainees, available only to Wellington trainees
Auckland	None	No cost to trainees, available only to Auckland trainees
Hamilton	None	No cost to trainees, available only to Hamilton trainees

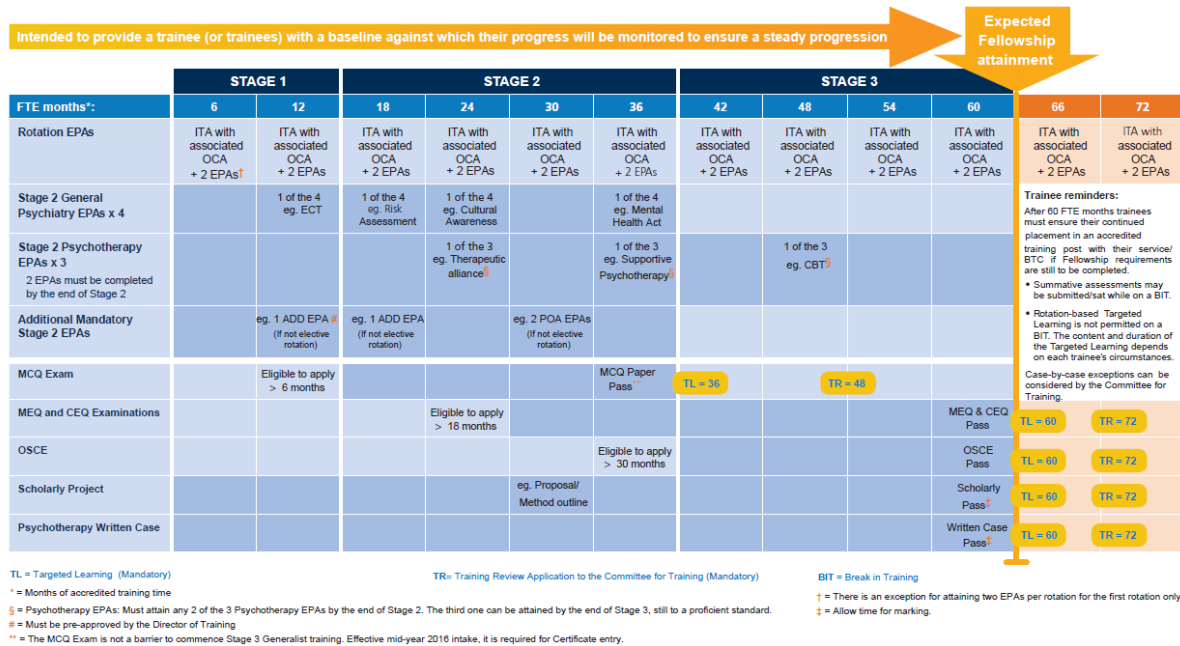
## A.5 Program assessment

The College's training program comprises a program of mandatory assessment documenting trainee demonstration of competency through formative workplace-based assessments (WBA) and centrally administered summative assessments.

### Fellowship Trajectory

## Trainee Progress Trajectory in the Fellowship Program

Supporting document for Policy on Progression through Training and Policy on Failure to Progress (effective 2022)



## Assessments in the workplace

There are three types of WBAs trainees are required to complete in each six-month rotation:

Assessment	Timing	Description
Workplace-based Assessments (WBAs)	Throughout training. Trainees must complete one Observed Clinical Activity (OCA), a type of WBA, per six-month FTE rotation.	Trainees receive structured feedback on their performance in authentic workplace settings (e.g. discussing cases with their supervisors, or being observed during initial patient assessments, during clinical encounters or giving presentations to an audience).  A minimum of three WBAs are used to inform the assessment of each EPA.
Entrustable Professional Activities (EPAs)	Throughout training.	Used to measure competence in the activities of psychiatric practice. Each EPA corresponds to a particular activity.  Two EPAs must be attained for each six-month FTE rotation. Additionally, each stage has specific EPA requirements.

Assessment	Timing	Description
In Training Assessments (ITAs)	Throughout training.	Assesses the trainee's performance against each learning outcome for that stage and tracks EPA attainment.  Every rotation requires an ITA.  Trainees receive a mid-rotation ITA which is formative, and an end-of-rotation ITA which is summative.

### *Workplace-based Assessment*

The five WBA tools are Case-based Discussion (CbD), Mini-Clinical Evaluation Exercise (Mini C-Ex), Observed Clinical Activity (OCA), Direct Observation of Procedural Skills (DOPS) and Professional Presentation. These are linked to competences and skills required of a psychiatrist and trainees are also required to complete a minimum of one OCA every six months of full-time training.

Workplace-based Assessments	Assessment criteria includes:
CbD	Clinical record keeping; clinical assessment; risk assessment and management; assessment and treatment of medical comorbidities, treatment planning, referral, follow-up and transfer of care, professionalism, and clinical reasoning.
Mini C-Ex	History-taking process; history-taking content; mental state examination skills; physical examination skills; communication skills; data synthesis and organisation/efficiency.
OCA	History-taking process; history-taking content; mental state examination skills; physical examination skills; data synthesis; and management.
DOPS	Communication skills (including therapeutic relationship/approach); demonstrated knowledge of the procedure, procedural technical or supervision skills (including provision of feedback); organisation, time management and documentation; management of any issues arising (transference, risks, conflicts, adverse reactions etc.) and boundaries and professionalism.
Professional Presentation	Introduction to the topic; setting material in context; analysis and critique; presentation and delivery; answering questions and quality of educational content.

### *Entrustable Professional Activities*

Training in psychiatry occurs in the workplace as supervised practice, and trainees work with assigned principal supervisors to achieve EPAs to demonstrate competence in psychiatric practice. There are currently 153 EPAs across the training program with a minimum of two EPAs to be attained every six-month full-time rotation. 16 EPAs are mandatory for training progression in Stages 1 and 2.

<b>Stage 1 Mandatory EPAs</b>		
<p><b>Adult Psychiatry</b></p> <p>12 months adult psychiatry training, six months in an acute setting.</p>	ST1-GEN-EPA5	Use of an antipsychotic medication in a patient with schizophrenia/psychosis.
	ST1-GEN-EPA6	Providing psychoeducation to a patient and their family and/or carers about a major mental illness.
<b>Stage 2 General Psychiatry EPAs</b>		
<b>May be entrusted during Stage 1, must be entrusted by the end of Stage 2</b>		
<p><b>General Psychiatry</b></p> <p>Mandatory EPAs to be attained by the end of Stage 2.</p> <p>These general psychiatry EPAs may be attained in any area of practice rotation during Stage 1 or Stage 2 and will be assessed at a proficient (Stage 2) standard.</p>	ST2-EXP-EPA1	Demonstrating proficiency in all the expected tasks associated with prescription, administration and monitoring of ECT.
	ST2-EXP-EPA2	The application and use of the Mental Health Act.
	ST2-EXP-EPA3	Assessment and management of risk of harm to self and others.
	ST2-EXP-EPA5	Assess and manage adults with cultural and linguistic diversity.
<b>Psychotherapy EPAs</b>		
<b>May be entrusted during Stage 1</b>		
<p>Trainees must attain two (of three) EPAs by the end of Stage 2.</p> <p>The remaining EPA must be attained by the end of Stage 3.</p> <p>These EPAs may be attained in any area of practice rotation and will be assessed at a proficient (Stage 2) standard.</p>	ST2-PSY-EPA2	Psychodynamically informed patient encounters and managing the therapeutic alliance.
	ST2-PSY-EPA3	Supportive psychotherapy.
	ST2-PSY-EPA4	Cognitive-behavioural therapy (CBT) for management of anxiety.
<b>Stage 2 Mandatory EPAs</b>		
<p><b>Child and Adolescent Psychiatry</b></p> <p>Mandatory rotation, must complete associated EPAs.</p>	ST2-CAP-EPA1	Develop a management plan for an adolescent where school attendance is at risk.
	ST2-CAP-EPA2	Clinical assessment of a prepubertal child.
<p><b>Consultation-liaison Psychiatry</b></p> <p>Mandatory rotation, must complete associated EPAs.</p>	ST2-CL-EPA1	Care for a patient with delirium.
	ST2-CL-EPA2	Manage clinically significant psychological distress in the context of the patient's medical illness in the general hospital.
<p><b>Addiction Psychiatry</b></p>	ST2-ADD-EPA1	Management of substance intoxication and substance withdrawal.

(Elective rotation) Mandatory EPAs, may be attained in any rotation.	ST2-ADD-EPA2	Comorbid mental health and substance use problems.
<b><i>Psychiatry of Old Age</i></b> (Elective rotation) Mandatory EPAs, may be attained in any rotation.	ST2-POA-EPA1	Behavioural and psychological symptoms in dementia (BPSD).
	ST2-POA-EPA2	The appropriate use of antidepressants and antipsychotics in patients aged 75 years and over (or under 75 with excessive frailty).

### *In Training Assessment*

Trainees are assessed on progress each rotation with two ITAs:

- The mid-rotation ITA is a formative assessment completed mid-way through each rotation, providing opportunities for feedback and documenting plans for improvement.
- The end-rotation ITA is a summative assessment completed at the end of each rotation and provides a record of the supervisor's assessment of trainee performance against learning outcomes.

### **Central-Administered Assessments**

The College conducts six centrally administered summative assessments and successful completion of all assessments is required to progress to Fellowship. All assessments are targeted at proficiency levels at the end of Stage 3 training, and as of August 2021, the previous Essay-style Examination was decoupled into two independent examinations, the Modified Essay Questions Examination and Critical Essay Question Examination.

<b>Assessment</b>	<b>Timing</b>	<b>Description</b>	<b>Format</b>
Multiple Choice Question Examination	Available to trainees after six FTE months of training.	Covers foundational knowledge in psychiatry sampled from the Stage 1 and Stage 2 syllabuses.	140 Multiple Choice Questions (MCQ) worth 1 mark each.  Two Critical Analysis Problems (CAPs) worth 40 marks in total.
Critical Essay Question Examination	Available to trainees after 18 FTE months of training.  Available to SIMGs with partial comparability status.	Assesses the capacity for critical thinking about issues relevant to the practice of psychiatry.	Written response to a quote in an essay format, critically discussing the given statement/proposition from different points of view.
Modified Essay Questions Examination	Available to trainees after 18 FTE months of training.  Available to SIMGs with partial comparability status.	Assesses capacity for critical thinking about clinical practice, the application of clinical knowledge, advocacy and ethical practice.	Comprises four to six clinical scenarios requiring candidates to provide clinical reasoning and justifications for the questions based on those scenarios; questions may also require consideration of advocacy, ethical practice and cultural safety.

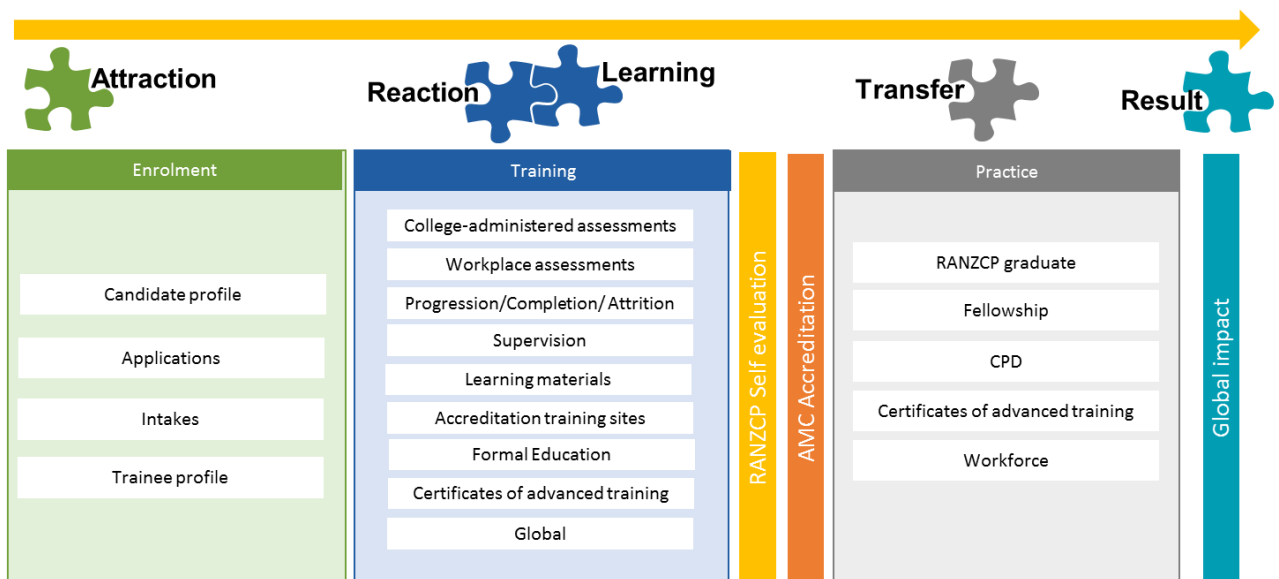


Assessment	Timing	Description	Format
Objective Structured Clinical Examination	Until 2021, was available to trainees after 30 FTE months of training, including 18 FTE months at Stage 2.  Likewise, was available to SIMGs with partial comparability status.	Samples clinical assessment and treatment skills across a range of disorder types, contexts and scenarios.	Clinical performance under standardised conditions, using actors rather than patients.
Psychotherapy Written Case	No restrictions.	Assesses knowledge, skills and attitude developed through the experience of providing psychotherapy.	This summative assessment comprises at least 40 supervised sessions of therapy provision, critical thinking about and integration of this experience through a related written case report.
Scholarly Project	No restrictions.	Assesses ability to evaluate academic material, demonstrate knowledge of research methods, conduct a clinical audit, produce peer reviewed quality research reports	Written report meeting specified academic criteria, which may or may not be suitable for publication.

### A.6 Monitoring and evaluation

The Committee for Educational Evaluation, Monitoring and Reporting (CEEMR) has responsibility for ongoing monitoring of the educational activities of the College. The CEEMR has developed a Monitoring and Evaluation Framework, based on the Kirkpatrick model of evaluation.

#### Evaluation and Monitoring Model



The CEEMR oversees a number of evaluative activities including:

- The Trainee Exit Survey, which is administered to all trainees and SIMG candidates being admitted to the fellowship.
- The Training and Assessment update, published twice per year reporting on all educational activities in the first semester and then for the entire year.
- The analysis of the Medical Training Survey against previous years and the outcomes of the Trainee Exit Survey.

In addition, the College conducts periodic reviews of the fellowship program curriculum with a view to enhancing content and strengthening the assessment capabilities. External consultants are engaged where necessary for a specific purpose.

The College has regular and ad hoc mechanisms for consultation with a wide range of stakeholders.

### **Trainees**

The primary mechanism for consultation with trainees is through the Trainee Representative Committee. This is described in detail under Standard 7.

### **Supervisors**

The regular mechanism for consultation with supervisors is through the program accreditation process (Standard 8). Consultation on specific issues generally takes place as needed, such as supervisor surveys, and data gathered from periodic engagement with supervisors is addressed through further consultation with the director of training (DoT) Advisory Group and the Committee for Training (CFT).

### **SIMGs**

There is no regular consultation with the SIMG cohort and consultation occurs on an as needs basis.

### **Consumer Groups**

The primary mechanism for consultation with consumers is through the Consumer Consultation Committee (CCC). Lived Experience Australia, which has representation on the CCC, also has a MOU with the College.

### **Health Departments**

The College works regularly with the Australian Department of Health on specific issues and through the Australian Government Funded Training Programs Committee and the Office of the President and CEO. Branch Committees, through Policy and Advocacy departments, have regular engagement with various health departments.

### **Other Specialist Medical Program Providers**

The primary mechanism for consultation with other specialist medical program providers is through the Council of Presidents of Medical Colleges (CPMC) in Australia and the Council of Medical Colleges (CMC) in New Zealand.

### **Medical School Deans**

Consultation with the Medical Schools Deans occurs primarily through the CPMC.

## **A.7 Trainee selection and support**

The selection of trainees takes place at the local training program level, by the College's Branch Training Committees (BTCs) and follows a standardised selection protocol:

- Applicants first contact the local BTC to establish the availability of appropriate positions and obtain an application pack.
- A selection Committee is convened locally which aims to have a mix of personnel, including a trainee representative, often have an advisor with Human Resources (HR) experience and a consumer representative.

The selection criteria below are assessed within the applicant's written application and Curriculum Vitae (CV), referee reports, candidate statement and interview. In addition to these criteria, favourable consideration is given to those applicants who can document the following experiences:

Selection Criteria	Favourable Experience
Academic performance Employment history Competence in general medicine Experience working as a doctor in a psychiatric setting Ability to work in teams Understanding of psychological factors in medicine and psychiatry Interpersonal and communication skills Information and communications technology (ICT) skills Other useful experiences and skills Professional conduct	Work with disadvantaged groups Work with people from other cultures and Indigenous people Work in rural areas Skills in languages other than English

To be registered as a trainee, the applicant must be accepted onto the training program, and they must also secure an accredited training position. The assessment of an applicant's suitability for training is within the purview of the College, while an applicant's suitability to perform a particular job is assessed by the employer. Selection Panels must comply with any jurisdictional requirements in addition to the RANZCP requirements.

The Psychiatry Interest Forum (PIF) employs a range of strategies to promote careers in psychiatry to Indigenous medical students and early career doctors including partnering with Australian Indigenous Doctors' Association (AIDA) and providing sponsorship and travel scholarships for Indigenous PIF members to attend events and conferences. Work is being undertaken to expand the PIF program to New Zealand medical students and junior doctors, which began in 2022.

The College provides a financial support initiative to encourage the retention of Aboriginal and/or Torres Strait Islander and Māori psychiatry trainees. The financial support is provided to assist with the costs of specialist training, participation in RANZCP Congress and conferences, and other activities associated with the achievement of Fellowship.

Trainees have representatives on key College committees and, from May 2022, representation through the appointed Director to the RANZCP Board. Feedback from meetings is presented to the Trainee Representative Committee (TRC) at the following meeting and placed on the Trainee website for all to access or communicated through newsletters.

The RANZCP training fees are compared with other equivalent specialist medical college fees and this benchmarking is communicated to the membership at the AGM. The RANZCP schedule of fees

and charges are reviewed annually by the Finance Committee. All information regarding the costs and entry requirements is available on the RANZCP website.

The pathway for trainees to raise concerns regarding their training and supervision is either through their local DoT or BTC, the trainee network, or through the College head office. Each training program is required to have a system in place to collect feedback from trainees regarding supervisors' performance which provides the opportunity to identify concerns or trends for consideration and resolution where appropriate. Trainees are also provided with the opportunity to meet with their DoT at least once during a six-month period where concerns regarding their training or supervision can be raised for consideration.

Another pathway for trainees to raise concerns regarding training and supervision is through the College's accreditation processes. Trainees are surveyed at the mid-point and end points of the five-year accreditation cycle and may also raise concerns directly with the Accreditation Committee.

## **A.8 Supervisory and training roles and training post accreditation**

### **Supervisory and Training Roles**

The responsibilities of supervisors are articulated in the College's *Supervision Policy and Procedure* and are communicated to supervisors at their initial training workshop and mandatory refresher training workshops. Standards relating to supervision exist in both the *Training Program Accreditation Standards* and *Training Post Accreditation Standards*.

All supervisors must be accredited by the College to supervise trainees or fellows in training. To become an accredited supervisor the applicant must:

- Be a fit and proper person, prepared to undertake supervision in a collegiate manner.
- Have completed the required supervisor training.
- Have current medical or other health practitioner registration.
- Have appropriate qualifications.

Under some circumstances, and with the approval of the Committee for Training, a recently retired health practitioner with expertise in a specific aspect of psychiatry may be accredited as a supervisor with limited scope.

The BTCs and New Zealand Training Committee (NZTC) are responsible for the accreditation of supervisors and ensuring potential supervisors are competent in the elements of the fellowship program. The BTCs and NZTC are also responsible for providing or approving supervisor training workshops. Locally delivered training workshops must be the equivalent of two half days and must be conducted by a director of training (DoT) and/or a delegated accredited supervisor. Supervisors are required to complete an initial training workshop before becoming accredited and a refresher training workshop every five years. Supervisors are also required to attend supervisor peer review sessions a minimum of three times per year.

The BTCs and NZTC have processes to manage unsatisfactory performance of supervisors if they are not performing to the expected standard. A review of individual supervisor performance by the BTCs and NZTC is required after one year for new supervisors and every five years thereafter.

Each local training program must have systems in place to collect feedback from trainees regarding supervisor performance (e.g., trainee surveys, end-of-rotation feedback, direct feedback to the DoT). DoTs must report to the BTCs or NZTC when issues are identified regarding the performance of a supervisor based on routine feedback collected from trainees. Supervisors must also receive feedback about the quality of their supervision including commendable areas and areas for improvement.

The College has an expression of interest process to recruit assessors. To ensure all assessors have already reached the required standards it is a requirement that all assessors are fellows of the College. Once approved by the relevant committee, new assessors receive an examiner package including the current policy and procedure related to the assessment, guidelines for examiners and current marking timetable. For each assessment type, there is a compulsory training and calibration element prior to assessing. Fellows receive continuing professional development (CPD) hours for the training and calibration activities associated with assessing as an incentive to become assessors.

### **Training Site Accreditation**

The College accredits its training at two levels – training program or zone and post or rotation. A training program or zone may include multiple health services, both public and private, operating over many training locations. The accreditation of programs or zones is managed centrally through the Accreditation Committee, which is a constituent committee of the Education Committee. Accreditation of individual posts or rotations is managed at the local level by the relevant BTCs and NZTC. FECs are also accredited by the Accreditation Committee. Standards, policies and procedures relating to accreditation are publicly available on the College’s website.

The accreditation cycle for training programs, posts and FECs is five years. There is a formal reaccreditation every five years, with a mid-cycle accreditation review of the training programs and FECs two to three years after accreditation. Training posts are reaccredited every five years by the local BTC or NZTC.

### **A.9 Continuing professional development, further training and remediation**

The College operates a CPD program that aims to maintain a high standard of professional practice in psychiatry. All requirements for the RANZCP CPD Program are publicly available on the College website and detailed information on the program is included in a CPD Program Guide that is updated annually. Participants of the program include fellows, affiliates and, on payment of the CPD fee set annually by the College, other practising psychiatrists and medical practitioners. Psychiatrists with a proven sexual boundary violation are not permitted to participate in the program.

The RANZCP CPD Program is designed to enable participants to meet the requirements of the Medical Board of Australia (MBA) and Medical Council of New Zealand (MCNZ). To ensure the program aligns with these requirements the College participates in all workshops, information sessions and forums conducted by the MBA and MCNZ. Based on the requirements of the MBA and MCNZ, the program requires a minimum of 50 hours across the following five sections:

- **Section 1: Professional Development Plan (PDP)**
  - A PDP is required annually to identify learning goals and is allocated five hours. The College provides guidance for the development of a PDP and a variety of templates. Alternatively, an employer’s template can be used to meet this requirement.
- **Section 2: Formal Peer Review**
  - Currently a mandatory requirement of a minimum of ten hours, with a choice of activities including peer review groups, supervision, and practice peer review.
- **Section 3: Practice Development, Quality Improvement and Review**
  - Currently a mandatory requirement of a minimum of five hours, with a choice of activities relating to quality improvement and outcome measurement.
- **Section 4: Self-guided Learning**
  - Currently a minimum of 25 hours covering traditional continuing medical education and College activities.

- **Section 5: Additional Hours**

- Five hours from any of section 2, 3 or 4.

Participants are required to document their CPD activities using the online MyCPD system. Participation and progress towards completion of the program is monitored daily by the College through a dashboard that reports on completions and exemptions of the cohort for the CPD year. The College's CPD team supports members who have not completed their CPD requirements at the close of the CPD reporting period. The actions for members who have not met the CPD requirements despite support from the College differ according to the size of the deficit. If the deficit is less than five hours, the member is permitted to make up that deficit the following year. If the deficit is greater than five hours, the reasons for the deficit are explored further.

Each year, commencing in April, the College audits 10% of program participants. Participants whose documentation does not achieve the required standard when audited may be selected for a repeat audit, in addition to those randomly selected.

The College uses endorsement of short courses to address requests for further training in psychiatry. For members returning to practice, the College has developed guidance which includes advice regarding moving into a different area of practice. A refresher program (detailed below) is also available, as well as the opportunity to undertake training in one of the certificates of advanced training.

The College has two programs related to the remediation of specialist psychiatrists – the Specialist Refresher Program and the Specialist Performance Remediation Program.

The Specialist Refresher Program is available as a voluntary program for psychiatrists returning to practice following a period of up to 12 months away from practice. Participants are required to prepare a learning plan with identified learning outcomes with an educational supervisor appointed in consultation with the College. Learning plans are completed over a period of six to twelve months.

The Specialist Performance Remediation Program is a more formal and targeted program and is undertaken by psychiatrists who have been identified by a regulator as having performance issues that can be remediated through a focused program of CPD. Over a 12 month period, the participant works with a College-appointed supervisor with monthly supervision meetings to ensure the learning outcomes prescribed are being met.

#### **A.10 Assessment of specialist international medical graduates**

The College undertakes processes of assessment of specialist international medical graduates (SIMGs) for the purposes of specialist recognition by the MBA and MCNZ. In Australia, the College provides two assessment pathways for SIMGs to practice: specialist pathway assessment and specialist pathway assessment in conjunction with an area of need. Information on the assessment process is publicly available on the College website. In New Zealand, the MCNZ seeks advice from the Vocational Education and Advisory Body (VEAB) for psychiatry via the New Zealand National Office regarding each SIMGs training and experience. This process of assessment for vocational registration is independent of the RANZCP pathway to fellowship for SIMGs and specific guidance on what is required for assessment of psychiatry qualifications and experience is provided on the MCNZ website.

