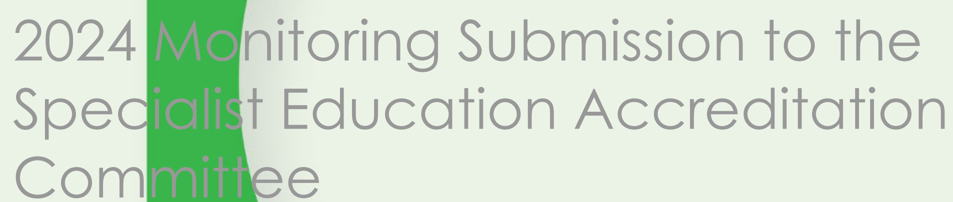
Australian Medical Council Limited



2024 Monitoring Submission to the Specialist Education Accreditation Committee

Royal Australian and New Zealand College of Psychiatrists

Monitoring Submission 1
College Details.. 1
Summary of 2023 Findings 2
Section A: Reporting against the standards and accreditation conditions..................... 3
Standard 1: The context of training and education 3
Standard 2: The outcomes of specialist training and education.................................... 22
Standard 3: The specialist medical training and education framework......................... 27
Standard 4: Teaching and learning approach and methods... 32
Standard 5: Assessment of learning 37
Standard 6: Monitoring and evaluation... 74
Standard 7: Issues relating to trainees 83
Standard 8: Implementing the program – delivery of education and accreditation of training sites 100
Standard 9: Assessment of specialist international medical graduates...................... 107
Section B: Reporting on Quality Improvement Recommendations 114

Monitoring Submission

This submission is due **Friday 25 October 2024**

College Details

Please correct or update these details if necessary:

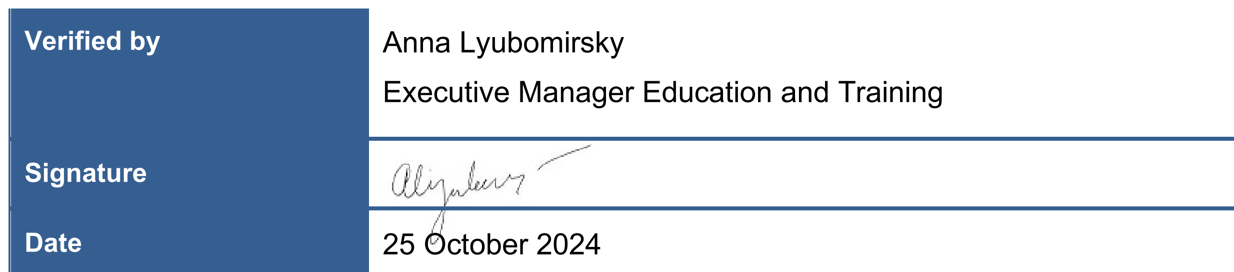
College Name	Royal Australian and New Zealand College of Psychiatrists
Address	309 La Trobe Street, Melbourne VIC 3000
Date of last AMC accreditation decision	2022
Periodic submissions since last AMC assessment	Nil
Next accreditation decision due	31 March 2027

To be completed by the College:

Officer at College to contact concerning the report	Anita Hill Senior Manager CPD, Accreditation and Reporting
Phone number	03 9601 4951
Email	Anita.hill@ranzcp.org

Verify submission

The information presented to the AMC is complete, and it represents an accurate response to the relevant requirements.



Verified by	Anna Lyubomirsky Executive Manager Education and Training
Signature	
Date	25 October 2024

(Chief Executive Officer/executive officer responsible for the program)

Summary of 2023 Findings

Standard	2023 Findings	No. of Conditions remaining
Overall	**Substantially Met**	**41**
1. The context of education and training	Substantially Met	8
2. The outcomes of specialist training and education	Substantially Met	3
3. The specialist medical training and education framework	Substantially Met	4
4. Teaching and learning methods	Not Met	4
5. Assessment of learning	Not Met	9
6. Monitoring and evaluation	Substantially Met	3
7. Issues relating to trainees	Not Met	4
8. Implementing the training program – delivery of educational resources	Substantially Met	3
9. Assessment of specialist international medical graduates	Substantially Met	3

Section A: Reporting against the standards and accreditation conditions

Standard 1: The context of training and education

Areas covered by this standard: governance of the college; program management; reconsideration, review and appeals processes; educational expertise and exchange; educational resources; interaction with the health sector; continuous renewal.

1 Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 1.

Has there been any significant developments made against this standard? *If yes, please describe below.*	☒ Yes	☐ No change
A change to the governance structure of the Education Committee (EC) has been instituted to support strategic oversight and timely decision making. From 26 July 2024, the EC has been enhanced to include two EC Deputy Chairs, Dr David Furrows and Dr Andrew Teodorczuk, to support the education portfolios and the Chair. The EC Executive is also a new initiative to provide a more streamlined approval and governance model for the management of EC matters. This consists of the EC Chair, the two Deputy Chairs and an independent Fellow (EC member). The Executive Manager of Education and Training, Ms Anna Lyubomirsky and Dr Anthony Llewelyn (Medical Education Specialist) provide support to the EC Executive. The EC Executive meets fortnightly, and this model allows prompt decision-making, a forum for concise discussions, and aligns to other divisions' committee arrangements that have worked well to address governance and other key issues. The Regulations for the EC have been updated and along with the EC Executive Committee Operational guideline, are provided as Appendices 1.01 and 1.02. Section 5 in the EC Regulations describes the EC Executive role and function.		

