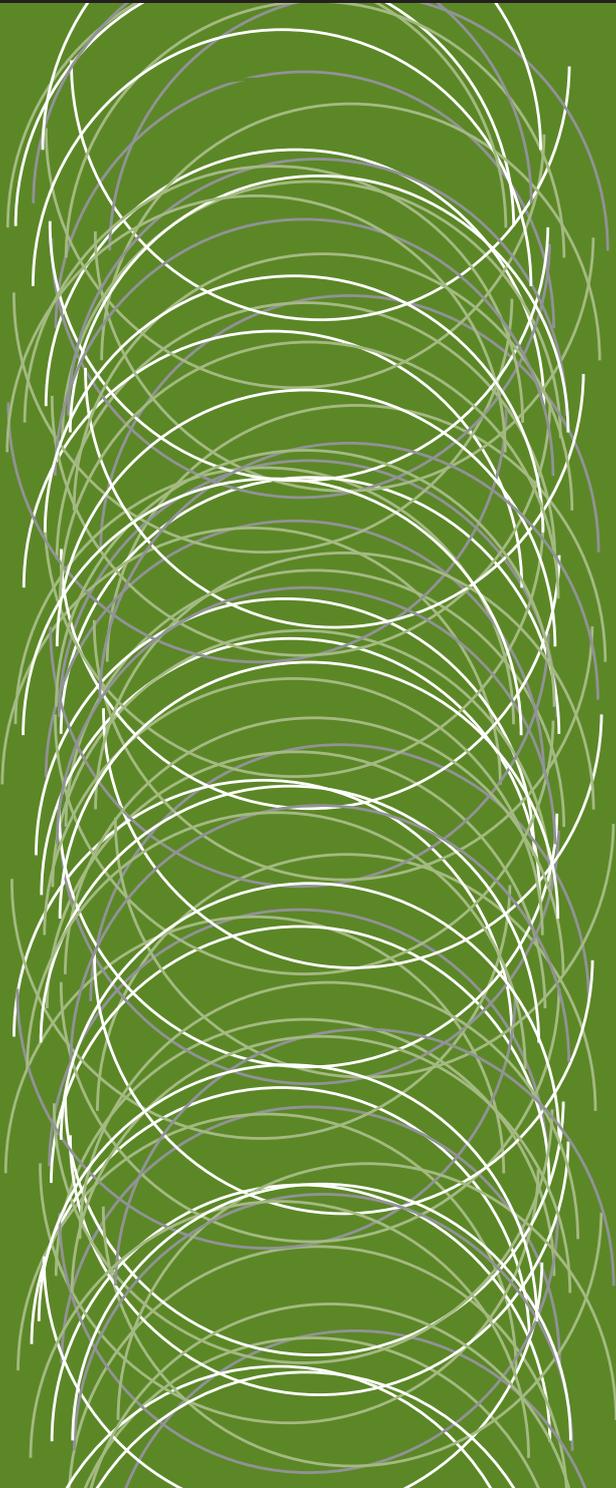


Australian Medical Council Limited

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

AMC



Specialist Education Accreditation Committee
August 2014

October 2014

Edition 1 – First Printing

ABN 97 131 796 980

ISBN 978-1-938182-12-9

Copyright for this publication rests with the
Australian Medical Council Limited

Australian Medical Council Limited

PO Box 4810

KINGSTON ACT 2604

Email: amc@amc.org.au

Home page: www.amc.org.au

Telephone: 02 6270 9777

Facsimile: 02 6270 9799

Contents

Executive summary: Royal Australian and New Zealand College of Psychiatrists	1
Introduction: The AMC accreditation process	10
The process for accreditation of specialist medical education and training.....	10
Assessment of Royal Australian and New Zealand College of Psychiatrists programs.....	11
Australian Medical Council and Medical Council of New Zealand relationship.....	13
Appreciation	14
1 The context of education and training	15
1.1 Governance.....	15
1.1.1 <i>Team findings</i>	16
1.2 Program management.....	17
1.2.1 <i>Team findings</i>	19
1.3 Educational expertise and exchange	19
1.3.1 <i>Team findings</i>	20
1.4 Relationships to promote education, training and professional development of specialists	20
1.4.1 <i>Team findings</i>	21
1.5 Continuous renewal.....	21
2 Organisational purpose and outcomes of the training programs	23
2.1 Purpose of the Royal Australian and New Zealand College of Psychiatrists.....	23
2.1.1 <i>Team findings</i>	23
2.2 Graduate outcomes	23
2.2.1 <i>Team findings</i>	26
3 The education and training program – curriculum content	28
3.1 Curriculum framework, structure and content.....	28
3.1.1 <i>Team findings</i>	30
3.2 Research in the training program.....	32
3.2.1 <i>Team findings</i>	33
3.3 Flexible training	34
3.4 The continuum of learning.....	35
3.4.1 <i>Team findings</i>	35
4 Teaching and learning methods	37
4.1 Teaching and learning approaches.....	37
4.3 Practical and theoretical instruction.....	38
4.4 Increasing degree of independence.....	39
4.5 Team findings	39
5 Assessment of learning.....	42
5.1 Assessment approach	42
5.1.1 <i>Team findings</i>	43

5.2	Performance feedback.....	43
5.2.1	<i>Team findings</i>	44
5.3	Assessment quality	45
5.3.1	<i>Team findings</i>	45
5.4	Assessment of specialists trained overseas.....	47
6	Monitoring and evaluation	49
6.1	Ongoing monitoring.....	49
6.2	Outcome evaluation	50
6.3	Team findings	51
7	Implementing the curriculum - trainees	52
7.1	Admission policy and selection	52
7.1.1	<i>College selection processes</i>	52
7.1.2	<i>Team findings</i>	53
7.2	Trainee participation in the governance of their training.....	53
7.2.1	<i>Team findings</i>	54
7.3	Communication with trainees.....	54
7.3.1	<i>Team findings</i>	54
7.4	Resolution of training problems and disputes	55
7.4.1	<i>Team findings</i>	56
8	Implementing the program - educational resources	57
8.1	Supervisors, assessors, trainers and mentors	57
8.1.1	<i>College supervisors and directors of training</i>	57
8.1.2	<i>College examiners and assessors</i>	58
8.1.3	<i>Team findings</i>	58
8.2	Clinical and other educational resources.....	60
8.2.1	<i>College accreditation of posts and programs</i>	60
8.2.2	<i>Team findings</i>	61
9	Continuing professional development.....	63
9.1	The College's Continuing Professional Development Program	63
9.2	Retraining	64
9.3	Remediation	64
9.4	Team findings.....	64
Appendix One	Membership of the 2012 AMC Assessment Team.....	66
Appendix Two	List of Submissions on the 2012 Fellowship Program	67
Appendix Three	Summary of the 2012 AMC Accreditation Program	68

Executive summary: Royal Australian and New Zealand College of Psychiatrists

The document, *Procedures for Assessment and Accreditation of Specialist Medical Education Programs and Professional Development Programs by the Australian Medical Council 2011*, describes Australian Medical Council (AMC) requirements for accrediting specialist programs and their education providers. This document outlines how education providers seek AMC review of major changes to specialist medical programs which require reaccreditation of the program.

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

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

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

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

Decision on accreditation

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

of Australia to enable the Board to make a decision on the approval of the program of study for registration purposes.

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

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

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

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

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

In August 2014, AMC Directors resolved to:

- (i) Confirm the accreditation of the major change to the Royal Australian and New Zealand College of Psychiatrists' training program, including the introduction of the 2012 Fellowship Program.
- (ii) Extend the accreditation of the 2003 Fellowship Program to 31 March 2018 subject to the submission of a satisfactory progress report to the Specialist Education Accreditation Committee in 2016 on the teach-out phase of the program.
- (iii) Extend the accreditation of the 2012 Fellowship Program to 31 March 2018 subject to satisfactory progress reports to the AMC.
- (iv) That this accreditation is subject to the conditions set out below:
 - (a) By the 2015 progress report, evidence that the College has addressed the following conditions from the accreditation report:
 - 1 Complete the documentation describing the full curriculum for all three stages of the 2012 Fellowship Program. (Standard 3.1)
 - 2 Provide evidence of review of the graduate outcomes and competencies for the 2012 Fellowship Program in relation to community need for specialist psychiatrists to manage high prevalence mental health conditions, and evidence of how the learning outcomes, the curriculum

and the assessment have been aligned to ensure that the identified need is addressed. (Standard 2.2 and Standard 3.2)

- 3 Allow trainees to choose any available Formal Education Course to satisfy the completion requirements rather than mandating completion of the local Formal Education Course. (Standard 4.1.2)
 - 4 Complete the phasing out of the Objective Clinical Interview as proposed, and report on communication with trainees about the revised assessment requirements. (Standard 5.1)
 - 5 Review the College Appeals Process and associated policies to ensure that the College has mechanisms to consider whether individual trainees may be disadvantaged by the move to set the major summative assessment standard at junior consultant level. (Standard 5.1)
 - 11 Provide evidence that the College's planned approach to managing the transition of trainees from the 2003 Fellowship Program to the 2012 Fellowship Program is implemented and has flexibility to address exceptional circumstances. (Standard 7.3)
 - 12 Implement mechanisms that result in regular trainee feedback on the performance of Directors of Training and their supervisors. (Standard 8.1)
 - 14 Complete the mapping of the 2012 Fellowship Program regulations to training standards and implement any changes required to accreditation standards. (Standard 8.2)
- (b) By the 2016 progress report, evidence that the College has addressed the following conditions from the accreditation report:
- 8 Develop and implement the plans for ongoing evaluation and monitoring of elements of the 2012 Fellowship Program. (Standard 6.1)
 - 10 In view of the increasing number of applicants for psychiatry training, review the selection process to increase its robustness and transparency. (Standard 7.1)
 - 13 Develop resources to support Directors of Training in their role, particularly in dealing with the underperforming trainee. (Standard 8.1)
- (c) By the 2017 progress report, evidence that the College has addressed the following conditions from the accreditation report:
- 6 Implement mechanisms to identify, review and address possible systemic and/or site-specific reasons for trainees failing to complete the requirements of the Psychotherapy Written Case and the Scholarly Project in a timely manner. (Standard 5.1)
 - 7 Evaluate if the formative and summative assessments facilitate performance feedback to supervisors and trainees to guide effective learning, with particular attention to the regular required In-Training Assessments. (Standard 5.2)
 - 9 Provide the results of outcome evaluations. (Standard 6.2)

Overview of findings

The findings against the nine accreditation standards are summarised below. Only those parts of the standard which are not met or substantially met are listed under each overall finding.

1. The Context of Education and Training (governance, program management, educational expertise and exchange, interaction with the health sector and continuous renewal)	This group of standards is MET
---	--------------------------------

Commendations

- A The planning and implementation of the reform of the College governance and organisational structure since the 2009 AMC accreditation assessment.
- B The College's use of educational expertise in curriculum review and the development of the 2012 Fellowship Program.
- C The continued development of the Community Collaboration Committee and other opportunities for community, consumer and carer engagement in the training, assessment and accreditation of psychiatrists, mental health policy direction and to the internal operation of the RANZCP through membership of committees.

Recommendations for improvement

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

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

Commendations

- D The clear articulation of the College's organisational purpose and the learning outcomes for the 2012 Fellowship Program.
- E The way in which the College has adapted the CanMEDS framework to describe the roles of the specialist psychiatrist and the domains of the curriculum.
- F The College's focus on communicating with relevant stakeholder groups regarding the change to the 2012 Fellowship Program.
- G The accessibility of documents regarding the activities of the College to the public, stakeholders, trainees and fellows.

Recommendations for improvement

Nil.

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

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

Commendations

- H The College’s careful planning and piloting work to develop the 2012 Fellowship Program combined with the investment in time, expertise and resources to support the development.
- I The educational rationale for the program change is well described, sound and forward looking.

Recommendations for improvement

- BB Develop mechanisms to ensure trainee access to a consistent standard of educational material to address the requirements of the Scholarly Project, such as consistency of coverage through the Formal Education Courses, as well as the provision of education material by the College. (Standard 3.2)
- CC Develop a Trainee Handbook with clear information on flexible training and related aspects of the implementation and operation of the 2012 Fellowship Program. (Standard 3.4)
- DD Make stronger links between the vocational training program and undergraduate and prevocational medical education. (Standard 3.5)

4. The Training Program – Teaching and Learning	This group of standards is MET
---	--------------------------------

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

Commendations

Nil.

Recommendations for improvement

- EE Review within the next three years the appropriateness of having only time-based training requirements for a competency-based program. (Standard 4)
- FF Provide more online learning modules to complement the Formal Education Courses and plan in the longer term for the College to provide a Formal Education Course. (Standard 4.1.2)

5. The Curriculum – Assessment of Learning (assessment approach, feedback and performance, assessment quality, assessment of specialists trained overseas)	This group of standards is SUBSTANTIALLY MET
--	--

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

Commendations

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

Recommendations for improvement

- GG Review the amount of summative assessment in the 2012 Fellowship Program, as well as the manner in which it is conducted, as the new approach to assessment signified by the introduction workplace based assessment is embedded. (Standard 5.1)
- HH Streamline the submission and management of training administrative requirements, including by implementing plans for online submission of training forms. (Standard 5.1)
- II Progress the development and implementation of a process by which psychiatrists practising in New Zealand with full vocational registration may become fellows of the RANZCP without the need for further examination or supervision. (Standard 5.4)
- JJ In the context of the development of the 2012 Fellowship Program, report on the College’s review of its approach to assessment of specialist international medical graduates with the aim of simplifying the approach and enhancing flexibility for specialist international medical graduates assessed as substantially comparable or partially comparable. (Standard 5.4)

6. The Curriculum – Monitoring and Evaluation (monitoring, outcome evaluation)	This group of standards is SUBSTANTIALLY MET
--	--

Standard 6.1 (ongoing monitoring) is substantially met. Standard 6.2 (outcome evaluation) is substantially met.

Commendations

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

Recommendations for improvement

Nil.

7. Implementing the Curriculum - Trainees (admission policy and selection, trainee participation in governance of their training, communication with trainees, resolution of training problems, disputes and appeals)	This group of standards is SUBSTANTIALLY MET
--	--

Standard 7.1 (admission policy and selection) is substantially met. Standard 7.3 (communication with trainees) is substantially met.

Commendations

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

Recommendations for improvement

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

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

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

Commendations

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

Recommendations for improvement

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

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

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

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

Commendations

0 The College's clear CPD processes which are outlined on the College website.

Recommendations for improvement

Nil.