##### **Specialist Pathway Assessment**

The purpose of the College's specialist pathway assessment process is to determine the level of comparability a SIMG psychiatrist has to a fellow of the RANZCP. The process involves assessment of the training, qualifications and experiences of the applicant using the Comparability Assessment Form (CAF) scoring method. This includes reviewing the initial paper-based application documentation, as well as conducting an interview of the applicant. A score is given

for each domain in the CAF and the final score determines whether an applicant is deemed not comparable, partially comparable or substantially comparable.

Assessment panels make a preliminary assessment based on the paper-based application documentation and applicants then receive a summary in a preliminary review letter. Following the preliminary assessment, the applicant is interviewed. The interview must take place within six months of the preliminary assessment, or the assessment will expire, and the applicant will need to reapply for specialist pathway assessment.

### **Area of Need**

The area of need (AON) process applies to Australia only and addresses medical workforce shortages in designated areas. SIMGs who wish to work in an AON position must, alongside their application for specialist assessment, identify a position where an employer considers them suitable and gain an offer of employment for that position. Applicants must undergo an AON assessment by the College and be found to have the necessary skills to work competently and safely in the designated AON position. SIMGs who are approved for an AON position are only permitted to work in that specific position. If the position description changes, or the SIMG wishes to move to another AON position, a new AON application must be submitted to the College with the required supporting documents and application fee. AON assessment and specialist pathway assessment can be applied for and assessed concurrently by the College.

### **Assessment and Outcomes**

Following interview, applicants receive a report outlining the requirements they must successfully complete to be eligible for fellowship.

#### *Not Comparable*

Applicants assessed as not comparable are not accepted onto the specialist pathway to RANZCP fellowship. These applicants may choose to apply to the fellowship program and complete the full training program.

#### *Partially Comparable Requirements*

Applicants assessed as partially compatible are accepted onto the partially comparable pathway to RANZCP fellowship. They are required to complete the following requirements:

- A minimum of 24 months FTE on the pathway.
- A minimum of four formative OCAs.
- A minimum of eight summative EPAs from Stage 3.
- A minimum of four summative end-of-rotation ITAs.
- The OSCE (to 2021), Clinical Competency Assessment (from 2021).
- The CEQ and MEQ examinations.
- Additional training and requirements in psychotherapy, leadership and management, experience with Aboriginal and Torres Strait Islander peoples and Māori and any other areas identified by the assessment panel to rectify gaps in training may also be required.

#### *Substantially Comparable Requirements*

Applicants assessed as substantially comparable are accepted onto the substantially comparable pathway to RANZCP fellowship. They are required to complete the following requirements over a period of 12 months:

- Four CBDs – one formative and three summative.
- Three Supervisor Reports.
- One Multi Source Feedback assessment.

- Experience with Aboriginal and/or Torres Strait Islander peoples and Māori may be required if previous appropriate experience is not demonstrated at the time of assessment.

Applicants who disagree with the final outcome of their assessment can submit a request for informal reconsideration to the Committee for Specialist International Medical Graduate Education for review. The procedure for applicants to follow is available on the *Complaints Resolution* page of the College's website. The formal mechanism available to appeal against a decision is the *Reconsideration and Appeals* policy available on the College website.



## **Section B    Assessment against specialist medical program accreditation standards**

### **B.1    The context of training and education**

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#### **1.1    Governance**

The accreditation standards are as follows:

- The education provider's corporate governance structures are appropriate for the delivery of specialist medical programs, assessment of specialist international medical graduates and continuing professional development programs.
- The education provider has structures and procedures for oversight of training and education functions which are understood by those delivering these functions. The governance structures should encompass the provider's relationships with internal units and external training providers where relevant.
- The education provider's governance structures set out the composition, terms of reference, delegations and reporting relationships of each entity that contributes to governance, and allow all relevant groups to be represented in decision-making.
- The education provider's governance structures give appropriate priority to its educational role relative to other activities, and this role is defined in relation to its corporate governance.
- The education provider collaborates with relevant groups on key issues relating to its purpose, training and education functions, and educational governance.
- The education provider has developed and follows procedures for identifying, managing and recording conflicts of interest in its training and education functions, governance and decision-making.

##### **1.1.1    Team findings**

In 2013, RANZCP governance evolved from a large representative council to a board of elected fellow directors (President, President-elect and five others) with the addition of an appointed trainee director in 2022. A large Member's Advisory Council (MAC) provides broad representative advice and feedback to the Board. Trainee and community representatives are voting members of relevant committees. Substantive advocacy and education and training work is devolved to branch committees and branch training committees in each Australian State and Territory and to the New Zealand National and New Zealand Training Committees.

There is extensive vertical and cross-representation within the large committee structure. The six constituent committees of the Board are each chaired by a Board director, with branch training committee chairs and directors of training participating as members of central committees. As the last governance review occurred ten years ago, and in view of recent challenges, there is commitment to further improvements with an independent external review of governance planned and substantive internal reviews underway or planned (the latter are further discussed under relevant standards).

The team met many dedicated fellows who give generously of their time and effort to support the programs of the College across the training program, continuing professional development (CPD) program, and specialist international medical graduate (SIMG) assessment, often on multiple committees at regional/national and central levels. Likewise, the College's commitment to its education and training functions is evident through its governance structures, policies, and work plans.

### *Challenges of the COVID-19 pandemic*

The College's current context of education and training has been heavily shaped by the ongoing pandemic. Pre-existing psychiatrist workforce shortages coupled with the mental health impacts of COVID-19 and its public health management (e.g., lockdowns, home schooling, social isolation, homelessness, grief, and loss), have created significant challenges for both the supply of and demand for psychiatric care. The pressures on the workforce and on training and supervision were raised by multiple stakeholders across both countries. The College and its fellows, trainees and SIMGs should be commended for their significant contributions to the health of the Australian and Aotearoa New Zealand communities during this period.

### *Management of 2021 Audio-Visual Objective Structured Clinical Examination*

The failure of the Audio-Visual Objective Structured Clinical Examination (AVOSCE) in November 2021 was a very public and defining event. At this time, most members of the Trainee Representative Committee (TRC) resigned. Subsequently, College staff and members have worked hard to develop and implement the Alternative Assessment Pathway (AAP) as an emergency measure to manage the backlog of trainees experiencing limited assessment opportunities for progression to fellowship. This has been an extremely challenging time for all involved, and the leadership of the President in liaising with the AMC is commended. The event was a significant catalyst for rapid adaptation, demonstrating to stakeholders that the College can respond quickly when required. It has also uncovered challenges in how the College engages with its trainees and opportunities to improve the relationship with its trainees, and in its programs of training and assessment. The College's own data through its exit surveys, along with the AMC site visits and surveys, demonstrate that many of these issues pre-date the AVOSCE failure.

### *Trainee Representation at Board*

The trainee body supports the appointment of the trainee director whilst generally recognising that it is not a representative role. There remains mistrust that it required a catastrophic event to bring about this change which trainees had advocated for previously, although the College Board emphasised that planning for a trainee director commenced prior to the AVOSCE failure. The College Board indicates that the RANZCP Constitution requires that the trainee director is appointed (unlike other directors who are elected fellows); it plans future constitutional amendment to make this a trainee-elected position, although present polling of fellows suggests this constitutional vote would fail. Unlike other directors, the trainee director term is one year (not two) to facilitate involvement of a late-stage trainee. Until such constitutional change is implemented and to build trust with trainees, the team recommends the College consider pre-polling the trainee body on applicants to inform the Board's appointment of the trainee director and that the college ensures parity of this director's term to that of other directors.

### *Evolution of College Governance and Constitution*

The College has a complex committee structure of more than 120 committees and other groups reporting to the board of elected fellows and a board-appointed trainee director. Forty-six groups currently report to the Education Committee (EC), although it is noted that many of these groups are indirect reports. The team understands that some College representatives have identified its current governance structure as a potential risk and that an independent external governance review is planned. The team supports this review, particularly given the recent high-profile AVOSCE failure and the current operational workloads of College directors. The team observed that delegation and devolution of responsibility occurred low within the Committee structure and that the College needs to consider the purpose for each committee to identify duplication or overlap of functions while ensuring main stakeholder groups are well represented and provided a voice within the governance structure. The extensive volume of education and training review and development work underway and the challenges in member engagement and workforce will also consume significant fellow time, requiring prioritisation, sequencing and enhanced governance bringing in broad perspectives and skills.

The team commends the consideration of a more contemporary skills-based board with streamlining of the committee structure to free up management and member resource. A skills-based board allows separation of corporate and operational governance in training and education functions, consideration of independence as a trusted voice of governance within the College (vital given concerns and perceptions about conflicts of interest), models best practice and could move the College beyond compliance to increase transparency and accountability to its members. It is recommended that College sector benchmarking is included in the scope of the planned independent external governance review.

The planned constitutional change to embed voting rights for associates (current trainees) and to grant affiliate status to all SIMG psychiatrists currently working in Australia or Aotearoa New Zealand who are on the pathway to fellowship and vocationally registered psychiatrists in Aotearoa New Zealand who are not fellows, is a crucial step for their engagement and recognition within the College. A recent Board-initiated poll of College fellowship shows that, if held currently, a voting rights referendum would fail, as constitutional change requires 75 per cent in favour; support has dropped since a defeated special motion on constitutional change in 2016. Given this, the Board must build its case to advocate for its trainees and SIMGs and bring the fellowship along with its vision for change.

#### *Branch and National Committees and Training Committees*

The eight Australian branch committees and Tu Te Akaaka Roa (New Zealand National Committee and office) and related training committees have significant roles in the delivery of College training and education functions as outlined in their terms of reference. For training committees, delegated responsibilities include trainee selection (working with employers), training post accreditation, supervisor accreditation and training, oversight of local formal education courses, decisions on flexible training, and management of trainee placements and progress. All branch training committee chairs and the New Zealand national training committee chair are members of the Binational Committee for Training (CFT) which reports to the Education Committee (EC). However, the team found that the expression of the training program is shaped significantly by local structures, resulting in variation across the different regions and the two countries. There is limited systematic College monitoring of this variation to ensure its policies are implemented as intended and that similar outcomes are achieved. This presents a risk to the College and its trainees, and systemic monitoring of and reporting to the Board and relevant committees on the consistent application of College policies is required.

#### *Representation of Aboriginal and/or Torres Strait Islander peoples and Māori and Embedding Cultural Safety*

The involvement of Aboriginal and/or Torres Strait Islander peoples and Māori is through the Aboriginal and Torres Strait Islander Mental Health Committee and the Te Kaunihera mo ngā kaupapa Hauora Hinengaro Māori (Te Kaunihera). The College has taken important steps, such as the 1999 RANZCP apology for the role of psychiatrists in the Australian Stolen Generations; establishing these two committees; embedding health equity for Aboriginal and/or Torres Strait Islander peoples and Māori within College strategic plans; and external advocacy for health equity. However, there is considerable work to do to embed cultural safety across the organisation and its education and training programs (see Standards 2.1, 3.2, 7.1 and 9).

The planned second Innovate Reconciliation Action Plan (RAP) and implementation of the Takarangi framework represent substantive opportunities to create more meaningful collaborative partnerships with the members of these two committees. For instance, the team noted some committee members were unaware of the planned RAP, and any consultation done with Aboriginal and/or Torres Strait Islander and Māori members. Importantly, these committees currently report to the Board via the Practice, Policy and Partnerships Committee. While each committee has majority Aboriginal and/or Torres Strait Islander and Māori membership, the chairing of these committees by an Aboriginal and/or Torres Strait Islander person and Māori person respectively supports representation at the Member's Advisory Council, of which the chair

is a member. This is currently not the case for the Aboriginal and Torres Strait Islander Mental Health Committee, and the College is strongly encouraged to review this to implement systems and support for this Committee to be led by an Aboriginal and/or Torres Strait Islander person. In addition, the reporting of these Committees directly to the College Board would elevate and systematically embed these crucial voices and the importance of cultural safety within the RANZCP governance structure, and its education and training programs.

#### *Trainee Engagement in College Governance, Education and Training*

A new structure for trainee participation in RANZCP governance has been designed and implemented. The TRC has been replaced by the Binational Committee for Trainees (BCT) which has expanded terms of reference with respect to identifying trainee concerns, advocacy and dissemination of information to trainees. The BCT is supported by an operational committee. The team noted that while TRC formerly reported to the Board via the Chief Executive Officer, the new BCT will report directly to the Board, and additional reports may continue to be provided via the CEO. A new Trainee Advisory Council (TAC), mirroring the RANZCP Members' Advisory Council, will provide a biannual forum with broader trainee representation including from 'recognised external associations of trainees'. This has been interpreted by the team to be representatives of the associations of psychiatric trainees. It is important that this new structure is evaluated, with feedback from the broader trainee body, to ensure that it is an effective mechanism for trainee involvement in the governance of their training. The College might also consider internal trainee committees at Australian state and territory and Aotearoa New Zealand national levels that would facilitate liaison with the wider trainee body to bring collective voices to the BCT, as occurs in other colleges. See also Standard 7.2 and Condition 16 (due 2024).

Crucially, the team observed through various mechanisms such as the 2021 Medical Board of Australia's Medical Training Survey, the RANZCP trainee exit surveys, AMC surveys and through the site visits, there is a broader group of trainees who feel disenfranchised from their College, believing that the central decision-makers are unwilling to hear them and do not meaningfully consider them in decision-making. They identify limited ways to raise issues and collectively discuss their concerns. The Australian branch training committees and New Zealand National Training Committee have trainee representatives, but many trainees were unaware of the name and contact details of the trainee representative on their training committee. There is no regional/New Zealand national level College trainee group to facilitate trainee leadership and input. Members of the TRC are more engaged and informed than is the broader trainee group, although there remains broader issues around transparency and collaboration with trainees. Wider trainee disengagement from the College represents a significant risk to the sustainability of voluntary College contributions now and into the future when trainees become fellows. These are long-standing issues with potential structural, procedural, and cultural drivers.

The College Board indicates it is aware of these issues and that the COVID-19 pandemic has stressed its structures and communications. It regards the trainee director appointment in May 2022 as the start of its plan to address its relationships with trainees, providing the team with a spreadsheet of completed and planned actions to enhance communications, governance, wellbeing and peer support, and events to engage and support trainees and early career psychiatrists (see also Standard 7.2). The trainee director has commenced regular meetings with trainees to bring issues directly to the Board, plans for more regular central College meetings with trainees and there has been notable increase in communications with trainees.

#### *Consumer and Community Engagement*

A primary mechanism for consumer and community engagement is through the Community Collaboration Committee (CCC) whose purpose is to '*consider the needs, values and views of the community*'. CCC members bring diverse perspectives of those with lived experience and enthusiasm for collaborative and meaningful partnership to inform and resource College education and training activities and their outcomes.

The established CCC is the primary mechanism for interaction with and involvement of health care consumers and those with lived experience. This is an impressive group of contributors, keen to bring their various perspectives and lived experiences to support College programs and activities. Their perspectives and contributions can be further empowered through investigation and development of authentic co-design approaches and methods. A current barrier to their participation is the remuneration schedule and it is recommended that this is reviewed to align with wider health sector expectations. Finally, it is recommended that the scope of the external independent governance review includes the role of consumers in governance, including at Board level, to strengthen their participation and the value derived to better serve the Australian and Aotearoa New Zealand communities.

#### *Management of Risk and Confidentiality*

Directors and senior management describe College culture as 'risk averse' and were aware that this ethos has contributed to delays in decision-making. The team heard that this is a source of significant frustration for many trainees and fellows. The College has a legal services department with in-house legal counsel, senior staff with legal backgrounds, a clear risk management policy (aligned with Standards Australia and reporting through to the Board) and every committee has risk as a standing agenda item. Whilst the team recognises that risk identification and management is good governance, significant risk aversion delays decision-making and necessary action and impairs member relationships and engagement.

A particular concern to some trainees is that all committee members (including trainee representatives) must sign the *Deed of Undertaking in relation to Confidential Information and Conflict of Interest*. This was seen as a factor in the resignation of the TRC in 2021. Whilst the College views the deed as protecting private details relating to individuals discussed at committee meetings and matters that may be commercial in confidence, many in the broader trainee group see this document, particularly clause 4 which mentions 'legal action', as symbolic that their College does not trust them; they view it as a significant barrier to canvassing the views of their colleagues to bring broader trainee perspectives to the College and to trainees on committees sharing information with them. Notably, the associations of psychiatry trainees, which are external to the College, are viewed by trainees as representing a stronger trainee voice. The team is concerned that association members (who are also trainees of the College) and their effectiveness as trainee representatives is curtailed as a result.

The terms of reference for the new BCT include greater details on confidentiality and information sharing. None-the-less the deed of undertaking document appears disproportionately legalistic for its intended purpose, more relevant for the protection of commercially sensitive information at board level, rather than for committee members in a member-based organisation. Given the impact on trainee perceptions of engagement, representation and information flow, the College should review current processes, benchmark itself in the college sector, and consider alternatives for maintaining necessary confidentiality at committee level whilst ensuring trainees feel empowered to consult their colleagues.

#### *Management of Conflicts of Interest*

The College has a guideline, *Declaring and Managing Conflict of Interest*, and procedure for identifying, managing and recording conflicts of interest which includes a standing item on meeting agendas. This is supported by a declaration of interest form for all members. The RANZCP code of conduct also outlines the obligation of directors and committee members in relation to actual or potential material conflicts. However, the current structure with regional and national committee chairs and directors of training represented on central College decision-making bodies and with directors chairing key College committees creates a situation where individuals are involved in decision-making at multiple levels of the organisation. As in previous accreditation visits, there is a tension between College perception and that of some of its trainees, with the latter raising concerns about the management of conflicts of interest in relation to training-related decisions. As this issue is long-standing and influences trainee perceptions of the College, the AMC

recommends that it and the College's approach to confidentiality is included in the scope of the external independent governance review.

## **1.2 Program management**

The accreditation standards are as follows:

- The education provider has structures with the responsibility, authority and capacity to direct the following key functions:
  - o planning, implementing and evaluating the specialist medical program(s) and curriculum, and setting relevant policy and procedures
  - o setting and implementing policy on continuing professional development and evaluating the effectiveness of continuing professional development activities
  - o setting, implementing and evaluating policy and procedures relating to the assessment of specialist international medical graduates
  - o certifying successful completion of the training and education programs.

### **1.2.1 Team findings**

Within its extensive structure, the College has committees with responsibility, authority and capacity to oversee its training program, CPD program, SIMG assessment and certify completion of requirements. The Education Committee (EC) is the centrally governing committee for all education and training functions and appoints chairs and members of the groups reporting to it. Under the EC, training and education functions are distributed across 46 groups including the Committee for Training (CFT), the Accreditation Committee (AC), the Committee for Examinations (with subcommittees for key central summative assessments), the Committee for Continuing Professional Development (CCPD), the Committee for Specialist International Medical Graduate Education (CSIMGE) and the Committee for Educational Evaluation, Monitoring and Reporting (CEEMR). The e-Learning Advisory Group is an advisory group to the Education Committee. Committees under the CFT include the Australian branch training committees, the New Zealand Training Committee, the DoT Advisory Group and a subcommittee for each certificate of advanced training.

All Committees have clear terms of reference on purpose, roles, membership, appointment and reporting lines. There is also a regulation on committee meeting operations. There is widespread and appropriate representation of Aotearoa New Zealand within the structure. There are role descriptions for many key roles, such as the President, appointed trainee director, and terms of reference appeared well understood by those undertaking College functions. As discussed in Standard 1.1, review of the committee structure is planned as part of the independent external review, with the goal of reducing committee complexity.

## **1.3 Reconsideration, review and appeals process**

The accreditation standards are as follows:

- The education provider has reconsideration, review and appeals processes that provide for impartial review of decisions related to training and education functions. It makes information about these processes publicly available.
- The education provider has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.

### **1.3.1 Team findings**

At the time of the accreditation, the College was operating under the 2014 *Reconsideration and appeal policy*, publicly available on the RANZCP website, with review undertaken by the original

decision-making committee, reconsideration by the EC (for training and education-related decisions) and appeals by the Appeal Committee. Trainees, SIMGs and their supervisors reported that they are not clear on processes of review, reconsideration and appeals, including the criteria underpinning decision-making and reasons for decisions being upheld. There is also confusion about the term 'informal reconsideration', terminology the College reports is used interchangeably with 'review' (although this informal term is not in existing official documentation or the new policy).

In February 2022, a revised *Review, Reconsideration and Appeal Policy and Procedure* was approved by the RANZCP Board. This single policy will replace prior separate policies and procedures, describing all three processes with the aim of improving transparency and clarity, supported by plain language information. Revised processes will be supported by two newly established committees, the Education Review Committee and the Independent Reconsideration Panel, along with the pre-existing Appeals Committee. These committees will work closely with the CEO and the RANZCP Legal Services Department. The first stage of the process (Review) remains only available for decisions made under education policies or procedures. Decisions under other policies will continue be managed in the first instance via reconsideration (i.e., these decisions are not managed under the review process but rather enter the process via the second stage, reconsideration).

Following implementation of the revised process, the College should monitor its implementation, including seeking input from the broader group of trainees, SIMGs and their supervisors as well as those accessing the processes, to ensure that the new policy, procedures, and structure improve clarity of access to the three levels and understanding of criteria underlying decision-making, particularly reasons for decisions being upheld.

#### **1.4 Educational expertise and exchange**

The accreditation standards are as follows:

- The education provider uses educational expertise in the development, management and continuous improvement of its training and education functions.
- The education provider collaborates with other educational institutions and compares its curriculum, specialist medical program and assessment with that of other relevant programs.

##### **1.4.1 Team findings**

###### *Current Collaborations*

The College is actively involved in the Tri-Nations Alliance, involving colleges in Canada, Aotearoa New Zealand and Australia, which promotes networking and sharing of information on postgraduate medical education and lifelong learning. Under a memorandum of understanding with the Royal College of Psychiatrists (RCP) in the United Kingdom, the College has access to the RCP catalogue of e-learning resources and, in 2020, consulted on online examinations. Along with the Council of Medical Colleges (CMC) in Aotearoa New Zealand, the Council of President of Medical Colleges (CPMC) in Australia, and related networks, these established relationships provide opportunities for the College to leverage the expertise and experience of other organisations to inform challenges currently faced by the RANZCP.

The College is commended on its work with the Australasian College for Emergency Medicine (ACEM), Australian College of Rural and Remote Medicine (ACRRM), Royal Australian College of General Practitioners (RACGP) and the Royal Australasian College of Physicians (RACP) on the development of a Diploma of Psychiatry, funded by the Australian Commonwealth Department and due for delivery in mid-2023. Aimed at upskilling in psychiatric care for a broader range of medical practitioners, this planned development is widely commended by external stakeholders particularly for its value to rural and regional communities.

### *Continuous Improvement and Enlarging Educational Expertise*

The College has been an early adopter of competency-based medical education through entrustable professional activities, although its training program remains effectively time-based. The 2021 failure of the AVOSCE and implementation of new portfolio-based assessments (the AAP and, subsequently the Clinical Competency Assessment (CCA)) have catalysed the College's strategic intent to embrace a program of assessments that integrates WBAs with centrally administered summative assessments. Whilst this approach is supported by the AMC, the team observed that there was not yet a shared understanding of what is meant by programmatic assessment, even amongst educational committee members, and there are as yet no specific plans and milestones for how this will be achieved. Supervisors understand that the College intends to increase reliance on workplace performance and portfolio assessment but are sceptical about the robustness of these assessments and concerned about workload implications, particularly in the context of significant workforce shortages, locum dependence in some areas, and increasing clinical demands. There remains widespread conviction amongst both trainees and their supervisors about the value of the OSCE examination as an objective point of assessment.

The College identified that there is insufficient internal educational capacity and expertise to manage transition to programmatic assessment with the demands of other planned reviews and operational commitments (see Standard 1.5). To date, the College has supplemented its internal capacity through engagement of external medical education experts on an intermittent, contractual basis. Given the breadth and impact of these reviews, the College will require sustained, expert-led engagement with committee members, supervisors, other fellows, trainees and SIMGs. Strengthening internal medical education capacity and expertise will facilitate the day-to-day relationships required to support College staff, committees, and other stakeholders on an ongoing basis.

There was limited evidence of benchmarking within the College sector in Australia and Aotearoa New Zealand. Salient examples where this will be informative include the planned external governance review, procedures to manage confidentiality for committee members and strengthening trainee engagement and involvement in governance.

## **1.5 Educational resources**

The accreditation standards are as follows:

- The education provider has the resources and management capacity to sustain and, where appropriate, deliver its training and education functions.
- The education provider's training and education functions are supported by sufficient administrative and technical staff.

### **1.5.1 Team findings**

The College has an ambitious work plan of reviews and development across governance, curriculum, assessments, learning resources and supervisor support, in addition to business as usual. Many of these reviews are in their early stages and require close oversight, resourcing, and coordination. There has been a recent increase in staff establishment along with the use of contracted staff, particularly to support the development of the AAP. The College has identified gaps in its capacity to support the large number of projects, particularly around project management, change management, communications, and engagement. In 2023, there are plans to further expand staff resources through a combination of increased establishment and contracted staff, and to develop a project management team with change management capability. The AMC supports appropriate resourcing of key projects.

The College identified that barriers to embedding cultural safety across its education and training programs include the cultural load on the small number of Aboriginal and/or Torres Strait Islander and Māori fellows and trainees, and the widespread demands on Aboriginal and Torres



Strait Islander and Māori organisations within the sector. It is recommended that the College consider building internal capacity for this work by recruiting Aboriginal and/or Torres Strait Islander and Māori people to senior staff positions. This would facilitate the embedding of cultural safety across training and education programs for fellows, trainees, SIMGs and College staff (see Standard 1.7). The team understood that this course of action is under consideration.