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant, please report on such matters in this section of the report.

Has the College made any significant changes affecting the delivery of the program? I.e. changes to training resources such as administrative/technical staff and educational expertise. *If yes, please describe below the changes and the potential impact on continuing to meet these standards.*	☒ Yes	☐ No change
There have been significant changes to the resourcing available for the delivery of the program, and these are outlined in the responses to conditions below.		

2 Activity against conditions

The numbering of conditions matches that used in the AMC Accreditation Report.

Please address each of these conditions individually.

<table>
<tr><td colspan="5">Condition 1   To be met by: 2025*</td></tr>
<tr><td colspan="5">Undertake and complete the planned external review of governance structures, decision-making, and management of conflicts of interests and confidentiality, with relevant consultation, benchmarking mechanisms, implementation, and evaluation. (Standard 1.1)
*Due 2023: Review and evaluation
2024: Implementation
2025: Evaluation of changes</td></tr>
<tr><td rowspan="2">AMC
2023 Finding</td><td>Unsatisfactory</td><td>Not progressing</td><td>Progressing</td><td>Satisfied</td></tr>
<tr><td></td><td></td><td>X</td><td></td></tr>
</table>

2024 College response

In 2023, the Board established a Steering Group and engaged Conscious Governance to undertake an evaluation of the effectiveness of the Board, and to develop a report and recommendations relating to governance, risk, strategy, accountability, stakeholder engagement, individual Board member performance and professional development needs. The Consolidated Report to RANZCP on all *Governance Improvement Initiatives* (Appendix 1.03) was considered by the Board in May 2024, and clarifications sought with the Steering Group Chair and Conscious Governance. The implementation of the accepted recommendations has been separated into three phases:

- Phase 1 includes recommendations that appear simple to develop and implement, not requiring constitutional amendment, and could be implemented in 2024 and early-2025.
- Phase 2 includes recommendations that may require completion of Phase 1, scoping of Constitutional change and further consultation and consideration. These recommendations will be developed and implemented during 2025 and 2026.
- Phase 3 includes recommendations that require the completion of Constitutional change and consideration of other governance and board composition considerations that may not have been considered as part of this Report however will be timely to consider.

As requested by the AMC, this report was provided on 31 July 2024 in advance of the annual monitoring submission.

Board evaluation recommendations

The recommendations have been collated and discussed by the RANZCP. Recommendations have been identified in a traffic light system, showing the ease of development, ease to implement and importance of each. These have then been identified via the three phases for progression and implementation. An implementation, monitoring and reporting plan outlines the next steps for Phase 1 (provided as Appendix 1.04). Progress against this plan is reported regularly to the Corporate Governance and Risk Committee (CGRC) and Board.

Of the 22 recommendations in phase 1, 12 are in progress, five are complete and five are yet to commence.

Four recommendations have not been included in the phased implementation tables, as they have been identified as requiring further consideration and determination to progress. The following recommendations are being considered internally as to the value they add and will be presented to the Board at later meetings. These include:

- consideration of three Independent (need not be a Fellow) members on the Board to fill skill gaps
- independent members (need not be a Fellow) on Board constituent committees, replacing co-opted individuals and to fill skill gaps
- provision of board briefings to members
- the splitting of Board Chair and President roles.

Condition 2 To be met by: **2025***

To ensure appropriate College governance and transparency, and improve the confidence of the broader group of trainees and their perceptions of the College:

(i) Identify methods to systematically monitor consistent application of College policies in branch and national committees and training committees in Australia and Aotearoa New Zealand, respectively. (Standards 1.1 and 6.1)

(ii) Review and implement changes to address barriers created by the Deed of Undertaking to ensure a balance between effective governance and confidentiality protection, and engagement of and communication with trainees. (Standards 1.1 and 7.2)

(iii) Implement the Binational Trainee Committee and Trainee Advisory Committee with regular evaluation mechanisms to ensure effectiveness of the new governance structure. (Standard 1.1.3)

(iv) Ensure regular processes for revising and centrally monitoring conflicts of interest to manage actual or perceived bias in decision-making. (Standard 1.1.6)

***Due 2023: Scoping and development of actions for i, ii and iv; 2023: Implementation of iii**

2024: Evaluation of iii; 2024: Implementation

2025: Evaluation of changes

AMC 2023 Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
		(i)	(ii) (iii) (iv)	

2024 College response

2 (i)

The Monitoring and Evaluation framework (M&E Framework), discussed in detail in the response under Standard 6, includes a monitoring question related to the currency of policies and procedures.

A procedure for the development and review of Education and Training policies has been developed and is provided as Appendix 1.05.

All policies related to Education and Training have been entered into a tracking document using conditional formatting to identify those due for review in the next 12 months. This has been included in the responsibilities of the Education and Training Policy Officer.