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

Standard	Condition	By
3	1 Complete the documentation describing the full curriculum for all three stages of the 2012 Fellowship Program. (Standard 3.1)	2015
	2 Provide evidence of review of the graduate outcomes and competencies for the 2012 Fellowship Program in relation to community need for specialist psychiatrists to manage high prevalence mental health conditions, and evidence of how the learning outcomes, the curriculum and the assessment have been aligned to ensure that the identified need is addressed. (Standard 2.2 and Standard 3.2)	2015
4	3 Allow trainees to choose any available Formal Education Course to satisfy the completion requirements rather than mandating completion of the local Formal Education Course. (Standard 4.1.2)	2015
5	4 Complete the phasing out of the Objective Clinical Interview as proposed, and report on communication with trainees about the revised assessment requirements. (Standard 5.1)	2015
	5 Review the College Appeals Process and associated policies to ensure that the College has mechanisms to consider whether individual trainees may be disadvantaged by the move to set the major summative assessment standard at junior consultant level. (Standard 5.1)	2015
	6 Implement mechanisms to identify, review and address possible systemic and/or site-specific reasons for trainees failing to meet the requirements of the Psychotherapy Written Case and the Scholarly Project in a timely manner. (Standard 5.1)	2017
	7 Evaluate if the formative and summative assessments facilitate performance feedback to supervisors and trainees to guide effective learning, with particular attention to the regular required In-Training Assessments (ITAs). (Standard 5.2)	2017
6	8 Develop and implement the plans for ongoing evaluation and monitoring of elements of the 2012 Fellowship Program. (Standard 6.1)	2016
	9 Provide the results of outcome evaluations. (Standard 6.2)	2017
7	10 In view of the increasing number of applicants for psychiatry training, review the selection process to increase its robustness and transparency. (Standard 7.1)	2016
	11 Provide evidence that the College's planned approach to managing the transition of trainees from the 2003 Fellowship Program to the 2012 Fellowship Program is implemented and has flexibility to address exceptional circumstances. (Standard 7.3)	2015
8	12 Implement mechanisms that result in regular trainee feedback on the performance of Directors of Training and their supervisors. (Standard 8.1)	2015
	13 Develop resources to support Directors of Training in their role, particularly in dealing with the underperforming trainee. (Standard 8.1)	2017
	14 Complete the mapping of the 2012 Fellowship Program regulations to training standards and implement any changes required to accreditation standards. (Standard 8.2)	2015

Introduction: The AMC accreditation process

The Australian Medical Council (AMC) was established in 1985. It is a national standards body for medical education and training. Its purpose is to ensure that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community.

The process for accreditation of specialist medical education and training

The AMC implemented the process for assessing and accrediting specialist medical education and training programs in response to an invitation from the Australian Government Minister for Health and Ageing to propose a new model for recognising medical specialties in Australia. A working party of the AMC and the Committee of Presidents of Medical Colleges was established to consider the Minister's request, and developed a model with three components:

- a new national process for assessing requests to establish and formally recognise medical specialties
- a new national process for reviewing and accrediting specialist medical education and training programs
- enhancing the system of registration of medical practitioners, including medical specialists.

The working party recommended that, as well as reviewing and accrediting the training programs for new specialties, the AMC should accredit the training and professional development programs of the existing specialist medical education and training providers—the specialist medical colleges.

Separate working parties developed the model's three elements. An AMC consultative committee developed procedures for reviewing specialist medical training programs, and draft educational guidelines against which programs could be reviewed. In order to test the process, the AMC conducted trial reviews during 2000 and 2001 with funding from the Australian Government Department of Health and Ageing. These trial reviews covered the programs of two colleges.

Following the success of these trials, the AMC implemented the accreditation process in November 2001. It established a Specialist Education Accreditation Committee to oversee the process, and agreed on a forward program allowing it to review the education and training programs of one or two providers of specialist training each year. In July 2002, the AMC endorsed the guidelines, *Accreditation of Specialist Medical Education and Training and Professional Development Programs: Standards and Procedures*.

In 2006, as it approached the end of the first round of specialist medical college accreditations, the AMC initiated a comprehensive review of the accreditation guidelines. In June 2008, the Council approved new accreditation standards and a revised description of the AMC procedures. The new accreditation standards apply to AMC assessments conducted from January 2009. The relevant standards are included in each section of this report.

A new National Registration and Accreditation Scheme for health professions began in Australia in July 2010. The Ministerial Council, on behalf of the Medical Board of Australia, has assigned the AMC the accreditation functions for medicine.

From 2002 to July 2010, the AMC process for accreditation of specialist education and training programs was a voluntary quality improvement process for the specialist colleges that provided training in the recognised specialties. It was a mandatory process for bodies seeking recognition of a new medical specialty. From 1 July 2010, the *Health Practitioner Regulation National Law Act* makes the accreditation of specialist training programs an essential element of the process for approval of all programs for the purposes of specialist registration. Similarly, the Medical Board of Australia's registration standards indicate that continuing professional development programs that meet AMC accreditation requirements meet the Board's continuing professional development requirements.

From 1 July 2010, the AMC presents its accreditation reports to the Medical Board of Australia. Medical Board approval of a program of study that the AMC has accredited forms the basis for registration to practise as a specialist.

Assessment of Royal Australian and New Zealand College of Psychiatrists programs

The AMC first assessed the current training program of the College in 2005. The College had implemented a major review of its training, examinations and continuing education, progressively from 1998, which resulted in new Training and Assessment Regulations in late 2003. When the AMC assessed the College's programs, many issues relating to the transition to the new Regulations were still being addressed by the College. The College received a limited period of accreditation with conditions, until June 2009.

An AMC team reviewed the College's progress in May 2009. The 2009 team observed that the College had made considerable progress in responding to the recommendations of the 2005 assessment, although in some key areas implementation of new policies and structures was in an early stage. The AMC extended the College's accreditation to the maximum possible period, until 2011, with conditions and a requirement for annual progress reports.

In 2011, the College submitted its comprehensive report for extension of accreditation on the currently-accredited training program. Under its accreditation policy, the AMC may extend accreditation on the basis of a satisfactory comprehensive report. Comprehensive reports are due in the year the college's accreditation expires. The college is expected to provide evidence that it continues to meet the accreditation standards, and that it has maintained its standard of education and of resources. The college also critically appraises developments since accreditation, and outlines plans for the period to the next AMC reaccreditation.

The October 2011 meeting of the Specialist Education Accreditation Committee considered the comprehensive report and concluded that the College met the accreditation standards. Of the 31 recommendations the College was asked to report against, 8 were assessed as being satisfied, and 23 were regarded as progressing

satisfactorily. The report showed the considerable commitment by the College to its educational activities.

On the basis of the comprehensive report, the AMC Directors agreed to extend the College's accreditation for four years, until December 2015. The accreditation decision covered the current program resulting in award of fellowship of the College, which would be replaced by the Competency Based Fellowship Program. Based on the AMC's report, the Medical Board of Australia approved the College's program for the purposes of registration of the graduates until December 2015.

At the time of the 2009 assessment, the College outlined plans for change to the psychiatry training program. The College had begun a Curriculum Improvement Project to develop an outcomes-based curriculum with specified competencies and appropriate assessments. The College indicated that a number of the AMC's recommendations concerning curriculum and assessment would be addressed as part of this project.

When it submitted its comprehensive report in 2011, the College also submitted its plans to introduce a new Competency Based Fellowship Program, which is a redevelopment of the College's existing five-year fellowship training program.

Between formal accreditations, the AMC monitors developments in education and training and professional development programs through annual progress reports from the accredited colleges. The AMC will continue to require progress reports on this program until there are no longer trainees in the program.

The committee also considered the plans for the Competency Based Fellowship Program (the 2012 Fellowship Program), which it had advised the College would constitute a major change to the accredited program. The Competency Based Fellowship Program proposed several major changes to the training program including:

- An outcomes-based curriculum, constructed around the CanMEDS model, utilising seven professional domains.
- A new requirement for completion of a scholarly project during training.
- Development of a competency framework and associated competency assessment (workplace based assessment) to direct and monitor trainee progress and achievement of the training program outcomes.
- Enhanced flexibility in the training program, with trainees able to tailor their training to their particular professional interest and professional future on the completion of one year of compulsory training.
- Introduction of Entrustable Professional Activities as summative assessments to support continuous appraisal of competency throughout the training life cycle.
- Greater attention to quality of supervision.

The AMC had advised the College that these changes would fit within the AMC definition of major change to accreditation programs and would require separate accreditation.

Having reviewed the plans, in October 2011 the AMC Specialist Education Accreditation Committee advised AMC Directors that the planned program was likely to comply with

the approved accreditation standards and that the College had demonstrated the capacity to implement the new program. On this basis, AMC Directors invited the College to submit its plans for the new program for assessment by an AMC team.

The AMC assesses specialist medical education and training and continuing professional development programs using a standard set of procedures. For this assessment, the timing of these steps was as follows:

- The AMC asked the College to lodge an accreditation submission describing the plans for the new curriculum, and how it would manage any transition for current trainees.
- The AMC appointed an assessment team (called 'the team' in this report) to complete the assessment after inviting College comment on the proposed membership. A list of the members of the team is provided as Appendix One.
- The team met on 11 May 2012 to consider the College's 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 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 and future plans including the Competency Based Fellowship Program.
- The team met by teleconference in late July 2012 to finalise arrangements.
- The team held site visits and meetings in New South Wales, Queensland, Victoria and New Zealand between June and August 2012. Teleconferences were held with trainees from Tasmania and Western Australia. A subset of the team also attended the College's Congress Clinical Examination Workshop in Tasmania on 20 May 2012.

The assessment concluded with a series of meetings with the College office bearers and committees from 6 to 9 August 2012. On the final day, the team presented its preliminary findings to the College.

Australian Medical Council and Medical Council of New Zealand relationship

Since most of the specialist medical colleges span Australia and New Zealand, the Medical Council of New Zealand (MCNZ) has been an important contributor to AMC accreditation assessments.

In November 2010, the AMC and the MCNZ signed a Memorandum of Understanding to extend the collaboration between the two organisations. The two Councils are working to streamline the assessment of organisations which provide specialist medical training in Australia and New Zealand. The AMC continues to lead the accreditation process and assessment teams for bi-national training programs will continue to include New Zealand members, site visits to New Zealand, and consultation with New Zealand stakeholders. In future, these processes will specifically address New Zealand requirements. While the two Councils use the same set of accreditation standards,

legislative requirements in New Zealand require the bi-national colleges to provide additional New Zealand-specific information.

Appreciation

The team is grateful to the College staff who prepared the accreditation submission and managed the preparations for the assessment. It acknowledges with thanks the support of College fellows and staff in Australia and 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.

1 The context of education and training

1.1 Governance

The accreditation standards are as follows:

- The education provider's governance structures and its education and training, assessment and continuing professional development functions are defined.
- The governance structures describe the composition and terms of reference for each committee, and allow all relevant groups to be represented in decision-making.
- The education provider's internal structures give priority to its educational role relative to other activities.

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a company limited by guarantee. The College was incorporated in 1963. The Australasian Association of Psychiatrists, which was founded in 1946, procured its incorporation with the aim of continuing the work of the Association. The College was granted the prefix 'Royal' in 1977.

At the time of the accreditation visit described in this report, the College was governed by its General Council, an elected Board of Directors which oversees a wide range of issues concerning the affairs and activities of the College.

In 2010, the General Council agreed to proceed with an independent external review of its governance structures, functions and operations. Following consultation with the College membership as well as the review of governance models of comparable medical and non-medical organisations, a new model was proposed in which the General Council be replaced by a smaller governing body (the Board).

Changes to the College constitution to introduce the new structure, in the form of regulations, position descriptions and guidelines for the Board, Board elections, the Members' Advisory Council and Board committees were put to the membership and submitted to the November 2012 General Council meeting for approval.

These changes were discussed during the AMC team's visit and, as then proposed, were subsequently implemented. The new governance model took effect from the conclusion of the College's Annual General Meeting in May 2013.

The College indicated to the team that it expected the changes, including a plan to double the number of meetings of the governing body, would streamline and enhance its governance.

The RANZCP Board, now the governing body of the College, comprises the President, the President Elect, and five directors elected from among College fellows.

Six committees report directly to the Board:

- Audit Committee
- Corporate Governance and Risk Committee

- Education Committee
- Finance Committee
- Membership Engagement Committee
- Practice and Partnerships Committee.

The College has a portfolio structure. The Education portfolio is overseen directly by a Board member, with the structure also applying to the other major portfolios.

Two committees reporting to the Practice and Partnerships Committee that also provide specialist advice relating to education provision and support are:

Aboriginal and Torres Strait Islanders Mental Health Committee which develops policy and provides advice in the area of the College relationship with Aboriginal and Torres Strait Islanders, promoting Aboriginal and Torres Strait Islander mental health within the College and supporting Aboriginal and Torres Strait Islander psychiatry registrars.

Te Kaunihera which develops policy and provides advice in the area of the College relationship with Maori communities, promoting Maori mental health within the College and supporting Maori psychiatry registrars.

Under the revised governance structure, a Members' Advisory Council provides the Board with information and advice, and acts as a forum for College members. This committee includes a community representative, and RANZCP members serving on other committees, thereby representing a wide range of College functions. The President-Elect chairs the committee, and Board members attend Members' Advisory Council meetings.

The RANZCP governance structure also includes boards, faculties, sections and special interest groups. The faculties represent an internationally recognised body of knowledge in psychiatry and sections represent an interest group in psychiatry.

The College has branches in each state/territory of Australia and a national office in New Zealand. Branches are governed by a branch committee, which is responsible to the Board for the affairs of the branch and its members. The branches are also responsible for the administration and delivery of the training program within their region. The committees that oversee and advise the Board on the management of the Fellowship Training Program are discussed later in this section of the report.

1.1.1 Team findings

The governance structures are well defined. There is clear information about the structures and roles of the committees on the College website.

The College's accreditation submission provided a full briefing on the changes proposed to the College governance structures and the rationale and processes for making these changes. The changes build on consultation by the College's General Council over a sustained period of time.

The team was satisfied that the structure provides for education to continue to be a key focus for the College. The priority given to education is demonstrated by the sustained work to develop and implement the 2012 Fellowship Program proposals, and by the strong educational governance structure which has been established.

While the College has limited the membership of the Board to fellows, the team encourages the College to consider the merits of allowing representation from a wider skill base. The inclusion of the Chair of the Trainee Representative Committee, and the Overseas Trained Psychiatrists' Representative Committee on the Members' Advisory Council, with voting rights, is a positive step.

The team was pleased to note that the Community Collaboration Committee is continuing as a way of engaging with people with lived experience of mental illness and carers. The committee is made up of six RANZCP fellows and eight community members: two carers and two consumers from Australia, and two carers and two consumers from New Zealand. The College's website also outlines other ways in which health consumers and carers can contribute to the training, assessment and accreditation of psychiatrists, mental health policy direction and to the internal operation of the RANZCP through membership of committees. These contributions to national committees are commendable. The team encourages the College to include community members on local level committees such as those which deal with trainee selection and Specialist Training Program (STP) post selection, where the processes could benefit from the input of representatives of local service users.

1.2 Program management

The accreditation standards are as follows:

- The education provider has established a committee or committees with the responsibility, authority and capacity to direct the following key functions:
 - planning, implementing and reviewing the training program(s) and setting relevant policy and procedures
 - setting and implementing policy and procedures relating to the assessment of overseas-trained specialists
 - setting and implementing policy on continuing professional development and reviewing the effectiveness of continuing professional development activities.
- The education provider's education and training activities are supported by appropriate resources including sufficient administrative and technical staff.