## **1.6 Interaction with the health sector**

The accreditation standards are as follows:

- The education provider seeks to maintain effective relationships with health-related sectors of society and government, and relevant organisations and communities to promote the training, education and continuing professional development of medical specialists.
- The education provider works with training sites to enable clinicians to contribute to high-quality teaching and supervision, and to foster professional development.
- The education provider works with training sites and jurisdictions on matters of mutual interest.
- The education provider has effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector to support specialist training and education.

### **1.6.1 Team findings**

Psychiatry remains an area of long-standing workforce shortages in both Australia and Aotearoa New Zealand, particularly in rural and regional areas. This was evident at site visits with multiple references to system stresses on all those working on the front line. The significant burden of disease within communities has been exacerbated by the COVID-19 pandemic, with disproportionate impacts on Aboriginal and/or Torres Strait Islander and Māori individuals and communities, and those in rural and regional areas.

#### *RANZCP Rural Psychiatry Roadmap 2021 – 2031*

The RANZCP Rural Psychiatry Roadmap 2021 – 2031 followed a scoping project by Australian Healthcare Associates in 2020 - 21, which included internal and external stakeholder consultation. The roadmap guides the College's strategy on workforce, focused on the development of the Australian Rural Psychiatry Training Pathway (RPTP), underpinned by progressive actions in governance, selection and onboarding, education programs, clinical rotations, and support. Currently, workforce advocacy occurs primarily at branch and national committee levels, supported by a network of College policy advisors in the branches and the Aotearoa New Zealand office. Central College interacts regularly with the Australian Federal department, including on the National Medical Workforce Strategy 2021 - 2031, and manages significant training posts through programs such as the Specialist Training Program (STP), Integrated Rural Training Program (IRTP) and the Military and Veterans' Psychiatry Training Program (MVPTP). The Diploma of Psychiatry is a further component that addresses rural community needs.

Jurisdictional stakeholders acknowledge their positive relationships with the College and the value of ongoing work under the Rural Psychiatry Roadmap. To date, this has delivered a governance model, successful funding for the RPTP with 21 of 30 posts located in Modified Monash areas 2-7, a RPTP manager and coordinator, a FATES-funded rural director of training (DoT) initiative, exploration of remote supervision models, early work on definitions for preferencing rural background/origin applicants for trainee selection, and provisional accreditation of a rural and regional training zone in Western Australia (commencing 2023). Strong rural and regional training pathways are evident in other areas including north and central Queensland, and New South Wales. Substantive work is underway with the Victorian Government on The Victorian Psychiatry Training Partnership (VPTP) to expand the training pipeline. The

AMC is interested in regular updates on the College's workforce activities and outcomes in future monitoring submissions.

The Rural Psychiatry Roadmap currently does not address similar workforce and community concerns in Aotearoa New Zealand. The College will need to establish relationships with the new Te Whatu Ora (Health New Zealand) and Te Aka Whai Ora (Māori Health Authority) in Aotearoa New Zealand, with the latter particularly in relation to health equity and outcomes for Māori.

#### *Expand Partnerships and Engagement with the Community*

While there is a strong body of ongoing collaborative work with jurisdictions on workforce and in relation to accreditation of training sites and posts, systematic processes for engagement of stakeholders in defining College purpose, and contributing to other College training and education functions is less evident. The standard requires effective relationships with consumers and communities and partnerships with local communities in the Aboriginal and Torres Strait Islander and Māori health sector in order to develop frameworks for systematic input to key issues relating to purpose, training and education functions. Improved co-design approaches in the design and review of training and education programs is required to reflect the College's commitment to joint decision making and working with patients and their families and communities.

As discussed under Standard 1.1, the Aboriginal and Torres Strait Islander Mental Health Committee and Te Kaunihera mo ngā kaupapa Hauora Hinengaro Māori provide the foundation for the College to strengthen the leadership of these communities in relation to its training and education programs. To date, these committees have supported regular yarning sessions with Aboriginal and/or Torres Strait Islander trainees, and cultural supervision for Māori trainees. There is greater opportunity to respect the expertise, experience and leadership of the members of these committees by more meaningful involvement in embedding cultural safety and health equity across the College. An example is inviting the Aboriginal and Torres Strait Islander Mental Health Committee to partner with the Board on initiatives under the RAP.

Similarly, there is scope to further develop engagement with consumers and communities, considering the vast body of work the College is embarking on. While members of the CCC represent community interests in various College committees and projects, such an arrangement does not facilitate ample opportunity for feedback or dialogue with a wider variety of consumers with lived experience. In addition, a disproportionate use of the expertise of CCC members across College activities may contribute to burnout and potentially the loss of significant corporate knowledge. The implementation of standardised evaluation methodology for psychiatry consumers (under Standard 6.2), and a systematic growing of consumer and community networks will support purposeful development of capabilities and maintain currency of the training program in addressing community needs. The team notes the College has signed a three year MOU with Lived Experience Australia and developments in regard to this formalised relationship will be of interest to the AMC in subsequent monitoring reports in relation to its influence on the training program.

### **1.7 Continuous renewal**

The accreditation standards are as follows:

- The education provider regularly reviews its structures and functions for and resource allocation to training and education functions to meet changing needs and evolving best practice.

#### **1.7.1 Team findings**

The RANZCP Strategic Plan 2022 – 2025 has education, training and learning for increased capacity and quality as one of three key priorities. Other priorities include advocacy and collaboration for equity and access, and a connected and contemporary College for community and member benefit. It is clear in this document that the College aspires to improve its education

and training functions, as well as to strengthen health equity and member engagement and communication. Within the Strategic Plan, many of the high-level statements about how the College intends to achieve its priorities align to the specific findings of this AMC reaccreditation report. These include:

- Contemporary governance and delivery of high standard assessment.
- Strengthening culturally safe and inclusive psychiatric care.
- Adapting education to meet community needs.
- Engaging with government and external stakeholders on workforce needs.
- Elevating the voices of those with lived experience.
- Advocating for improved outcomes of Aboriginal and/or Torres Strait Islander peoples and Māori.
- Engagement and open listening with members.

Whilst there are many reviews underway, the process for identifying areas to be reviewed can be described as primarily reactive and situational. Although the College has developed a draft monitoring and evaluation framework (see Standard 6), it is unclear if there are systematic educational quality frameworks that can ‘close the loop’ through continuous, incremental improvements in the College training, CPD and SIMG assessment programs. This requires progressive and regular review and development that is aligned with the monitoring and evaluation framework. Opportunities exist to use the skills and commitment to quality improvement of the CEEMR to assist in developing a systematic educational quality improvement framework and process, underpinned by principles of co-design with trainees, consumers and Aboriginal and/or Torres Strait Islander and Māori stakeholders. Additionally, it is apparent that there is a significant backlog of policy reviews, some predating the COVID-19 pandemic. Examples of policies that may need to be reviewed are the risk management policy (last reviewed in 2018) and the current SIMG policy to align with updated process and curriculum terminology.

The team noted that while the College has committed to advocating for the provision of culturally safe and inclusive psychiatric care and improved outcomes for Aboriginal and/or Torres Strait Islander peoples and Māori in Strategic Plans 2018 – 2020 and 2022 – 2025, cultural safety is not yet embedded across all College activities and programs. The embedding of cultural safety is being considered in the:

- Review of the Entrustable Professional Activities (EPAs) within the training program (Standard 3).
- Development of learning resources (Standard 4).
- Updating of the CPD program to meet regulatory requirements in both Australia and Aotearoa New Zealand (Standard 9).
- SIMG assessment pathways as recognised by the CSIMGE (Standard 10).

To achieve the objectives of its Strategic Plan and contribution to improving outcomes and equity for Aboriginal and/or Torres Strait Islander and Māori peoples, the College must systematically embed cultural safety across its education and training programs, and in training for its fellows, trainees, SIMGs and staff. More broadly, incorporating learning for staff and non-specialists on working and communicating with consumers with lived experience will contribute to supporting safe engagement and behaviours.

## 2022 Commendations, Conditions and Recommendations

### *Commendations*

- A The commitment of College fellows to the governance and delivery of the education and training program, continuing professional development program and assessment of specialist international medical graduates.
- B The appointment of the Trainee Director is a positive step towards recognising trainees as a key stakeholder group.
- C The combined expertise and experience of the Aboriginal and Torres Strait Islander Mental Health Committee, Te Kaunihera mo ngā kaupapa Hauora Hinengaro Māori, and the Community Collaboration Committee are important resources for evolution of the College's education, training, continuing professional development and SIMG assessment programs.
- D The Rural Psychiatry Roadmap 2021 – 2031, the Rural Psychiatry Training Pathway, and development of the Diploma of Psychiatry demonstrate engagement with internal and external stakeholders, and responsiveness to workforce and community needs in Australia.

### *Conditions to satisfy accreditation standards*

- 1 Undertake and complete the planned external review of governance structures, decision-making and management of conflicts of interests and confidentiality, with relevant consultation, benchmarking mechanisms, implementation, and evaluation. (Standard 1.1)
- 2 To ensure appropriate College governance and transparency, and improve the confidence of the broader group of trainees and their perceptions of the college:
  - (i) Identify methods to systematically monitor consistent application of College policies in branch and national committees and training committees in Australia and Aotearoa New Zealand, respectively. (Standards 1.1 and 6.1)
  - (ii) Review and implement changes to address barriers created by the Deed of Undertaking to ensure a balance between effective governance and confidentiality protection, and engagement of and communication with trainees. (Standards 1.1 and 7.2)
  - (iii) Implement the Binational Trainee Committee and Trainee Advisory Committee with regular evaluation mechanisms to ensure effectiveness of the new governance structure. (Standard 1.1.3)
  - (iv) Ensure regular processes for revising and centrally monitoring conflicts of interest to manage actual or perceived bias in decision-making. (Standard 1.1.6)
- 3 Finalise, publish, and implement the revised review, reconsideration and appeals policy with monitoring to ensure that processes are clear and that criteria underpinning decisions are transparent. (Standard 1.3)
- 4 Develop and implement a resourcing strategy to demonstrate resources for sustainable delivery of 'best practice' education and training functions and programs, with consideration of the expertise of medical educators, and Aboriginal and/or Torres Strait Islander and Māori culture and health experiences. (Standards 1.4 and 1.5.1)
- 5 Develop and implement a program of systematic collaboration with relevant internal and external stakeholder groups on:
  - (i) Key issues relating to the College's purpose, education, and training functions.

	(ii) An enhanced leadership role in workforce planning for the specialty to meet the needs of communities in Australia and Aotearoa New Zealand (Standards 1.4 and 1.6.4)
6	Develop and implement systematic processes to strengthen the voice of community participation in the co-design of training and education programs and in all levels of governance. (Standards 1.1 and 1.6.4)
7	Demonstrate commitment to Aboriginal and Torres Strait Islander and Māori expertise, leadership, health, and culturally safe practice by: <ul style="list-style-type: none"> <li>(i) Involving the Aboriginal and Torres Strait Islander Mental Health Committee and relevant community stakeholders in the development and implementation of the Innovate Reconciliation Action Plan. (Standards 1.1 and 1.6.4)</li> <li>(ii) Establishing relationships with Te Whatu Ora (Health New Zealand) and Te Aka Whai Ora (Māori Health Authority) to address workforce needs and health equity for Māori and the broader community in Aotearoa New Zealand. (Standard 1.6.4)</li> <li>(iii) Embedding cultural safety training for all fellows, trainees, specialist international medical graduates and College staff. (Standard 1.7)</li> </ul>
8	Develop and implement mechanisms to ensure systematic and continuous review of: <ul style="list-style-type: none"> <li>(i) Education and training functions, based on evidence, to meet evolving practice and need, with benchmarking against peer organisations in the sector.</li> <li>(ii) College structures and functions, regulations, policies, and guidelines, with regular evaluation mechanisms for quality assurance and improvement. (Standard 1.7)</li> </ul>
	<i>Recommendations for improvement</i>
AA	Consider, in relation to College objectives and the planned external review of the governance structure: <ul style="list-style-type: none"> <li>(i) A skills-based Board, with positions for members with experience in corporate governance, members who are Aboriginal and/or Torres Strait Islander and Māori, and those with lived experience.</li> <li>(ii) Direct reporting of the Aboriginal and Torres Strait Islander Mental Health Committee, Te Kaunihera mo ngā kaupapa Hauora Hinengaro Māori, and the Community Collaboration Committee to the Board, to reflect the College's commitment to and importance of these stakeholders.</li> <li>(iii) Appointment of an Aboriginal and/or Torres Strait Islander person as chair of the Aboriginal and Torres Strait Islander Mental Health Committee.</li> <li>(iv) Trainee committees at branch level in Australia and national level in Aotearoa New Zealand national, to facilitate wider trainee liaison and feedback to the Binational Committee for Trainees and enhance college engagement of and communication with its trainees.</li> <li>(v) Improving trainee engagement at Board level by increasing the term of the Trainee Director to parity with other Directors.</li> <li>(vi) Streamlining the number of committees, with separation of governance and operational responsibilities for education and training. (Standards 1.1 and 1.2)</li> </ul>
BB	Review remuneration practices for consumer involvement to align with health sector expectations. (Standards 1.1 and 1.6.4)

CC Consider, in relation to the resourcing strategy, the inclusion of the expertise of medical educators, and of Aboriginal and/or Torres Strait Islander and Māori culture and health in senior staff positions. (Standard 1.5.1)

## **B.2 The outcomes of specialist training and education**

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### **2.1 Educational purpose**

The accreditation standards are as follows:

- The education provider has defined its educational purpose which includes setting and promoting high standards of training, education, assessment, professional and medical practice, and continuing professional development, within the context of its community responsibilities.
- The education provider's purpose addresses Aboriginal and Torres Strait Islander peoples of Australia and/or Māori of New Zealand and their health.
- In defining its educational purpose, the education provider has consulted internal and external stakeholders.

#### **2.1.1 Team findings**

With an established competency-based medical education (CBME) program, the College is recognised by external stakeholders as a leader in Australia and Aotearoa New Zealand as graduating high quality psychiatrists. The longevity of the CBME program and application of workplace-based assessment (WBA) and entrustable professional activities (EPAs) provides a rich source of data to inform improvements and future directions.

The team noted that there have been no significant changes to the program and graduate outcomes since the 2012 reaccreditation by the AMC. The College's educational purpose does not address its commitment to Aboriginal and/or Torres Strait Islander peoples and Māori and their mental health, nor its other community responsibilities, including the needs of workforce and patients in regional, rural, and remote areas, in line with the Strategic Plan 2022 – 2025 and Rural Psychiatry Roadmap 2021 – 2031. These should ideally be reflected across key College governing documents such as the Constitution, mission statements, and strategic plans.

A revision of the College's educational purpose within the Constitution and key College governing documents should be informed by engagement with internal and external stakeholders. The Aboriginal and Torres Strait Islander Mental Health Committee, the Te Kaunihera mo ngā kaupapa Hauora Hinengaro Māori and the Community Collaboration Committee provide mechanisms for this work to occur in a collaborative way (see Standard 1).

A key priority of the Colleges Strategic Plan (2018 – 2020) is advocacy for improved access to mental health services for Māori, Aboriginal and Torres Strait Islander peoples. Key initiatives to support effective change are the development and implementation of an inaugural Innovate Reconciliation Action Plan (RAP) in Australia and the Takarangi Framework in Aotearoa New Zealand. The College has established a working group to begin work on the Innovate RAP which builds on the College's previous RAP. The Takarangi Framework has been endorsed by the New Zealand Training Committee and will support cultural safety training in Aotearoa New Zealand's mental health and addiction sector. This Framework will also be used for as the basis for cultural safety training for Aotearoa New Zealand trainees. It is anticipated that the development and implementation of the Innovate RAP and Takarangi Framework will impact positively on the College's educational purpose, program, and graduate outcomes.

Stakeholders have highlighted the work on the Rural Psychiatry Training Pathway as an outcome of successful engagement by the College. Also, health departments appreciate the Branch Training Committees efforts to work with them to address concerns and identify opportunities to improve training and health services in Australia.

A Diploma of Psychiatry is in development which is targeted at medical practitioners wishing to gain further experience in psychiatry and may offer an exit qualification for trainees who are not able to complete the requirements for Fellowship. When launched, the Diploma will expand the

RANZCP's educational purpose. It enables non-psychiatrist doctors to upskill in their knowledge of psychiatry and treatment of patients with mental ill health, reflecting successful collaboration, especially with RACGP and ACRRM.

## **2.2 Program outcomes**

The accreditation standards are as follows:

- The education provider develops and maintains a set of program outcomes for each of its specialist medical programs, including any subspecialty programs that take account of community needs, and medical and health practice. The provider relates its training and education functions to the health care needs of the communities it serves.
- The program outcomes are based on the role of the specialty and/or field of specialty practice and the role of the specialist in the delivery of health care.

### **2.2.1 Team findings**

The program and graduate outcomes and training program components are expressed across a range of documents such as the Fellowship Competencies, Learning Outcomes, and Developmental Descriptors, available on the College website. There is a need for the College to develop an overarching training program framework across all three stages of training to bring together the CBME approach and rationale, education purpose, graduate outcomes (Fellowship Competencies), Developmental Descriptors and syllabus and curriculum map, aligned with the Assessment Framework currently under development. This will be elaborated in Standard 3 and 5.

The team heard concerns expressed by fellows and trainees in both Australia and Aotearoa New Zealand that the program outcomes do not adequately reflect the community need for non-acute mental health services and private psychiatry services or the need to address inequity in mental health service access and outcomes. To meet its community responsibilities, these needs should be considered and addressed to ensure services and equity for patients in both acute and non-acute settings.

## **2.3 Graduate outcomes**

The accreditation standards are as follows:

- The education provider has defined graduate outcomes for each of its specialist medical programs including any subspecialty programs. These outcomes are based on the field of specialty practice and the specialists' role in the delivery of health care and describe the attributes and competencies required by the specialist in this role. The education provider makes information on graduate outcomes publicly available.

### **2.3.1 Team findings**

The publicly available Fellowship Competencies articulate the current expectations of RANZCP graduates. These graduate outcomes will need review in order to guide training program outcomes that reflect the community need for non-acute mental health services and private psychiatry practice and to address equity in mental health service access and outcomes for Aboriginal and/or Torres Strait Islander peoples, Māori and more broadly in the community.

The team heard many stakeholders report an opportunity, with leadership from the Aboriginal and Torres Strait Islander Mental Health Committee and Te Kaunihera mo ngā kaupapa Hauora Hinengaro Māori, to improve the program and learning outcomes to equip trainees to address the inequities in healthcare for Aboriginal and/or Torres Strait Islander peoples and Māori and conduct culturally safe practice within the mental health and addiction sector. This also aligns with the College's Strategic Plan 2022 – 2025 that prioritises advocacy on behalf of and connectivity with communities. In addition, embedding a culturally safe approach in its graduate



outcomes will underpin the College's objectives to grow and support Aboriginal and/or Torres Strait Islander and Māori trainees entering the program through to fellowship.

## **2022 Commendations, Conditions and Recommendations**

### *Commendations*

- E The publicly available Fellowship Competencies that clearly define the expectations of a graduate psychiatrist.

### *Conditions to satisfy accreditation standards*

- 9 Explicitly define the College's commitment to Aboriginal and/or Torres Islander peoples and Māori health outcomes and perspectives, and community responsibilities in its educational purpose and within key College documents. (Standard 2.1)
- 10 Ensure program and graduate outcomes acknowledge and address equity in healthcare for Aboriginal and/or Torres Strait peoples and Māori. (Standards 2.2 and 2.3)
- 11 Expand the College's educational purpose, program outcomes and graduate outcomes to reflect community need for non-acute mental health services and services across a range of settings. (Standards 2.1, 2.2 and 2.3)
- 12 Ensure that the needs of Aboriginal and Torres Strait Islander and Māori communities for cultural safety are addressed by:
- (i) Implementing the Takarangi framework across the training, CPD and SIMG assessment programs.
  - (ii) Developing and implementing actions in the Innovate Reconciliation Action Plan that relate to training, CPD and SIMG assessment programs. (Standards 2.1.2, 2.2 and 2.3)

### *Recommendations for improvement*

Nil.

## **B.3 The specialist medical training and education framework**

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### **3.1 Curriculum framework**

The accreditation standards are as follows:

- For each of its specialist medical programs, the education provider has a framework for the curriculum organised according to the defined program and graduate outcomes. The framework is publicly available.

#### **3.1.1 Team findings**

There have been no significant changes made to the curriculum since the previous 2012 AMC accreditation, though the College is undertaking a number of reviews including to develop an overarching assessment framework, integrating assessment and training, a review of the Entrustable Professional Activities (EPAs), and a review of the syllabus. This facilitates a move towards an Assessment and Training strategy in 2025 through recognition of the need for an overarching assessment framework and also presents the opportunity for the College to bring together its competency-based approach mapped to program and graduate outcomes, developmental descriptors and syllabus.

The current review of the syllabus also provides the opportunity to consider the scaffolding of curriculum documents and provide strong linkages for supervisors, trainees, patients, and other stakeholders. As elaborated in Standards 1, 3.2 and 6, curriculum development involving patient-centred care and care planning needs to be inclusive of those with lived experience. Progress on these activities will be of interest to the AMC.

The curriculum documentation is available to trainees and their supervisors but does not clearly articulate the underlying principles and pedagogical approach that underpins the curriculum. For the College to provide a best practice education and training program as prioritised in the Strategic Plan 2022 – 2025, a significant cultural shift from primarily focusing on assessment to understanding and applying a foundation of education and training principles is needed. This will support implementation of the outcomes of the planned reviews.

The curriculum framework or map for Stage 1 and Stage 2 includes seven competency roles, based on CanMEDS, mapped against learning outcomes, the syllabus, teaching and learning opportunities and assessment. The syllabus clearly articulates the depth of knowledge required from awareness of concepts, working knowledge and in-depth knowledge for Stage 1 and Stage 2. There is currently no curriculum framework or syllabus for Stage 3 of training.

The College website contains relevant information for potential and existing trainees and fellows, but many report that it is difficult to navigate, and that information is fragmented (see also Standards 3.4 and 5). In 2022, the College is undertaking a syllabus review which provides an opportunity for careful curation of the curriculum framework. Coupled with a website redesign underway this will enable information to be more accessible to trainees and their supervisors.

### **3.2 The content of the curriculum**

The accreditation standards are as follows:

- The curriculum content aligns with all of the specialist medical program and graduate outcomes.
- The curriculum includes the scientific foundations of the specialty to develop skills in evidence-based practice and the scholarly development and maintenance of specialist knowledge.
- The curriculum builds on communication, clinical, diagnostic, management and procedural skills to enable safe patient care.

- The curriculum prepares specialists to protect and advance the health and wellbeing of individuals through patient-centred and goal-orientated care. This practice advances the wellbeing of communities and populations, and demonstrates recognition of the shared role of the patient/carer in clinical decision-making.
- The curriculum prepares specialists for their ongoing roles as professionals and leaders.
- The curriculum prepares specialists to contribute to the effectiveness and efficiency of the health care system, through knowledge and understanding of the issues associated with the delivery of safe, high-quality and cost-effective health care across a range of health settings within the Australian and/or New Zealand health systems.
- The curriculum prepares specialists for the role of teacher and supervisor of students, junior medical staff, trainees, and other health professionals.
- The curriculum includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, so that all trainees are research literate. The program encourages trainees to participate in research. Appropriate candidates can enter research training during specialist medical training and receive appropriate credit towards completion of specialist training.
- The curriculum develops a substantive understanding of Aboriginal and Torres Strait Islander health, history and cultures in Australia and Māori health, history and cultures in New Zealand as relevant to the specialty(s).
- The curriculum develops an understanding of the relationship between culture and health. Specialists are expected to be aware of their own cultural values and beliefs, and to be able to interact with people in a manner appropriate to that person's culture.
- Additional MCNZ criteria: Cultural Competence: The Training Programme should demonstrate that the education provider has respect for cultural competence and identifies formal components of the training programme that contribute to the cultural competence of trainees.

### **3.2.1 Team findings**

The program is workplace-based and competency-oriented, linked to graduate outcomes, comprising three stages over a period of 60 Full Time Equivalent (FTE) months, with provision for an additional 12 months FTE where required. There is significant flexibility available to trainees with options of part time training and breaks in training.

- Both Stage 1 and Stage 2 have mandatory rotations.
- Stage 1 has a duration of 12 months and Acute Adult psychiatry is a mandatory rotation.
- Stage 2 has a duration of 24 months and includes the mandatory rotations in Child and Adolescent Psychiatry (CAP) and Consultation–Liaison Psychiatry (C-L). The latter two mandatory rotations are well received by trainees and are considered to be strengths in the program. However, bottlenecks in trainee rotations can occur due to health service resource limitations.
- Stage 3 has a duration of 24 months and there are no mandatory rotations. Trainees reported occasions where there were discontinuities between clinical rotations and timing of the associated knowledge, clinical and professional skills training.

While the requirements of the training program are clear, the team identified that there needs to be enhancement and better alignment of curriculum content to teaching and learning resources, and assessment, benchmarked to peer organisation standards and community needs.

### *Expanding Curriculum Content and Training Exposure*

Stakeholder feedback reported a lack of emphasis on psychosocial aspects of training and requested more opportunities to follow patient management and recovery over time. The team noted that psychotherapy content was identified as an area of importance to trainees. They provided feedback that this component (through the Psychotherapy Written Case requirement, see Standard 5) often extended the program duration due to difficulty in gaining supervision. Trainees also identified a need for formal teaching hours to support the acquisition of knowledge and skills. In the current training program, trainees must complete three psychotherapy EPAs in either Stage 2 or Stage 3 of training:

- ST2-PSY-EPA1: Therapeutic alliance.
- ST2-PSY-EPA3: Supportive psychotherapy.
- ST2-PSY-EPA4-CBT: Anxiety management.