2 (ii)

An updated Undertaking in Relation to Confidential Information and Management of Conflicts of Interest is publicly available on the College website and the change was communicated in July 2023. The revised 'Deed of Undertaking' (DOU) is shorter and no longer includes the phrases that:

- unauthorised disclosure 'may result in legal action or other action as determined by the College'
- refer to the deed 'continuing to be in force after I cease to be a committee member'.

Following the conclusion of the 2024 election cycle, the DOU continues to be utilised well. There is good Trainee participation on College committees, with a high level of engagement by the

trainees. No concerns have been recorded by College members regarding the use and intent of the DOU.

A Governance induction pack and presentation were developed with input from the Trainee Advisory Council (TAC), providing information about governance and conflicts of interest and how they are operationalized. This included the declaration of conflicts of interest, what is confidential information, and process to clarify confusion of what may be confidential to staff and the Chair. This education piece provided trainee representatives with the toolkit to identify confidential information.

Agenda templates were also updated to ensure confidential information is clearly marked in agendas or identified by the Chair.

This information has been provided to the wider trainee community particularly for nominating the Appointed Director, Trainee.

The Governance Unit will undertake an evaluation of the DOU to ensure trainee perceptions of the barriers created by the previous DOU are changing. This planned for inclusion in the bi-annual TAC and Bi-National Committee for Trainees (BCT) evaluation survey, anticipated for circulation in early November 2024. A logic model to support this evaluation is provided as Appendix 1.06.

2 (iii)

The BCT and the TAC were established in 2023.

In 2023, both committees were consulted on the optimal way to evaluate their work and impact, and it was agreed that a biannual survey would be conducted by text messaging service. The Trainees preferred a minimal click-through survey, which could be completed quickly and anonymously.

The Trainees also guided the survey design which has four multi-choice questions to test the level of awareness of the committees, understanding of their priorities, and impact of their work.

The first survey was conducted in June 2024, reaching 2400 Trainees and with a response rate of 10%. The results (Appendix 1.07) were presented at the TAC meeting in July with the committees asked to consider ways of improving engagement ahead of the next survey, planned for December 2024 (Appendix 1.08).

This forms part of the Trainee Engagement Strategy being implemented over the next three years 2024 – 2026.

2 (iv)

The current draft policy moves to a more contemporary view of declaration of interests in a manner that is appropriate for the operations of the College. The draft also builds in regular monitoring and evaluation of declarations to ensure a sound approach to the management of risks and conflicts of interest.

In 2024 an internal audit of key committees in Education and across the College will be undertaken by the Governance unit and will be reported to the CGRC, and subsequently to the Board. This audit will cover:

- number, frequency, types and locations of declared interests
- timeliness of declarations
- completeness or gaps in declarations
- management strategies applied, potential effectiveness and inconsistencies.

The results will inform the effectiveness of the existing approach to identifying, declaring and managing conflicts of interest, trends and areas for improvement, the need for further training and will be used to guide the policy development.

Condition 3				To be met by: **2023**
Finalise, publish, and implement the revised review, reconsideration, and appeals policy with monitoring to ensure that processes are clear and that criteria underpinning decisions are transparent. (Standard 1.3)				
AMC 2023 Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
			X	

2024 College response

As noted previously the revised Review Reconsideration and Appeal (RRA) policy and procedure is available on the website and the new Education Review Committee (ERC) and Independent Reconsideration Panel (IRP) are established.

Given the small volume of applications (four applications for Review and two applications for Reconsideration), there is close monitoring of the implementation of the new policy and procedure, and outcomes are reported to the Board. RANZCP Legal services gathers feedback throughout the various phases from the applicants, Committees and those Committees that support the RRA policy and procedure, including the Appeals Committee. A logic model guiding the monitoring and evaluation is provided as Appendix 1.09.

In November 2024, Legal services will undertake the first of the scheduled annual thematic analysis of reviews, reconsiderations and appeals heard since implementation to ensure processes are clear and the decision-making processes are transparent. This data will be triangulated with any matters referred to the National Health Practitioner Ombudsman (NHPO) and feedback received from participants. The ERC and IRP will continue to receive legal support to ensure decisions and outcome letters are transparent and based on sound legal principles.

Condition 4				To be met by: **2024***
Develop and implement a resourcing strategy to demonstrate resources for sustainable delivery of 'best practice' education and training functions and programs, with consideration of the expertise of medical educators, and Aboriginal and/or Torres Strait Islander and Māori culture and health experiences. (Standards 1.4 and 1.5.1) ***Due 2023: Scoping and development** *2024: Implementation*				
AMC 2023 Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
			X	

2024 College response

Over the course of 2022 – 2024 the Education and Training department has undertaken a review of FTEs and skillsets, with the aim to increase resources to support emerging business and the increasing compliance requirements arising from the introduction of the Continuing Professional Development (CPD) home accreditation process and the work of the NHPO in Australia. The total Full Time Equivalent (FTE) in the department has increased from 42.6 FTE in April 2022 to 59.5 FTE in September 2024. The briefing paper in Appendix 1.10 describes the changes in detail, and the current organizational chart is provided (Appendix 1.11) for comparison with the 2022 organisational chart. (Appendix 1.12)

A key addition to the Education and Training department has been the appointment of Dr Anthony Llewellyn (FRANZCP) as the Medical Education Specialist in late February 2024. He provides academic advice and leadership in the development of educational and assessment programs that align with the best practice and evidence in medical education.