Under the revised governance structures, the committee responsible for oversight over the major areas of education, examination, international specialist psychiatrists' assessment, continuing education, education projects and external liaison matters is named the Education Committee rather than the Board of Education.

The Education Committee is responsible for:

- advising the Board on decisions about admission to fellowship and the award of Advanced Training Certificates

- identifying appropriate measures for assessment of specialist international qualified medical graduates and for determining requirements for further training, assessment, examination or exemption required to achieve fellowship
- formulating advisory policy, programs and procedures for continuing medical education for fellows and fostering ongoing participation therein, wider Congress involvement, and standards in continuing professional development activities
- proposing education projects to the Board, and overseeing and directing education projects, providing regular progress and risk management reports for these projects to the Board
- providing advice to relevant external authorities and bodies on all matters relating to the regulation of training, assessment and examination required to achieve fellowship and professional development in Australia and New Zealand, and establishing liaisons and alliances with those entities
- ensuring that the several activities and responsibilities of the constituent committees are directed to ensuring a collaborative approach
- maintaining links with other specialist medical colleges and, in particular, continuing the dual fellowship training program and its requirements.

The major committees reporting to the Education Committee and their sub-committees are largely the same as those reporting to the former Board of Education. These are as follows:

- Committee for Training and its sub-committees for advanced training
- Accreditation Committee
- Committee for Examinations, which has a number of committees covering the separate assessment areas
- Committee for Specialist International Medical Graduate Education
- Committee for Continuing Medical Education
- Committee for Educational Quality and Reporting (previously the Committee for External Liaison and Reporting).

The Fellowship Attainment Committee no longer exists and its responsibilities now sit with the Education Committee.

The chairs of all the Education Committee's sub-committees are *ex officio* members of that committee. Both the Trainee Representative Committee and the Overseas-trained Psychiatrist Committee have nominees on the Education Committee. There is also a community member appointed to this committee.

The College has managed the development of the 2012 Fellowship Program by establishing a Project Management Group reporting to the Board of Education. The Project Management Group appointed expert working parties to provide expert education content in developing the educational outcomes, and delivering specific key education milestones in line with the approved Project Management Plan. The College also established an Education Content and Quality Group to provide quality assurance

to the work of the respective working groups. By the time of the team's visit these groups had been dissolved, and the work returned to the Board of Education as the senior education committee.

1.2.1 Team findings

In its 2009 assessment, the AMC found that the College's educational governance structures satisfied the accreditation standards. It found the Board of Education was showing strong management of the program, and that educational processes were opening up to scrutiny by a larger group than had been the case. These structures have continued to mature.

The structure set up to design and develop the elements of the 2012 Fellowship Program appears to have worked well to facilitate the development of the program and to allow increasing engagement of fellows and trainees in the planning process.

The College's accreditation submission indicated that under the Board of Education's oversight, a key focus of the College has been managing the internal College stakeholder relationships, involving the branches, regional training program personnel, trainees, and Faculties/Sections/Special Interest Groups. This focus is applauded, and the increased communication and consultation which has been part of the roll out of the governance changes and the change to the 2012 Fellowship Program was obvious.

Program changes of the magnitude of the change to the 2012 Fellowship Program must be resourced. The College's accreditation submission outlined how the College has evaluated the adequacy of the resources to support the change to the training program. The College has reviewed international training programs, undertaken repeated local consultations and feasibility studies on and piloting of new assessments such as Entrustable Professional Activities and Workplace Based Assessments. The College has also evaluated the training for supervisors and Directors of Training. The thoughtful approach to considering the resources required to support this change is commended.

In 2009, the AMC noted the expansion in the number of College staff, with a significant increase in the number of educational, managerial and administrative staff employed in the College's education department. The General Manager Education and education department staff provide support to the education portfolio, committees and have supported the development of the 2012 Fellowship Program. The development of the 2012 Fellowship Program has been supported by competent and professional staff. It will be important to ensure the continuity of the expertise to ensure the successful implementation of the program over the next three to five years.

1.3 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 education, training, assessment and continuing professional development activities.
- The education provider collaborates with other educational institutions and compares its curriculum, training program and assessment with that of other relevant programs.

The College's accreditation submission details how the College has used both internal and external educational expertise in the review of the curriculum and the development of the 2012 Fellowship Program.

Activities have included:

- review of the 2003 curriculum and training regulations via online survey and focus groups of trainees and Directors of Training
- a literature review to examine the various frameworks used in medical education
- liaison with the Royal College of Psychiatrists (UK) and the Royal College of Physicians and Surgeons of Canada regarding curriculum and curriculum implementation
- stakeholder consultation.

There are examples of the College seeking educational expertise in the external review of its examinations, reviews of College assessment policy and procedures, evaluation of the Specialist Training Program posts, accreditation surveys and the development of the 2012 Fellowship Program. The College views these interactions and relationships as effective tools for the continued development of educational imperatives and an effective training program.

1.3.1 Team findings

The team commends the College's attention to ensuring the curriculum developments, especially the changes to assessment methods, are underpinned by educational expertise.

1.4 Relationships to promote education, training and professional development of specialists

The accreditation standards are as follows:

- The education provider seeks to maintain constructive working relationships with relevant health departments and government, non-government and community agencies to promote the education, training and ongoing professional development of medical specialists.
- The education provider works with healthcare institutions to enable clinicians employed by them to contribute to high quality teaching and supervision, and to foster peer review and professional development.

In 2009, the AMC recommended that the College continue its work to promote ongoing dialogue with health service providers in Australia and New Zealand in relation to workforce training and development to meet the educational objectives of the College and the workforce priorities of health service providers.

The College has used the development of the 2012 Fellowship Program as a mechanism for continuing to strengthen its relationships with health services.

The College's accreditation submission reports on regular consultation visits with the Australian state/territory and Australian and New Zealand national health jurisdictions.

Its processes for communicating with health departments at state/territory and national levels include:

- Regular email or letters from the Office of the President
- The College website
- Position statements
- Provision of newsletters
- Media releases
- Consultations and teleconferences where needed.

Until the end of 2011 the Australian Government Department of Health and Ageing provided funding for the development of the Competency Based Fellowship Program. Regular status reports and communications regarding the program were in place to inform the Department of progress and developments.

1.4.1 Team findings

As it acknowledges in its accreditation submission, the College operates in a health system with many partners. All decisions regarding the training program affect health service providers and the society at large.

The College has consulted with various levels of government, health departments, non-government organisations, community groups, training sites and training supervisors on the development of the 2012 Fellowship Program.

The team noted the College's broader and beneficial interactions with health jurisdictions and encourages the continuation of this dialogue with both the public and private sectors. The team also noted the positive feedback from District Health Boards in New Zealand on the relationships with the College and the communication about the changes to the Fellowship Program.

1.5 Continuous renewal

The accreditation standards are as follows:

- The education provider reviews and updates structures, functions and policies relating to education, training and continuing professional development to rectify deficiencies and to meet changing needs.

The College's extensive review of its governance structures and the development of the 2012 Fellowship Program provide evidence that this standard is met.

The role of the College's Committee for Education Quality and Reporting in monitoring and evaluation of educational activities is outlined in section 6 of this report.

Commendations

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

- B The College's use of educational expertise in curriculum review and the development of the 2012 Fellowship Program.
- C The continued development of the Community Collaboration Committee and other opportunities for community, consumer and carer engagement in the training, assessment and accreditation of psychiatrists, mental health policy direction and to the internal operation of the RANZCP through membership of committees.

Recommendations for improvement

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

2 Organisational purpose and outcomes of the training programs

2.1 Purpose of the Royal Australian and New Zealand College of Psychiatrists

The accreditation standards are as follows:

- The purpose of the education provider includes setting and promoting high standards of medical practice, training, research, continuing professional development, and social and community responsibilities.
- In defining its purpose, the education provider has consulted fellows and trainees, and relevant groups of interest.

The Royal Australian and New Zealand College of Psychiatrists is the accredited provider for education, training and continuing professional development programs required for registration as a specialist psychiatrist in Australia, and vocational registration in psychiatry in New Zealand. The College also provides training programs leading to an advanced certificate in seven advanced areas of practice: addiction; adult general psychiatry; child/adolescent psychiatry; consultation-liaison; forensic psychiatry; psychiatry of old age; and psychotherapies. These areas of practice are not recognised as fields of specialty practice in Australia or as subspecialties.

The College vision is: “A Fellowship of psychiatrists leading the achievement of quality psychiatric care and mental health for our community.”

The College strategic plan, available on the College website, www.ranzcp.org, outlines the purpose and vision of the College for 2012-2014.

The College purpose will not change with the introduction of the 2012 Fellowship Program.

2.1.1 Team findings

The College’s purpose is clearly defined as the training organisation and standards setting body for psychiatry.

The College provided detailed material documenting the College activities that support its purpose, including training and examinations for qualification as a consultant psychiatrist, administering the Continuing Professional Development Program for practising psychiatrists, an annual scientific congress and various sectional conferences, publishing journals and policy documents and representing psychiatrists with government, allied professionals and community groups. Much of this material is readily available on the open pages of the College website.

The College provided extensive documentation in relation to communication with stakeholders in defining its purpose.

2.2 Graduate outcomes

The accreditation standards are as follows:

- The education provider has defined graduate outcomes for each training program including any sub-specialty programs. These outcomes are based on the nature of

the discipline and the practitioners' role in the delivery of health care. The outcomes are related to community need.

- The outcomes address the broad roles of practitioners in the discipline as well as technical and clinical expertise.
- The education provider makes information on graduate outcomes publicly available.

The College regulations for training for fellowship give the key training program outcomes as:

“To develop skills to treat mental illness and mental health problems and to decrease the level of distress experienced by people with mental health problems and mental illness, carers and communities, utilising a broad biopsychosociocultural model which acknowledges the diversity of each person's experience.”

The College places particular emphasis on developing a sensitive awareness of the impact of mental health problems and mental illness on a person's quality of life and the meaning of recovery for that person, with attention to the specific needs of Aboriginal and Torres Strait Islander and Maori people with mental health problems and mental illness. While there is no significant change in this focus since the AMC accreditation of the College's programs in 2009, as outlined in section 3 of the report, the way in which trainees' skills and knowledge in this area is assessed has changed.

The major change to the College program will incorporate changes to documentation, feedback to trainees, the scope of educational activities, quality control of supervision and methods by which the trainees will be assessed as having achieved the stated outcomes. It is anticipated that these changes will better reflect current work practice(s). The assessment of a trainee's fitness to practise will be enhanced through the introduction of new assessment strategies such as workplace based assessments.

The Royal College of Physicians and Surgeons of Canada CanMEDS Physician Framework has informed the development of the 2012 Fellowship Program. The primary contribution from the framework is the College's adoption of the seven CanMEDS roles, as psychiatrist roles. These are defined by the College as follows:

As **Medical Experts**, psychiatrists perform comprehensive, culturally appropriate psychiatric assessments with patients of all ages. Fundamental to the practice of psychiatry is the ability to perform and report thorough mental state examinations, integrating all available information to accurately formulate and diagnose patient conditions, subsequently providing an evidence-based biopsychosociocultural management plan, mindful of the impacts of patients' physical health. Demonstrable skills in psychotherapeutic, pharmacological, biological and sociocultural interventions are requisite. Psychiatrists define and review patient outcomes, revising management as appropriate based on this review. Medical expertise is supported by the application of contemporary research, psychiatric knowledge and treatment guidelines, as well as the application of mental health and related legislation in patient care.

As **Communicators**, psychiatrists communicate effectively with a range of patients, carers, multidisciplinary teams, general practitioners, colleagues and other health professionals, using their interpersonal skills for the improvement of patient outcomes.

Communication skills range from the ability to provide clear, accurate, contextually appropriate written communication about patients' conditions, to being able to enter into dialogue about psychiatric issues with the wider community.

As **Collaborators**, psychiatrists are able to work effectively with other psychiatrists, within multidisciplinary teams and with other health professionals, whilst working within relevant health systems and with government agencies. Psychiatrists are also able to work respectfully with patients, families, carers, carer groups and non-government organisations.

As **Managers**, psychiatrists are able to work within clinical governance structures in healthcare settings providing clinical leadership and are able to work within management structures of the healthcare system. The ability to critically review and appraise different health systems and management structures is also requisite. Psychiatrists prioritise and allocate resources efficiently and appropriately with the facility to perform appropriate management and administrative tasks within the healthcare system, applying health and other relevant legislation where appropriate. Psychiatrists also incorporate an awareness and application of Information and Communication Technology (ICT) into their practice.

As **Health Advocates**, psychiatrists use their expertise and influence to advocate on behalf of individual patients, their families and carers, as well as more broadly, on an epidemiological level. Psychiatrists lessen the impact of mental illness through their understanding, and application, of the principles of prevention, promotion and early intervention.

As **Scholars**, psychiatrists are committed to lifelong learning and have the ability to critically appraise and apply psychiatric and other health information for the benefit of patients. Psychiatrists are able to transfer information to colleagues, other health professionals, students, patients, families and carers and are able to facilitate the learning of colleagues, trainees and other health professionals, contributing to the development of mental health knowledge.

As **Professionals**, psychiatrists' commitment to their patients, profession and society is demonstrated through their adherence to ethical conduct and practice, complying with all relevant regulatory requirements, at all times comporting themselves with integrity, honesty, compassion and respect for diversity. Psychiatrists actively engage in reflective practice, giving due consideration to feedback received from others. Psychiatrists are expected to contribute to the profession beyond their commitment to patient care, whilst remaining mindful of the necessity to maintain a responsible equilibrium between personal and professional priorities in the pursuit of sustainable practice and wellbeing.

The College has defined competencies and learning outcomes for each role. Cultural competence is an additional role which the Medical Council of New Zealand adds to the CanMEDS-based framework adopted by the College.

2.2.1 Team findings

The College's documentation clearly outlines the 2012 Fellowship Program learning outcomes, which are structured around the CanMEDS roles. Trainees will achieve learning outcomes through supervised workplace based training and experience, and formative workplace based assessments, as well as formal education courses accredited by the College. The progression of trainees from novice to expert in each CanMEDS role is mapped in the curriculum, as is the assessment of each learning outcome.

In aligning the outcomes of the training program to the CanMEDS framework the College has addressed the broad roles of practitioners in the discipline along with the required technical and clinical expertise. The changes to the assessment program discussed later in this report support this alignment.

There was near universal agreement amongst the stakeholders consulted by the team that the 2012 Fellowship Program was a positive development, and the program would better equip the graduates of the program to practise as independent psychiatrists.

The team was satisfied that the College addressed the standard regarding defined graduate outcomes at this stage. There was a clear plan for development of the remaining detail that sits behind the outcomes as the 2012 Fellowship Program is implemented.