The team observed the training program takes place primarily in tertiary hospital settings, community teams and ambulatory settings, noting the training program mandates a six month mandatory Adult Acute rotation in Stage 1 and trainees have the opportunity to work in a variety of settings following completion. Feedback from trainees and fellows indicated there was appetite for greater exposure to groups of patients with low acuity, high prevalence disorders (e.g., mood disorders, anxiety) and their longitudinal management. As a high proportion of low acuity, high prevalence disorders are managed in private psychiatry and other settings, the team considers there is an imbalance in the overall trainee experience that may subsequently impact on the ability to provide appropriate care to varied groups of patients.

To better prepare trainees for independent practice, the team considers opportunities need to be created by the College for trainees to have a broader training experience, particularly in low acuity, high prevalence settings, more accessible in private practice settings and where a high proportion is managed. The team understands the College may not have direct control over accessing these settings, however, this presents an opportunity for advocacy and development to ensure community needs are comprehensively met, and for the training program to reflect the fellows of the College who practise across a range of settings, both public and private.

The College indicates trainees have the option to work in community health settings as part of the training program. The team notes, however, the extent and availability of opportunities in these settings are not always apparent. Training in a community health setting is currently also not a mandatory requirement of training nor is it centrally organised. The College may wish to consider ways to increase opportunities for trainees to be more involved in community-based programs or organisations with more formal coordination on behalf of trainees and making information on opportunities more visible.

Many fellows in both Australia and Aotearoa New Zealand similarly expressed views that there is a curriculum gap in relation to psychotherapy, and that current rotations which are primarily in acute settings do not adequately prepare trainees to develop appropriate skills in this area. Stakeholders also reported the need for mandatory and greater content in neuroscience, addictions, and intellectual disability within the training program.

The review of the training program and curriculum should consider methods to balance trainee experiences in both acute and non-acute settings (as discussed in Standard 2 and 4) as a significant number of psychiatrists work in community health settings and private psychiatry settings. In consultation with trainees and fellows, the College should consider appropriate methods to expand curriculum content and/or exposure to training opportunities to ensure parity with contemporary practice and community need.

### *Patient Centred Approach and Advocacy Role*

The learning outcomes in Stages 1 and 2 of the training program under the Health Advocate role describe that trainees must “*Demonstrate the ability to use expertise and influence to advocate on*

*behalf of patients, their families and carers.*" This is supported by syllabus, teaching and learning options and assessment. There is a learning outcome in Stage 3 of training, however, there does not appear to be related teaching and learning, or assessment methods stated.

Trainees across multiple sites in the final years of the program were not able to clearly articulate the role of specialist psychiatrists in the delivery of safe, high-quality, and cost-effective care across Australia and Aotearoa New Zealand, which is important given their role in delivering and influencing health service design. Robust content that covers health inequity and systematic barriers faced by various individuals and groups in accessing high-quality healthcare in both countries needs further development to support a patient-centred approach and advocacy on behalf of patients and their carers.

The College has a unique opportunity to be leaders in patient-centred care as good mental health underpins every aspect of healthcare and to advocate effectively for patients and carers. In developing improved content for this aspect of training, the team supports an approach that involves relevant stakeholder input to effect change beneficial to patients and the broader community. Formal opportunities to develop leadership and professional skills for practice in public, private and community health settings should also be considered in tandem.

#### *Interprofessional and Interdisciplinary Learning*

There are learning outcomes on interprofessional and interdisciplinary practise in Stages 1 and 2 under the Collaborator role with a number of learning options and related assessment for trainees. There is a learning outcome in Stage 3; however, related learning opportunities and assessment methods are not stated. The team found there are opportunities to identify ways to increase structured interprofessional and interdisciplinary exposure within the training program to embed these more explicitly from the onset of the training program. Many trainees also reflected the desire for increased opportunities to follow patient treatment and recovery longitudinally.

There is currently a mandatory six-month FTE consultation-liaison psychiatry rotation in Stage 2 of training, with additional rotations if desired. The Certificate of Advanced Training in Consultation-Liaison Psychiatry expands on specific training requirements in more detail; however, this is also an elective in Stage 3. The curriculum framework development and syllabus review are opportunities to improve on the learning outcomes and content of earlier stages of training, incorporating opportunities for trainees to demonstrate increased depth of knowledge and skill at each stage, with adequate feedback from multidisciplinary teams. The College has developed templates for multisource feedback for CPD, and it would be opportune to develop a similar approach for trainees in the training program.

With respect to the developing Rural Psychiatry Roadmap and Rural Psychiatry Training Pathway, the ability to work effectively in multidisciplinary teams becomes even more critical and will require a more nuanced approach for specific settings. The recognition of the different skills and knowledge needed in different settings will serve to develop well-rounded practitioners, ultimately expanding access to quality mental health service to more sectors of the community.

#### *Developing Culturally Safe Practice*

The team found that the curriculum offers training on cultural competence as well as self-awareness of trainees' own culture, but the former aspect of the curriculum could be strengthened and updated to reflect current practice. The mandatory Stage 2 cultural competency EPA requires the trainee to be able to reflect upon their own cultural and linguistic background and develop an understanding of culturally and linguistically diverse patients and their families. There are also opportunities in Stage 2 for trainees to develop skills in interviewing and preparing a management plan for Aboriginal and/or Torres Strait Islander peoples, Māori and Pasifika, however, the relevant EPA is only mandatory if undertaken in an associated area of practice.

In Stage 3, Indigenous psychiatry is a six month FTE elective and there are three mandatory Aboriginal and Torres Strait Islander mental health modules that may be completed at any time

of training. These modules are mandatory for trainees in both Australia and Aotearoa New Zealand. It is unclear if there is specific assessment for these modules, and there is no equivalent for Māori, though the team understands relevant modules are being developed. While there are some mechanisms for trainees to develop skills and knowledge, the team considers that the current Stage 2 EPAs, Stage 3 electives, and existing modules may not adequately provide a comprehensive understanding of Aboriginal and Torres Strait Islander, and Māori health, history, and culture, preparing specialist psychiatrists for culturally safe practice, nor are these embedded in the training program.

This view is supported by many trainees and supervisors who reported a need to improve training in culturally safe practice, and trauma-informed care for Aboriginal and/or Torres Strait Islander peoples, Māori and the broader community. The team acknowledges the College has identified the need to embed cultural safety training and practice throughout the training program and in all aspects of College governance, education, and training (see Standard 1). The syllabus review affords the opportunity to embed this critical aspect within the training program. A collaborative approach with relevant stakeholders in the Aboriginal and Torres Strait Islander, and Māori communities is needed to develop appropriate curriculum content and training activities.

#### *Research Literacy*

The team found that, through the scholarly project, trainees have opportunities to undertake research to develop a high level of research literacy. There was variability amongst health services as to the scope of research in which trainees can become involved. Trainees and fellows may both benefit from more specific instruction on how to plan project completion timelines based on different research methodologies to support timely completion of training.

#### *Rural Training Roadmap and Rural Psychiatry Training Pathway*

The curation of curriculum content to respond to the needs of rural communities is an important development in the College's education and training evolution. Planned content relating to rural psychiatry within the curriculum and plans for implementation of expanded training opportunities within the fellowship program will be of interest to the AMC, and details should be provided in subsequent monitoring submissions. Identification of cross-collaboration opportunities with other education providers such as RACGP and ACRRM, and other relevant stakeholders will support integrated curriculum development and identification of teaching and learning methods. Mapping also needs to be carefully considered to ensure alignment to program and graduate outcomes, as well as to assessment methodologies.

### **3.3 Continuum of training, education, and practice**

The accreditation standards are as follows:

- There is evidence of purposeful curriculum design which demonstrates horizontal and vertical integration, and articulation with prior and subsequent phases of training and practice, including continuing professional development.
- The specialist medical program allows for recognition of prior learning and appropriate credit towards completion of the program.

#### **3.3.1 Team findings**

The curriculum involves progressive development of skills, knowledge and attitudes over time, articulated primarily for Stage 1 and Stage 2 of training. There is expectation that trainees in Stage 3 of training build on knowledge and skills developed in earlier training stages. The integration of these learning phases is described in the College's Learning Outcomes document for each stage of training that describe growing proficiency to independent practice, aligned to the CanMEDS framework and roles.

The College's planned review is an opportunity to develop a syllabus for Stage 3 training, and to describe alignment between this syllabus and learning outcomes, learning activities and assessment with more clarity. Providing a comprehensive overview of the curriculum from Stages 1 to 3 will also serve to reduce variation across training sites and posts in the College's devolved model of training,

The team found that there are clear processes (policy and procedure) for recognition of prior learning and credit towards completion of the program. Trainees, specialist international medical graduates and fellows that the team spoke with were generally satisfied with this process, though noted that there may have been delays in response during the COVID-19 pandemic that is expected to be resolved.

Additionally, the College has indicated its self-directed continuing professional development program needs to be more clearly integrated into the training program and suggests that the use of certificated short courses with EPAs may be used in future to demonstrate competence.

### **3.4 Structure of the curriculum**

The accreditation standards are as follows:

- The curriculum articulates what is expected of trainees at each stage of the specialist medical program.
- The duration of the specialist medical program relates to the optimal time required to achieve the program and graduate outcomes. The duration is able to be altered in a flexible manner according to the trainee's ability to achieve those outcomes.
- The specialist medical program allows for part-time, interrupted and other flexible forms of training.
- The specialist medical program provides flexibility for trainees to pursue studies of choice that promote breadth and diversity of experience, consistent with the defined outcomes.

#### **3.4.1 Team findings**

The expectations of the training program are described and publicly available on the College's website, though the information could benefit from improved structure and consolidation as part of the website redevelopment project. Trainees reported the expectations of the training program were well understood, though some trainees requested more communication about the requirements in some areas such as case-based discussions. Though not requirements for fellowship, trainees in Stage 3 of training appreciated the opportunity and flexibility to undertake studies in areas of interest either through the College's various certificates of advanced training in specific areas of practice or with approved overseas terms.

Improvements in trainee progression have also resulted in at least 50% of trainees completing their training within six years, and there is a provision for an additional 12 month FTE if required by trainees. The potential maximum length of completion time of the program is 13 years, which raises questions of recency of practice and contemporary competence at graduation.

The team found that the training program offers significant flexibility for trainees to undertake part-time or interrupted studies, with the latter termed Breaks in Training. The provision of this flexibility is valued by many trainees and positively supported by a range of stakeholders. Despite College policy and many trainees reporting flexible training requests were approved without difficulty, some trainees experienced barriers in attaining this flexibility in their employment.

The College's commitment to addressing gender parity is reflected in the gender balance of trainees in the training program and the continuing advocacy in broader College activities within leadership and academic roles. In continuing evolution of this work, the team recommends the College consider mechanisms to address this variability in support for part-time employment and training across local networks. Working with health services and training posts to identify

opportunities for part-time or job-sharing opportunities for trainees would be advantageous. Central monitoring of trainee completion times and patterns may be required to improve supports for completion of assessment requirements, flexible training and overall trainee wellbeing.

## **2022 Commendations, Conditions and Recommendations**

### *Commendations*

- F The public availability of broad curriculum maps for Stage 1 and Stage 2 of training, linked to learning outcomes, learning activities and assessments.
- G The focus on developing specific curriculum content as part of the Rural Psychiatry Roadmap to respond to the needs of rural communities in Australia.
- H The support trainees receive to take breaks in training and pursue studies of choice within the training program.

### *Conditions to satisfy accreditation standards*

- 13 Develop and implement an overarching curriculum framework and enhanced mapping aligned with program and graduate outcomes, syllabi, and assessment for all stages of training. This work should include implementation timelines and coordinated with:
  - (i) Completing the planned review of the syllabus in Stage 1 and 2 of training.
  - (ii) Establishing a clear syllabus and curriculum map for Stage 3 of training. (Standards 3.1 and 3.2)
- 14 Review and implement enhanced curriculum content, including explicit learning outcomes and relevant minimum clinical experience to ensure all graduates have capabilities in:
  - (i) Psychotherapy and high prevalence disorders to prepare graduates for non-acute presentations.
  - (ii) Neuroscience, addictions, trauma-informed care, and intellectual disability.
  - (iii) Leadership and working in multidisciplinary teams to prepare for roles in both public and private practice and community settings.
  - (iv) Delivering high quality, patient centred mental health care with understanding of health inequities and systemic barriers in Australia and Aotearoa New Zealand. (Standards 3.2.3, 3.2.4, 3.2.5, 3.2.6 and 3.3.2)
- 15 Develop and implement explicit learning outcomes for trainees to develop culturally safe practice in Australia and Aotearoa New Zealand supported by and mapped to specific learning resources and assessments. (Standards 3.2.9 and 3.2.10)
- 16 Develop and implement mechanisms to centrally monitor the application of the College's "break in training" and part-time policies at local training sites. (Standards 3.4.3)

### *Recommendations for improvement*

- DD Structure and consolidate information about the training program and curriculum in documentation and on the College website to improve accessibility and understanding for trainees, supervisors, and other stakeholders. (Standard 3.1)
- EE Update the use the terms "cultural safety" and "cultural competence" in the curriculum and other College documents to reflect current practice. (Standard 3.2.9)



## **B.4 Teaching and learning**

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### **4.1 Teaching and learning approach**

The accreditation standards are as follows:

- The specialist medical program employs a range of teaching and learning approaches, mapped to the curriculum content to meet the program and graduate outcomes.

#### **4.1.1 Team findings**

The College utilises a range of approaches to deliver the teaching and learning components of its training program. No significant changes were observed to the College's teaching and learning approach since the 2012 AMC accreditation, though it is relevant to note, significant reviews underway to shape a strategic assessment and training framework, due in 2025, will influence the existing approaches.

##### *Competency-based and Work-place Based Approaches*

The College uses a competency-based approach in the training program with standards set according to the stage of the program a trainee is in (Stages 1, 2 or 3). Teaching is delivered through a mix of "classroom" and workplace-based activities.

The College's workplace-based program is structured around 16 mandatory Entrustable Professional Activities (EPAs) across three stages of training, noting the large number of optional EPAs available. This relies on the dedicated input of a principal supervisor for each trainee (with a minimum 0.3 FTE and four hours of supervision each week). There are a series of workplace-based assessment activities that drive learning in addition to assessment of EPAs. These include Case Based Discussions, Mini-Clinical Evaluation Exercise, Observed Clinical Activity, Professional Presentation, and Direct Observation of Procedural Skills. EPAs and assessment approaches are among the reviews underway at present that will inform the assessment and training framework.

##### *Mandatory Formal Education Course*

Participation in an accredited Formal Education Course (FEC) is mandatory, with satisfactory attendance required in Stages 1 and 2 of the training program, although the team did not hear of consequences of non-attendance. The purpose and form of the FEC within the overall training program is variously stated in the College's 2022 accreditation submission and descriptions include:

- *"...the theoretical knowledge underpinning the Fellowship program, as described in the syllabus" (page 107);*
- *"Delivering the syllabus for stages 1 and 2, FECs provide the theoretical knowledge that underpins psychiatry practice" (page 112) and*
- *"...must include opportunities for trainees to engage in discussion and critical evaluation of the scientific literature in clinical psychiatry and related fields." (page 112)*

A review of the purpose and role of the FEC commenced in the second half of 2022, and the outcome of this review will be of interest to the AMC, including how "vested interests" (page 185) are identified and managed. Specific comments about the delivery of FECs are made below in Standard 4.2.

##### *Online Resources and e-Learning*

The College has a large resource of online modules covering many topics, made available to trainees. In addition to these, there are podcasts available on various topics with other learning modalities referenced by the College to include in delivering training, including local health service education programs, self-directed learning by trainees preparing for assessment tasks or other identified learning needs. Many of these resources are available on the College's learning

management system, Learnit, which maintains a catalogue of College-developed and other online resources. In 2021, the College transitioned to a new platform, SAP Litmos, with increased functionality and has the ability to better locate eLearning content on a given topic area.

The College's eLearning Advisory Group is responsible for providing advice on e-learning resources, and time-limited groups are formed, such as the syllabus review working group, tasked with specific objectives. It is important these groups work in collaboration to carry out the College's strategic plan of delivering contemporary psychiatry education and training in Australia and Aotearoa New Zealand.

The College's trainee management system, InTrain, is an excellent adjunct to the training program, and supports trainees, directors of training and supervisors to track progress in training, completion, and administrative requirements. The team were impressed with the functionality and application of the InTrain system and backs the plans by the College to utilise the system to better support training program functions, and capacity for systematic and electronic data collection to facilitate monitoring and evaluation (Standard 6).

#### *Alignment of teaching and learning approaches and curation of educational materials*

The extent to which these teaching and learning approaches map to curriculum content, program and graduate outcomes is variable and, in some cases, (e.g. EPAs) is more apparent than in others (e.g. FECs). Another dimension is the ease with which trainees, supervisors, directors of training and others can access and be informed by mapping of educational activities to program and graduate outcomes to enhance understanding of connections between learning activities and outcomes. In addition, developing a centralised roadmap of educational programs and activities will support trainees in managing their learning, and supervisors to deliver more consistent teaching.

## **4.2 Teaching and learning methods**

The accreditation standards are as follows:

- The training is practice-based, involving the trainees' personal participation in appropriate aspects of health service, including supervised direct patient care, where relevant.
- The specialist medical program includes appropriate adjuncts to learning in a clinical setting.
- The specialist medical program encourages trainee learning through a range of teaching and learning methods including, but not limited to: self-directed learning; peer-to-peer learning; role modelling; and working with interdisciplinary and interprofessional teams.
- The training and education process facilitates trainees' development of an increasing degree of independent responsibility as skills, knowledge and experience grow.

### **4.2.1 Team findings**

#### *The Supervisor's Role in Training*

The role of the supervisor is central to delivering the College's training program and, as the training program has continued to evolve, supervisors are being asked to make greater contributions to assessment activities. This raises a number of issues relevant to both Standard 5 and Standard 8 and additional comments on this issue are made in those standards. Here, it is important to note that the AMC standards require that there is an effective calibration of supervisors undertaking these expanded roles, and a College-level monitoring and evaluation system of supervisor assessments to ensure consistency across jurisdictions within Australia and Aotearoa New Zealand.

### *Balancing Training Experience and Central Monitoring*

The team heard from many stakeholders, including trainees and fellows, that training experience in Australia was disproportionately focused on acute inpatient and custodial settings. As noted in Standard 3.2, this effectively limits trainees developing a wider scope of skills and experience to support other patient populations, presentations, and contexts. The team noted, however, in Aotearoa New Zealand, where psychiatry is predominantly practiced in public health services, trainees are able to gain experience in a variety of acute and non-acute mental health settings.

The team understands there may be systems constraints, particularly in accessing private practice training, however, there are opportunities for binational learning on ways to implement similar mechanisms for trainees in Australia, working with fellows in private practice and leveraging on strong relationships with the Commonwealth and jurisdictional Departments of Health and health services to increase training opportunities in this underrepresented, yet important, setting. Likewise, the College should continue to broaden, prioritise, and make apparent, training opportunities in community mental health settings to keep in step with growing community need across jurisdictions in Australia and Aotearoa New Zealand.

The team also heard that there was difficulty in some training locations in accessing consultation-liaison and child and adolescent psychiatry rotations that may benefit from more centralised coordination by the College. Relatedly, the team heard concerns from trainees and supervisors in some jurisdictions that service pressures, particularly in in-patient settings, inhibited access to supervisory sessions and the reflection time needed for skill development. The team understands access to training opportunities and quality of training was monitored by local directors of training to ensure alignment with College requirements. However, it did not appear that the central College had clear sight or data on the quality of all accredited training sites or posts. The InTrain system observed by the team has the functionality to improve the College's ability to centrally monitor the delivery of the training program requirements and to intervene when necessary for the benefit of trainees.

### *Variation and Quality of Formal Education Courses*

The team found there continues to be a significant variation in the quality, content, relevance, and cost of the FECs and observed a lack of consistent alignment with program and graduate outcomes, noting all FECs were accredited in 2021. There is also wide variability in perceptions of the educational merit of the FECs across the spectrum of those available. The team learned there were highly regarded FECs in South Australia, the Hunter New England, Queensland, and Aotearoa New Zealand, while there was widespread dissatisfaction expressed by trainees about some FECs, particularly in New South Wales and Victoria. Concerns ranged from the quality of delivery to the provision of content mis-aligned to a trainee's current placement and practice.

In addition, the team observed trainee access to FECs was generally determined by geographical location, rather than there being provision of wide access to all available courses. The COVID-19 pandemic has facilitated online access and greater flexibility, and trainees may participate in a FEC in another location but require the agreement of the related Director of Training.

There is also a wide-ranging fee structure that adds to the inequity, financial burden and inevitably, dissatisfaction, for a significant number of trainees in the College's training program. This was reflected to the team in site visits and AMC surveys.

There is also significant contribution by local educators, such as supervisors, in developing and delivering regional or localised education resources, particularly where FECs are delivered by the training program at jurisdictional level. The contributions by local educators and the additional workload they undertake should be recognised more visibly by the College. In addition, the resources created by local educators need to be recognised and supported by the College as critical to the training program, with steps taken to curate a central set of resources (including e-learning modules, localised and overseas resources) that builds on various local education

programs and current activities to support consistent delivery of teaching and learning and ensures equity of access for all trainees.

The delivery of FECs has historically been and continues to be highly devolved. This devolved approach to education and training creates a structural barrier to equitable access by trainees to high quality education and training that is relevant to program outcomes. The team supports the College’s plan to conduct an external review of the current utility of the FECs and encourages this aspect of delivering the training program be looked into with urgency. The College needs to ensure the review has broad terms of reference to address content alignment and delivery (including asynchronous methods and equity of access and cost). From the onset of the review, there should be widespread and transparent consultation with relevant stakeholders to consider the purpose and validity of FECs as an educational tool in Stages 1 and 2 of training, with respect to variations in content, equity of access and cost for trainees.

*Developing Increasing Independent Responsibility for Practice*

The team heard some stakeholders express concern that early Stage 1 trainees were placed in positions in inpatient services that require knowledge about high-risk medications, the Mental Health Act and their role in their tribunals, appeals or community treatment orders before they had received adequate training. Similarly, there was feedback that trainees were sometimes required to undertake complex child and adolescent assessments before they were ready. Although it appeared that there were mechanisms to raise and respond to concerns locally, the team considers there is scope for the College to centrally monitor these incidents in view of patient safety, and to provide some additional support to trainees and supervisors locally.

**2022 Commendations, Conditions and Recommendations**

<i>Commendations</i>	
I	The availability of College-developed e-learning modules on Learnit, and the InTrain trainee management system, effectively used in the delivery of the training program.
J	The provision for trainees in Aotearoa New Zealand to gain experience in a variety of acute and non-acute mental health settings and services.
<i>Conditions to satisfy accreditation standards</i>	
17	Develop, implement, and monitor increased opportunities in non-acute settings and longitudinal care to facilitate the expansion of skills and experience of trainees in the training program. (Standards 4.2.1 and 3.2)
18	Evaluate the utility of Formal Education Courses, addressing their purpose as a valid educational tool, and develop and implement measures to address variations in content, course fees and equity of access for all trainees. The evaluation should involve relevant stakeholder consultation from the onset, and transparent reporting of outcomes. Developmental measures should include contemporary modes of delivery to align with trainee’s clinical placements. (Standard 4.2.2)
19	Curate a central set of educational materials and activities and roadmap to support consistent delivery of teaching and learning, aligned with program and graduate outcomes, and assessments. (Standard 4.2.2)
20	Develop and implement central College monitoring of trainee development of independence, with clear articulation of service expectations, required skills and responsibility for Stage 1 trainees. (Standard 4.2.4)

*Recommendations for improvement*

- FF Identify ways the InTrain system may improve the College's ability to monitor the delivery of training program requirements centrally and systematically. (Standards 4.1 and 4.2)
- GG Recognise the contributions of local educators to the development and delivery of regional and localised education resources in the College. (Standard 4.2.2)

## **B.5 Assessment of learning**

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### **5.1 Assessment approach**

The accreditation standards are as follows:

- The education provider has a program of assessment aligned to the outcomes and curriculum of the specialist medical program which enables progressive judgements to be made about trainees' preparedness for specialist practice.
- The education provider clearly documents its assessment and completion requirements. All documents explaining these requirements are accessible to all staff, supervisors and trainees.
- The education provider has policies relating to special consideration in assessment.

#### **5.1.1 Team findings**

The current requirements of the College's training program require trainees to meet the course requirements as set out in the training program documents. Training in the Fellowship Program is completed in three stages and progression through these stages is evaluated through a series of assessments that are part of the training process, to provide feedback to trainees on their development. In addition, trainees, and partially comparable SIMGs complete College-administered assessments, which comprised the core focus of this assessment review.

The training program outlines the requirements for trainees to become fellows of the College. Requirements for Stages 1 and 2 of training are publicly accessible on the College website. The team found that assessment requirements are clearly documented, and recent improvements have been made in the clarity of communication about changes to assessment requirements, which has been appreciated by trainees and supervisors. A number of policy and procedure documents complement summative assessment regulations and are specific to each assessment. Key policy documents guide the delivery of WBAs and EPAs in the training program. A significant number of documents providing description and information on College examination and assessment requirements are publicly available to trainees and supervisors on the College website.

The College has provided a generous amount of information on their program of assessment and are employing a program of assessments that integrates workplace-based assessments and summative assessments, planned for implementation by 2025. The details of the steps and milestones to achieve this are as yet not determined.

#### *Development of the Assessment and Training Framework*

The development of the Assessment and Training Framework and evolution of programmatic assessment approaches requires not only a continuing commitment to clear communication about requirements but investment in communication about the rationale and evidence base for the chosen approach and the benefits for trainees and assessors.

There are a number of related reviews of curriculum content and delivery and of assessment tools, which require careful and expert coordination. Similarly, the College's ambition to move towards programmatic assessment will require careful change management and expert-led engagement with fellows, supervisors, and trainees. The team found that trainees, supervisors, Directors of Training, and central College committees recognise that there is the potential for increased workload for stakeholders in the move towards greater reliance on workplace-based assessment and this will need to be carefully monitored and managed.