The role leads the design and development of cohesive assessment and the engagement strategies with member groups and committees focussing on implementation, including integration of the changes in training and assessment with the Fellowship program and the workplace-based environment. The role provides academic advice on education projects undertaken in the Fellowship Program, the assessment transformation and the curriculum review and development.

In addition, Dr Llewelyn leads the development and implementation of stakeholder consultations to synthesise their views and develop relevant recommendations.

Throughout 2023-2024 we have reviewed the skillsets, and the functions required to meet the emerging business, and the needs of the membership and external agencies. The recruitment plan and the current structure of the department are aligned to the needs of the managers and education department, driven by the overarching regulatory demands and quality improvement priorities. The review of staffing needs is a reflection continuously undertaken by the EM and the Management team. Where there is a need to recruit or create a new role, the EM undertakes an analysis of current positions/FTEs and skillsets to develop an appropriate fiscal approach in consultation with the Education, Information Technology, People and Culture, Finance teams and the Chief Executive Officer (CEO).

Two cultural advisers, the Aboriginal and Torres Strait Island Mental Health Liaison Officer and the Kaiārahi joined the RANZCP in April 2024. Both staff are First Nations women and are providing significant contributions in their specific roles to support RANZCP staff and members with respect to cultural safety and education. Their roles are to facilitate cultural awareness, sensitivity and action in conjunction with all College staff and members. The Kaiārahi role is based in Wellington.

The Manager, Aboriginal and Torres Strait Islander Mental Health role remains unfilled with several candidates having been interviewed in the first half of 2024. This role has proven challenging to fill, despite several rounds of recruitment. One of the key functions of this role is the development of the RANZCP's Cultural Safety Framework, but to ensure continued progress with this work an external cultural consultant, who is also a community member of the RANZCP Aboriginal and Torres Strait Island Mental Health Committee has been appointed. The scope of this consultancy is attached as Appendix 1.13.

Condition 5	To be met by: **2025***

Develop and implement a program of systematic collaboration with relevant internal and external stakeholder groups on:

(i) Key issues relating to the College's purpose, education, and training functions.

(ii) An enhanced leadership role in workforce planning for the specialty to meet the needs of communities in Australia and Aotearoa New Zealand. (Standards 1.4 and 1.6.4)

***Due 2024: scoping and Development**

2025: Implementation

2024 College response

5 (i)

A stakeholder consultation strategy (Appendix 1.14) has been developed and is undergoing a review at the time of this report. It addresses some deficits identified by the College in its consultation processes and aims to more fully engage with external stakeholders to gauge broader feedback to form a more comprehensive and evidence-based direction for program development and change management.

This strategy is one of three key documents that have been under development during 2023 – 2024 to support quality improvement projects and education development:

- Stakeholder consultation strategy
- M&E framework (discussed in the response to condition 30, standard 6)
- Change management policy (discussed in the response to condition 22 (ii), standard 5).

This process is specific to the College's education and training functions; the College's broader consultation development is discussed in the response to condition 5 (ii) relating to workforce planning.

5 (ii)

The RANZCP is strengthening collaborations with internal and external stakeholders to address workforce shortages and propose solutions to governments and other organisations at national and state/territory levels.

A strategic pillar of the RANZCP Strategic Plan 2022 – 2025 is to engage and collaborate with governments and external stakeholders on psychiatry workforce strategies. The Advocacy Framework (Appendix 1.15) was developed in 2023 and sets out the way the College works together to achieve its strategic priorities.

The College's role in workforce leadership is guided by key government strategies that are driving reform in the mental health workforce. At the Australian Federal level, these strategies are:

- National Medical Workforce Strategy
- National Mental Health Workforce Strategy
- National Health Reform Agreement
- National Mental Health and Suicide Prevention Strategy

In the New Zealand context, the current Health Workforce Regulations Review is providing the foundation for the College's workforce advocacy. Australian State and Territory governments have their own workforce plans and strategies that both guide the College's work in those jurisdictions and provide opportunities for advocacy in relation to improving those strategies and their outcomes.

Outside of committees, College consultation with members has traditionally been broad, without specific targeting and prioritisation. To identify and prioritise engagement on workforce development, the College is developing a process for engagement with priority groups and specific population cohorts (i.e. First Nations, Trainees, and people with Lived Experience).

A consultation strategy is underway that articulates key principles for tailored collaboration that is meaningful, rational, inclusive, feasible, and designed to close the feedback loop and inform participants of how their input was used. In the interim, the College is reviewing the tools and modes of consultation to ensure equity, ease of access and cultural safety. Methods of engagement and consultation with members currently include:

- Consultation Hub
- Committee meetings and agenda papers
- Newsletters, e-bulletins and member emails
- Surveys
- WhatsApp groups
- Additional Zoom/Teams/in person meetings
- Webinars
- Conferences.

The College developed two surveys specifically on workforce. In the lead-up to the New South Wales (NSW) state election in 2023, the Branch surveyed its membership and other clinical groups on experiences and perceptions of the state of the mental health system in NSW.