The team acknowledged the commitment of the College to collaboration with the community to achieve improved health outcomes for those most at risk, and to clinical and organisational excellence as articulated in its values in the 2012–2014 Strategic Plan. These are laudable statements, and the College makes significant information available on its website, and therefore accessible to the community. The team encourages the College to continue its work to develop an active approach to communication with the community at large.

The College provided extensive documentation of communication with stakeholders in defining the intentions of the program change. All groups of stakeholders met by the team during its visit had a good awareness of the changes proposed in the introduction of the 2012 Fellowship Program and the rationale for the changes. The level of awareness demonstrated the College's concerted efforts to keep the relevant groups informed at a broad level.

Stakeholders interviewed during the assessment visit commented positively on the materials available on the College website to explain the new curriculum and to keep stakeholders informed as to the current activities in the transition project. However, as could be expected with such a change, there was still some confusion regarding the implications for individuals that more targeted communication strategies may allay.

Commendations

- | | |
|---|---|
| D | The clear articulation of the College's organisational purpose and the learning outcomes for the 2012 Fellowship Program. |
| E | The way in which the College has adapted the CanMEDS framework to describe |

the roles of the specialist psychiatrist and the domains of the curriculum.

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

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

3 The education and training program – curriculum content

The accreditation standards are as follows:

- For each of its education and training programs, the education provider has a framework for the curriculum organised according to the overall graduate outcomes. The framework is publicly available.
- For each component or stage, the curriculum specifies the educational objectives and outcomes, details the nature and range of clinical experience required to meet these objectives, and outlines the syllabus of knowledge, skills and professional qualities to be acquired.
- Successful completion of the training program must be certified by a diploma or other formal award.
- The training program includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, and encourages the trainee to participate in research.
- The training program allows appropriate candidates to enter research training during specialist education and to receive appropriate credit towards completion of specialist training.
- The program structure and training requirements recognise part-time, interrupted and other flexible forms of training.
- There are opportunities for trainees to pursue studies of choice, consistent with training program outcomes, which are underpinned by policies on the recognition of prior learning. These policies recognise demonstrated competencies achieved in other relevant training programs both here and overseas, and give trainees appropriate credit towards the requirements of the training program.
- The education provider contributes to articulation between the specialist training program and prevocational and undergraduate stages of the medical training continuum.

3.1 Curriculum framework, structure and content

The 2003 Fellowship Program is a time-based apprenticeship model, consisting of a minimum of three years of basic training, followed by two years of advanced training. The program is based on a broad biopsychosociocultural model. In basic training, trainees acquire knowledge and skills in phenomenology, interviewing, clinical assessment and the principles of management planning in the first year and in clinical management and teamwork over the remaining two years. Formal examinations are conducted as a component of basic training. Advanced training is split into the generalist stream, or approved program advanced training, or a combination of both of these. The generalist stream involves 12 months of general adult psychiatry practice coupled with a further 12 months in either one or more of the seven subspecialist advanced training areas or in clinically relevant research.

The College describes the 2012 Fellowship Program as a comprehensive curriculum that documents the requirements for expert professional practice in psychiatry and fellowship of the College, and incorporates all of the pathways, options and activities

that must be undertaken in order to achieve this outcome. It aims for a more effective and efficient outcome-oriented framework than is the case for the 2003 Fellowship Program.

The overall aim of the curriculum remains the same and is to produce generalist graduates.

The primary difference between the 2003 and 2012 Fellowship Programs is that the new program focuses on competencies rather than a time-based apprenticeship model.

The College has based the curriculum on the CanMEDS framework, with documented competence required in each of the seven roles: Medical Expert, Communicator, Collaborator, Manager, Health Advocate, Scholar and Professional in order to progress between the training stages. The College has developed a number of specified outcomes under each of the CanMEDS domains, which inform teaching and the construction of assessments.

The 2012 Fellowship Program consists of three stages: 1 - basic, 2 - proficient and 3 - advanced. Within these stages, trainees will complete rotations of six months' duration, enabling them to obtain clinical and educational experiences in a number of mandatory and elective areas of psychiatric practice. Trainees are also able to extend their competencies in an advanced area of practice to achieve a specialty certificate as well as the fellowship.

Through its education committees the College determines areas of practice in which competencies may be acquired. At the time of the team's assessment, the College recognised the following areas of practice:

- Addiction
- Adult
- Child & Adolescent
- Consultation–Liaison
- Forensic
- Indigenous Australian/Maori
- Psychiatry of Old Age
- Psychotherapies
- Research/Academic.

Specialty certificate training is available in the following areas:

- Addiction Psychiatry
- Adult Psychiatry
- Child & Adolescent Psychiatry
- Consultation–Liaison Psychiatry
- Forensic Psychiatry

- Psychotherapies
- Psychiatry of Old Age.

The certificate training programs available for the 2012 Fellowship Program are unchanged from those in the 2003 Fellowship Program.

In Stage 1 of the 2012 Fellowship Program, trainees complete 12 months of adult psychiatry, six months of which must be in an acute setting. Stage 1 allows trainees to develop competence at a basic standard across all the roles with patients who have a range of psychiatric disorders.

Stage 2 is 24 months full-time equivalent (FTE) of training, including two mandatory areas of practice. The mandatory areas are six months of consultation-liaison psychiatry and six months of child and adolescent psychiatry. For the remaining 12 months, the trainee will develop competence in a minimum of two additional areas of practice. As in the 2003 Fellowship Program, there are assessments in addiction psychiatry and psychiatry of old age, but in the 2012 Fellowship Program these are not mandatory rotations.

Stage 3 is 24 months FTE of training. Trainees may pursue advanced CanMEDS competencies in a single area of practice leading to certificate training or general psychiatry training in a range of College-recognised areas of practice. In Stage 3, trainees have the opportunity to consolidate their abilities as they draw closer to fellowship, with particular emphasis on the Manager, Health Advocate, Scholar and Professional roles.

Trainees develop competence in the psychotherapies by completing and writing up one long psychotherapy intervention (approximately 1 year or 40 sessions). The psychotherapies must be supported by regular supervision, including trainees participating in three (formative) case discussions with their psychotherapy supervisor.

Trainees must also complete a Scholarly Project.

The 2012 Fellowship Program's stages are being implemented sequentially and in line with the progression of a full-time trainee commencing in December 2012 in New Zealand or January 2013 in Australia. The next few years will be a period of transition from the 2003 Fellowship Program requirements to those of the 2012 Fellowship Program, although there will be no transition of current trainees in 2013. The transition to the new program has been a key topic for the College and its trainees, and was a focus of this accreditation assessment.

The transition is discussed further in section 7.

3.1.1 Team findings

The College describes its motivations for developing and implementing the 2012 Fellowship Program as both:

- external, attempting to address workforce shortages and increasing demands in the area of mental health; and

- internal, with broad aims to increase flexibility, decrease the time taken to complete training and improve curriculum alignment, while retaining high standards in accordance with community expectations.

The 2012 Fellowship Program is competency-based in the broad sense, meaning both achievement of specific competencies and also a requirement for specific experiences.

The College has chosen this holistic or qualitative approach to competence to reflect the complexity of the contemporary professional practice of specialist psychiatrists and to acknowledge that the accumulation of time spent in a training environment is not a definitive assurance of competence, and that the substantiated acquisition of capabilities is a more defensible statement of competent practice. Appropriately, an overarching framework (CanMEDS) guides the program, with a list of core *Fellowship Competencies* guiding the progression of training across three stages of training.

The *Fellowship Competencies* are supported by defined, broad, learning outcomes for each stage, further underpinned by a defined syllabus for each stage to guide a more detailed coverage of specific material and associated blueprinting of the assessment methodologies. The College acknowledges the lack of detailed specificity in the syllabi, indicating a desire to allow for individual training experiences, while recognising the need through other aspects of the program to enable consistent expectation of depth for the purposes of allowing trainees to prepare for traditional summative assessments with confidence. A coding system guides the understanding of depth of knowledge required in relation to syllabus items. Further documents guide the blueprinting of assessments across competencies associated with the various stages of training aligned to the CanMEDS domains.

As well as the CanMEDS roles, the College has taken account of the Medical Council of New Zealand's additional domain, Cultural Competence, and the new program includes specified outcomes applicable to this domain. The College's Te Kaunihera Committee and the Aboriginal and Torres Strait Islander Mental Health Committee are providing competencies and outcomes for learning in cultural competence. Trainees' competence in this domain will be assessed through an Entrustable Professional Activity (EPA). The Te Kaunihera Committee is confident that the EPA and on-line learning material will have advantages over the previous on-line exercise marked by one of the Directors of Training. Australian trainees will also undertake instruction and assessment in Indigenous health.

The team commends the College material available for review at the time of the assessment visit. The quality and scope of the material demonstrates the large volume of work undertaken. The relevant detailed materials for Stages 1 and 2 of the program are available. Trainees entering the program from the end of 2012 have information on the broad outline of Stage 3. The College is developing the detailed requirements for Stage 3 which will include information on common requirements and where trainee choice or flexibility will be possible.

The team agrees that the 2012 Fellowship Program builds on the strengths of the previous curriculum and improves on the 2003 Fellowship Program. The College is producing a comprehensive curriculum.

At the time of the team's review, the College still had work to do to collate all the syllabus documentation, either in one coherent document, or to locate all the relevant documents in a logical format and easy to access location such as the College website. The College has since placed documents such as the curriculum maps, syllabi, competency statements and learning outcomes on the Training Program Documents A – Z webpage.

Since the team's visit, the College has also placed an easy to access version of the 2012 Fellowship Program, *Regulations, Policies and Procedures* on its website. This identifies policies that are interim, those still to be developed, and those now approved by the Council. Clear training-related policies and procedures together with the curriculum documentation will assist the College to improve the trainees' understanding of the educational processes and their experience of that process. These policies are described in later sections of the report.

Previous AMC accreditation reports have raised concerns about psychiatry trainees' access to low-acuity, high prevalence conditions such as anxiety disorders, mild to moderate depressive disorders and other conditions not seen in the public system in Australia. This issue remains of concern and was explored during the team's assessment and the College subsequently provided additional material to the AMC outlining how it was addressing trainees' access to this experience in the 2012 Fellowship program.

The College's requirements are outlined in the syllabi for Stage 1 and Stage 2, the training regulations, and in the assessment framework. These indicate that by the end of Stage 2, trainees are expected to have in-depth knowledge of both depressive and anxiety disorders, and outlined the assessment methods which may assess trainees' interactions with patients with high prevalence conditions. The AMC remains concerned that the 2012 Fellowship Program requirements in this important area of psychiatry practice remain unclear. In this area, it is not clear whether the College's learning outcomes and competencies take account of community need, and if the level of community need would indicate that this experience should be mandated. It is also unclear how the learning outcomes, the curriculum and the assessment have been aligned to ensure that the identified need is addressed.

3.2 Research in the training program

The 2003 Fellowship Program relies heavily on the Formal Education Courses to deliver knowledge in relation to research methodology. Training posts available through the Government-funded Specialist Training Program and funded research posts are additional mechanisms through which trainees may access formal research training opportunities, particularly toward the later stages of the program.

The College intends to continue these mechanisms in the 2012 Fellowship Program, and to add a mandatory component, the Scholarly Project, designed to ensure that trainees develop the skills associated with undertaking and interpreting research that it considers necessary for graduating psychiatrists. The team welcomes the addition of this new component.

The Scholarly Project involves the submission of novel research in an area relevant to psychiatry or mental health, and the trainees' development and application of the skills

necessary to attain the competencies of the scholar domain. Trainees may complete the project in one of five ways: a quality assurance project or clinical audit; a literature review; qualitative or quantitative research; a case series; or an equivalent project approved by the Scholarly Project Sub-committee.

The regulations provide for exemption both through a recognition of prior learning process and through acknowledgement of formal research qualifications such as doctoral or masters level research.

3.2.1 Team findings

The AMC supports training in research methodology as a mandatory requirement and the team was pleased to note the College's plans for the Scholarly Project to support this requirement.

As this is a new mandatory program component, the College is cognisant of the need to communicate and to ensure infrastructure is in place to enable individual trainees and groups of trainees to complete the requirement in a timely way.

Trainees must seek project approval to ensure their project adheres to College guidelines, however, no definite timeframe by which this must be accomplished appears to be stated. The College's thinking on supervision of the project has evolved since the team's visit from the possibility that the supervisor not be a College fellow to a requirement that the principal scholarly project supervisor is required to be a College-accredited supervising fellow to ensure familiarity with the requirements and deadlines of the training program.

Whilst it is recognised that trainees are responsible, as adult learners, for their progress and completion of the requirements, there are a range of factors which lead individual and groups of trainees into difficulty in completing a component such as this. The AMC will be interested in updates in College progress reports on the implementation of the Scholarly Project, including an indication of the number and proportion of trainees who may not have gained approval for their proposal by the completion of both Stage 1 and Stage 2 of training.

In a similar vein, it is hoped that the College will ensure appropriate methods are in place to monitor trainee progress in the long-term psychotherapy requirement to ensure the requirement does not become problematic for trainees.

The 2003 Fellowship Program allows for the inclusion of up to twelve months full-time equivalent of Advanced Training to be undertaken in 'clinically relevant research'. This option remains under the 2012 Fellowship Program. The team views this capacity, along with the proposed linkages with tertiary institutions to enable concurrent completion of higher degrees during training, as positive steps in facilitating the development of academic psychiatry. The AMC would expect that College progress reports will provide information on the uptake of academic training opportunities during training.

3.3 Flexible training

Around 40 per cent of College trainees undertake part-time training at some stage during the program and/or take a break from the program. Combined with the current capacity to make repeated attempts at College examinations, some trainees take considerable time to complete the training program. Thus, the existence of clear policies relating to aspects of training such as part-time, interrupted and other flexible forms of training is a clear necessity, as is the need for clear policy relating to removal from the program (failure to progress).

The College has updated its regulations to reflect 2012 Fellowship Program requirements. The regulations on part-time training indicate the Fellowship Program requirements that part-time trainees must complete, including: a requirement for an end-of-rotation In-Training Assessment Report at the end of each rotation to inform the College of their progress; a minimum of one Entrustable Professional Activity (EPA) per six calendar months to ensure the competency requirements of the Fellowship Program remain linked with the training time accredited to the trainee; after hours' work requirements; and a College recommendation that some full-time training is a valuable experience for part-time trainees and that this be undertaken in Stage 1 of training.

The College's regulations concerning breaks in training during the 2012 Fellowship Program are still under review.

In its 2009 assessment of the College's programs, the AMC recommended that the College actively progress recognition of prior learning and policies, and the College has formulated a recognition of prior learning policy in developing the new Fellowship Program. The policy reviewed by the team provides for trainees in the 2012 Fellowship Program to apply for recognition of prior learning (RPL) for previous training, overseas training while on a break in fellowship training and summative assessments. The RPL policy also allows trainees transitioning from the RANZCP Training Regulations 2003 to seek RPL for components of training under the RANZCP Fellowship Regulations 2012 that were not automatically achieved through the transition process. An applicant is required to demonstrate how the training time and work experiences previously undertaken map to the relevant time and competencies (i.e. EPAs and centrally administered summative assessments) under the RANZCP Fellowship Regulations 2012.