In developing the Assessment Framework, there is a need to address concerns expressed consistently by trainees, supervisors and directors of training, across both Australia and Aotearoa New Zealand about the overall burden of assessment. The team heard from a number of senior trainees and their supervisors reports that trainees take breaks in training to complete central summative assessments, suggesting a mismatch between assessment load and program duration.

There is also scope for the embedding of culturally safe and inclusive practices within assessment in consultation with Aboriginal and/or Torres Strait Islander and Māori trainees, fellows, and consumer representatives.

Engaging more widely with consumer representatives to ensure that lived experience informs development of the Assessment and Training Framework and decision-making about fit for purpose assessments would also be of benefit.

#### *Change Management and Communication*

As discussed in other standards, there is work for the College to regain the trust of trainees, SIMGs, and fellows, and a robust communication strategy aimed at key stakeholders and audiences is vital to gaining confidence in forthcoming assessment and training changes. The College should also consider that the number of ongoing reviews carries the risk of overcommitting with limited resources, and therefore, reducing the College's ability to deliver in a timely and complete manner. There is also the risk of increasing fatigue of directors of training, supervisors and trainees, who are recovering from the effects of the COVID-19 pandemic.

As a management measure, the team recommends utilising project/program management methodology with appropriate change management strategies to support delivery and implementation of these important assessment and training reviews. Clear and realistic prioritisation of changes with evidence of rationale for implementation, practical timelines and transparent communication will enable more significant stakeholder buy-in to changes to assessment methods and processes.

#### *Special Consideration in Assessment*

The College's Special Considerations policy is clear, available to all candidates, and publicly accessible on the College website. Requests are considered and approved by the Committee for Examinations. The requirements involve receipt of applications three weeks prior to the central summative assessment event, and the team considers there is scope to review how emergency issues that arise within the three weeks to the day before the assessment are managed.

The policy does not explicitly cover workplace-based assessment, although trainees or SIMGs may request special consideration from the Committee for Training at any point in the training program. Given the emphasis on workplace-based assessment and its contribution to summative assessment in the training program, the College should develop and implement a policy for trainees and SIMGS to apply for special consideration in relation to WBAs systematically and transparently.

## **5.2 Assessment methods**

The accreditation standards are as follows:

- The assessment program contains a range of methods that are fit for purpose and include assessment of trainee performance in the workplace.
- The education provider has a blueprint to guide assessment through each stage of the specialist medical program.
- The education provider uses valid methods of standard setting for determining passing scores.

### **5.2.1 Team findings**

The College has been an Australian leader in developing workplace-based assessment methods that are aligned to program outcomes and progressively test trainees' knowledge and skills in the context of their practice. The team found that the College provided clear guidelines for trainees, supervisors and assessors, through the training program and related assessment modalities. The College's Learning Outcomes document prescribes expectations of trainees to attain in training

assessed in the In-Training Assessment (ITA) and the Developmental Descriptors document identifies behavioural descriptors and criteria to be assessed in WBAs by supervisors. These are relevant for all three stages of training and are aligned to the CanMEDS roles.

### *Methods of Assessment*

The College utilises wide-ranging methods of assessment, both formative and summative, to determine trainee readiness for Fellowship and independent practice. Formative assessment (WBA, mid-rotation ITA, Observed Clinical Activity) is predominantly conducted at local training sites during trainee rotations. EPAs are considered summative assessment in the workplace. To complete each stage of training, trainees must attain a specified number of EPAs and the completion of a minimum of three WBAs is used to inform assessment of each EPA.

The Fellowship Examination is administered centrally by the College, and as part of the Examination, candidates undertake three high-stakes examinations, involving:

- A Multiple-Choice Question (MCQ) examination comprised of 140 Multiple Choice Questions (MCQs) and two Critical Analysis Problems (CAPs) (of 190 minutes duration).
- Two essay-style examinations comprising the Critical Essay Question (CEQ) and the Modified Essay Questions (MEQ) (four to six questions) of 180 minutes duration).
- A 15-station (11 active, 4 byes) Objective Structured Clinical Examination (OSCE) (of 200 minutes duration), which was supplemented by the Audio Visual OSCE (AVOSCE) format during the COVID-19 pandemic to support online examination. Following failure of the AVOSCE in 2021, the College replaced the OSCE with the AAP initially and, from the second half of 2022, the CCA (see below).

The College also centrally administers the Psychotherapy Written Case, involving an assessment of trainees providing supervised psychotherapy, and the Scholarly Project, involving original research relevant to psychiatry. Both of these are summative assessments, expected to be completed by the end of Stage 3 and 60 months FTE of training.

The introduction of online applications and results letters integrated into InTrain, the strengthening of psychometric analysis of the written examinations, the reduction in the number of items in the MEQ, and the introduction of the Direct Observation of Practice as an additional WBA are all significant improvements.

### *Assessment Blueprinting*

The College's centrally administered Fellowship examinations, summative and formative WBAs are aligned with and blueprinted to the CanMEDS roles, aligned to the Fellowship Competencies and to Stage 3 of training. Though the Learning Outcomes and Developmental Descriptors provide an overview of assessment expectations, there is scope for blueprinting to be similarly more defined in Stages 1 and 2 of training and mapped to Fellowship Competencies. This would support greater calibration of assessment standards in these training stages and help assessors identify expectations when reviewing assessment in the workplace.

The stations of the OSCE were blueprinted to descriptors to the CanMEDS roles and Fellowship competency descriptors, covering eight disorder groups and three skills areas relevant to psychiatry practice:

Anxiety disorders	Psychotic disorders
Child and adolescent disorders	Substance use disorders
Medical disorders in psychiatry	Other disorders (e.g., neuropsychiatric, sex, sleep, somatoform, eating, etc)
Mood disorders	Clinical assessment skills
Personality disorders	Governance and other skills (e.g., ethics, consent, Indigenous, rural, etc)



The format of the OSCE has undergone several adjustments in response to increased demand over time for assessment and, more recently, in response to the impacts of the COVID-19 pandemic. The environment of the pandemic facilitated change and consideration of the recommendations of the examination review by the Australian Council for Educational Research (ACER) in 2020.

#### *The Alternate Assessment Pathway*

The College developed and implemented the Alternate Assessment Pathway (AAP) as an emergency measure to assess candidates affected by the failure of the 2021 AVOSCE Fellowship Examination. The AAP is based on multiple points of assessment over a short period of time to assess the competencies of trainees in the final stage of training to become competent general psychiatrists. The assessment pathway comprises of two assessments:

- Portfolio Review, involving the three most recent end of rotation ITAs, including at least one at Stage 3 level.
- Case-based discussion, a 45 minute discussion with two assessors assessing performance, should the Portfolio review not demonstrate achievement of required competencies.

The team acknowledges the College’s communication with the AMC over the course of managing the failure of the 2021 AVOSCE and implementation of the AAP, noting there was considerable frustration and anxiety expressed by trainees during this period.

The College has kept the AMC apprised of the ongoing developments of the AAP, and the numbers of trainees and SIMGs who have undergone and completed this process is shown in the table below. The commitment and work of fellows, College staff and trainees to bring resolution to this matter to ensure no further delays to trainee progression to Fellowship is recognised by the team.

***Note: Data correct as at 13 December 2022***

	<b>AAP/V November 2021</b>	<b>AAP March 2022</b>	<b>CCA September 2022</b>
<b>Trainees</b>	<b>207</b>	<b>447</b>	<b>90</b>
Pass	201	396	75
Fail	5	47	1
In Progress	1	4	14
<b>SIMGs</b>	<b>36</b>	<b>43</b>	<b>7</b>
Pass	33	36	7
Fail	3	7	0
In Progress	0	0	0
<b>Overall</b>	<b>243</b>	<b>490</b>	<b>97</b>
Pass	234	432	82
Fail	8	54	1
In Progress	1	4	14

*NB. The AAP for November 2021 commenced in February 2022 and concluded in November 2022, with one candidate pending assessment at the time of this report. The AAP for March 2022 commenced in March and concluded in September, with 4 assessments in progress at the time of this report.*

### *Transition of the OSCE to the Clinical Competency Assessment*

In the wake of the cancellation of the 2021 AVOSCE and experience with the AAP, the College reviewed a number of options for an alternative Fellowship examination to replace the OSCE. It has adopted the Clinical Competency Assessment (CCA) as the method of summative clinical assessment, based on the format of the AAP. Candidates will undergo a Portfolio review and those that do not meet the standard proceed to a Case-based discussion. The main difference between the CCA and AAP is that candidates must complete one Stage 3 rotation of at least six months FTE and at least one Stage 3 ITA recorded by the College. Some partially comparable SIMGs will have only two ITAs assessed. The CCA was implemented from the second half of 2022.

The team heard feedback from many fellows and trainees who expressed apprehension about the validity of the CCA as a summative assessment tool, citing objectivity of the process as one of the main aspects of concern. In addition, the team understands the process of stakeholder consultation may not have provided adequate opportunities for dialogue or input from a broad group of trainees and supervisors in the development of the CCA from the onset.

The team understands that many trainees and supervisors perceive the OSCE as the key tool that provides highly calibrated and objective external assessment of a broad range of clinical practice scenarios. The team heard widespread concern and distress about its abrupt removal, seemingly with limited consultation or understanding of justification for this change. Additionally, there are concerns about the use of workplace assessment as the basis for final assessment, without adequately addressing issues of its calibration and avenues for objective, independent assessment, especially in training sites where trainees or SIMGs may feel unable to receive a fair assessment of their performance. An additional concern is the lack of benchmarking of standards of workplace assessment across branch and national training regions, adding to the sense of a lack of equity.

The strengthening of calibration of assessors and objectivity across the program of assessments must be addressed in the new Assessment and Training Framework and related reviews. To improve the confidence in the changes in assessment, the team recommends early evaluation of the CCA as an appropriate replacement for the OSCE, with an appropriate and transparent stakeholder consultation and feedback process.

### *Written Assessment – CEQ, MEQ and Psychotherapy Written Case*

The psychotherapy written case, which sometimes is considered challenging to complete, is highly regarded by trainees for its focus on continuity of care and should be considered as an ongoing assessment. The low pass rates in the MEQ and CEQ raise concerns about reliability and validity, and the team heard that essay questions do not appear to align with real world psychiatrist practice requirements. This was particularly the case for the CEQ which is widely regarded as not aligned with psychiatric practice. This is supported by the findings of the ACER review, particularly views of supervisors that the outcomes of the essay exams do not reflect trainee performance. This includes concerns that the format discriminates against some groups of candidates. The lack of the framework linking these assessments to learning outcomes makes the scope and purpose of assessment unclear. Further, a review of the essay question exams for alignment of testing formats with practice requirements, knowledge and skills rather than an ability to succeed in testing assessment technique needs to be considered. If not addressed, these exams will continue to raise concerns about equity in assessment.

A review and benchmarking of the MEQ and CEQ should be undertaken as part of the assessment framework review to determine their assessment utility. Equitable approaches should be considered for candidates for whom English is a second language, to ensure assessment fairness with additional support provided to ensure these candidates have the best chance of passing. The team also heard digital approaches would be appreciated, as the CEQ and MEQ still require handwritten responses.

### *Entrustable Professional Activities*

The College offers a broad range of EPAs within its program of assessment to assess competency in the activities of psychiatric practice. A handbook, last updated in 2018, to guide the mandatory completion of 16 EPAs in Stages 1 and 2 is available on the College website. The team notes a review of the breadth of EPAs is being undertaken to identify areas of duplication and address the burden of assessment raised by trainees and supervisors. In the review and development of EPAs, the team recommends that the College:

- Work with trainees and supervisors in the review of EPAs to identify opportunities to reduce the number of EPAs to focus on high-quality, high relevance activities.
- Demonstrate its respect for Aboriginal and Torres Strait Islander and Māori expertise within the College by engaging the Aboriginal and Torres Strait Islander Mental Health Committee and Te Kaunihera to lead development in assessing culturally safe practice and care.
- Engage the expertise of the Community Collaboration Committee and other community stakeholders, especially those with lived experience.
- Increase attention to standard setting and calibration in assessment of the EPAs, and by extension the WBAs and ITAs, to assure supervisors, trainees and directors of training of validity and reliability.

### *The Cost of Examinations and Examination Preparation*

In Standard 4, the team highlighted inconsistencies in different jurisdictions associated with financial costs imposed on trainees associated with the FECs. The team heard a similar ongoing concern about the costs associated with trainees accessing external examination preparation courses that will require addressing, as trainees in some jurisdictions in Australia have to grapple with additional fees related to examinations along with the burden of assessment.

While the team recognises external examination preparation courses are not organised by the College and trainees have elected to undertake them, this raises questions around the availability of central examination preparation courses and resources provided by the College. Developments with virtual course offerings during the COVID-19 pandemic have further highlighted these inequities for trainees in relation to the variability and access to course content and delivery. The College should look into exemplars available in both Australia and Aotearoa New Zealand that will enable equitable and fair access to resources for examination preparation for all candidates, both trainees and SIMGs, regardless of where they are located. This will become more important as the college develops its rural psychiatry training pathway.

### **5.3 Performance feedback**

The accreditation standards are as follows:

- The education provider facilitates regular and timely feedback to trainees on performance to guide learning.
- The education provider informs its supervisors of the assessment performance of the trainees for whom they are responsible.
- The education provider has processes for early identification of trainees who are not meeting the outcomes of the specialist medical program and implements appropriate measures in response.
- The education provider has procedures to inform employers and, where appropriate, the regulators, where patient safety concerns arise in assessment.

### 5.3.1 Team findings

There are several measures for trainees to access if they are not meeting the required milestones or competencies of the Fellowship program. Trainees who are unsuccessful in a rotation ITA or have not passed a particular summative assessment after two attempts are required to commence assessment based targeted learning. Not passing an assessment by the trajectory point as per the Progression through Training Policy also requires trainees to complete progression based targeted learning. The Progression through Training Policy and the Targeted Learning Policy and Procedure are well described, and available on the College website.

The InTrain system provides sophisticated functionality to support the early progress and early identification of trainees who are not meeting the outcomes of the training program, and the capability to detect patterns and provide data to inform the regular review of assessments. Through InTrain, a principal supervisor can access any WBA and EPA, and feedback provided on their trainee's performance completed by a prior supervisor.

The team also heard that directors of training are apprised of the performance of trainees under their jurisdiction for College administered summative assessments, as shown in the following table.

#### Feedback to DoTs on Centrally Administered Assessments

Assessment	Mechanism
SP and PWC	DoTs receive an examination result report of the candidates in their zone. They also receive a copy of the feedback letter for each of their unsuccessful candidates.
CEQ and MEQ	DoTs receive an examination result report of the candidates in their zone. They also have access via InTrain to receive a copy of the candidates' feedback letters, both pass and fail. A general post examination report, after each exam, is based on an examiner feedback survey, and addresses the overall performance of that cohort.
OSCE	DoTs receive: <ul style="list-style-type: none"> <li>• An examination result report of the candidates in their zone.</li> <li>• A copy of unsuccessful candidates' feedback letters.</li> <li>• The general post examination report after each exam which is based on the examiner post exam meeting and the examiner feedback survey.</li> </ul>
MCQ	DoTs access a post examination report via InTrain. This report contains the examination status (successful or unsuccessful) for each candidate within that DoTs training zone. The report also includes the number of attempts at the examination as well as a flag indicating if Targeted Learning or Targeted Review is required. A general post examination report is also made available showing cohort characteristics in relation to the content areas.

Further, the team notes the feedback to trainees regarding their performance on centrally administered summative assessments is provided following the finalisation of the results (table below). The aim of the feedback provided is to foster discussions between trainees and their supervisors and/or DoTs to identify areas for improvement. This is well articulated in the College's 2022 accreditation submission that outlines the mechanisms and content of feedback provided by the College for centrally administered summative assessments.

## Feedback to trainee on Centrally Administered Summative Assessments

Assessment	Mechanism
<b>SP and PWC</b>	Written feedback is provided to trainees who did not demonstrate the required standard. This feedback is generated by the examiners during the marking process.
<b>CEQ and MEQ</b>	A detailed result letter providing feedback and bench marking for each blueprint for MEQ and competencies for CEQ is provided to all candidates. A general post examination report, based on examiner feedback, is published on the College website.
<b>OSCE</b>	A detailed result letter is provided to all candidates including: <ul style="list-style-type: none"> <li>• Total score on each station with the cut score for each station as a reference.</li> <li>• Total score on Fellowship competencies assessed across stations with a cohort mean and standard deviation as a reference.</li> </ul> A general post examination report based on examiner feedback, general feedback and station descriptions including some statistics, is published on the College website
<b>MCQ</b>	A detailed result letter is provided to all candidates including: <ul style="list-style-type: none"> <li>• Results broken down by question type and content area.</li> <li>• The proportion of marks achieved from each content area as well as the contribution of each content area to the total score, which provides information on the candidate's relative strengths and weaknesses.</li> </ul> A general post examination report based on overall performance broken down by question type and cohort performance, based on question content areas, is published on the College website.

Whilst the mechanisms for feedback are clear, the team noted in some sites delays in feedback or, in some instances, SP and PWC feedback was limited and/or long delays in grading of assessment left trainees concerned about impacts on their progression through training.

The team acknowledge the introduction of the Trainee Exit Survey and this survey indicated that trainees felt that result letters did not provide sufficiently individualised feedback to candidates, whether they have passed or failed the assessment. In response to this finding, result letters to candidates have been refined to better reflect the areas of relative strengths and weaknesses for each trainee. Only about 34% of respondents in the 2021 Medical Board of Australia's Medical Training Survey viewed the feedback as useful and timely.

Whilst consistent with the nationally recorded response, these results and the ACER report find this is an area for further improvement. All colleges are required to provide all exam candidates with constructive and timely feedback on their performance, for ongoing development.

### 5.4 Assessment quality

The accreditation standards are as follows:

- The education provider regularly reviews the quality, consistency and fairness of assessment methods, their educational impact, and their feasibility. The provider introduces new methods where required.
- The education provider maintains comparability in the scope and application of the assessment practices and standards across its training sites.

### 5.4.1 Team findings

The team commends the College's commitment to review and improve its assessment methods and processes, evidenced by the ongoing Assessment and Training Framework review and other concurrent related reviews. Assessment has been an area of development for the College over several years prior to the changes precipitated by the COVID-19 pandemic. The undertaking by the College to continue assessment development, in line with emerging evidence on good practice assessment methods, was evident and demonstrated its ambition to move towards programmatic assessment approaches.

#### *The 2020 ACER Review and Recommendations*

The commissioning of ACER to conduct a full-scale examination review was in recognition of the consistently low pass rates for essay-style examinations in comparison to other summative assessments and increasing feedback on the challenges of passing these exams, coupled with the overall burden of assessment. The overarching focus of the 2020 ACER recommendations was to suggest areas for improvement that would ensure examination processes are transparent, consistent, fair, and ultimately, defensible. In addition, the recommendations would ensure the College delivered high quality assessment that is reliable, valid with practicality and efficiency in mind, via an integrated program of assessments.

The College has developed an implementation plan approved by the Board and Education Committee to respond to the ACER recommendations to better align the quality, consistency, and fairness of assessment methods. A number of early actions have been undertaken by the College in response:

- The decoupling of the CEQ and MEQ components of the former essay-style examination and evaluation of the outcomes.
- Initial scoping work towards a more flexible examination delivery system, with online written exams and distribution to examiners for marking.
- Recognition that trainees in rural and regional areas have less access to resources and support for the Scholarly Projects, resulting in the development of better central support resources for trainees. This includes exemplars for each project type available on the College website. Note that this work was not part of the ACER recommendations.

The team recognises the College's efforts to address the quality, consistency, and fairness of assessment methods and is keen to see the ACER recommendations systematically considered and implemented as a method of quality assurance for assessments with a clear focus on alignment across the College's training program footprint.

The team heard mixed reactions to new assessment methods and processes, such as decoupling of the CEQ and MEQ, that it did not practically reduce the burden of assessment. nor were these assessments well-defined. Additionally, there is wide perception that inadequate stakeholder consultation was incorporated and nor did evaluation processes contribute to continuous improvement. The team identified perception among trainees and fellows that the College is slow to respond to the ACER recommendations and may disregard some of these recommendations for improvement. There is also concern that planned reviews may not adequately reduce the burden of assessment, which has been widely experienced by both trainees and supervisors as excessive, particularly in relation to other programs in the Australasian college sector.

The delivery of the Assessment and Training Framework, planned for 2024, which aims to improve alignment of program and learning outcomes and assessment methodologies, is one of the key ACER recommendations. The team recommends focus on responding to the 2020 ACER Review recommendations to:

- Ensure robust blueprinting and standard setting for all College examinations.
- Enhance the quality and timeliness of feedback to both pass and fail candidates.

- Ensure special considerations are applicable to all aspects of assessment.

In addition, while there is clear College support for breaks in training as a reflection of equity and flexibility (see Standard 3.4.3), trainee feedback indicated that the high prevalence of breaks in training results from the inability to complete training requirements within the duration of the program. This points to a misalignment between training requirements (especially the summative assessment load and requirements) and program duration. Evaluation and engagement are required to determine the reasons for breaks in training and identify any underlying structural issues within the training program, including the program of assessments.

## 2022 Commendations, Conditions and Recommendations

### *Commendations*

- K The College has been a leader in developing workplace-based assessment methods that progressively test trainees' knowledge and skills in the context of practice.
- L The notable commitment of fellows and staff in developing and implementing the Alternate Assessment Pathway to enable progression of trainees to fellowship.
- M The InTrain system provides sophisticated functionality to support the early identification and support of trainees not meeting the outcomes of the training program.

### *Conditions to satisfy accreditation standards*

- 21 Develop, implement, and monitor the outcomes of the Assessment Framework review with evidence of:
  - (i) Improved alignment of assessment methods to program and graduate outcomes.
  - (ii) Effective engagement with relevant stakeholders, including those with lived experience, in development and implementation plans.
  - (iii) Embedding of culturally safe and inclusive practice, and feedback from those with lived experience, in the program of assessment.
  - (iv) Effective monitoring of the workload of supervisors and Directors of Training to ensure wellbeing is looked after with appropriate support and training. (Standards 5.1, 1.6.4, 6.1, and 8.1.3)
- 22 Provide evidence of the application of valid project/program management and change management methods to ensure appropriate sequencing of work, accountability for delivery, timely implementation, and effective communication of actions and rationale related to the Assessment Framework. This should be part of an overarching plan that includes other planned reviews and the integration of these with each other and the program of assessment. (Standard 5.1)
- 23 Systematically review the breadth of assessment methods with a view to reducing the burden of assessment on trainees and their supervisors. This includes an evaluation to determine reasons for the high prevalence of breaks in training undertaken in order to complete summative assessments, so that there is improved alignment of assessment requirements and program duration. (Standards 5.1 and 5.2)
- 24 Develop and implement systems to monitor and ensure calibration of workplace-based assessment practices and assessors across different training sites and posts. (Standards 5.2, 5.4.2 and 8.1.3)
- 25 Monitor and evaluate the Clinical Competency Assessment as an appropriate replacement for the Objective Structured Clinical Examination. (Standard 5.2)

- 26 Review and benchmark the content and role of the Clinical Essay Question and Modified Essay Question examinations to ensure utility and fitness for purpose, including relevance of each to contemporary practice. (Standard 5.2)
- 27 Develop and implement the outcomes of the review of Entrustable Professional Activities (EPAs) with evidence of:
- (i) Opportunities to reduce the number of EPAs to focus on high-quality, high relevance activities.
  - (ii) Engaging Aboriginal and Torres Strait Islander and Māori expertise within the College to lead development in assessing culturally safe practice and care.
  - (iii) Engaging the expertise of consumer and community stakeholders with lived experience in development of the EPAs. (Standard 5.2)
- 28 Develop and implement outcomes arising from the 2020 ACER Review recommendations in summative assessments to:
- (i) Ensure robust blueprinting, standard setting, and calibration for all College assessments. (Standards 5.2.2 and 5.4)
  - (ii) Enhance the quality and timeliness of individualised feedback to both pass and fail candidates. (Standard 5.3)
  - (iii) Ensure special considerations are applicable to all aspects of assessment and examinations, including for emergency situations. (Standard 5.1.3)
- 29 Respond to the 2020 ACER RANZCP Examination Review by reporting on the rationale for implementation or non-implementation of all recommendations to the College Board. (Standards 5.2 and 5.4)

*Recommendations for improvement*

Nil.



## **B.6 Monitoring and evaluation**

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### **6.1 Monitoring**

The accreditation standards are as follows:

- The education provider regularly reviews its training and education programs. Its review processes address curriculum content, teaching and learning, supervision, assessment and trainee progress.
- Supervisors contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses supervisor feedback in the monitoring process.
- Trainees contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses their confidential feedback on the quality of supervision, training and clinical experience in the monitoring process. Trainee feedback is specifically sought on proposed changes to the specialist medical program to ensure that existing trainees are not unfairly disadvantaged by such changes.

#### **6.1.1 Team findings**

The Committee for Educational Evaluation, Monitoring and Reporting (CEEMR) is a constituent committee of the Education Committee and has the responsibility for the ongoing monitoring of the educational activities of the College. The membership of CEEMR is sufficiently diverse given the level of maturity of the College's approach to monitoring and evaluation, and members are able to articulate the governance structure in which they operate and reporting relationships within the College. The CEEMR has a commitment to ensuring further development of the monitoring and evaluation strategy, processes and methods of engagement that will result in significant benefit for the College.

The team observed that members of the CEEMR are appropriately curious about understanding the reasons for the work that they undertake and the influence that this work has on the College and its stakeholders. The CEEMR has the capacity to highlight the limitations of current process and practice and can identify pathways to improvement and appropriate considerations of gaps that require further opportunities for development. As the approach continues to mature, there will be further pathways to consideration of the governance of monitoring and evaluation and how this more broadly informs the strategic activity of the College.