In December 2023, the College conducted a survey of its Australian members, specifically targeted at concerns and experiences around workforce. The survey gathered information on key psychiatry workforce areas to use in advocacy and highlighted priorities for College actions. The survey, via responses to the open-ended question, provided the College with detailed information

on members' views on how we can address federal workforce challenges facing psychiatry and the mental health sector.

Survey results were published in the RANZCP Workforce Report in February 2024 (Appendix 1.16), and its findings informed the College's advocacy with governments and other external stakeholders. Work is underway to engage with the membership more systematically on workforce shortages and planning, with a survey for psychiatrists primarily working in the private sector planned for later in 2024, as well as a larger membership census.

Following the Member Advisory Council's identification of workforce as a key priority across the College, a Workforce Taskforce was established in 2023, initially to achieve better organisational collaboration on the 2024 Australian Federal Pre-Budget submission and replace the previously 'ad hoc' development of pre-budget submissions.

The Taskforce is now a structured group within the College which meets fortnightly, with a remit to lead and progress workforce development strategies and inform a systematic approach to workforce advocacy. The Workforce Taskforce's goal is to ensure consistency in workforce messaging across the jurisdictions and prioritise key focus areas within workforce planning. This group has representation from across the College including:

- Policy, Practice and Research (PPR)
- Media and Advocacy
- Membership Engagement
- Education and Training.

While line management of responses to specific governmental reviews and projects (including pre-budget submissions) generally resides within one College department, the Workforce Taskforce provides strategic oversight, direction of engagement and develops actions in relation to the workforce strategy and advocacy, such as:

- national and jurisdictional pre-budget submissions, which advocate for workforce funding
- a workforce training report in Aotearoa New Zealand in conjunction with Te Whatu Ora (Appendix 1.17)
- specific workforce projects in South Australia (SA) and Western Australia (WA)
- Kruk review implementation.

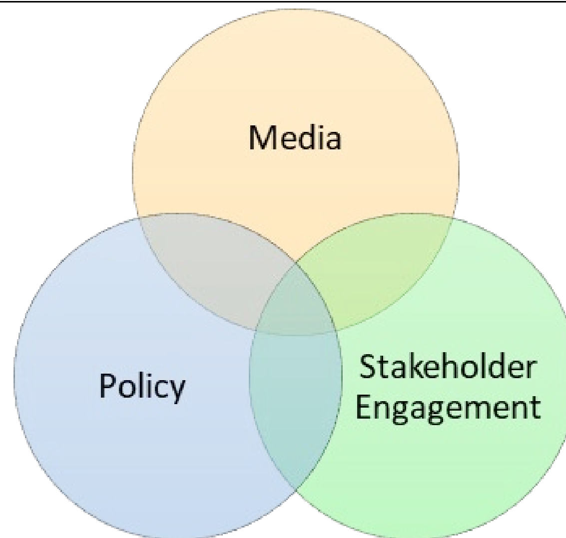
Pre-budget submissions are the College's major opportunity to advocate to governments on psychiatry workforce planning and to offer solutions to grow the workforce. The steps followed in preparing the 2024-2025 Federal Pre-Budget Submission are outlined in Appendix 1.18, highlighting the integration and contribution of Members and the Workforce Taskforce.

The 2024-2025 Federal Pre-Budget submission articulated the actions required of governments to increase the workforce to a sustainable level now and into the future. As per the steps outlined above, the College adopted the Attract, Train, Retain strategic pillars of the National Mental Health Workforce Strategy to target workforce development into key areas and phases. Pre-budget submissions across the States and Territories adopted the same strategic pillars to ensure consistency of the College's workforce messaging, while nuancing the asks and messaging to their circumstances. The 2025-2026 Federal and jurisdictional pre-budget submissions are in development, and the College's active role of engaging governments to highlight workforce shortages to all governments is being further developed.

External Stakeholder Engagement

Advocacy Strategy

One of the central objectives of the RANZCP Advocacy Strategy, approved in 2023 and provided (Appendix 1.19), is to "increase the impact of the RANZP's advocacy on behalf of the community, patients and members to improve mental health services and outcomes". The Strategy notes that the centrality of the workforce shortages gives the College a clear and consistent campaign narrative.



Stakeholder engagement is an element of advocacy – the other two being policy and media. Understanding these relationships and embedding them in the College's approach to workforce planning has been a first step in developing the College's systematic stakeholder engagement.

External agencies

The government workforce strategies noted previously provide the foundation of the College's liaison with government agencies in both countries and in each of the Australian states and territories. Key government bodies and agencies across Australia and New Zealand that the College engages with on workforce include (but are not limited to):

- Australian Department of Health and Aged Care (DoHAC)
- Te Whatu Ora (Health New Zealand)
- State and Territory Departments of Health/Mental Health
- Australian, New Zealand, State and Territory Ministers for Health/Mental Health and Opposition spokespersons.

The College holds regular meetings with these agencies, and relevant portfolio Advisory Committees and Working Groups (for example, the Australian Medicare Benefits Schedule Review Advisory Committee).

The College's engagement with other organisations, including peak and professional bodies, as well as Lived Experience organisations has also largely been on an ad hoc basis. New Zealand, Victoria, New South Wales (NSW) and the Northern Territory are leading the way in engaging with, and embedding, Lived Experience organisations in workforce planning, providing examples for the other jurisdictions.