3.3.1 Team findings

The College has well developed policies in relation to part-time training. The College's current regulations concerning breaks in training are clear. The College should report in its AMC progress report when the revised policies for the 2012 Fellowship Program are completed.

The completion of the recognition of prior learning (RPL) policy is an important step. The team found the description of the process to be clear, the purpose to be suitable and that there was adequate provision for review and appeal of decisions in relation to RPL. As with any new training policy, the AMC expects the College to report in its progress reports on the implementation of the policy, trainees' feedback on it, and any subsequent review as a result of experience in implementing the policy.

Previous AMC accreditation reports have raised issues concerning the high proportion of trainees who do not complete training in the minimum time of five years, and explored the reasons for slow completion. In responding to the progress reports since 2009, the AMC has acknowledged the College's solid progress in implementing strategies both to understand the problem in greater depth and to respond to it creatively. As the flexible approach to part-time training and breaks in training is seen as contributing to this issue, at the time of the team's visit the College was developing a failure to progress policy, which was passed by the General Council shortly after that visit. The College has also subsequently developed a progression through training policy.

Together, these policies describe the requirements for progression through training under the RANZCP Fellowship Regulations 2012, and provide a Trainee Progress Trajectory, which details the mandatory deadlines for completion of training components to assist trainees to plan for and maintain required progress. The failure to progress policy sets out the College's approach to managing the identification, support and, potentially, the exit of underperforming and/or non-progressing trainees from the Fellowship Program, with clear show cause requirements, and the responsibilities of trainees, Directors of Training and College committees under the policy stated. While these policies are in early stages of implementation, the AMC will be interested in the College's feedback, via progress reports, on their success.

3.4 The continuum of learning

In its accreditation submission the College indicates that the 2012 Fellowship Program has been designed to integrate the principles of lifelong learning by aligning elements of training provided to medical students and medical graduates into the Fellowship Program. It has consulted widely with key stakeholders throughout the development of the 2012 Fellowship Program. The integration of key elements of training from undergraduate to prevocational to Fellowship and continuing professional development provides a continuum of learning that will provide a suitably qualified practising psychiatrist.

3.4.1 Team findings

The College's accreditation submission indicates that the 2012 Fellowship Program integrates the principles of lifelong learning by aligning Fellowship Program requirements with elements of the training provided to medical students and medical graduates. The College has consulted stakeholders comprehensively as it has developed the 2012 Fellowship Program to enable a smooth transition from medical student to medical graduate to specialist medical training.

Since 2010, the College's continuing professional development (CPD) program has been based on the CanMEDS framework, and it intends to map the CPD program to the 2012 Fellowship Program competencies.

College representatives attend conferences and other events to promote the 2012 Fellowship Program to potential trainees, and the College has indicated that it will provide support 'scholarships' for medical students to attend the College Congress from 2012.

While these developments are appropriate, the team had some difficulty fully appreciating the College's level of formal input and involvement in the linkage of undergraduate and postgraduate prevocational medical programs and the responsible organisations/bodies with the College training program, over and above what is normally required by a College to ensure entry processes and similar considerations are managed.

The team would, however, encourage the College to look at how it may better interact with relevant bodies to develop innovative approaches to enabling productive linkages between undergraduate, prevocational and postgraduate vocational training in psychiatry. The recruitment strategy may be the place to consider this.

Commendations

- H The College's careful planning and piloting work to develop the 2012 Fellowship Program combined with the investment in time, expertise and resources to support the development.
- I The educational rationale for the program change is well described, sound and forward looking.

Conditions to satisfy accreditation standards

- 1 Complete the documentation describing the full curriculum for all three stages of the 2012 Fellowship Program. (Standard 3.1)
- 2 Provide evidence of review of the graduate outcomes and competencies for the 2012 Fellowship Program in relation to community need for specialist psychiatrists to manage high prevalence mental health conditions, and evidence of how the learning outcomes, the curriculum and the assessment have been aligned to ensure that the identified need is addressed. (Standard 2.2 and Standard 3.2)

Recommendations for improvement

- BB Develop mechanisms to ensure trainee access to a consistent standard of educational material to address the requirements of the Scholarly Project, such as consistency of coverage through the Formal Education Courses, as well as the provision of education material by the College. (Standard 3.2)
- CC Develop a Trainee Handbook with clear information on flexible training and related aspects of the implementation and operation of the 2012 Fellowship Program. (Standard 3.4)
- DD Make stronger links between the vocational training program and undergraduate and prevocational medical education. (Standard 3.5)

4 Teaching and learning methods

The accreditation standards are as follows:

- The training is practice-based involving the trainees' personal participation in relevant aspects of the health services and, for clinical specialties, direct patient care.
- The training program includes appropriately integrated practical and theoretical instruction.
- The training process ensures an increasing degree of independent responsibility as skills, knowledge and experience grow.

4.1 Teaching and learning approaches

The 2012 Fellowship Program is a competency-based enhancement of the time-based, experiential, task-based apprenticeship model used in the 2003 Fellowship Program.

The new program uses the performance of professional activities in the clinical practice environment as the cornerstone of learning. The trainee's supervisor becomes key to learning and is responsible for much of the assessment of competence through the observation of performance in the workplace. The College has identified that this will require additional support and training sessions for supervisors. There has also been an increased emphasis on the accreditation of training sites to ensure the learning environment is suitable. This is discussed more in section 8.2 of this report.

The College has based the curriculum requirements on the CanMEDS framework, with competence being required in each of the areas of Medical Expert, Communicator, Collaborator, Manager, Scholar, Professional and Health Advocate. The College framework also recognises the Medical Council of New Zealand's addition of a Cultural Competence domain. A number of specified outcomes have been developed under each of the domains, which can inform teaching, and the construction of assessments.

As well as the learning through clinical practice, all trainees are required to participate in a Formal Education Course.

Learning in psychotherapy is reinforced by the psychotherapy extended case that remains from the 2003 curriculum. The College has introduced enhanced flexibility for trainees where the patient breaks off from therapy before 40 sessions are completed.

Some understanding of research methodology and process is acquired in the Formal Education Courses and the new Scholarly Project.

4.2 Practice-based teaching and learning

It is difficult to separate teaching and learning from the formative and summative assessment in the workplace which is central to the 2012 Fellowship Program. Workplace based assessments and Entrustable Professional Activities (EPAs) will form the basis for assessing competency at each stage of the program. Competency-based training requires that the trainee is able to demonstrate the knowledge, skills and attitudes needed for safe practice.

The workplace based assessments are a formative process to assess competence in an authentic setting, and provide a mechanism for immediate feedback, assessment of progress and suggest ways to improve performance. They provide the trainee with an opportunity to develop a learning plan and reflect on their performance. Trainees must complete three workplace based assessments before they can attain each EPA.

Examples of workplace based assessment tools developed so far include:

- Case-based discussion - The trainee discusses a case with the supervisor for 15-20 minutes and receives feedback and plans the next learning steps.
- Mini-Clinical Evaluation Exercise - The trainee is observed in a clinical task with a patient. These might include history taking, mental state examination, physical examination, communication, data synthesis and organisation and efficiency.
- Observed Clinical Activity - The trainee is observed during a full initial patient assessment and receives feedback.
- Professional Presentation - The trainee undertakes journal clubs, case presentations, clinical audits, grand rounds and community educational presentations and seeks supervisor feedback.

The trainee initiates the workplace based assessments and the supervisors have explicit criteria for the standards to be achieved by a trainee at that Stage of the program.

EPAs are core tasks, which the trainee must be able to carry out with only distant supervision. They are high importance and error prone tasks, which are also exemplary of a number of CanMEDS roles. An EPA web handbook is used to describe the knowledge, skills and attitudes required. A number of EPAs for Stage 1 and 2 had been approved at the time of the team's visit. Stage 3 EPAs were completed following the assessment.

4.3 Practical and theoretical instruction

All trainees are expected to take part in their team journal clubs, seminars and audit exercises as part of their wider learning in psychiatry.

The Formal Education Courses have the primary function of providing the more theoretical knowledge needed for practice in psychiatry. They also provide opportunities for peer interaction and exposure to the experience and knowledge of local psychiatrists.

As has been reported by previous AMC assessment teams, the mode of delivery of these programs is quite variable and includes didactic lectures, tutorials, trainee-led tutorials and the use of simulated patients. The Formal Education Courses in some jurisdictions also has included the provision of mock Observed Clinical Interviews.

There are limited on-line learning opportunities for trainee. Trainees identified some specific learning areas, such as statistics, where they would like to have quality online modules available to all trainees. Trainees suggested that the RANZCP negotiate with other specialist colleges to share some of its modules in return for access to appropriate modules or similar quality materials from other colleges.

4.4 Increasing degree of independence

The College has defined requirements for an escalating level of trainee performance in the 60 months of the program:

- Stage 1 – Basic. Trainees undertake adult psychiatry rotations, including six months in an acute setting.
- Stage 2 – Proficient. Trainees undertake rotations in both Child and Adolescent Psychiatry and Consultation Liaison Psychiatry and two elective rotations.
- Stage 3 – Advanced. Single or multiple elective rotations.

The three stages of the program with a trajectory of increasing competency certified by completed Entrustable Professional Activities fulfil the requirement for increasing trainee independence as they progress in the program.

It is also expected that the trainee, as an independent learner, will create a portfolio of completed workplace based assessments, together with their own reflections and learning plans from the workplace based assessments, although this is not mandatory.

4.5 Team findings

The College is to be congratulated on the time, expertise and resources it has invested in the development of the 2012 Fellowship Program. Through careful consideration, external advice and review of the experience of other organisations with competency-based programs, the College has developed a strong educational foundation for the program. The Australian Government's financial support of the College for this development is also acknowledged.

The College's detailed planning has resulted in good curriculum documentation which demonstrates the links between the curriculum and the teaching and learning plan. This plan incorporates many aspects of international best practice in adult education.

The training time remains a compulsory 60 months, so the 2012 Fellowship Program remains an amalgam of time-based and competency-based training. Flexibility in the completion time is one of the attractions of a competency-based Fellowship program to health workforce authorities and many trainees. The College is well aware of this issue, however, considered it important to embed the concept of competency-based training before considering whether it could make the time requirement more flexible in the future. The team explored with the College whether it would be possible for some trainees to achieve competence sufficient to allow early exit from the training program, and the team recommends that the College continue to consider this possibility.

Clearly, the success of the 2012 Fellowship Program depends on supervisor preparation and time put aside for conducting the workplace based assessments (WBAs). The documentation suggests that supervisors have and will have adequate preparation and there is health authority approval for each trainee to have one hour of one-to-one supervision each week, as well as three hours general supervision time. Both trainees and supervisors see the new program as providing much more structure to the time the trainee spends one-to-one with the supervisor.

The numbers of formative and summative assessment hurdles remains large and the new in-training assessment could prove a hurdle in terms of time for the workplace assessors (supervisors). However, a pilot of WBAs is reported to have been more time-efficient than expected, and most health authorities were cautiously optimistic that the 2012 Fellowship Program would not represent an onerous time commitment for frontline psychiatrists.

Formal Education Courses have been compulsory since 2003 and carry over from the old program but will be blueprinted and accredited to meet the requirements of the new curriculum. The regional courses and the university-based fee-paying courses in Victoria and New South Wales (Institute of Psychiatry) are being evaluated in this way. This process was not complete at the time of the team's visit, and there needs to be more clarity as to whether the regional clinical program accreditation also includes that of the Formal Education Course or whether these are separate. Accreditation will require considerable realignment of most programs and there may be difficulty in providing material at the three different levels of the new curriculum.

In previous AMC assessments, trainees were very critical of the university programs because of lack of choice, significant cost and lack of relevance and updating in some areas. In the team's 2012 visit, feedback from trainees suggests that these problems persist. Programs outside Melbourne and Sydney are mostly free to trainees and are better accepted, although some of the delivery and content do not meet trainee expectations. The compulsory nature of the university programs for trainees in the Sydney and Melbourne urban areas (as determined by the College Regional Committees) remains unsatisfactory and is of concern to trainees.

The team believes there is no justification for mandating a particular Formal Education Course over other accredited courses, particularly when there are distance learning options. Permitting trainee choice will allow trainees to choose the best course for their needs. Opportunities for peer interaction and exposure to local psychiatrists would need to be delivered in a different way with any such changes.

As recommended by previous AMC teams, the College has considered whether it could offer a common trans-state and trans-national Formal Education Course for all trainees, and the College may face challenges in mounting such a program in the short term. However, the team believes that the College should keep this possibility under review.

Conditions to satisfy accreditation standards

- 3 Allow trainees to choose any available Formal Education Course to satisfy the completion requirements rather than mandating completion of the local Formal Education Course. (Standard 4.1.2)

Recommendations for improvement

- EE Review within the next three years the appropriateness of having only time-based training requirements for a competency-based program. (Standard 4)
- FF Provide more online learning modules to complement the Formal Education Courses and plan in the longer term for the College to provide a Formal

Education Course. (Standard 4.1.2)

5 Assessment of learning

The accreditation standards are as follows:

- The assessment program, which includes both summative and formative assessments, reflects comprehensively the educational objectives of the training program.
- The education provider uses a range of assessment formats that are appropriately aligned to the components of the training program.
- The education provider has policies relating to disadvantage and special consideration in assessment, including making reasonable adjustments for trainees with a disability.
- The education provider has processes for early identification of trainees who are under performing and for determining programs of remedial work for them.
- The education provider facilitates regular feedback to trainees on performance to guide learning.
- The education provider provides feedback to supervisors of training on trainee performance, where appropriate.
- The education provider considers the reliability and validity of assessment methods, the educational impact of the assessment on trainee learning, and the feasibility of the assessment items. It introduces new assessment methods where required.

5.1 Assessment approach

Since 2009, the College has undertaken considerable work to develop the 2012 Fellowship Program, with the attainment of broad *Fellowship Competencies* linked to defined outcomes at each of the three stages of the program, as well as designated syllabi at each stage to guide formal teaching and learning.

The College has undertaken an assessment blueprinting process to ensure adequate assessment across the domains of the CanMEDS framework on which the 2012 Fellowship Program is based.

While the 2012 Fellowship Program will retain the core aspects of assessment in the 2003 Fellowship Program, the College has agreed to some changes to the timing and individual instruments on the basis of its review activity.

In summary, the assessment for the new program includes the assessment of competencies and Entrustable Professional Activities (EPAs) in the workplace, the Psychotherapy Written (long) Case and the Scholarly Project, and two major summative assessment events: the Written Examination, and the Objective Structured Clinical Examination, which can only be attempted after the Written Examination.

A central assessment change is the introduction of formative assessments aligned to a range of summative EPAs. The EPA will form the basis for assessing competency at each phase of the program. An EPA is entrusted when the trainee's supervisor is confident that the trainee can be trusted to perform the activity described at the required

standard without more than distant supervision. In addition, the supervisor should feel confident that the trainee knows when to ask for additional help and that the trainee can be trusted to appropriately seek assistance in a timely manner.