The College regularly reviews its training and education programs and demonstrates the commitment and capacity to review its processes that look to address curriculum content, teaching and learning, supervision, assessment, and trainee progress. There is a strategic approach to this body of work, which is currently developmental, however, it provides a foundation of future enhancements that will see benefit for all stakeholders.

#### *Developing a Draft Monitoring and Evaluation Framework*

The College has embarked on a draft monitoring and evaluation framework to guide its approach and there are opportunities for more richly informed qualitative approaches and independent pathways to gathering information, feedback, and data. It will be important for the College to continue the work to finalise and implement the monitoring and evaluation framework with a focus on clearly identifying timelines for completion and key performance indicators in parallel with the implementation of other College education and training initiatives.

The team considers this is an opportune time to focus on diverse stakeholder engagement, qualitative approaches and co-design principles in developing the monitoring and evaluation framework. Key stakeholder groups should include trainees, supervisors, directors of training, SIMGs, Aboriginal and/or Torres Strait Islander peoples and Māori, employers and consumer and community members. There are opportunities to further enhance existing mechanisms to ensure

greater contribution in relation to co-design and co-production of monitoring and evaluation process and practice with a richly informed body of representative stakeholders.

#### *Contribution of Supervisors and Trainees*

The College currently utilises approaches to monitoring that mainly focuses on surveys and quantitative collection as a method for informing monitoring programs. The CEEMR has acknowledged the opportunities that present for further informing qualitative approaches and elements of co-design that will further enhance their approach to monitoring and dissemination of information to the broadest range of stakeholders.

The main mechanism for supervisors to provide feedback is through the training site/post accreditation process, while the Trainee Exit Survey enables graduating trainees to provide their views on the training program. Continued engagement with supervisors is recommended to ensure pathways to participation in relation to monitoring and evaluation. There are opportunities for supervisors or directors of training to engage in co-design or communication of newly developed processes of engagement.

The College should consider ways to incorporate structured feedback mechanisms from supervisors, as the main providers for education and training in local training sites. In addition, the team heard trainees in smaller centres struggle to provide open feedback on the effectiveness of supervisors and directors of training or advanced training. Mechanisms to maintain trainee confidentiality will better support this group of trainees to safely provide timely and meaningful feedback (see also Standard 8.1). There is an intention to develop the capacity of the approach and systems to understand reasons for trainees withdrawing from training or taking longer to finish training. This work could be further developed with trainees and a co-produced mechanism of design and implementation applied. This would also enhance pathways to stronger engagement with trainees and a more thorough understanding of the needs of this stakeholder group.

#### *Continuing Professional Development*

The team understands the College is looking into mechanisms to monitor and evaluate continuing professional development (CPD), that will be further informed by engagement processes underway in relation to regulatory changes to CPD in Australia and Aotearoa New Zealand. The aim is to evaluate CPD in a way that also includes greater inclusion of qualitative research methods. This approach is encouraged and provides a pathway to further enhancements. This work will also be taken in conjunction with the Committee for CPD, which also remains focused on monitoring and evaluation.

## **6.2 Evaluation**

The accreditation standards are as follows:

- The education provider develops standards against which its program and graduate outcomes are evaluated. These program and graduate outcomes incorporate the needs of both graduates and stakeholders and reflect community needs, and medical and health practice.
- The education provider collects, maintains and analyses both qualitative and quantitative data on its program and graduate outcomes.
- Stakeholders contribute to evaluation of program and graduate outcomes.

### **6.2.1 Team findings**

The College has developed standards against which the program and graduate outcomes can be evaluated. The program and graduate outcomes broadly incorporate the needs of both graduates and stakeholders, and that of medical and health practice. There are further opportunities for the College to ensure that the needs of community and health consumers are reflected. These elements remain developmental at this time. Further development informed by

enhancements to the overarching monitoring and evaluation framework and maturing of co-design activities and governance approaches will further support the Colleges plans in this regard.

The majority of the data gathered and utilised in relation to the program and graduate outcomes is quantitative in nature. Additional qualitative approaches including those co-designed by individual stakeholder groups would be of benefit. The CEEMR is committed to a more fully informed approach to qualitative measures and supported engagement processes.

The Kirkpatrick model for evaluation of training is utilised and there is an awareness of the limitations of this model and the need to ensure that additional data is utilised to supplement the understanding of arising issues or trends. Developmental opportunity exists in incorporating a matrix of feedback mechanisms about the program and graduate outcomes, including readiness for psychiatric practice, from a range of stakeholders including employers and diverse consumer groups.

#### *Broadening Opportunities for Engagement with Consumers*

Whilst some stakeholders contribute to the evaluation of program and graduate outcomes, there is an opportunity for broader evaluation approaches. The team notes that the College understands the benefits of enhancing this approach. The development of the monitoring and evaluation framework could give greater depth of reference and commitment to this approach with key performance indicators reflecting this priority to ensure an effective capacity for oversight and accountability. There is a broader conversation that the College can embark upon around consumer and community expectations.

The College is aware of the need to explore opportunities to expand pathways to gathering qualitative data to ensure a fulsome approach to monitoring and evaluation. This is of particular significance in the collection of data (qualitative and quantitative) that relates to lived experience.

It is acknowledged that there is limited fulsome engagement with broader groups of consumers and community in relation to monitoring and evaluation. The team has noted this extends to limited engagement with Aboriginal and/or Torres Strait Islander peoples and Māori and communities. This impacts on the capacity to ensure that monitoring and evaluation is a strength focused mechanism that ensures the organisation's capacity to be responsive to consumers and community expectations.

The CEEMR recognises the need for this broader body of collaborative work to be developed as a matter of priority to ensure relevance and believe there is room for pathways for consumers and community to feed into the College processes and be part of forming collaborative relationships. At present the strategy and systems to support this co-design program are still in their developmental stages and the development of this approach will ensure sustainability and relevance of the training program being delivered.

#### *Cultural Safety and Cultural Competency*

There is acknowledgement that the incorporation of cultural safety and cultural competency mechanisms is under development rather than as a result of an embedded mechanism of categorical engagement and reflection. Monitoring and evaluation in this regard was fit for its intended purpose but fairly narrow and will require a body of co-designed or co-produced work to ensure relevance and appropriate reflection of contemporary practice.

Currently, engagement with Aboriginal and/or Torres Strait Islander peoples and Māori is limited, and data collected is primarily from trainees and fellows. Future plans looking at how to further enhance pathways for external stakeholder input are being considered. This will create opportunities to implement models that will provide a greater depth of information with a pathway of participation through mechanisms as determined by the community groups closely related to the outcomes of the specialist medical program.

### **6.3 Feedback, reporting and action**

The accreditation standards are as follows:

- The education provider reports the results of monitoring and evaluation through its governance and administrative structures.
- The education provider makes evaluation results available to stakeholders with an interest in program and graduate outcomes, and considers their views in continuous renewal of its program(s).
- The education provider manages concerns about, or risks to, the quality of any aspect of its training and education programs effectively and in a timely manner.

#### **6.3.1 Team findings**

The College provides reports regarding the results of monitoring and evaluation through its governance and administrative structures. The CEEMR demonstrated that they understood the structures in place and that the Board were responsive to information provided in particular that relates to assurance and compliance. The CEEMR is currently in a process of development enlightened by a strategic and structural approach to inform internal College stakeholders whilst ensuring a focus on jurisdictional and external stakeholder obligations.

The College ensures evaluation results are available to stakeholders with an interest in program and graduate outcomes. As the approach to broader inclusion of stakeholder perspectives is added to the maturing approach to monitoring and evaluation, there will also be the opportunity for more diverse approaches to communication and engagement. This will further ensure that the broadest range of stakeholder views is considered as the College prioritises continuous renewal of its programs.

There is a commitment to collecting and publishing data about its activities in a range of ways. Given the level of interest in shared understanding approaches to the development of the education programs there is a pathway to more broadly sharing information across platforms and mechanisms that are preferred by stakeholders. This will also serve to expand information exchange between the College and stakeholders, particularly trainees, supervisors, consumers, and community.

#### *Opportunities for Improvement*

Planning is in place to work toward a real time dashboard of data to inform timely sharing of monitoring and evaluation. Other methods of communicating outcomes, including those informed by qualitative approaches, will further enhance this future work. With consideration of the benefit of currency of monitoring and evaluation information and effective communications practice, the College will move toward technology and platforms informed by contemporary databases to provide fellows and trainees with access to data provided in real time on a dashboard.

The CEEMR demonstrated the capacity to undertake their role to provide advice, assistance and support to other internal committees who perform evaluation, research and or monitoring activities. This is an example of opportunities to enhance shared learning and further scale up approaches to skills development in relation to the collective responsibilities that relate to ongoing and organisation wide monitoring and evaluation.

The College is aware of the need to manage concerns raised about, or risks to, the quality of any aspect of its training and education programs. The team observed commitment to effectively engage in these matters and understand the need to further enhance pathways to ensure a responsive and transparent approach that is undertaken in a timely manner. To date the focus on compliance and risk has driven the work of monitoring and evaluation within the College. A priority has been placed on jurisdictional and external governance obligations and reporting, with further development of a broader stakeholder approach planned.

## 2022 Commendations, Conditions and Recommendations

### *Commendations*

- N The commitment to a robust monitoring and evaluation approach to implement a process of co-design and co-production with stakeholders.
- O The annual Trainee Exit Survey that provides clear guidance on areas of strength and improvement from a new fellow perspective.

### *Conditions to satisfy accreditation standards*

- 30 Finalise the monitoring and evaluation framework with a timely implementation plan, key performance indicators, demonstration of diverse stakeholder engagement in co-design and mechanisms to capture qualitative data. (Standard 6.1)
- 31 Implement regular and safe processes for trainees in smaller centres, specialist international medical graduates, Aboriginal and/or Torres Strait Islander peoples and Māori, employers and consumers to provide feedback on program delivery, development and program and graduate outcomes. (Standards 6.1.3 and 6.2.3)
- 32 Include lived experience content and influence on outcomes and actions taken in monitoring and evaluation reports. (Standard 6.3)

### *Recommendations for improvement*

Nil.

## **B.7 Trainees**

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### **7.1 Admission policy and selection**

The accreditation standards are as follows:

- The education provider has clear, documented selection policies and principles that can be implemented and sustained in practice. The policies and principles support merit-based selection, can be consistently applied and prevent discrimination and bias.
- The processes for selection into the specialist medical program:
  - o use the published criteria and weightings (if relevant) based on the education provider's selection principles
  - o are evaluated with respect to validity, reliability and feasibility
  - o are transparent, rigorous and fair
  - o are capable of standing up to external scrutiny
  - o include a process for formal review of decisions in relation to selection which is outlined to candidates prior to the selection process.
- The education provider supports increased recruitment and selection of Aboriginal and Torres Strait Islander and/or Māori trainees.
- The education provider publishes the mandatory requirements of the specialist medical program, such as periods of rural training, and/or for rotation through a range of training sites so that trainees are aware of these requirements prior to selection. The criteria and process for seeking exemption from such requirements are made clear.
- The education provider monitors the consistent application of selection policies across training sites and/or regions.

#### **7.1.1 Team findings**

The College's policy, *Registration for Entry into Training*, detailing requirements for selection into training, covers the broad assessment criteria, and selection components and process. The policy is publicly accessible on the College website and was last updated in 2018. The Branch and New Zealand National Training Committees lead and coordinate the process of selection, consistent with the College's devolved model of training. Selection committees are convened locally and each consists of a member of the related Training Committee, local training program committee and/or local health service personnel as the employer, trainee representative, a human resources advisor and consumer representative. In Aotearoa New Zealand, Māori applicants may request a local cultural representative.

While there is detail on the College website on selection, including the selection criteria published in a PDF document, consideration may need to be given to better organisation and signposting to enable the information to be more easily located.

#### *Monitoring of Selection Processes and Criteria*

The College has continued with a selection process that is implemented through the Branch and National Training Committees in Australia and Aotearoa New Zealand, respectively. Each of these Committees convenes a Selection Panel and there are two models that are adopted. One is where the Selection Panel is linked with employing services, so selection and employment decisions are integrated, and the other is a two-stage process where there are separate interviews with the employer and with the College.

The process of the accreditation of training programs monitors the application of selection policies and criteria on a five yearly cycle and appears to be the main mechanism utilised by the

central College to monitor the application of selection policies across all jurisdictions. In spite of this, the team observed there was significant variation in the practical application that did not ensure validity or reliability across training sites and will need improvement to improve central College visibility of different local approaches to ensure equity.

The College uses general selection criteria which include academic performance, employment history, competence in general medicine, experience working as a doctor in a psychiatric setting, ability to work in teams, understanding of psychological factors in medicine and psychiatry, interpersonal and communication skills, information and communication technology skills, other useful experiences, and skills and professional conduct.

The selection criteria are assessed with the applicant's written application, curriculum vitae, referee reports, candidate statement and interview. Favourable consideration is given to those applicants who can document the following experiences: work with disadvantaged groups, work with people from other cultures and Indigenous people, work in rural areas and skills in languages other than English.

#### *Variation in Selection Process and Criteria*

The team heard that trainees generally found selection criteria and process clear and adhered to in their respective jurisdiction. The team, however, observed that on Branch and National Training Committee websites, there was wide variation seen on whether selection criteria were displayed to applicants, in addition to the College selection criteria document being difficult to locate on the College website. A significant number of trainees also indicated to the team that there was a lack of assurance of a reference to culture in the selection process or if specific cultural supports were available in the training program. This may also include supports for those from migrant backgrounds or from the LGBTQIA+ communities. There could also be better communication in relation to changes to selection policies, processes, and criteria.

When assessing the College's documentation and practices related to selection it was clear that there could be improvement in the selection process by providing applicants with centralised, clear and publicly available principles and policy on selection into training which are mapped onto the roles of specialist practice. These principles and policy could also specifically address the community need in relation to Aboriginal and Torres Strait Islander and Māori equity as well as the rural community need which would support improvement of selection across training sites.

The team heard there was variability in selection criteria being applied across training programs, and some areas with greater focus on service needs than assessing training suitability. There were also concerns raised about the rigour of the selection process and identifying suitable behaviours and interest in mental health. While the team accepts there may be some variation due to different health service requirements, the College needs to consider more frequent monitoring of selection and also ensure all Branch and National Training Committees make their specific selection criteria publicly available on their respective websites. This will reduce perceived lack of transparency and enable potential trainees to make an informed choice when applying for selection into the training program, noting the application and selection are separate processes.

#### *Weighting of the Selection Criteria*

The College must have centralised, clear and publicly available principles and policy for selection with weighting, mapped to roles of practice for the speciality and address the community need, in relation to Aboriginal and Torres Strait Islander and Māori equity, and the rural community. The team considers there will be several benefits to this approach:

- Weighting selection criteria allows for a more transparent and inclusive process, while still enabling a localised approach where needed.
- The CanMEDS roles are central to the training program's learning outcomes and will help identify suitability for practice as well as supporting recognition of prior learning in a systematic manner.

- Including weighting for rurality enhances selection in the generalist training program, and not just in the Rural Psychiatrist Training Pathway.
- Including weighting for Aboriginal and/or Torres Strait Islander peoples and Māori will align with the College's overall strategy for Indigenous Health and support increased recruitment.

The College is encouraged to benchmark selection policy, criteria, and weighting in consultation with other specialist medical colleges in Australia and New Zealand.

#### *Recruitment of Aboriginal and/or Torres Strait Islander and Māori Trainees*

Recruitment of Aboriginal and/or Torres Strait Islander and Māori trainees is monitored by the College through self-identification of applicants at time of registration with the College and a number of initiatives support recruitment into the training program:

- The Psychiatry Interest Forum (PIF) is a well-developed tool to recruit trainees and detailed ways are provided to attendees of how Aboriginal and/or Torres Strait Islander and Māori trainees are supported to attend and participate.
- The availability of Indigenous Financial Support Initiatives to support the retention of Aboriginal and/or Torres Strait Islander and Māori trainees, which commenced in 2020. This financial support is provided to assist with the costs of specialist training, participation in RANZCP Congress and conferences, and other activities associated with the achievement of Fellowship.

In spite of these initiatives, recruitment numbers remain low at a total of 14 Aboriginal and/or Torres Strait Islander applicants and 16 Māori applicants and subsequently, trainees, between 2019 and 2021. The number of Māori trainees entering the program was six in 2019, one in 2020 and nine in 2021. While these recruitment statistics are not unique to this College and acknowledging the College has supported the recruitment and selection of Aboriginal and/or Torres Strait Islander and Māori trainees with some success, strategic improvements can be made.

While monitoring of recruitment has been done by the College, specific mechanisms for selection of these trainees requires further development. College selection processes must support the selection of Aboriginal and/or Torres Strait Islander and Māori trainees in line with the overall College Strategic Plan to improve health outcomes for Aboriginal and/or Torres Strait Islander peoples and Māori and communities.

The College indicates 41.6% of the current PIF membership identifies as Aboriginal and/or Torres Strait Islander, Māori and Pasifika and since 2013, there were 46 members, who identify as Indigenous, transitioned into the training program. This is an encouraging statistic and the College acknowledges finding ways to increase participation of medical students and prevocational doctors at the PIF as an area of focus and improvement.

Additional practical supports in the training program for Aboriginal and/or Torres Strait Islander and Māori trainees relating to meeting cultural obligations and access to culturally safe support either within or external to the College may be considered. The increased focus on culturally safe practice across the College overall may also increase confidence that the needs of Aboriginal and Torres Strait Islander and Māori communities are a priority of the College.

## **7.2 Trainee participation in education provider governance**

The accreditation standards are as follows:

- The education provider has formal processes and structures that facilitate and support the involvement of trainees in the governance of their training.

### **7.2.1 Team findings**

There have been recent concerns with the degree to which trainees have been involved in the governance of their training, with a significant number of resignations from the Trainee



Representative Committee (TRC) following the failure of the AVOSCE in November 2021. Resignations were received from four of the 11 jurisdictional members and five of the six non-jurisdictional members.

The College has begun to respond by improving trainee representation and engagement in governance processes as detailed in Standard 1. This includes the May 2022 appointment of a trainee to the Board with full voting rights. This development was welcome by trainees during stakeholder consultation. The other has been the structural reform of trainee representation. The Board has approved a change to the governance model with the TRC now called the Bi-national Committee for Trainees (BCT). The BCT is made up of a chair, two deputy chairs and ten jurisdictional members (two trainees from Aotearoa New Zealand and a trainee from each state and territory in Australia). The new structure also acknowledges the sometimes-difficult relationship the College has had with the external Associations of Psychiatry Trainees (APTs). The new model includes a Trainee Advisory Council that includes the APTs and will meet twice a year. There has been positive feedback from trainees on trainee engagement in constituent committees such as the Branch Training Committees and New Zealand National Training Committee.

In spite of recent and public improvements, steps still need to be undertaken to ensure parity is reached with other members of the College. The team found that the college has publicly articulated plans to ensure trainees have voting rights and for the trainee body to elect the trainee representative. There remains a significant number of trainees and supervisors who perceive College engagement to be superficial and reactive, and the lack of progress on voting rights and failure to directly address trainees concerns about assessments reinforces this impression.

There is a significant cultural issue that appears to self-perpetuate as similar concerns about college engagement with its trainees were reported at and since the last AMC accreditation in 2012. Although there has been a measure of improvement over time and recently, when communicating with trainees following the 2021 AVOSCE failure, the team has not observed significant or sustained change. The MBA's 2021 MTS indicates 45% of RANZCP respondents agreed that the College sought their views on the training program, and, in feedback to the team over the course of this assessment, many trainees indicated they did not have adequate opportunity to comment on proposed changes to the training program.

The team's view is that it is imperative the College show intention to change perceptions by demonstrating genuine listening and responsiveness to all trainee concerns, and ensuring all trainees' contributions to the training program, and to the College more broadly, are acknowledged and valued. Strong College leadership is required to ensure the value of trainee engagement is elevated, open and aligned with contemporary practice.

### **7.3 Communication with trainees**

The accreditation standards are as follows:

- The education provider has mechanisms to inform trainees in a timely manner about the activities of its decision-making structures, in addition to communication from the trainee organisation or trainee representatives.
- The education provider provides clear and easily accessible information about the specialist medical program(s), costs and requirements, and any proposed changes.
- The education provider provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.

#### **7.3.1 Team findings**

The College communicates a significant amount of information to trainees through its website, email communiques, newsletters, bulletins, and the InTrain system. Communication with trainees has been a concern especially since the AVOSCE failure in November 2021. There was strong feedback from trainees that communication surrounding this was not timely or transparent. The

College has acknowledged these concerns and created a detailed engagement support strategy to improve communication with trainees after this event. These communiques and the Board's public apology, at the 2022 Annual General Meeting, for the distress caused by the 2021 AVOSCE failure are noted by the team.

There, however, does not appear to be an overarching and ongoing trainee communication strategy, and current tools do not generally encourage dialogue. Many trainees indicated to the team that changes to the training program were not communicated ahead of time. The 2021 MTS survey indicate 69% of RANZCP respondents thought there was good communication, with a 10% decrease from the results of the 2020 MTS Survey. It is noted that these results are similar to national averages. While noting the MTS survey is one source of data, the team found repeatedly in its process of triangulation that overall communication with trainees is of strong concern. Not having a focus on this area is a major risk to the College's effective delivery of its educational purpose, education, and training functions, including their sustainability long-term. Given the extent of ongoing reviews and planned changes to the curriculum and assessment, there is significant benefit in the College working closely with trainees to develop a strategy, roadmap, and policy on mechanisms and timelines for notification of changes to program requirements to be delivered in a direct, effective, and timely manner.

The Membership Engagement Committee is tasked with work on improving trainee communication and is encouraged to look into expanding beyond the current engagement support strategy. An evaluation of the tools currently used should be carried out to determine their utility, and to align with contemporary methods of communication that will be welcome by trainees. It is important that trainees are consulted on the tools and approaches they wish to see implemented that will best support them being engaged with their College.

#### *Deed of Undertaking*

As discussed in Standard 1, the Deed of Undertaking, is perceived as a large barrier to effective communication with trainees. Trainees participating in governance perceive they are unable to speak openly with their peers about matters concerning them, as the legalistic language in the document and the potential for legal action against the signatory is seen by multiple stakeholders as a way communication can be shut down. For a trainee, this also represents a significant power imbalance, contributing further to any sense of vulnerability as a trainee and a barrier overall to open dialogue with trainees. Protecting confidentiality at Board and committee level is important, however, other methods may be investigated and considered so this perceived barrier to effective communication can be removed.

#### *Part-time Trainee Fees*

Information related to costs and requirements of the training program are found on the College website and are accessible to trainees. In Standard 3.4, the team notes the College's support for part-time training. However, feedback was received from trainees that the current fee structure and systems did not support equitable part-time training fees. Under the current system, trainees who accrue six FTE months or less of training during the training year are eligible to pay the part-time fee. Trainees who accrue greater than six FTE months over the training year (between 0.6 to 0.9 months) pay the full-time fee. The team notes the College is looking to rectify this situation by development of a pro rata system to better support fee payment. Communication on the timeframe for delivery and any interim measures would be widely appreciated by many trainees.

## **7.4 Trainee wellbeing**

The accreditation standards are as follows:

- The education provider promotes strategies to enable a supportive learning environment.
- The education provider collaborates with other stakeholders, especially employers, to identify and support trainees who are experiencing personal and/or professional difficulties that may affect their training. It publishes information on the services available.

### **7.4.1 Team findings**

The College has a well-developed wellbeing and support section on the website that trainees can access, including lists of services available. The College also has a well-developed interruption of training policy and procedure which is simple for trainees to follow and to be granted a break from training if required.

There are a number of mechanisms implemented by the College to support trainee wellbeing and ensure a training environment conducive to learning. These measures include:

- Accreditation standards articulate the responsibility of training sites and posts to support the wellbeing and safety of trainees locally.
- Access to an Employee Assistance Program.
- Access to the RANZCP mentoring program, either formally through the College or informally at local levels. At evaluation trainees have found the formal mentoring program helpful.
- The RANZCP member wellbeing support hub, which details a range of available confidential resources.
- The member welfare support line, dedicated to providing a confidential service to all College members.
- Access to up to six weeks of leave in a six-month FTE rotation to manage ill health without impact on accredited training time.
- A policy on preventing and managing bullying, discrimination, and harassment, last revised in 2021, with related procedures.

The DoTs act as the main conduit of information to the College in identifying trainees that are experiencing personal and/or professional difficulties. The appointment of the Trainee Trajectory Coordinator in the College is an excellent way for trainees to receive support on their progression through the training program. This dedicated position contacts and provides advice to trainees who reach pivotal points in the training program or have had unsuccessful assessments or rotations. The team supports this initiative as a direct way for trainees to connect with the College and recommends ongoing monitoring for quality improvement and to ensure continued satisfaction for users.

#### *Ensuring Robust, Open and Practical Wellbeing Strategies*

While it is noted the College promotes wellbeing strategies, only 55% of RANZCP respondents in 2021 MTS Survey and 45% in 2022 indicated they had access to mental health support services (comparable to national results). Many of the above mechanisms are passive in nature, and there was feedback to the team about a lack of College intervention in trainee wellbeing issues at the local training level. There appears to be limited collaboration or regular dialogue by the College with stakeholders on the level of support or wellbeing trainees receive in training. The College needs to ensure that existing mechanisms continue to be fit for purpose. For instance, the team heard from trainees and fellows that the member welfare support line was not always staffed. There is little evidence of the College centrally monitoring and managing issues of bullying, discrimination, and harassment, or supporting wellbeing and safety of trainees at local sites.

Trainees across jurisdictions reported frustration at a culture that did not encourage openness or support for managing one's own wellbeing. The team heard many trainees call for the College to lead culture change and set clear expectations about seeking and receiving wellbeing support. Additionally, concerns about the significant crossover of roles fellows inhabit across College governance and training, and the potential for conflicts of interest, may further inhibit opportunities for trainees to provide open feedback or raise training concerns.