Stakeholder mapping

To enhance more systematic engagement with external stakeholders, the College is currently reviewing and cataloguing existing relationships with key stakeholders. This is phase 1 of a 4-phase project, aiming to implement a stakeholder database tool that will be used organisation-wide by 2025. (Appendix 1.20)

Coalitions and Alliances – Leadership examples

The College has been a member of, or formed, several coalitions and alliances. Using this stakeholder engagement channel has proved to be a powerful messaging tool, amplifying the message on the psychiatry and broader mental health workforce shortage. These coalitions are reflective of:

- mental healthcare being a multidisciplinary team effort
- workforce shortages are experienced across the mental healthcare sector

- workforce shortages are impacting access to and quality of mental healthcare for consumers.

The work of the NSW Branch is provided as an example, with further Branch level activity provided as Appendix 1.21.

In the lead-up to the 2023 NSW State Election the NSW Branch initiated an alliance with peak bodies representing other mental health clinicians, peak consumer and carer groups:

- NSW Branch of RANZCP
- Australian Medical Association NSW
- Australian Psychological Society
- Royal Australian College of General Practitioners, NSW/ACT branch
- Mental Health Coordinating Council
- BEING Mental Health Consumers
- Mental Health Carers NSW
- Australian College of Mental Health Nurses.

The Branch developed a survey about the mental health care system which was then also circulated to those groups. The survey results were presented to the Government prior to the election.

Amplifying the workforce message proved successful with the incoming NSW Government committing to a workforce gap analysis. Recognising the power of a sector-wide voice, and particularly the inclusion of Lived Experience, the Alliance has since been formalised with an expanded membership (now including Black Dog Institute) and Terms of Reference (TOR) (Appendix 1.22). The NSW workforce gap analysis is underway.

Mental Health Ministers' Meeting

In the lead-up to the Mental Health Ministers' meeting, the College co-signed a Statement of Priorities for Health and Mental Health Ministers Meeting (Appendix 1.23). As a result of our early engagement in the Mental Health Australia-led statement, the College was able to emphasise several key asks:

- that all governments work together to address the fully fund the implementation of the National Mental Health Workforce Strategy (to attract, train and retain the mental health workforce), support work by appropriate data
- that mental healthcare reform be culturally safe and supported by people with lived experience.

One of the outcomes of the Mental Health Ministers' Meeting was a commitment to twice-yearly meetings. This gives the College a framework within which to continue advocating on workforce, in collaboration with other peak organisations in mental healthcare.

Data

From a data perspective, the RANZCP is working with the Health Workforce Data Intelligence Unit of the Australian DoHAC as one of the first health workforces being modelled for workforce planning. To date this work has focussed on the development of a Training pipeline, the "supply" side of workforce modelling. Once finalised by DoHAC, the Policy unit will advise on the models of care and community needs to inform the "demand" side of the modelling, including recommendations on how unmet need for mental health services is incorporated.

The College has requested access to existing platforms and datasets including the National Mental Health Services Planning Framework and the proposed National Medical Workforce Data Strategy to support its leadership and advocacy in workforce.

The College is also developing a membership census with a focus on the workforce. This census is planned to commence in late 2024 to gather workforce data to shape the implementation of the plans for advocacy currently in development.

Condition 6	To be met by: **2025***
Develop and implement systematic processes to strengthen the voice of community participation in the co-design of training and education programs and in all levels of governance. (Standards 1.1 and 1.6.4) ***Due 2024: Development and consultation** 2025: Implementation	

2024 College response

The Lived Experience (LE) Strategy (Appendix 1.24) is being implemented, and the background to its development is provided as Appendix 1.25. Actions under the strategy cover all areas of the RANZCP. While a detailed implementation plan is still being developed, tasks under the LE strategy have been assigned to individuals within each College department and are regularly updated, using the Planner feature of Microsoft (MS) Office. This forms the basis for regular progress reporting to the Co-Chairs of the Community Collaborative Committee (CCC) and to the RANZCP Board. The most recent progress report is attached as Appendix 1.26.

A key action is the recruitment of two declared Lived Experience staff roles. The development of these roles has taken careful consideration, with input from the CCC, and the recruitment is now at the shortlisting phase, with interviews planned for October. The inclusion of CCC Members on the interview panels will ensure that Lived Experience expertise is acknowledged and utilised to provide guidance in the selection of the appropriate candidates with the right expertise.

The declared Lived Experience roles/position descriptions have been revised under the guidance and oversight of the CCC members. The College has taken the advice of the CCC to slow this process to ensure success. A recruitment plan, developed with the CCC co-chairs has two phases, allowing for direct engagement with the Australasia-wide Lived Experience network and allies, prior to advertising.

An important supporting activity underway is to address HR-related tasks to ensure the RANZCP is a safe working environment for new and existing staff with (declared) lived and living experience of mental health challenges.

Critical to the success of the LE strategy is the agreement with the CCC co-chairs on the importance of giving the sector confidence that the implementation of the Lived Experience strategy is being done with deliberate care, expertise and focus on the safety of the organisation for those with Lived Experience.

Within the Education department, there has been a focus on increased representation of people with LE on committees and working groups, an action under the LE strategy.