The College is using the term 'workplace based assessments' to delineate the formative activities trainees will undertake to obtain feedback and identify ways to improve performance, before they undertake the related summative activity at each stage of the program. The formative workplace based assessments include Case-based Discussions, Mini-Clinical Evaluation Exercises, and Observed Clinical Activity.

Apart from the new summative EPAs and Scholarly Project, the College is largely retaining the summative assessments from the 2003 Fellowship Program in the 2012 Fellowship Program, notably the Written Examination, and the Objective Structured Clinical Examination. While initially it planned to include the Observed Clinical Interview, it has subsequently decided to remove this requirement.

5.1.1 Team findings

The College has considered relevant training programs internationally and has consulted external sources on its current assessments methods, in order to inform the overall program of assessments for the 2012 Fellowship Program. The College is commended on this external consultation and review.

The AMC team and the College's stakeholders had little doubt that, effectively implemented, the developments will result in a more structured, justifiable and effective training program.

The College has undertaken considerable work to develop both the workplace based assessments and the Entrustable Professional Activities (EPAs), as well as to communicate and educate about these developments. At the time of the team's visit, a number of activities were still to be completed, particularly in relation to EPAs for Stage 3 where multiple EPAs will be required for each area of practice. Following the team's visit, the College reported that the full set of EPAs for Stages 1, 2 and 3 had been finalised and approved.

Trainees are expected to write up and complete the requirements of the Psychotherapy Long Case, now known as the Psychotherapy Written Case, by early in Stage 3 of the 2012 Fellowship Program. Changes to the assessment requirements will increase the flexibility for trainees in meeting this requirement, but given that this long case has represented a significant hurdle to on-time completion, the College will continue to require effective measures to ensure that trainees actively progress through the requirement. Similar discussion in relation to the Scholarly Project is covered under Section 3.2.

5.2 Performance feedback

The accreditation standards are as follows:

- The education provider has processes for early identification of trainees who are under performing and for determining programs of remedial work for them.

- The education provider facilitates regular feedback to trainees on performance to guide learning.
- The education provider provides feedback to supervisors of training on trainee performance, where appropriate.

Formative in-training assessments are required every three months and summative in-training assessments every six months. The College anticipates that these assessment instruments and processes will result in improved, targeted feedback to trainees from training supervisors. The College is to be commended on these plans. Once these are in place, the AMC will expect the College to monitor the perceived effectiveness of supervisor feedback on the performance of trainees.

The College outlined its current approach to informing trainees of their training status, as well as the 'dashboard' approach which provides Directors of Training with key information on progress and pass rates for trainees in their region (see section 8). These are completed twice per year and it is understood will be continued in the new program.

The success of the 2012 Fellowship Program depends significantly on supervisors' preparation and capacity to find time to provide meaningful feedback to trainees on activity during rotations, and in particular to complete the required workplace based assessments. The College's documentation outlined how supervisors are being prepared for these requirements. It also documents how the College has communicated with health authority/health services for continuation of the supervision requirements of one hour of one-to-one supervision each week, as well as three hours general supervision time. This is addressed further in section 8.1 of the report.

5.2.1 Team findings

The view of the College is that the use of workplace based assessment tools for the assessment of competency and the introduction of Entrustable Professional Activities (EPAs) will further support the continuous appraisal of a trainee's competency through their training life cycle. Stakeholder feedback supported the view that the College's capacity to monitor a trainee's progress throughout training should be enhanced, with the expectation that this would lead to more consistent and clearly defined outcomes for trainees across all stages of the program and at graduation.

The team also believes that closer monitoring of the progress of trainees would assist in addressing the slow progression rates which have been a cause for concern for some time.

The team did consider that, at this stage, the management of underperforming trainees through either remediation or dismissal from training was still unclear and guidance may still be needed for trainees and Directors of Training. As has been mentioned in Section 3.3, the College was working on a Failure to Progress policy at the time of the team's visit. This critical document has been subsequently completed and the AMC will be interested in feedback on how that policy is working in practice.

5.3 Assessment quality

The accreditation standards are as follows:

- The education provider considers the reliability and validity of assessment methods, the educational impact of the assessment on trainee learning, and the feasibility of the assessment items. It introduces new assessment methods where required.

In 2009, the AMC found that the College was investing considerable time and resources in implementing rigorous analysis of examination performance, and criterion-referenced standard setting. The external assessment reviews, completed since that time, have further informed developments in standard setting and quality assurance.

Trainees may undertake the summative Written Examination and the Objective Structured Clinical Examination (OSCE) during Stage 3 of the 2012 Fellowship Program. The College commissioned external reviews of both assessments and has made a number of beneficial changes as a result of these reviews, and their own review of the literature relating to these assessments.

5.3.1 Team findings

The College has altered the standard for some assessment requirements, such as the Observed Clinical Interview and the Objective Structured Clinical Examination, to that of a junior consultant, rather than the standard of a trainee entering Advanced Training in the current program. The team considered this move to be positive, and of assistance to those setting the standard of individual assessment items. This adjustment brings the standard for the Fellowship Program into alignment with the standard for specialist international medical graduate assessments, and removes the need for separate assessments for the two cohorts. This provides clarity about the assessment standard and will provide efficiencies in using College resources to support examination processes.

The team considered the move to have been signalled sufficiently far in advance for most trainees who may be affected by the change. Nevertheless, the College is aware that a change to the examination standard may lead to increased requests for special consideration of their circumstances, and reinforces the need for robust published policies on transition, special consideration, review and appeal to be in place and transparently applied.

Despite the work on blueprinting the 2012 Fellowship Program assessment program, the team considered there remained a heavy burden of summative assessment. The team recognises that the assessments must adequately cover the domains of the CanMEDS framework to ensure confidence in the overall program, but it encourages the College to reconsider the amount of summative assessment in the program, as well as the manner in which it is conducted, as confidence in the new approach to assessment grows, and reviews of specific existing assessments are completed.

College trainees continue to be required to complete a large number of forms. To streamline submission and management of training administrative requirements, the College intends to make these available online.

The Observed Clinical Interview (OCI) is one of the summative assessment assessments the College is encouraged to reconsider. During the AMC's 2012 assessment, as in 2009, trainees and some fellows raised concerns about the OCI. The College believes the OCI to be an important assessment, and has given considerable thought to how it will use this instrument in the 2012 Fellowship Program. In implementing the new program and following the philosophy underpinning that program, the College has a significant opportunity to consider alternative approaches to assessing attainment of outcomes currently assessed through the OCI, while retaining a rigorous assessment.

In March 2014, the College advised its trainees that it was changing its approach to the assessment of trainees' skills that have been assessed by the OCI. This change entails removal of the summative OCI and mandates completion of one Observed Clinical Activity as a workplace based assessment in each rotation (thereby requiring 10 of these activities during training). It plans to implement this change from late 2014. The College cites concerns about the reliability and sustainability of the OCI in making this change. The change does not apply to trainees in the 2003 Fellowship Program. The AMC notes that under the College's proposal these trainees would continue to be required to pass the OCI until the program is phased out in 2016.

The College's decision to remove the Observed Clinical Interview, at least for the new training program, is commended. The College is asked to provide the AMC with information on the implementation when this is available later in 2014.

Overall, the team was impressed with the College's approach to assessment for the 2012 Fellowship Program. The College has recognised and embraced the need for a new approach to assessment in this competency-based program. Particularly pleasing was the demonstrated willingness of the College to learn from approaches internationally, as well as the medical education literature, and to utilise external review.

Commendations

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

Conditions to satisfy accreditation standards

- 4 Complete the phasing out of the Objective Clinical Interview as proposed, and report on communication with trainees about the revised assessment requirements. (Standard 5.1)
- 5 Review the College Appeals Process and associated policies to ensure that the College has mechanisms to consider whether individual trainees may be disadvantaged by the move to set the major summative assessment standard at junior consultant level. (Standard 5.1)
- 6 Implement mechanisms to identify, review and address possible systemic and/or site-specific reasons for trainees failing to meet the requirements of the

	Psychotherapy Written Case and the Scholarly Project in a timely manner. (Standard 5.1)
7	Evaluate if the formative and summative assessments facilitate performance feedback to supervisors and trainees to guide effective learning, with particular attention to the regular required In-Training Assessments (ITAs). (Standard 5.2)
	<i>Recommendations for improvement</i>
GG	Review the amount of summative assessment in the 2012 Fellowship Program, as well as the manner in which it is conducted, as the new approach to assessment signified by the introduction workplace based assessment is embedded. (Standard 5.1)
HH	Streamline the submission and management of training administrative requirements, including by implementing plans for online submission of training forms. (Standard 5.1)

5.4 Assessment of specialists trained overseas

The accreditation standard is as follows:

- The processes for assessing specialists trained overseas are in accordance with the principles outlined by the AMC and the Committee of Presidents of Medical Colleges Joint Standing Committee on Overseas Trained Specialists (for Australia) or by the Medical Council of New Zealand (for New Zealand).

The team found the College assessment framework for Specialist International Medical Graduates (SIMGs) to be broadly in keeping with the requirements of the AMC and Committee of Presidents of Medical Colleges Joint Standing Committee on Overseas Trained Specialists. The New Zealand pathway for assessment of SIMGs is mandated by the Medical Council of New Zealand, and the College acts in the capacity of a Branch Advisory Body for the Medical Council of New Zealand to provide advice in relation to individual SIMGs.

The College employs a similar process in Australia and New Zealand to consider the comparability/equivalence of SIMGs. The College is currently examining possible processes whereby SIMGs who have New Zealand vocational registration in psychiatry, but who do not hold College fellowship may be deemed to be eligible to attain fellowship of the College, rather than the 'Affiliate' status that is currently available. The team saw this as a desirable initiative, from the perspective of both the practitioner and the College, and looks forward to updates of progress in relation to this matter through progress reports to the AMC.

The process currently employed by the College in Australia for assessment of SIMGs is clearly set out and broadly in keeping with stakeholder expectations. The team views the development and implementation of the 2012 Fellowship Program as an opportunity for the College to examine the simplicity and flexibility of its available assessment pathways as the competency-based approach underpinning the new

program is extended to this aspect of College activity. The College advised that it sees this as an evolutionary process, and canvassed a number of possibilities with the team.

The conduct of Phase 1 of the so-called 'Substantial Comparability Pathway' was noted, as was the anticipated Phase 2 component.

Recommendations for improvement

- II Progress the development and implementation of a process by which psychiatrists practising in New Zealand with full vocational registration may become fellows of the RANZCP without the need for further examination or supervision. (Standard 5.4)
- JJ In the context of the development of the 2012 Fellowship Program, report on the College's review of its approach to assessment of specialist international medical graduates with the aim of simplifying the approach and enhancing flexibility for specialist international medical graduates assessed as substantially comparable or partially comparable. (Standard 5.4)

6 Monitoring and evaluation

6.1 Ongoing monitoring

The accreditation standards are as follows:

- The education provider regularly evaluates and reviews its training programs. Its processes address curriculum content, quality of teaching and supervision, assessment and trainee progress.
- Supervisors and trainers contribute to monitoring and to program development. Their feedback is systematically sought, analysed and used as part of the monitoring process.
- Trainees contribute to monitoring and to program development. Their confidential feedback on the quality of supervision, training and clinical experience is systematically sought, analysed and used in the monitoring process. Trainee feedback is specifically sought on proposed changes to the training program to ensure that existing trainees are not unfairly disadvantaged by such changes.

In the context of the AMC accreditation assessment of the 2012 Fellowship Program, the College was asked to describe how it had sought stakeholder feedback on the changes it was proposing to the program, and particularly how it had sought the views of trainees and supervisors. It was also asked to describe its plans for monitoring the new program, once it is implemented.

Since the 2009 AMC assessment, the College has completed major reviews of its curriculum, assessment methods, and training and support for supervisors. It has used both external educational experts and internal reviews in the processes leading to the plans for the 2012 Fellowship Program. The College has piloted important developments, and is evaluating their impact, in order to continuously refine the program. The implementation of the workplace based assessments is one area where this has occurred.

The College has developed and executed a detailed communications plan in relation to the changes. It has made information available via its website, held face-to-face discussions through a series of jurisdictional visits, and used College gatherings such as its annual Congress, Director of Training workshops and train-the-trainer workshops to discuss the changes. Trainee representatives on committees and working parties have also added to the mechanisms for trainee input to the changes.

In an update to the AMC in July 2014, the College indicated that it was evaluating the 2012 Fellowship Program via qualitative and quantitative methods. The qualitative methods include focus groups conducted by an external consultant in each branch with Directors of Training, trainees, and supervisors. The RANZCP is conducting the quantitative evaluations as surveys of all active Stage 1/Stage 2 trainees and supervisors. It has assessed the Entrustable Professional Activities, workplace based assessments, course content, areas for further training and other material.

The College also provides an annual avenue for feedback to those attaining fellowship. New fellows are able to comment on further training or experience required, preparedness to practise and to provide suggestions for improvement.

The College has introduced annual surveys of trainees and supervisors. It intends to refocus these to align with the 2012 Fellowship Program, enabling trainees and supervisors to provide anonymous feedback on the training program. The information collected through these surveys is reported to the education committees. Individual training region reports are provided to complete the feedback loop and assist in continuous quality improvement.

6.2 Outcome evaluation

The accreditation standards are as follows:

- The education provider maintains records on the outputs of its training program, is developing methods to measure outcomes of training and is collecting qualitative information on outcomes.
- Supervisors, trainees, health care administrators, other health care professionals and consumers contribute to evaluation processes.

In 2009, the AMC noted the developments in the College's governance and management structure for program evaluation, with the establishment of the Committee for External Liaison and Reporting in 2007. This committee was responsible for developing strategic links between the College and external bodies, and for internal quality assurance activities related to education. The committee was to conduct quality assurance commissioned by the Board of Education 'at arms' length' from other educational committees, thereby providing impartial assessments and more valid evaluation outcomes.

This committee, now named the Committee for Education Quality and Reporting, is involved in the monitoring and evaluation of College education activities. It has established an evaluation workplan, establishing benchmarks and quality assurance of resources/procedures and further linking evaluation reports to College decision making. The committee has agreed to review each year one of the following key areas of the education portfolio, with each area to be reviewed once every five years:

- Education policies
- Education and academic performance
- Accreditation of posts and programs
- Continuing medical education/continuing professional development
- External and internal reporting.

The College is continuing to publish the Education Activities Report, which was first published in 2008 for the 2007 training year. The report provides useful quantitative information about application for, and selection to, the RANZCP program. Trainee gender mix, geographic distribution, and how these relate to part-time and interrupted training are also included.

6.3 Team findings

Since 2009, when the AMC made a number of recommendations to the College concerning strengthening its data collection and its framework for program evaluation, the College has reported regularly to the AMC on the steps it has taken. By the College's 2011 progress report, these recommendations were regarded as satisfied or progressing well.