Whilst the team heard many examples of excellent local supervisor support for trainee wellbeing, particularly when dealing with adverse incidents, there is a clear opportunity to lead, demonstrate

and increase commitment to trainee wellbeing, and in the broader context, from a centralised College perspective. Developing a centralised pathway that allows trainees to safely raise concerns, particularly around issues of bullying, discrimination, and harassment, and to receive support from the College, is a mechanism that needs to be considered.

The team also heard trainees report that the assessment responsibilities of supervisors inhibited the full and frank discussion of trainees' own mental health challenges and was a barrier to support-seeking. The College may also consider increasing the availability of independent resources, either within the College or externally, to support trainees to seek support. An evaluation of the utility of current mechanisms and consulting with other education providers in the region may help the College to develop an approach pertinent to the training program.

As discussed in Standard 5 and 8, consideration needs to be given to separating decisions made on progression and supervisory support functions. Noting the conflict between assessor and supervisor roles is common in the determination of entrustability in the workplace, increasing the externality of summative assessment, exploring the potential for group decision-making, and better articulating the supervisor's assessor role (see Standard 8.1), may improve confidence as both trainees and supervisors report discomfort with the duality of the supervisory role.

## **7.5 Resolution of training problems and disputes**

The accreditation standards are as follows:

- The education provider supports trainees in addressing problems with training supervision and requirements, and other professional issues. The education provider's processes are transparent and timely, and safe and confidential for trainees.
- The education provider has clear impartial pathways for timely resolution of professional and/or training-related disputes between trainees and supervisors or trainees and the education provider.

### **7.5.1 Team findings**

Trainees may raise concerns regarding their training and supervision through multiple channels including the local DoT, Branch/National Training Committees, formal trainee networks or to the College head office. In practice, most trainees raise concerns at a local level through their DoT. Trainees are also required to complete feedback on their end of rotation ITA which includes commenting on their access to supervision and protected education time. Where there are issues with supervision identified the relevant BTC is notified via the CFT and asked to intervene.

The College's devolved training program model supports a localised management of training problems and disputes, and the team heard examples of Branch and National Training Committees and DoTs ably managing training issues and disputes at a local level. While this is a valid and efficient approach, the central mechanism for monitoring issues is generally through accreditation of training programs. As program reaccreditation occurs once every five years, it may not be possible for the College to be regularly apprised of and intervene in significant issues, or identify trends that may identify bullying, harassment or discrimination occurring at local sites regionally or by country.

In addition, there are a number of fellows that serve in roles both as DoTs and also as members of these regional/national committees. Trainees, especially in smaller centres, must have access to external, impartial, and confidential support to obtain resolution of local training issues, particularly those between supervisors and trainees. In the 2021 MTS Survey, about 55% of RANZCP respondents indicated there were safe mechanisms to raise wellbeing concerns with the College. While this is slightly higher than the national results of 51%, safe and confidential mechanisms to report training issues are expected of all colleges and must be considered, and will support the accreditation of training programs and posts as well as grow trainee confidence in College oversight of local training issues.

To ensure transparency and that trainee welfare is looked after, centralised mechanisms need to be developed to proactively identify, address and monitor issues of conflict and resolution in training posts. The existing Trainee Trajectory Coordinator role does not have a welfare component and focuses on supporting trainees to navigate their trajectory to Fellowship. The College may consider an expansion of this or other functions to provide adequate support for trainee welfare across the training cohort. Issues of conflicts of interest between training committees and workplace/employment requirements also need to be addressed in the development of a centralised mechanism, for instance, when fellows have dual roles on committees and in the workplace on making decisions on or affecting trainee progression. The College indicates that the established conflict of interest policy and processes require any conflicts to be declared, and fellows with a conflict to not participate in the decision making.

**2022 Commendations, Conditions and Recommendations**

<i>Commendations</i>	
P	The Indigenous Financial Support Initiatives to support the retention of Aboriginal and/or Torres Strait Islander and Māori trainees.
Q	The appointment of the Trainee Trajectory Coordinator is an excellent way for trainees to receive support directly from the College.
<i>Conditions to satisfy accreditation standards</i>	
33	Enhance existing selection into training policy and procedures by: <ul style="list-style-type: none"> <li>(i) Developing and implementing centralised mechanisms to ensure the validity, reliability, feasibility and consistent application of selection policies and criteria. There should be general uniformity of weighting and criterion across jurisdictions, and Branch and National Training Committees should clearly indicate weighting for each criterion.</li> <li>(ii) Making selection criteria with weighting for each criterion publicly available.</li> <li>(iii) Developing and implementing a centralised and publicly available selection policy related to Aboriginal and Torres Strait Islander and Māori equity and the needs of rural communities, mapped to roles of specialist practice and community needs. (Standard 7.1)</li> </ul>
34	Develop and implement a strategy to enhance recruitment, selection, and retention of Aboriginal and/or Torres Strait Islander and Māori trainees, with appropriate cultural supports to enhance retention. This should include consultation and collaboration with relevant stakeholders. (Standard 7.1.3)
35	Develop and implement, in consultation with trainees: <ul style="list-style-type: none"> <li>(i) A centralised, long-term strategy to improve communication methods, with relevant evaluation to ensure continuous improvement.</li> <li>(ii) A policy and roadmap on timelines for the notification of changes to training program requirements. (Standard 7.3)</li> </ul>
36	Enhance the culture of the College, guided by College leadership, that manifests genuine attention, transparency, and responsiveness to trainee concerns by: <ul style="list-style-type: none"> <li>(i) Acknowledging and promoting the value of trainee contributions to the training program and the College. (Standard 7.2)</li> <li>(ii) Demonstrating central College support for those experiencing personal/and or professional difficulties (Standard 7.4)</li> </ul>

37 Develop and implement a centralised pathway to document and monitor allegations of discrimination, bullying and harassment with procedures to provide support to trainees. This should be developed in consultation with relevant stakeholders. (Standard 7.4.1)

38 Review existing pathways for trainees to confidentially and safely raise issues and resolve training disputes, without fear of jeopardising their position in the training program, and implement changes to ensure the pathways are safe, accessible and centrally monitored. (Standard 7.5)

*Recommendations for improvement*

HH Communicate an immediate timeframe of delivery of the pro-rata fee payment system to trainees. (Standard 7.3)

## **B.8 Implementing the program – delivery of education and accreditation of training sites**

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### **8.1 Supervisory and educational roles**

The accreditation standards are as follows:

- The education provider ensures that there is an effective system of clinical supervision to support trainees to achieve the program and graduate outcomes.
- The education provider has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the specialist medical program and the responsibilities of the education provider to these practitioners. It communicates its program and graduate outcomes to these practitioners.
- The education provider selects supervisors who have demonstrated appropriate capability for this role. It facilitates the training, support and professional development of supervisors.
- The education provider routinely evaluates supervisor effectiveness including feedback from trainees.
- The education provider selects assessors in written, oral and performance-based assessments who have demonstrated appropriate capabilities for this role. It provides training, support and professional development opportunities relevant to this educational role.
- The education provider routinely evaluates the effectiveness of its assessors including feedback from trainees.

#### ***8.1.1 Team findings***

The College's education and training program is built around and depends on excellent supervision in local training sites. The team was impressed by the obvious dedication of supervisors, DoTs, and directors of advanced training (DoATs) to their central and vital role in the delivery of the College's training program. The team heard many positive reports from trainees on the support received from their supervisors and DoTs.

The College has well-developed and functional systems to recruit new supervisors, induct them into their role and support them with ongoing peer review sessions specifically around the supervisory role which take place at least three times a year. Peer Supervisor Groups and Supervisor Peer Review Sessions are well received by many supervisors. For individual supervisors, there are accreditation, orientation and reaccreditation processes through branch and national training committees. Supervisors are reaccredited every five years to undertake the role of supervising trainees.

Supervisors reported being well supported by DoTs, and most issues that arise are resolved at a local or branch/national level without need to go to the central College. Mechanisms for trainees to provide feedback on their experiences with their individual supervisors are well established in InTrain and are regularly (although inconsistently) monitored by the relevant DoT, branch and national training committees and the College. The College has commenced a supervisor support project that will include the development of a role description, supervisory capability framework specific to psychiatry, and further training required. The AMC looks forward to an update in subsequent monitoring submissions on the College's innovations in the practice of supervision for trainees, particularly the revised supervisor toolkit planned for implementation at the end of 2023.

### *Increasing Responsibility of the Supervisor*

The team received consistent feedback from supervisors about their concerns on the increasing roles they are asked to take on in relation to assessment activities. Many supervisors report a tension between their supervisory and assessor roles with concerns including:

- The impact of assessment roles on the supervisor – trainee relationship.
- Lack of calibration of supervisors across jurisdictions for the assessment tasks.
- Potential for conflicts of interest to arise for supervisors concerned about local work force needs (e.g., passing a trainee because that results in support for local service rather than because of an objective assessment of the trainee’s performance), noting these biases may be subtle and implicit.
- Adequate support for supervisors to make high stakes decisions including assistance with the consequences of finding a trainee’s performance needs further development.

With the current program of assessment and new Assessment Framework being developed, the College must also give due consideration to centrally monitoring supervisors and supplementing these roles with appropriate training and supports to ensure effectiveness and that their wellbeing is looked after (see Standard 5.1).

### *Improving Formal Feedback Process*

The team found there was room for the College to develop and strengthen a universally applied and formal process for meaningful feedback on individual supervisor, DoT and DoAT effectiveness. Although these were reasonably well developed for supervisors, and worked well at some local levels, consistency of approach across jurisdictions and College-level data on outcomes was less developed. Supervisors reported wanting feedback on their performance, insufficient input to training program changes and at times there was a disconnect between what the College was planning and supervisory understanding and concerns.

For DoTs and DoATs, the processes for providing formal individual feedback both locally and at College-level were less developed than those for supervisors. College-level processes to formally elicit data and provide feedback on individual supervisor, DoT, and DoAT performance and then utilise the data for continuous quality improvement should be developed and implemented with consideration of safe pathways for trainees to provide input. These processes should ensure that underperforming supervisors, DoTs and DoATs are identified, with subsequent provision of feedback, training and mentorship to improve their performance.

### *Assessor Selection, Training and Development*

The College’s focus on assessment has ensured assessors involved in College-administered assessment are selected formally, and undergo training and calibration activities, for which CPD hours are received. Assessors also receive an examiner package detailing assessment policy and procedures, examiner guidelines and a current marking timetable. This process appears to be satisfactory, however, the College’s consideration for and response to the 2020 ACER Examination Review recommendations and actions, especially those on formalising examiner training pathways and ensuring that examiner training is highly relevant may warrant further improvements to this process.

As discussed above and in Standard 5, consideration should be given to calibration in workplace-based assessment that is summative in nature. Extending training and calibration to assessors in the workplace will facilitate standardisation. The College should consider scope for processes to be integrated into the ongoing development of the supervisor capability framework and assessment framework to manage these role conflicts with College support.



## **8.2 Training sites and posts**

The accreditation standards are as follows:

- The education provider has a clear process and criteria to assess, accredit and monitor facilities and posts as training sites. The education provider:
  - o applies its published accreditation criteria when assessing, accrediting and monitoring training sites
  - o makes publicly available the accreditation criteria and the accreditation procedures
  - o is transparent and consistent in applying the accreditation process.
- The education provider's criteria for accreditation of training sites link to the outcomes of the specialist medical program and:
  - o promote the health, welfare and interests of trainees
  - o ensure trainees receive the supervision and opportunities to develop the appropriate knowledge and skills to deliver high-quality and safe patient care, in a culturally safe manner
  - o support training and education opportunities in diverse settings aligned to the curriculum requirements including rural and regional locations, and settings which provide experience of the provisions of health care to Aboriginal and Torres Strait Islander peoples in Australia and/or Māori in New Zealand
  - o ensure trainees have access to educational resources, including information communication technology applications, required to facilitate their learning in the clinical environment.
- The education provider works with jurisdictions, as well as the private health system, to effectively use the capacity of the health care system for work-based training, and to give trainees experience of the breadth of the discipline.
- The education provider actively engages with other education providers to support common accreditation approaches and sharing of relevant information.

### **8.2.1 Team findings**

The team found that the accreditation criteria and processes for the accreditation of training programs, training posts and FECs are clearly documented and updated within the last three years. The College's accreditation policy, standards, terms of reference and role descriptions for accreditation panels are publicly available on the College website. Orientation and training for all assessors are requirements of the Accreditation Policy supporting a consistent application of the Accreditation Standards by accreditation panels. The team noted the positive inclusion of trainee representatives on accreditation panels for training programs and FECs. The College is encouraged to evaluate this development under the monitoring and evaluation framework (Standard 6).

#### *Application and Monitoring of the Accreditation Standards*

Regular monitoring of the application of the Accreditation Standards for both training programs and posts, needs to consider how best to support the Rural Psychiatry Roadmap 2021 – 2031, especially the action to develop regulations for remote supervision, including case review and online clinical team meetings. The accreditation criteria and process enabled the accreditation of the new Western Australia rural training zone, progressing the strategy in the Rural Psychiatry Roadmap 2021 – 2031 to develop a dedicated Rural Psychiatry Training Pathway to Fellowship, integrated with the general fellowship training program.

In addition, the Accreditation Standards currently do not explicitly address supporting positions in rural and regional settings nor experience in the provision of healthcare for Aboriginal and/or Torres Strait Islander peoples and Māori communities. Nor do the standards address the need for cultural safety protocols to enhance the clinical learning environment. The College must carefully consider these aspects in the Accreditation Standards and procedures for training programs and posts in order to promote cultural safety and culturally safe care.

The nature of the training site and training post accreditation supports a close working relationship between supervisor and trainee that may impact the perception of fairness in assessment and training progression. Robust monitoring of training to identify local trends and through centralised College mechanisms will increase trainee confidence in their assessment in the workplace.

*Removal of Accreditation Policy*

The Removal of Accreditation Policy, introduced in 2021 and available publicly on the College website, clearly sets out the process for removal of accreditation for training programs in Australia. The current policy needs revision to address the requirement of the Medical Council of New Zealand (MCNZ) that the education provider informs the MCNZ with reasonable notice of any intention to limit or withdraw the accreditation of any training post or program in New Zealand.

*Other Areas for Improvement.*

Developing InTrain to include functionality for the accreditation process will provide greater guidance on the use of evidence and assist with streamlining the process for all involved, including for monitoring training programs.

Whilst the updated accreditation process for FECs has improved the consistency of the educational content, as indicated in Standard 4, there remains variability in the content across Australia and New Zealand. The review of the FECs alignment with program and graduate outcomes may have flow-on impacts for the current FEC accreditation process.

**2022 Commendations, Conditions and Recommendations**

<i>Commendations</i>	
R	The dedication of supervisors, Directors of Training and Directors of Advanced Training to the supervision, support, and education of trainees and their vital roles in delivery of the training program.
S	The well-developed and functional systems to recruit and reaccredit supervisors and assessors with relevant induction, training and peer support processes.
T	The flexibility and innovation of the accreditation standards and procedures, supporting the accreditation of the new training zone for the Western Australian rural pathway.
U	The inclusion of trainee representatives on accreditation panels.
<i>Conditions to satisfy accreditation standards</i>	
39	Develop, implement and evaluate centralised processes to: <ul style="list-style-type: none"> <li>(i) Formally elicit and monitor feedback on performance of individual supervisors, Directors of Training and Directors of Advanced Training to identify areas for improvement and of underperformance, with appropriate feedback, intervention and support pathways.</li> <li>(ii) Ensure safe and confidential pathways for trainees to provide feedback on their individual supervisors, developed with trainee input. (Standard 8.1.4)</li> </ul>
40	Develop, implement, and centrally monitor mechanisms to address the tension for supervisors of undertaking both supervisory and assessment roles in the workplace. The

approach should develop and implement mechanisms for calibration of supervisors across jurisdictions, managing conflicts of interest, training, and supervisor workload and support. (Standards 8.1.1 and 8.2.1)

41 Address, in the Removal of Accreditation Policy and associated processes, the requirement that the Medical Council of New Zealand is informed about intention to limit or withdraw accreditation from training posts or programs. (Standard 8.2.1)

42 In the accreditation standards for training posts and programs:

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

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

*Recommendations for improvement*

II Investigate and enhance the functionality of InTrain to facilitate and monitor accreditation processes and outcomes. (Standard 8.2)

## **B.9 Continuing professional development, further training and remediation**

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### **9.1 Continuing professional development**

The accreditation standards are as follows:

- The education provider publishes its requirements for the continuing professional development (CPD) of specialists practising in its specialty(s).
- The education provider determines its requirements in consultation with stakeholders and designs its requirements to meet Medical Board of Australia and Medical Council of New Zealand requirements.
- The education provider's CPD requirements define the required participation in activities that maintain, develop, update and enhance the knowledge, skills and performance required for safe and appropriate contemporary practice in the relevant specialty(s), including for cultural competence, professionalism and ethics.
- The education provider requires participants to select CPD activities relevant to their learning needs, based on their current and intended scope of practice within the specialty(s). The education provider requires specialists to complete a cycle of planning and self-evaluation of learning goals and achievements.
- The education provider provides a CPD program(s) and a range of educational activities that are available to all specialists in the specialty(s).
- The education provider's criteria for assessing and crediting educational and scholarly activities for the purposes of its CPD program(s) are based on educational quality. The criteria for assessing and crediting practice-reflective elements are based on the governance, implementation and evaluation of these activities.
- The education provider provides a system for participants to document their CPD activity. It gives guidance to participants on the records to be retained and the retention period.
- The education provider monitors participation in its CPD program(s) and regularly audits CPD program participant records. It counsels participants who fail to meet CPD cycle requirements and takes appropriate action.
- Additional MCNZ criteria: Continuing professional development – to meet MCNZ requirements for recertification.

#### **9.1.1 Team findings**

The College clearly publishes the requirements for continuing professional development (CPD) of specialists practising in psychiatry. The CPD program has publicly available requirements on the College website with good governance of the program in place. The team is satisfied with the structure and leadership of the Committee for Continuing Professional Development (CCPD) as it functions effectively and efficiently. The CCPD has a strong consumer representative who is empowered to fully contribute, including with voting rights. Internal consultation within the College itself across committees and fellows appears sound in respect to CPD.

The team noted universally positive feedback from fellows about the CPD program. The team commends the College for its CPD program, and retraining and remediation mechanisms. There are a range of educational and developmental activities and supporting resources available within the program, with an undoubted exemplar of such activity in the formal Peer Review program. It is very well structured, defined, and supported, with extremely high participation rates across the fellowship. The peer review groups are evaluated annually.

The College has expanded on this peer review mechanism, piloting a Practice Peer Review (PPR) program in 2020 and evaluated in 2021. This program comprises a series of structured discussions between two matched psychiatrists, facilitated by a third psychiatrist with experience in coaching

principles. Early evaluation feedback indicated that a majority of participants were satisfied with the learning experience and found it improved their practice. Improvements to the process are being made in 2022 and the AMC looks forward to hearing reports on progress in monitoring submissions.

#### *Meeting Regulatory Requirements*

The College endeavours to determine its CPD requirements in consultation with stakeholders and is progressing to meet the Medical Board of Australia's (MBAs) Revised Registration Standards from 2023. The implementation and monitoring of this process will be of interest to the AMC in subsequent monitoring submissions.

The College determines its requirements and designs its CPD program in consultation with stakeholders and in line with the requirements of the Medical Council of New Zealand (MCNZ). Extensive and commendable consultation is particularly noted in regard to the New Zealand National Committee's interactions with Te Ora and the Council of Medical Colleges in development of cultural safety training frameworks and resources.

While the CPD program is designed to meet the MBA and MCNZ requirements, there is clear evidence for a paucity of consultation with other training providers, with consumers and community groups, and with Aboriginal and/or Torres Strait peoples and Māori. There are significant opportunities to work with consumer groups, including Aboriginal and/or Torres Strait Islander peoples and Māori communities and other specialist medical colleges across Australia and Aotearoa New Zealand to develop CPD program requirements and resources to support participants to achieve compliance with registration requirements in their country of practice.

#### *CPD Activities*

The CanMEDS framework underpins the requirements for participation in CPD activities, and the framework is linked explicitly to the planning and development of the CPD program. This creates a clear connection to the specialist training program. However, no specific topics are mandated within the program. Within myCPD there is facility for reflection on cultural competence and cultural safety matters, but this is not mandatory, and is in the very early stages of incorporation into the CPD program. There is a need to set clear requirements for culturally safe practice, addressing health inequities, professionalism, and ethics for participants in Australia and Aotearoa New Zealand.

The College ensures that in each CPD cycle participants undertake a mix of activities across all five CPD sections (see Section A) and in line with regulatory requirements, participants are required to complete all 50 hours of the RANZCP CPD program from 2021. The choice of CPD activities is self-directed, but the categories of activities and the requirements against each of these do encourage both a range of CPD activities and also tailoring to the individual psychiatrist's professional needs. The Professional Development Plan (PDP) and College peer review mechanisms assist with this. There is a PDP with templates available, including current development of a secondary reflective component to the PDP.

The College endorses few specific CPD activities and the revised formulation of allocation of CPD hours does provide some weighting towards CPD activities of higher educational quality, however such weighting has not been formally considered by the CCPD. The CCPD signals that it intends to do so, particularly within the development of CPD Homes, processes and policies. In summary, there is an incremental move to more reflection and reflective activities of higher educational quality, but a formalised strategy and approach has yet to be developed.

Additional resources are evident to support the effective implementation of the constituent elements of CPD, for example, the planning tool for peer review groups to aid member planning. Guidance and templates to support multisource feedback are available although are currently under review to ensure they are up to date.

The team notes the innovative and commendable development of specific CPD for supervisors, who are central to the delivery of the College's training program. The implementation of this CPD will be of interest to the AMC in subsequent monitoring, as part of developments in the Assessment Framework and supervisor training under Standard 8.1.

#### *Availability of the CPD program*

The College's CPD program is generally available to all specialists practicing psychiatry. There is one specific exclusion, and this relates to the College's code of conduct and zero tolerance policy on proven sexual boundary violations. Psychiatrists who have been deregistered cannot access the CPD program, even if they have been re-registered with the relevant regulatory body. The College will not provide a CPD program to these individuals. There has been significant internal consultation, discussion, and eventual decision-making at a Board level, in respect to this position.

#### *Online Interface – myCPD*

The CPD program is supported by a user-friendly online interface, myCPD, that enables participants to track their progress and record their activities. The myCPD system is of high quality and appears entirely fit for purpose, giving appropriate guidance to participants. The team noted ongoing continuous improvement of the CPD program with addition of new modules, regular review processes and flexible adaptation during the COVID-19 pandemic.

#### *Monitoring CPD Participation*

The College monitors participation in the CPD program. It undertakes audits of participant records and it provides counsel to participants who fail to meet requirements. The College takes appropriate action in varying forms for non-compliant participants. A recently revised procedure for management of CPD non-compliance has been implemented in 2022. This procedure also addresses standards required by the MCNZ.

#### *Aotearoa New Zealand Specific Requirements*

The requirement for an annual structured conversation is addressed by the College within the resources provided to participants for completing a PDP, and those provided to support Peer Review Groups. The College provides participants with the tools to develop and maintain a professional development plan.

While there have been substantial efforts to develop tools such as the Takarangi competency framework, and there is involvement in work underway as part of the Council of Medical Colleges, the College does not as yet ensure that cultural safety and a focus on health equity are embedded across all three CPD categories and all other core elements of the recertification program. The College is supporting participants to meet cultural safety standards.

Multisource feedback is an activity that is recognised within the College's CPD program. Resources are available but are currently under review to ensure up to date tools and guidance for participants. Processes for collegial practice visits, if participants wish to undertake these, are in place within the College's Practice Peer Review (PPR) program. Documented processes for recognising and crediting recertification activities undertaken through other organisations are in place also.

Continuous quality improvement of the program does occur, but it appears to be inadequately informed by interaction with external stakeholders, including other training providers, consumers, and community groups, and with Māori consumers and community groups.

## **9.2 Further training of individual specialists**

The accreditation standards are as follows:

- The education provider has processes to respond to requests for further training of individual specialists in its specialty(s).

### 9.2.1 Team findings

The College has processes in place to respond to requests for further training specifically in respect to members moving into different areas of practice. In addition, there is a refresher program for members returning to practice. A broad range of educational tools have been developed by the College including use of learning paths to facilitate requests for inclusion of specific CPD components. There are also opportunities for fellows to undertake Certificates of Advanced Training in areas of sub-specialisation.

### 9.3 Remediation

The accreditation standards are as follows:

- The education provider has processes to respond to requests for remediation of specialists in its specialty(s) who have been identified as underperforming in a particular area.
- Additional MCNZ criteria: Remediation of poorly performing fellows.

#### 9.3.1 Team findings

The College has fit for purpose processes to respond to requests for remediation of psychiatrists who have been identified as underperforming. Specifically, there is a specialist performance remediation program. In addition, there is a substantive specialist refresher program, that is voluntary, with clear documentation of where any particular individual would access the necessary tools as part of their remediation plan. There are strong processes and communication channels developed with the MCNZ to ensure robust safe oversight for remediation issues.

### 2022 Commendations, Conditions and Recommendations

#### *Commendations*

- V The peer review program is well structured, defined and supported, with extremely high participation rates across the fellowship.
- W The wide-ranging activities of the CPD program aligned to the CanMEDS framework and roles, creating clear connection to the specialist training program.