The Committee for Educational Evaluation Monitoring and Reporting (CEEMR), the Committee for Continuing Professional Development (CCPD) and the Substantial Comparability Assessment Review Panel (SCARP) have had members with LE for some years.

The Regulations for the Accreditation Committee (AC) have been updated to include a member with LE, and the appointment process is nearing completion. The steering groups for four key projects include members with LE:

- the redevelopment of the Formal Education Courses (FECs) (Appendix 1.27),
- the implementation of the Council of Medical Colleges (CMC) Cultural Safety Training Plan for Vocational Medicine, (Appendix 1.28)
- the Entrustable Professional Activities (EPA) redesign (Appendix 1.29)
- the Specialist International Medical Graduate (SIMG) Accelerated Pathway (SAPT) (Appendix 1.30).

The EC regulations (Appendix 1.01) have been updated to allow for a second LE member to support the Community/Consumer perspectives. The appointment process for this position is

complete, with nominated representatives finalised and endorsed by the EC Executive on 4 October 2024. The process has been undertaken in close liaison and consultation with the CCC.

Condition 7	To be met by: **2026**

Demonstrate commitment to Aboriginal and Torres Strait Islander and Māori expertise, leadership, health, and culturally safe practice by developing a strategic engagement framework that grows and supports the Aboriginal and Torres Strait Islander and Māori psychiatry workforce, supports culturally safe practice, addresses health inequity and ensures a culturally safe college by:

(i) Involving the Aboriginal and Torres Strait Islander Mental Health Committee and relevant community stakeholders in the development and implementation of the Innovate Reconciliation Action Plan, includes those actions relating to training, CPD and SIMG assessment programs. (Standards 1.1 and 1.6.4, 2.1.2, 2.2, 2.3)

(ii) Establishing relationships with Te Whatu Ora (Health New Zealand) and Te Aka Whai Ora (Māori Health Authority) to address workforce needs and health equity for Māori and the broader community in Aotearoa New Zealand. (Standard 1.6.4)

(iii) Embedding cultural safety training for all fellows, trainees, specialist international medical graduates and College staff through the implementation of the CMC Cultural Safety Training Plan for Vocational Medicine, with appropriate modification for the Australian context, across the training, CPD and SIMG assessment programs. (Standard 1.7, 2.1.2, 2.2, 2.3)

In 2024, Condition 7 and 12 consolidated, with Condition 12 retired and the timeframe for Condition 7 extended from 2025 to 2026

2024 College response

7 (i)

The Innovate Reconciliation Action Plan (RAP) (Appendix 1.31), was developed by a steering group co-chaired by the Chair of the Aboriginal and Torres Strait Island Mental Health Committee and the CEO. Several members of the Aboriginal and Torres Strait Islander Mental Health Committee were also on the Steering Group, ensuring genuine input and direction from First Nations peoples. The College's Aboriginal and Torres Strait Island Mental Health Liaison Officer joined the Steering Committee following appointment in April 2024, was integral in supporting the RAP launch event at the RANZCP Congress in May and led the planning and delivery of the RAP Launch Yarning Circle, where College executive, Board, First Nations Fellows and Trainees met for a breakfast and a yarn about the RAP development.

A short video featuring the Aboriginal and Torres Strait Island Mental Health Committee chair was recorded after the launch, to explain the importance of the RAP and its meaning to the Chair as a First Nations man. This was shared across our communication channels in the National Aboriginal and Islanders Day Observance Committee (NAIDOC) week: RANZCP Reconciliation Action Plan 2024–2026 video | RANZCP.

The implementation of the RAP is managed similarly to the LE Strategy, using MS planner to monitor progress and provide input to monthly traffic light reports to the Steering Group, the Aboriginal and Torres Strait Islander Mental Health Committee and the Board. The most recent report is provided as Appendix 1.32.

The RANZCP is committed to meeting the requirement of Reconciliation Australia to conduct the RAP Impact Measurement Questionnaire annually, and this will commence in 2025. In addition, the biennial Workplace Reconciliation Barometer will measure longitudinal change in the attitudes and perceptions of reconciliation amongst College staff. This will commence in 2026. These externally facilitated instruments will be used to demonstrate the impact that our RAP is having in our organisation.

While the RAP is set with specific deadlines for 2024, 2025 and 2026, the Steering Group has acknowledged that if timeframes can be adjusted to be pragmatic or better aligned with College work, it will be supported.

7 (ii)

The RANZCP has continued to consolidate its relationship with Te Whatu Ora (Health New Zealand) across 2023–2024 with workforce planning and development being a key priority area of aligned interest. The successful establishment of the Psychiatry Interest Forum (PIF) program in Aotearoa New Zealand across 2022–2023 has enabled closer ties with the Mental Health and Addiction Workforce Directorate within Te Whatu Ora, resulting in the refunding of the PIF program to the end of 2025.

The College has worked with Te Whatu Ora to form a joint working group, led by the Chair of Tu Te Akaaka Roa, to explore the psychiatry workforce composition and its training pipeline, the current capacity and constraints that exist within different components of training, including how funding impacts the pipeline. The intersection of training with health services and employment contexts was also explored through this report. (Appendix 1.17)

This report will be used to advocate to Government in workforce pipeline discussions.