The College continues to invest in this area, which is appropriate in the context of the evaluation of the 2012 Fellowship Program. Program evaluation, covering curriculum content, assessment, and quality of teaching and supervision, will be an important part of the introduction of the 2012 Fellowship Program.

The development of the 2012 Fellowship Program is an opportunity for trainees and fellows to be involved in shaping education and training and this has been welcomed.

The team commends the growing ownership of the new curriculum by fellows, particularly those in educational and organisational roles in the College. The College has provided opportunities through its website, Annual Congress and regional meetings for fellows to become familiar with the 2012 Program and the new assessment methods. Trainees who are involved on College committees have also taken the opportunities for engagement, and trainees more generally have been provided with information via the website, e-mail distribution and their Branch Training Committees.

The team supports the College's steps to introduce web-based monitoring and evaluation processes. These developments will enable input from all trainees and fellows, and facilitate timely collection of data and subsequent implementation of change.

Commendations

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

Conditions to satisfy accreditation standards

- 8 Develop and implement the plans for ongoing evaluation and monitoring of elements of the 2012 Fellowship Program. (Standard 6.1)
- 9 Provide the results of outcome evaluations. (Standard 6.2)

7 Implementing the curriculum - trainees

7.1 Admission policy and selection

The accreditation standards relating to selection into the training program are as follows:

- A clear statement of principles underpins the selection process, including the principle of merit-based selection.
- The processes for selection into the training program:
 - are based on the published criteria and the principles of the education provider concerned
 - are evaluated with respect to validity, reliability and feasibility
 - are transparent, rigorous and fair
 - are capable of standing up to external scrutiny
 - include a formal process for review of decisions in relation to selection, and information on this process is outlined to candidates prior to the selection process.
- The education provider documents and publishes its selection criteria. Its recommended weighting for various elements of the selection process, including previous experience in the discipline, is described. The marking system for the elements of the process is also described.
- The education provider publishes its requirements for mandatory experience, such as periods of rural training, and/or or rotation through a range of training sites. 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 College selection processes

The College has general principles in relation to admission and selection, which are published and accessible to potential applicants.

The process of selection will not change with the implementation of the 2012 Fellowship Program. The selection process is implemented at the branch level with involvement from local branch representatives and the relevant Director of Training. The selection process is usually conducted and endorsed by branches or the respective training committee with input from jurisdictions.

The College indicates that there are some variations in processes between programs. If the selection panel is closely linked with the employing services, selection and employment decisions are integrated. Where this close integration does not exist, there is a two-stage selection process, with a specific RANZCP selection interview to confirm entry to the RANZCP training program.

The College uses eight criteria in the selection process to identify the most important qualities, skills or experience sought in applicants. It provides guidance on how applicants will be assessed against the criteria (e.g. CV, interview, referees reports) and on whether the criteria are categorised as advantageous, important or very important.

The criteria include academic performance, employment performance, interpersonal and communication skills, team work abilities, understanding of psychological factors in medicine and psychiatry, competence in general medicine, as well as experience working in a psychiatric setting and other useful experiences, skills and interests such as work in rural areas, and language skills.

The process for enrolment in advanced certificates will remain unchanged. There will, however, be an increase in the number and diversity of available posts.

7.1.2 Team findings

The 2009 AMC accreditation report found that the College selection process is adhered to, and that unless potential trainees met all the criteria, they would not be selected. This appears unchanged.

The College continues work on enhancing recruitment to psychiatry training. Since 2009, the numbers entering the first year of training have increased steadily, rising from 118 in 2009 to 314 in 2013. The College is congratulated on the increasing number of potential trainees applying to its program. The team is heartened by the increased demand, but notes that this will present a challenge to the College to develop and implement a robust and transparent selection process.

One specific issue raised in 2009 which remained to be addressed at the time of the 2012 team's visit was the impact of the change to selection criteria that allows trainees to enter training in postgraduate year 2, whereas previously trainees were selected no earlier than postgraduate year 3. The 2009 report has raised concerns that trainees may be selected into psychiatry training half-way through their intern year when they have limited clinical exposure generally, and quite often no psychiatric experience, resulting in a need for additional supervision and support for inexperienced trainees who may be placed in challenging clinical situations. As recommended by the AMC, the College has reviewed the impact of this change, examining the data available and discussing the matter at Directors of Training workshops. Directors of Training indicate that trainees' allocations are assessed on a case-by-case basis, and the mix of experience and age of those joining the program means that this approach remains the most suitable. There is no clear evidence to suggest that trainees selected early require additional supervision.

7.2 Trainee participation in the governance of their training

The accreditation standard is as follows:

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

In 2007, the College created an internal committee for trainee representation, the Registrar Representative Committee (now called the Trainee Representative Committee), as a standing committee of General Council. The Trainee Representative

Committee is a subcommittee of the Board and is made up of members from each Australian state/territory, and New Zealand.

The committee has dedicated College staff support from within the education department. The committee meets at least two times per year face-to-face, and by monthly teleconferences in between these meetings. Additional face-to-face meetings are supported if needed.

The College's support for the committee has been enhanced since 2009, with agreement that the immediate past chair of the Trainee Representative Committee will provide a mentoring role to assist in maintaining the corporate continuity of the committee and the development of its membership.

Trainee representatives have participated in all working parties to develop the 2012 Fellowship Program.

7.2.1 Team findings

As the relationship between trainees and the College has been of concern at some points in the recent past, the team's 2012 assessment included a careful review of these relationships, and the mechanisms to support them.

The development and implementation of the Trainee Representative Committee and the involvement of trainees in many other committees in the College hierarchy represent a significant and very positive shift in the relationship between the College and its trainees. Trainees and the Trainee Representative Committee have been consulted and involved in decision making and have been involved in the development of the new framework through their representatives on College committees.

7.3 Communication with trainees

The accreditation standards are as follows:

- The education provider has mechanisms to inform trainees about the activities of its decision-making committees, in addition to communication by the trainee organisation or trainee representatives.
- The education provider provides clear and easily accessible information about the training program, 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.

The College's accreditation submission provides information on both how the College informs trainees about the activities of its decision making committees, and how trainees have been involved in the development of the new curriculum through their representatives on College committees and through direct consultation by the College.

7.3.1 Team findings

College progress reports to the AMC since 2009, as well as the team's discussion during this review, indicate the important work the College has undertaken to improve how it communicates with its stakeholders, particularly trainees. Communication between the

trainees and the College has in the past been a concern of the AMC, and the progress in this area is commended.

The College has mechanisms to inform trainees regarding the decisions of its committees, in addition to the communication through the Trainee Representative Committee. The team noted with approval the efforts the College has put into developing communications with trainees via the College website and email.

Any new curriculum poses a challenge to the provision of timely and accurate information to trainees regarding their training status. The College's plans for further development of its IT systems to assist in this process will be critical.

An important area of this accreditation assessment was the College's processes for transition of trainees from the 2003 Fellowship Program regulations to the 2012 Fellowship Program and its regulations. The College is being guided by the principle that no trainee should experience any disadvantage because of the change process.

The transition of current trainees to the new program is complex and, despite the College's considerable work to map 2003 training requirements against the new program, at the time of the visit trainees still did not fully understand where individual training arrangements may render them subject to aspects of the transition process. The College was aware of a need to maintain a strong focus on communication of the impacts of transition to all trainees, supervisors and Directors of Training. The AMC's review of College communications post-visit suggests that this has remained a focus.

7.4 Resolution of training problems and disputes

The accreditation standards are as follows:

- The education provider has processes to address confidentially problems with training supervision and requirements.
- The education provider has clear impartial pathways for timely resolution of training-related disputes between trainees and supervisors or trainees and the organisation.
- The education provider has reconsideration, review and appeals processes that allow trainees to seek impartial review of training-related decisions, and makes its appeals policies publicly available.
- The education provider has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.

In 2009, the AMC had noted work by the College to help address some perceptions and occurrences of bullying and harassment. The College was commended for developing and implementing extensive policy, including training and education in the relevant areas for all supervisors and new trainees.

The College's processes for handling trainee complaints have been in place since 2009. The College makes information available to trainees by newsletters and email communications about the complaints processes including appeals, incident reports, and procedures for reconsideration.

The College has developed a register of reconsiderations and reviews. These records are maintained by the relevant branch or College committee and reported quarterly to the Board and Education/Training Committee.

The issue of potential conflicts of interest concerning College fellows (such as Directors of Training) in service supervision and training roles have been addressed by explicit guidelines on conflict of interest in the appeals policy and Directors of Training guidelines. It has also been addressed in training workshops.

The College has also progressed policies and procedures for the transfer of information on trainee performance between supervisors, which was an issue in 2009.

7.4.1 Team findings

In response to the College's progress reports in 2010 and 2011, the AMC had commented on the noteworthy progress in this area, and for addressing issues that were previously of concern.

Progress on the development of a clear and transparent College-wide process to share information between supervisors about trainees' status and progression is noted.

While the College's review and appeals procedures were not specifically considered in this accreditation assessment, the team has made recommendations in the relevant sections of this report concerning matters that may arise in the transition to the 2012 Fellowship Program and which should be covered by College review and appeals policies.

Commendations

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

Conditions to satisfy accreditation standards

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

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

Recommendations for improvement

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

8 Implementing the program - educational resources

8.1 Supervisors, assessors, trainers and mentors

The accreditation standards are as follows:

- The education provider has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the training program and the responsibilities of the College to these practitioners.
- The education provider has processes for selecting supervisors who have demonstrated appropriate capability for this role. It facilitates the training of supervisors and trainers.
- The education provider routinely evaluates supervisor and trainer effectiveness including feedback from trainees and offers guidance in their professional development in these roles
- The education provider has processes for selecting assessors in written, oral and performance-based assessments who have demonstrated relevant capabilities.
- The education provider has processes to evaluate the effectiveness of its assessors/examiners including feedback from trainees, and to assist them in their professional development in this role.

8.1.1 College supervisors and directors of training

The College is making limited changes to the key positions responsible for supervision of training and the training program.

Supervisors are approved by the relevant local training committee/sub-committee for advanced training. They are accountable to the College through these committees by ensuring that supervision is adequately provided as required under College regulations.

All fellows of the RANZCP and psychiatrists who do not have FRANZCP are eligible to apply to become approved College principal supervisors. Non-psychiatrists may sometimes be approved to provide additional supervision in specific areas, such as psychotherapy or addiction psychiatry.

The College requires supervisors to undergo standardised supervisor training that is conducted locally through each branch or Director of Training. Supervisors are required to undertake training every five years.

The College mechanisms to monitor supervisors' performance include seeking trainee comments on in-training assessment forms and through feedback gathered during accreditation surveys and visits.

In the 2012 Fellowship Program, supervisors have an enhanced role in facilitating learning and the assessment of competence through the observation of performance in the workplace based assessments. As well as completing supervisor assessments at the end of a clinical rotation, they will also sign off on Entrustable Professional Activities (EPAs), informed by at least three workplace based assessments. In addition,

supervisors and their trainees can choose to complete extra workplace based assessments, which replace the 10 cases, and use them for formative feedback and to inform the assessment.

Directors of Training remain responsible for ensuring that all aspects of the training program run smoothly and that the quality of training is maintained. The relevant branch training committee monitors the performance of the Directors of Training.

Since the 2009 AMC assessment, the College has developed resources for supervisors and trainers. The on-line Director of Training handbook has been reviewed and updated. Director of Training peer group bi-monthly teleconferences continue. A supervisor training CD ROM resource has been developed and has been available since early 2010.

The College has also developed supervisor resources in relation to the 2012 Fellowship Program changes, including training on the workplace based assessment tools and EPAs. Accreditation to supervise trainees in the 2012 Fellowship Program requires completion of a core training module, which involves a face-to-face workshop.

There are also training resources for Directors of Training in relation to the 2012 Fellowship Program requirements. As has been reported in progress reports to the AMC, the College has trialled and in 2010 implemented training dashboards for each training region. These give the relevant Director of Training information on: assessment results; trainee numbers; trainee progression; time to complete assessments; comparison to College average; and the numbers completing training in their training region. The College provides these twice per year.

The College requirements for supervision remain four hours of clinical supervision per week for forty weeks per year, with one hour per week allocated to individual supervision. The College indicates that workplace based assessments should occur in this allocated supervision time.

8.1.2 College examiners and assessors

Previous AMC accreditation reports have commented favourably on the College's approach to examiner training and calibration exercises.

The College continues to implement training for other assessors and examiners. The training of supervisors for the EPAs and workplace based assessments is underway, and the standards and criteria for the other new program component, the Scholarly Project, have been drafted and training for examiners is planned.

8.1.3 Team findings

The team had the opportunity to meet supervisors and Directors of Training at a number of sites during its visit and to review the training materials provided for supervisors and Directors of Training. Overall, the impression formed from these interactions and this review was that communication about the 2012 Fellowship Program had been effective and the developments were supported.

The team found training supervisors and Directors of Training had a good level of understanding of the features of the 2012 Fellowship Program, which demonstrated the success of the College's work to inform and train supervisors on the changes occurring, particularly in relation to assessment. As would be expected, some supervisors had not yet engaged deeply with the changes planned and the College recognised that it would need to continue to communicate and to provide training as the program is implemented.

The College believes that the program changes will not create additional ongoing workload for Directors of Training, although there will be an additional time impost in their initial training for the new program. The College indicated that it would monitor the workload carefully during the implementation process. As previous AMC reports have noted the high workload for these key fellows, the College's plans to continue monitoring their work load and to investigate ways of supporting them are supported.

Some concerns were expressed about whether supervisors would be able to supervise the workplace based assessments within the allocated time. While the College's piloting of the workplace based assessments had allayed those participants' concerns about the amount of time required of supervisors, continued monitoring of this load will be necessary.

Supervisors and Directors of Training commented positively on new resources to support assessment of trainees and provision of feedback to trainees, which were regarded as providing more structure for the interactions between trainees and supervisors.

Trainees are also interested in how the College will monitor and address the quality of supervision in the 2012 Fellowship Program, as in the past this has been regarded as quite variable. The College's approach to training and accreditation of supervisors is seen as a positive step. While acknowledging the many difficulties in developing consistent approaches for providing feedback on the performance of Directors of Training and supervisors, the team encourages the College to continue to develop, review and refine these processes, including the mechanisms for confidential trainee feedback on their supervisors.

Continued professional development for Directors of Training and supervisors in the area of trainee feedback will be needed, linked to the expanded in-training assessments.

The formative workplace based assessments that a supervisor completes with a trainee will not involve the Director of Training unless there is an issue with the trainee's progress. Further processes and procedures will be needed to support Directors of Training in the area of the underperforming trainee. While the benchmarks in the new curriculum will contribute to this process, there is a need to document procedures for mentoring underperforming trainees.

The 2010 implementation of reporting dashboard training zones enhances the mechanisms to assist Directors of Training and supervisors to keep track of trainees, their rotations and assessments. This reporting will become more important with the full implementation of the new program and will allow early identification of

underperforming trainees. The AMC will seek reports on how the College is monitoring the success of the processes introduced and any refinements to these processes in progress reports.