#### *Conditions to satisfy accreditation standards*

- 43 Develop and implement enhanced CPD requirements for culturally safe practice and addressing health inequities by partnering with Aboriginal and/to Torres Strait Islander and Māori communities and consumer groups on mandatory CPD requirements and resources to support participants to achieve requirements in Australia and Aotearoa New Zealand. (Standards 9.1.3 and 1.6.4)

#### *Recommendations for improvement*

- JJ Consider formalising a strategy to achieve increased reflection and reflective activities of higher educational quality within the CPD program. (Standard 9.1.6)

## **B.10 Assessment of specialist international medical graduates**

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### **10.1 Assessment framework**

The Accreditation standards are as follows:

- The education provider's process for assessment of specialist international medical graduates is designed to satisfy the guidelines of the Medical Board of Australia and the Medical Council of New Zealand.
- The education provider bases its assessment of the comparability of specialist international medical graduates to an Australian- or New Zealand- trained specialist in the same field of practice on the specialist medical program outcomes.
- The education provider documents and publishes the requirements and procedures for all phases of the assessment process, such as paper-based assessment, interview, supervision, examination and appeals.
- Additional MCNZ criteria: Recognition and Assessment of International Medical Graduates (IMGs) applying for registration in a vocational scope of practice.

#### **10.1.1 Team findings**

The College has clear, transparent, and publicly available standards and procedures detailing the assessment framework and methods. These are generally in accordance with the guidelines of the Medical Board of Australia (MBA) and the Medical Council of New Zealand (MCNZ) and are in keeping with the relevant legislation in both countries. The requirements and procedures for all phases of the assessment process are published and documented.

The team observed clear commitment by fellows to implementing and improving SIMG processes, and significant developments made to processes over time. An example of these process improvements is the appointment of a specific Director of Training in some Australian regions to provide support more directly to SIMGs. Many fellows involved in influencing change have been through the College's SIMG process themselves, demonstrating the importance of actively involving those with lived experience in the development of College processes more generally.

The College is commended on the increased and multifaceted support for SIMGs provided during the COVID-19 pandemic, including the 12-month extension for assessment completion. In addition, the team notes and commends the work begun as part of the Rural Psychiatry Roadmap 2021 – 2031 to develop onboarding and support resources, specifically for SIMGs who are working in rural Australia. The delivery of these resources will provide important support to SIMGs, who make up a significant part of the workforce in rural and remote areas.

#### *Assessment of SIMGs*

The College is generally seen to base its SIMG assessment on the comparability of SIMGs to Australian and Aotearoa New Zealand trained specialists. There is some alignment of the partial comparability pathway for SIMGs in Australia with Stage 3 training. The team recommends the College explore greater alignment for comparability to increase support for the wider cohort of SIMGs.

The team also observed SIMG assessment and examination pass rates are relatively low, in comparison to trainee pass rates. The College has the opportunity to investigate the reasons behind these discrepancies and consider approaches to improve the assessment and examination pass rates for SIMGs. These mechanisms may include increased support, provision of more explicit examination feedback and examination/assessment calibration, English language support as required, and consideration of the fitness for purpose of particular assessments, such as the essay-style questions and the Psychotherapy Written Case, in the context of community needs.



### *Culturally Safe Care and Practice*

The team noted SIMG assessment processes in both Australia and Aotearoa New Zealand do not provide sufficient means and resources for SIMGs to develop and demonstrate their ability to provide culturally safe care. As a component of this, incorporating key aspects relevant to cultural safety in orientation to Australia or Aotearoa New Zealand practice is reported as being highly variable. Even when provided, it is often some considerable time after the SIMG has entered the assessment pathway. Employment related resources for this purpose are at times available to SIMGs, but a consistent professional approach is required. The College should consider developing centralised resources to support the development of SIMGs' knowledge of Aboriginal and Torres Strait Islander and Māori history, culture and health, and the importance and provision of culturally safe practice in the profession.

### *Status of SIMGs in the College*

The team supports the view expressed by committee members responsible for assessment and support of SIMGs, and the view of SIMGs, that they all should have a formal status within the College. The planned constitutional change to enable SIMGs to be College affiliates (discussed in Standard 1) would significantly assist with communication, access to resources, and with SIMGs' sense of inclusion in the College and the professional community. Equal representation in committees should include SIMGs currently participating in the pathway to Fellowship rather than only by those who have attained fellowship. As important stakeholders, the varied experience of SIMGs can inform a more holistic consideration of fitness for purpose and opportunities for improvement of the training program, continuing professional development program and other College activities.

### *Aotearoa New Zealand Requirements*

Trainees and supervisors in Aotearoa New Zealand reported some confusion about the process for attaining College fellowship and how it related to the vocational assessment for registration with MCNZ. Relatedly, there appear to be low numbers of Aotearoa New Zealand based SIMGs participating in the pathway to fellowship, and those who are affiliates do not have full voting rights. This results in an inequitable outcome, and some Aotearoa New Zealand affiliates, who have gained registration through the MCNZ vocational assessment, indicated they did not have access to the College's further educational resources. However, the team was made aware that New Zealand affiliates have access to myCPD, the College's online journal, events and conferences. Better communication with affiliates in New Zealand may be needed to improve knowledge of resources they are able to access for support.

## **10.2 Assessment methods**

The Accreditation standards are as follows:

- The methods of assessment of specialist international medical graduates are fit for purpose.
- The education provider has procedures to inform employers, and where appropriate the regulators, where patient safety concerns arise in assessment.

### **10.2.1 Team findings**

The methods of assessment of SIMGs are generally fit for purpose and there are procedures in place to inform employers, and where appropriate regulators, where patient safety concerns arise during assessment. As part of the comparability assessment form (CAF) Review, there is an opportunity for the College to consider the fitness for purpose of the SIMG assessment processes in the context of the needs of the communities across Australia and Aotearoa New Zealand, and the College's leadership role in workforce planning for the specialty. The approaches for improvement may include reviewing whether high stake assessments, especially essay-style examinations and the scholarly project, are fit for purpose in the context of community. Mechanisms to improve pass rates for specialist international medical graduates may involve

increased support, improved examination feedback examination and review of assessment calibration.

Relatedly, there are opportunities for the College to work with jurisdictional and health service stakeholders to address variability in support for SIMGs across different jurisdictions in Australia and in Aotearoa New Zealand. SIMG Directors of Training are in place in several jurisdictions and the value of these positions was highlighted by SIMGs. Consideration should be given to establishing SIMG DoTs in every jurisdiction.

The team noted views expressed by multiple stakeholders that there may be significant increases in SIMG applications in coming years. If this proves to be, there is some question as to capacity of the assessment systems especially with respect to numbers of assessors and levels of administrative support. The College may consider capacity building in preparation to avoid potential delays or unforeseen roadblocks in the process, alongside with overall plans to strengthening resources within the College discussed in Standard 1.

### **10.3 Assessment decision**

The Accreditation standards are as follows:

- The education provider makes an assessment decision in line with the requirements of the assessment pathway.
- The education provider grants exemption or credit to specialist international medical graduates towards completion of requirements based on the specialist medical program outcomes.
- The education provider clearly documents any additional requirements such as peer review, supervised practice, assessment or formal examination and timelines for completing them.
- The education provider communicates the assessment outcomes to the applicant and the registration authority in a timely manner.

#### **10.3.1 Team findings**

The College makes definitive assessment decisions in line with requirements of the assessment pathway. Equally, SIMGs in both Australia and Aotearoa New Zealand reported that decisions were in line with the assessment pathway as documented. There is clear documentation and timely communication of additional requirements required of SIMGs.

In Australia, the assessment of comparability (comparability framework) determines the requirements that need to be completed in order to achieve Fellowship. In Aotearoa New Zealand the assessment process allows consideration of the SIMG's previous training, qualification, and experience to be factored into consideration of equivalence to, or as satisfactory as, a vocationally registered psychiatrist in Aotearoa New Zealand. However, where it has been some time since a SIMG has completed vocational training, there are opportunities in both countries to increase the recognition of continued professional development and previous professional experience, and reduce reliance on the demonstration of training within the country of specialist training and qualification.

Communication of outcomes to the applicant and the Registration Authority occurs in a timely fashion. It is accepted that the entire assessment process can at times be prolonged, although often this is not fully under the control of the College, with matters of immigration and employment also having impacts on timelines.

## 10.4 Communication with specialist international medical graduate applicants

The Accreditation standards are as follows:

- The education provider provides clear and easily accessible information about the assessment requirements and fees, and any proposed changes to them.
- The education provider provides timely and correct information to specialist international medical graduates about their progress through the assessment process.

### 10.4.1 Team findings

The College provides clear and accessible information about assessment requirements and fees. Equally, proposed changes are signalled to SIMGs prior to implementation. There is clear documentation and timely communication of progress towards meeting requirements, as SIMGs progress through the assessment process. However, at present processes are largely in paper form, and consideration should be given to developing and implementing full electronic processes consistent with those in place for the training program.

### 2022 Commendations, Conditions and Recommendations

#### *Commendations*

- X The work underway to develop onboarding and support resources for SIMGs as part of the Rural Psychiatry Roadmap 2021 – 2031.

#### *Conditions to satisfy accreditation standards*

- 44 Provide outcomes and evidence of planned changes arising from the Comparability Assessment Framework Review to enhance and address the fitness for purpose of the SIMG assessment process in Australia and Aotearoa New Zealand, by:
- (i) Working with jurisdictions and health services to reduce variability in support for SIMGs, including consideration of establishing SIMG Directors of Training in all jurisdictions. (Standards 10.2, 1.6.4 and 8.1)
  - (ii) Mandating requirements for SIMGS to develop and demonstrate their ability to provide culturally safe care. (Standard 10.2)
  - (iii) Developing and implementing increased recognition of CPD and previous professional experience within the SIMG assessment process, to reduce reliance on demonstration of validity of specialist training qualification based on country of training. Consideration should be given to recognition of time in practice since completing primary specialist training. (Standards 10.2 and 9.1)
- 45 Develop, implement, and monitor mechanisms to address the relatively low examination and other assessments pass rates for SIMGs. (Standards 10.2 and 5.4)
- 46 Clarify requirements for attaining fellowship, including identifying any barriers to fellowship, for SIMGs in Aotearoa New Zealand to address equity of rights and opportunities that come with achieving fellowship. Ensure that there is clear communication with SIMGs and their supervisors on the differences between vocational assessment for MCNZ registration and the fellowship pathway. (Standard 10.4.1)

#### *Recommendations for improvement*

- KK Explore opportunities to formalise the status of all SIMGs and increase their involvement in College governance and activities. (Standards 10.1 and 1.1)
- LL Utilise existing electronic systems so that SIMGs can document more easily their progress in meeting assessment requirements, and to support timely monitoring by the central

College and communication with individual SIMGs on their progress. (Standard 10.2 and 10.4)

## **Appendix One          Membership of the 2022 AMC Assessment Team**

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**Ms Kellie O'Callaghan**, BA, GDipMtlHlthSc, GAICD.

Director and Practice Lead, O'Callaghan + Co.

**Professor Maree Toombs**, BEd, Grad Cert (Tertiary Teaching), PhD.

Associate Dean Indigenous Engagement and Professor (Indigenous Health), School of Public Health, Faculty of Medicine, University of Queensland.

**Ms Juliana Simon**

Manager, Specialist Medical Program Assessment, Australian Medical Council.

**Ms Georgie Cornelius**

Program Coordinator, Australian Medical Council.

**Mr Simon Roche**

Program Support Officer, Australian Medical Council.

## **Appendix Two      List of Submissions on the Programs of RANZCP**

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ACT Health

Association of Psychiatry Trainees South Australia

Australian and New Zealand College of Anaesthetists

Australian College of Rural and Remote Medicine

Australian Commission on Safety and Quality in Health Care

Australian Government Department of Health and Aged Care

Australian Medical Association (AMA) & AMA Council of Doctors in Training

Bond University

Health Education and Training Institute

Medical Council of New Zealand

Nelson Marlborough Health Mental Health & Addictions Services.

New South Wales Association of Psychiatry Trainees

Queensland Health

Queensland Psychiatry Trainee Association

Royal Australasian College of Surgeons

Royal Australian and New Zealand College of Obstetricians and Gynaecologists

Royal Australian College of General Practitioners

Rural Clinical School of Western Australia – Regional Training Hub

St John of God Health Care

University of Melbourne – Psychiatry Training Program

University of Queensland

University of Sydney, Sydney Medical School

University of Tasmania's Regional Training Hub

Victorian Association of Psychiatry Trainees

Victorian Department of Health

WA Health

### Appendix Three Summary of the 2022 AMC Team's Accreditation Program

Location	Meeting
<b>AUSTRALIAN CAPITAL TERRITORY, NORTHERN TERRITORY, SOUTH AUSTRALIA, TASMANIA AND WESTERN AUSTRALIA</b>	
<i>Monday 10 October 2022 – Dr Lindy Roberts AM (Chair), Emeritus Professor Eimear Muir-Cochrane, Professor Maree Toombs, Ms Juliana Simon (AMC Staff) and Mr Simon Roche (AMC Staff)</i>	
Various Training Sites in ACT, SA and TAS (Virtual)	Supervisors of training of Canberra Hospital, Jamie Larcombe Centre and Launceston General Hospital
	Trainees of Canberra Hospital, Jamie Larcombe Centre and Launceston General Hospital
ACT, SA, TAS, NT and WA Branch and Branch Training Committees (Virtual)	ACT, SA, TAS, NT and WA Branch and Branch Training Committees
Various Training Sites in ACT, SA, TAS NT and WA (Virtual)	Directors of training of ACT, SA, TAS, NT and WA
Various Training Sites in NT and WA (Virtual)	Supervisors of training of Central Australia Mental Health Service Alice Springs and Peel and Rockingham
	Trainees of Central Australia Mental Health Service Alice Springs and Peel and Rockingham
Association of Psychiatrists in Training	Association of Psychiatrists in Training
<b>QUEENSLAND</b>	
<i>Tuesday 11 October 2022 – Professor Nick Glasgow (Deputy Chair), Ms Robyn Burley and Ms Georgie Cornelius (AMC Staff)</i>	
Various Training Sites in Queensland (Virtual)	Directors of training of Queensland
	Supervisors of training of Princess Alexandra Hospital and Townsville Hospital
	Trainees of Princess Alexandra Hospital and Townsville Hospital
Queensland Branch and Branch Training Committee (Virtual)	Queensland Branch and Branch Training Committee
Various Training Sites in Queensland (In Person and Virtual)	Supervisors of training of Princess Alexandra Hospital and Cairns and Hinterland Hospital and Health Service
	Trainees of Princess Alexandra Hospital and Cairns and Hinterland Hospital and Health Service
<b>NEW SOUTH WALES</b>	
<i>Thursday 13 October 2022, Professor Nick Glasgow (Deputy Chair), Dr Sanjay Hettige, Ms Kirsty White (AMC Staff) and Ms Katie Khan (AMC Staff)</i>	

<b>Location</b>	<b>Meeting</b>
Various Training Sites in New South Wales (Virtual)	Directors of training of New South Wales
Prince of Wales Hospital (In Person)	Supervisors of training
	Trainees
	Representatives of related health disciplines
New South Wales Branch and Branch Training Committee (Virtual)	New South Wales Branch and Branch Training Committee
Various Training Sites in New South Wales (Virtual)	Supervisors of training of Bloomfield Hospital Orange, Shellharbour Hospital Wollongong and Mater Mental Health
	Trainees of Bloomfield Hospital Orange, Shellharbour Hospital Wollongong and Mater Mental Health
<b>NEW ZEALAND</b>	
<i>Friday 14 October 2022 – Dr Lindy Roberts AM (Chair), Dr Kenneth Clark and Mr Simon Roche (AMC Staff)</i>	
Various Training Sites in New Zealand (Virtual)	Directors of training of New Zealand
New Zealand National Committee and New Zealand National Training Committee (Virtual)	New Zealand National Committee and New Zealand Training Committee
Various Training Sites in New Zealand (Virtual)	Supervisors of training of Waimarino, Waitakere, Hutt Hospital and Waikato Community
	Trainees of Waimarino, Waitakere, Hutt Hospital, Waikato Community and Hillmorton Hospital
	Representatives of related health disciplines of Waimarino, Waitakere, Hutt Hospital, Waikato Community and Hillmorton Hospital
	Supervisors of training of Hillmorton Hospital
<b>NEW ZEALAND</b>	
<i>Thursday 20 October 2022 – Dr Kenneth Clark, Ms Kellie O'Callaghan and Ms Georgie Cornelius (AMC Staff)</i>	
Various New Zealand Stakeholders and Training Sites (Virtual)	Ministry of Health New Zealand
	SIMGs in New Zealand
	Senior hospital executives of New Zealand



## AMC Team Meetings with the Royal Australian and New Zealand College of Psychiatrists' Committees and Staff

### Monday 24 to Friday 28 October 2022

Dr Lindy Roberts AM (Chair), Professor Nick Glasgow (Deputy Chair), Ms Robyn Burley, Dr Kenneth Clark, Dr Sanjay Hettige, Emeritus Professor Eimear Muir-Cochrane, Ms Kellie O'Callaghan, Professor Maree Toombs, Ms Juliana Simon (AMC Staff), Ms Georgie Cornelius (AMC Staff), Mr Simon Roche (AMC Staff)

Meeting	Attendees
<i>Monday 24 October 2022</i>	
Site visit meetings with the Royal Melbourne Hospital (In Person)	Senior hospital executives Representatives of related health disciplines Supervisors of training Trainees
Site visit meetings with Victorian regional sites (Virtual)	Senior hospital executives Directors of training Supervisors of training Trainees
Site visit meetings with various training sites in ACT, NT, QLD, SA, TAS and WA, Australian Health Departments and SIMGs in Australia (Virtual)	Victorian Branch and Branch Training Committee Senior hospital executives Australian Health Departments SIMGs in Australia
Site visit meetings with the Royal Children's Hospital (In Person)	Senior hospital executives Representatives of related health disciplines Supervisors of training Trainees
Site visit meetings with consumer groups in Australia (Virtual)	Health consumer group representatives
Briefing with RANZCP President	President President-elect
<i>Tuesday 25 October 2022</i>	
Standards 1, 2.1 and 6.3 Context of training and education, educational purpose & feedback, reporting and action	President President-elect Chair, Membership Engagement Committee Chair, Practice, Policy and Partnerships Committee Chair, Education Committee Chair, Corporate Governance and Risk Committee Appointed Director, Trainee Chair, Aboriginal and Torres Strait Islander Mental Health Committee

Meeting	Attendees
	<p>Chair, Te Kaunihera</p> <p>Co-chair, Community Collaboration Committee</p> <p>Chair, Committee for Professional Practice</p> <p>Deputy Chair, Education Committee</p> <p>Deputy Chair, Committee for Training</p> <p>Chair, Committee for Examinations</p> <p>Chair, Trainee Representative Committee</p> <p>Chair, Committee for Continuing Professional Development</p> <p>Chair, Accreditation Committee</p> <p>Chair, Committee for Specialist International Medical Graduate Education</p> <p>Chair, Committee for Educational Evaluation Monitoring and Reporting</p> <p>Executive General Manager, Education and Operations</p> <p>Executive Manager, Education and Training</p> <p>Manager, Assessments</p> <p>Manager, Training and Developments</p> <p>Manager, CPD, Accreditation and Reporting</p> <p>Executive Manager, Practice Policy and Research</p> <p>Manager, Stakeholder Relations</p>
<p>Standards 1, 2.2, 2.3 and 7</p> <p>Context of training and education, program and graduate outcomes and Issues relating to trainees</p>	<p>Chair, Education Committee</p> <p>Deputy Chair, Education Committee</p> <p>Chair, Committee for Continuing Professional Development</p> <p>Chair, Accreditation Committee</p> <p>Chair, Committee for Examinations</p> <p>Chair, Committee for Specialist International Medical Graduate Education</p> <p>Chair, Corporate Governance and Risk Committee</p> <p>Chair, Trainee Representative Committee</p> <p>Appointed Director, Trainee</p> <p>Chair, Australian Government Funded Training Programs Committee</p> <p>Co-chair, Community Collaboration Committee</p> <p>Deputy Chair, Committee for Training</p> <p>Chair, Membership Engagement Committee</p> <p>Membership Engagement Committee Members</p>

<b>Meeting</b>	<b>Attendees</b>
	<p>Appeals Committee Members  Executive General Manager, Education and Operations  Legal Officer  Manager, Training and Developments  Senior Manager, Membership Development  Executive Manager, Education and Training  Manager, Stakeholder Relations  Manager, Innovation and Development</p>
<p>Standards 1,2,3,7 and 8  First Nations Peoples Health</p>	<p>Chair, Aboriginal and Torres Strait Islander Mental Health Committee  Aboriginal and Torres Strait Islander Mental Health Committee Members  Chair, Te Kaunihera  Te Kaunihera Members  College Kaumatua  College Kuia</p>
<p>Standard 7  Issues relating to trainees</p>	<p>Chair, Trainee Representative Committee  Trainee Representative Committee Members</p>
<p>Standard 6  Monitoring and evaluation</p>	<p>Chair, Committee for Educational, Evaluation, Monitoring and Reporting  Deputy Chair, Committee for Educational, Evaluation, Monitoring and Reporting  Committee for Educational, Evaluation, Monitoring and Reporting Members  Manager, CPD, Accreditation and Reporting  Manager, Innovation and Development  Data Evaluation Analyst</p>
<p>Standard 8.1  Supervisory and educational roles</p>	<p>Chair, Education Committee  Deputy Chair, Education Committee  Appointed Director, Trainee  Deputy Chair, Committee for Training  Committee for Training Members  Chair New Zealand Training Committee  Manager, Training and Developments  Education Projects Advisor  Admin Officer, Training CFT</p>
<p>Briefing with RANZCP President</p>	<p>President  President-elect</p>
<p><i>Wednesday 26 October 2022</i></p>	
<p>Standard 3 and 4  Curriculum &amp; teaching and learning</p>	<p>Chair, Education Committee  Deputy Chair, Education Committee</p>

Meeting	Attendees
	Education Committee Members Chair, Committee for Continuing Professional Development Chair, Accreditation Committee Accreditation Committee Member Chair, Committee for Examinations Chair, Committee for Specialist International Medical Graduate Education Chair, Committee for Educational Evaluation Monitoring and Reporting Co-chair, Community Collaboration Committee Chair, Trainee Representative Committee Trainee Representative Committee Member Appointed Director, Trainee Chair, Australian Government Funded Training Programs Committee Deputy Chair, Committee for Training Committee for Training Members E-learning Advisory Group Members Manager, Training and Developments Training Trajectory Coordinator Education Projects Advisor Manager, Innovation and Development Admin Officer, Training CFT
Māori Health Authority	Māori Health Authority Representative
Standard 5 Assessment of learning	Chair, Committee for Examinations Deputy Chair, Committee for examinations Committee for Examinations Members Alternative Assessment Pathway Working Group Members Deputy Chair, Committee for Training Committee for Training Members Manager, Assessments Executive Manager, Education and Training Manager, Training and Developments Assessments Operations Coordinator Manager, Innovation and Development
Standards 1, 2, and 6 Meeting with Community/Consumer Representatives	Co-chair, Community Collaboration Committee) Community Collaboration Committee Members

<b>Meeting</b>	<b>Attendees</b>
	Aboriginal and Torres Strait Islander Mental Health Committee Members Te Kaunihera Members College Kaumatua College Kuia
Standards 4 and 9 Teaching and learning resources and CPD systems demonstration	E-learning Advisory Group Members Deputy Chair, Committee for Continuing Professional Development Education Projects Advisor Manger, Digital Education Services Senior Manager, IT Accreditation and CPD Coordinator Admin Officer CPD
Standard 8.2 Accreditation of training sites	Chair, Accreditation Committee Deputy Chair, Accreditation Committee Accreditation Committee Members Manager, CPD, Accreditation and Reporting Admin Officer CPD and Reporting
Standard 10 Assessment of SIMGs	Chair, Overseas Trained Psychiatrists Committee Overseas Trained Psychiatrists Committee Members Chair, Committee for Specialist IMG Education Deputy Chair, Committee for Specialist IMG Education Committee for Specialist IMG Education Members Manager, Training and Developments Executive General Manager, Education and Operations Manager, Assessments Coordinator SIMG Team
Briefing with RANZCP President	President-elect
<i>Thursday 27 October 2022</i>	
Standard 1.5 Educational resources	Manger, Digital Education Services Executive Manager, Education and Training Executive General Manager, Education and Operations Executive Support Officer, OPCEO
Standards 2, 6 and 9 Meeting with New Fellows	New Fellow Representatives

<b>Meeting</b>	<b>Attendees</b>
Standard 9 CPD, further training and remediation	Chair, Committee for Continuing Professional Development Deputy Chair, Committee for Continuing Professional Development Committee for Continuing Professional Development Members Manager, CPD, Accreditation and Reporting Accreditation and CPD Coordinator
Standard 10 Assessment of SIMGs	Chair, Committee for Specialist IMG Education Deputy Chair, Committee for Specialist IMG Education Committee for Specialist IMG Education Members Deputy Chair, Committee for Training Manager, Training and Developments Manager, Assessments Coordinator SIMG Team
Briefing with RANZCP President	President-elect
<i>Friday 28 October 2022</i>	
AMC Team prepares preliminary statement of findings	AMC Team
Briefing with RANZCP President	Chief Executive Officer President-elect
Team presents preliminary statement of findings	Chief Executive Officer President President-elect Board Members Chair, Education Committee Deputy Chair, Education Committee Education Committee Members Executive General Manager, Education and Operations Executive Manager, Education and Training Manager, Training and Developments Manager, Assessments Manager, CPD, Accreditation and Reporting Manger, Digital Education Services Executive Assistant to the CEO Manager, Stakeholder Relations Manager, Innovation and Development Executive Manager, Membership and Events

<b>Meeting</b>	<b>Attendees</b>
	Executive Manager, Partnerships and Bi-national Offices Senior Manager, Membership Development Executive Support Officer, OPCEO Executive General Manager, Bi-national offices and Professional Practice Senior Manager, IT Executive Manager, Practice Policy and Research