8.2 Clinical and other educational resources

The accreditation standards are as follows:

- The education provider has a process and criteria to select and recognise hospitals, sites and posts for training purposes. The accreditation standards of the education provider are publicly available.
- The education provider specifies the clinical and/or other practical experience, infrastructure and educational support required of an accredited hospital/training position in terms of the outcomes for the training program. It implements clear processes to assess the quality and appropriateness of the experience and support offered to determine if these requirements are met.
- The education provider's accreditation requirements cover: orientation, clinical and/or other experience, appropriate supervision, structured educational programs, educational and infrastructure supports such as access to the internet, library, journals and other learning facilities, continuing medical education sessions accessible to the trainee, dedicated time for teaching and training and opportunities for informal teaching and training in the work environment.
- The education provider works with the health services to ensure that the capacity of the health care system is effectively used for service-based training, and that trainees can experience the breadth of the discipline. It uses an appropriate variety of clinical settings, patients and clinical problems for the training purposes, while respecting service functions.

8.2.1 College accreditation of posts and programs

RANZCP is divided into 19 Australian and New Zealand training zones that are each responsible for managing the delivery of the training program in their defined geographic area. Although there may be slight differences between programs, all must meet the RANZCP Program Accreditation Standards.

The College has regularly reviewed its processes and standards for accreditation of training posts and programs. The most recent review began in 2009, with the establishment of the Accreditation Review Working Party. This review covered the accreditation team membership, procedures and resources to support accreditation visits, and reporting and review of accreditation recommendations. The cycle of accreditations has changed from three to five years. The College also introduced a regular accreditation survey of trainees and supervisors to supplement the accreditation site visits. The College has reported to the AMC in annual progress reports on these developments.

The College has established an Accreditation Committee, which initially operated as a sub-committee reporting to the Committee for Training but from May 2014 will report to the Education Committee. At the time of the team's visit, the Accreditation Sub-committee had begun the process of mapping the 2012 Fellowship Program regulations

to accreditation standards and the review of requirements for the training in specific institutions, environments and disciplines.

In 2009, the AMC accreditation report commented on a variation in the application of mandatory requirements for training between states, in particular the requirements for rural training. Following a review of these requirements, the College has agreed that rural psychiatric training will become an elective rotation from Term 1, 2013.

AMC accreditation reports have noted the success of the College in obtaining Australian government support under the Specialist Training Program which provides funding for approved training positions in expanded health care settings across Australia. The number of available positions has continued to increase, with 118 positions available in 2012.

8.2.2 Team findings

The College has continued to engage strongly in Government-funded processes to expand training opportunities, particularly under the Specialist Training Program (STP). College trainees, supervisors and committees have been enthusiastic in their support of STP posts as a way of allowing trainees to broaden their exposure to the treatment and management of certain conditions seen less commonly in the Australian public health system, and a broader range of therapies that would not be undertaken in that system. In New Zealand the situation is different as there is very limited private psychiatry and therefore the public sector offers a broad spectrum of cases.

The STP posts support rural and private setting experiences and have provided enhanced experience in community mental health, indigenous health, and drug and alcohol. The College continues to see training in these expanded setting as broadening the experience of trainees, and remains unconvinced about psychiatry training exclusively in these expanded settings, such as private settings.

While the STP is well-established, and clearly successful, the College is encouraged to develop a risk management strategy to address the possibility that government funding for this highly valued program may decline or cease.

The team agrees that there is a need for increased emphasis on the accreditation of the training sites and supervisors in the 2012 Fellowship Program to ensure the learning environment is suitable. The changes the College is making to the accreditation processes are reasonable, and will support the strengthening of the process. The College considers that previous issues with the accreditation of posts and programs has related to the application of the standards, rather than to the standards themselves, however the Accreditation Sub-committee will review the standards against other comparable national and international standards, and consult the jurisdictions on the need for changes to the standards. The AMC will wish to be informed of the outcomes of the review of the accreditation standards.

Making the rural rotation an elective component will remove a potential barrier to trainees in some regions meeting training requirements. While it was raised as a concern by one health jurisdiction, the College regards this as a practical outcome given that different branches/training committees were interpreting the requirement

differently and that the requirement appeared unsustainable. It also appears to be an educationally appropriate outcome. The College has indicated that it intends to focus on providing well supported rural posts with clear objectives, which trainees can occupy for longer than a single term, since the College's data suggest that trainees interested in rural experience wish to stay for an extended period. The College indicated that there has been an increase in rural posts via the Specialist Training Program and an increase in grants relating to rural projects.

The College has established a rural working party and has a rural special interest group. It consults both groups regarding the continued support of rural services and rural trainees. New resources including websites, webinars, orientation information, e-learning, tele-health, and advocacy on rural issues have been implemented by the College.

In August 2014, the College provided an update that indicated it is preparing an evaluation of rural training including the effect of removing the requirement for trainees to complete a rural rotation. The AMC will wish to be informed of the outcomes of the College's evaluation and the College's response to the evaluation data.

Commendations

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

Conditions to satisfy accreditation standards

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

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

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

Recommendations for improvement

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

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

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

9 Continuing professional development

9.1 The College's Continuing Professional Development Program

The accreditation standards are as follows:

- The education provider's professional development programs are based on self-directed learning. The programs assist participants to maintain and develop knowledge, skills and attitudes essential for meeting the changing needs of patients and the health care delivery system, and for responding to scientific developments in medicine as well as changing societal expectations.
- The education provider determines the formal structure of the CPD program in consultation with stakeholders, taking account of the requirements of relevant authorities such as the Medical Board of Australia and the Medical Council of New Zealand.
- The process and criteria for assessing and recognising CPD providers and/or the individual CPD activities are based on educational quality, the use of appropriate educational methods and resources, and take into consideration feedback from participants.
- The education provider documents the recognised CPD activities of participants in a systematic and transparent way, and monitors participation.
- The education provider has mechanisms to allow doctors who are not its fellows to access relevant continuing professional development and other educational opportunities.
- The education provider has processes to counsel fellows who do not participate in ongoing professional development programs.
- The education provider has processes to respond to requests for retraining of its fellows.
- The education provider has processes to respond to requests for remediation of its fellows who have been identified as under-performing in a particular area.

In 2009, when the AMC last assessed the College's programs, the College was planning to implement a new continuing professional development (CPD) program. The 2009 AMC report indicated that the new program would retain a number of features of the existing program, such as flexibility, individual planning, annual claims and audits, and certification of participation. The changes introduced included allocation of points to activities, recognition of forward planning for CPD over a three-year cycle, recognition of documented clinical practice improvement and improved patient outcomes as a result of the CPD plan, and encouragement of CPD planning based on the CanMEDS roles. The program continues to require a minimum 55 credits (with a minimum of 50 hours for practitioners within New Zealand), including 10 hours (or 15 credits) of peer-reviewed activities and 20 hours of self-guided activity.

CPD participants are required to engage in a personal annual review and program plan update, and can either do so at the end of years 1 and 2 of the triennium, with a final review and reflection at the end, or through yearly completed submissions.

The College implemented the new CPD program in January 2010, and has reported on the implementation in subsequent periodic reports to the AMC.

In 2010, the College also introduced podcasts and online CPD modules sourced through the Royal College of Psychiatrists (UK). There are more than 80 interactive, peer-reviewed learning modules covering a wide range of topics relevant to the practice of psychiatry.

9.2 Retraining

The College has a refresher program for fellows and other psychiatrists following an extended period of absence from the profession. This program is accessible to fellows and affiliate psychiatrists who have:

- had a break in their practice for a period of three or more years, including psychiatrists who have been away from the workplace due to illness, or family commitments, or practised in another area of medicine
- worked exclusively in administrative, academic or another role removed from direct clinical practice and who are seeking to update their clinical knowledge and skills
- had a break in their practice of less than three years but have identified a need for a refresher program in their CPD.

This is a program of self-directed reflective learning supported by an appointed mentor. Activities undertaken as part of this program can be recorded for CPD. This program was commended in the 2009 AMC assessment of the College's programs.

9.3 Remediation

In February 2012, the College's General Council passed a remediation policy which provides guidelines to support fellows identified as underperforming by regulatory bodies or other sources.

The remediation program is a directed, supported set of learning experiences and feedback tailored to address the needs of the individual and the issue(s) identified, and to encourage the development of knowledge, skills and attitudes. The program is tailored by the supervisor and participant, setting out a plan for the program, using the professional development plan as a guide. The plan must be approved by the Professional Practice Review Committee and regular reports against the plan are required.

9.4 Team findings

This set of standards was not a focus of the team's assessment of the 2012 Fellowship Program. Nevertheless, the College provided a comprehensive overview of the CPD program in its accreditation submission. The material outlining the CPD program, the refresher program and the remediation policy was clear and the policies are well documented.

The AMC has considered this set of standards met when it has reviewed progress reports from the College following the 2009 AMC accreditation assessment.

The team noted the increasing participation rates in the CPD program.

The new CPD program aligns with the CanMEDS framework and thus should link effectively to the 2012 Fellowship Program. The team did see potential for the 2012 Fellowship Program curriculum to be a platform for the development of resources that could serve well not only in the training program, but in the CPD program as well.

Commendations

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

Appendix One Membership of the 2012 AMC Assessment Team

Professor Nicholas Glasgow (Chair) BHB, MB ChB, GradDipFamMed Monash, MD, FRNZCGP, FRACGP, GradCertEdStudies Syd, FACHPM
Dean of the Medical School, Australian National University

Dr Miles Beeny MBBS, FCICM, FRACP, FANZCA
Intensive Care Medicine, Intensivist, Alfred Hospital Intensive Care Unit

Mr Alan Kinkade BEC, ICAA, ACA, CPA, ACHSE, FAIM
Group Chief Executive, Epworth HealthCare

Emeritus Professor Ian Simpson MB ChB, MD, FRACP
Emeritus Professor, Department of Medicine, Faculty of Medical and Health Sciences, University of Auckland

Ms Diane Walsh BA, GradDip Ed
Chair, General Practice Network NT Board

Dr Peter White BSc Hons, DipEd, MEd, PhD, MACE, MACEL
Chief Executive Officer, Royal Australian and New Zealand College of Obstetricians and Gynaecologists

Appendix Two List of Submissions on the 2012 Fellowship Program

Australian Medical Association

Consumers Health Forum

Department of Health, Victoria

Faculty of Pain Medicine, ANZCA

Health Workforce Australia

Ministry of Health New Zealand

NSW Department of Health

Queensland Health

Royal Australasian College of Surgeons

Royal Australian College of General Practitioners

Appendix Three Summary of the 2012 AMC Accreditation Program

HAMILTON, NEW ZEALAND

Monday 25 June 2012

Professor Nicholas Glasgow (Chair)

<i>Location</i>	<i>Meeting</i>
Waikato Hospital	Director and Coordinators of training
	Supervisors of training (all psychiatry specialties)
	Psychiatry trainees
	NZ Branch Committee
	Clinical Directors and Service Managers

QUEENSLAND

Monday 30 July 2012

Mr Alan Kinkade and Ms Diane Walsh

<i>Location</i>	<i>Meeting</i>
Logan Hospital	Psychiatry trainees
	Psychiatry supervisors
Princess Alexandra Hospital	Psychiatry Directors of Training, QLD Branch Training Committee
Queensland Health	Deputy Director General

SYDNEY, NEW SOUTH WALES

Friday 3 August 2012

Dr Miles Beeny and Dr Peter White

<i>Location</i>	<i>Meeting</i>
NSW Ministry of Health	Director
Royal North Shore Hospital	Psychiatry trainees
	Psychiatry supervisors
St George Hospital	Psychiatry trainees
	Psychiatry supervisors and Directors of Training

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

Monday 6 August 2012 – Thursday 9 August 2012

Professor Nicholas Glasgow (Chair), Dr Miles Beeny, Mr Alan Kinkade, Emeritus Professor Ian Simpson, Ms Diane Walsh, Dr Peter White, Ms Theanne Walters (AMC)

Date	Meeting	Attendees
6 August 2012	AMC Team Meeting	AMC Accreditation Team
	Governance, decision-making structures, challenges, strategic directions, communication	AMC Accreditation Team College President, President Elect and CEO
	Assessment of overseas trained specialists	AMC Accreditation Team (group 1) BOE Chair CSIGME Members
	Continuing Professional Development program	AMC Accreditation Team (group 2) BOE Deputy Chair CCME Members
	Te Kaunihera	AMC Accreditation Team (group 1) College Member
	ATSIC – Australian Indigenous	AMC Accreditation Team (group 2) ATSIC Members

Date	Meeting	Attendees
7 August 2012	New Program Structure, duration and sequencing of training RPL Transition	AMC Accreditation Team Members of: BOE, FAC, TRC, CEP, CEQR, CFE, CFT, General Manager, Education and Training
	Management and Content of education and training	AMC Accreditation Team Members of: BOE, FAC, CFT, General Manager, Education and Training
	Scholarly Project	AMC Accreditation Team (group 1) Members of: CFE, CFT, OTPC, CBFP, CFBF
	Formal education course	AMC Accreditation Team (group 2) Members of: BOE, FAC, CFT, General Manager, Education and Training, Manager of Training
	Overall assessment and examination policies / Entrustable Professional Activities / In-training assessments and formative assessments	AMC Accreditation Team BOE Members, CFT Members, Working Party and Secretariat
	Examinations / Function of Primary examination and the Fellowship examination / Procedures re unsatisfactory performance: performance feedback/ Assessment of competencies other than "medical expert"	AMC Accreditation Team Members of: BOE, CFT and CFE, Manager, Assessments
	Environment for training / Accreditation of training posts / Interactions with hospitals and health departments	AMC Accreditation Team Members of: ASC, BOE and CFT, General Manager, Education and Training

Date	Meeting	Attendees
8 August 2012	VIC trainees and supervisors	AMC Accreditation Team (group 1) VIC trainees and supervisors
	Specialist Training Program	AMC Accreditation Team (group 2) BOE Members, STP Steering Committee and Secretariat
	Monitoring quality	AMC Accreditation Team BOE Members, CEQR Chair, Research and Reporting Officer
	Role of College secretariat in supporting education, training & CPD Secretariat	AMC Accreditation Team (group 1) College Staff
	WA Trainees and Supervisors	AMC Accreditation Team (group 2) WA Trainees and Supervisors
	TAS Trainees and Supervisors	AMC Accreditation Team (group 2) TAS Trainees and Supervisors
	Lunch with Te Kaunihera teleconference	AMC Accreditation Team College member
	Trainee selection/involvement with College/support/dispute resolution	AMC Accreditation Team TRC Members
	Overseas trained psychiatrists	AMC Accreditation Team General Manager Membership, General Councillors, BOE rep and OPTC Members
9 August 2012	AMC Team prepares preliminary findings	AMC Accreditation Team
	AMC Team presents preliminary findings and provides opportunity for College comment	AMC Accreditation Team