However, the RANZCP notes the changed political environment in Aotearoa New Zealand and that this condition refers to Te Whatu Ora (now Health New Zealand) and Te Aka Whai Ora which was disestablished in June 2024.

7 (iii)

The CMC Cultural Safety Training Plan for Vocational Medicine in Aotearoa (CSTP) was endorsed by the Aboriginal and Torres Strait Islander Mental Health Committee and Te Kaunihera for adoption by the RANZCP.

A CSTP Steering Group has been established to develop recommendations for adapting the CSTP for use in the College's bi-national Training and CPD programs. The group's TOR are provided as Appendix 1.28. The group first met face-to-face in July 2024 and has contributed its advice to the EPA Review Working Group in relation to the incorporation of cultural safety in the development of the EPAs.

As part of our commitment towards embedding cultural safety training throughout the College, on Thursday 23 November the College partnered with the Australian Indigenous Doctors' Association (AIDA) to run their cultural safety training program, *Aboriginal and Torres Strait Islander Health in Clinical Practice*, in a special session for RANZCP members and staff.

Delivered by Aboriginal and Torres Strait Islander doctors, this full-day workshop was focused on equipping Fellows and Trainees with the knowledge, skill set and attitudes essential to providing culturally safe care in clinical practice. Twenty-three participants included:

- Fellows involved in various aspects of College education and training
- Trainees
- Faculty and Section committee members
- senior College staff.

While it was intended to repeat the workshop in 2024, a suitable date could not be identified due to AIDA's training schedule but we intend to partner again with AIDA to run the workshop in 2025. Our RAP includes a specific action related to cultural safety training for College leaders.

AIDA provided complementary access to their Cultural Awareness online training module for current Supervisors in Australia. The module includes content on cultural awareness, the historical context to health realities and the application to health practice. In 2023, 46 Supervisors completed an expression of interest to undertake the training module and as all were eligible they received access to complete the training prior to the end of October 2023. However, this has since been extended until the end of December 2024.

In Aotearoa New Zealand, all Trainees are supported to attend a free two-day training course under the Takarangi Framework which includes an experience on marae.

Stakeholder consultation, led by a community member of the Aboriginal and Torres Strait Islander Mental Health Committee, is underway for the development of a formal RANZCP Cultural Safety Framework. The consultation is expected to conclude in September with a final report and recommendations to be made by the end of October 2024. Appendix 1.13 outlines the scope of the consultation.

In addition, RANZCP staff who support the training of our future Fellows have been supported to attend sessions to increase their awareness of Aboriginal and Torres Strait Islander and Māori mental health. Sessions have been scheduled during Reconciliation Action Week and Mental Health Week.

Condition 8	To be met by: **2025***

Develop and implement mechanisms to ensure systematic and continuous review of:

(i) Education and training functions, based on evidence, to meet evolving practice and need, with benchmarking against peer organisations in the sector.
(ii) College structures and functions, regulations, policies, and guidelines, with regular evaluation mechanisms for quality assurance and improvement. (Standard 1.7)

***Due 2024: Scoping, development, and consultation**

2025: Implementation

2024 College response

(i)

The development of mechanisms to ensure systematic and continuous review of education and training functions is being considered as a second phase of the M&E Framework, discussed in more detail in the response under Standard 6.

While the M&E Framework identifies the key performance indicators and monitoring questions to ensure the ongoing quality of the Fellowship program, the second phase will include development of a schedule of review, with appropriate methodologies and peer organisations identified for each of the education and training functions.

Given the current number of innovative, evidence informed Education projects underway, and to ensure provision of appropriate expertise, the College will be engaging an external consultant to support the work in identifying appropriate methodologies for the regular review of the various education and training functions, such as summative assessments, EPAs, Workplace Based Assessments (WBAs), and FECs.

A request for quotation process has been delayed due prioritisation of other emerging work. It is, however, more logical for this work to be undertaken once program details and transformation of assessment have been further finalised.

(ii)

A number of mechanisms exist for the regular review of College structures.

Led by the Governance Unit, all Committee regulations and TOR are reviewed in a normal cycle of two – three years. The review includes consideration of:

- the continued need for the committee or working group
- the composition of the membership of the group
- whether there has been any change in the scope or deliverables of the committee or working group.

The College's document approval pathway clearly outlines the approval mechanisms for the different types of documents, including guidelines, policies and TOR. All documents require review, with the level of review related to the degree of change. Significant change requires review by the CGRC which also ensures consistency across documents and policies and appropriate risk management processes.

The Governance Unit is enhancing the central document management register to provide electronic efficiencies in review cycles to support regular review across the organisation.

Further enhancement is being considered as part of the introduction of MS Office 365. The feasibility of establishing of a document library, with the capacity for monitoring of reviews and version control is being discussed with the Information Technology department.

The Document Approval Pathway document is currently being reviewed to support any technological enhancements and formalise the review process.

Other governance initiatives such as the Board Evaluation are an opportunity to support appropriate review of Committee structures, an example of this is the amalgamation of the Audit and Finance Committees, two Board constituent committees. Further scheduled changes include an independent member of the Finance Committee, review of the remaining Board constituent committees and reforms within the Faculty, Sections and Networks.

An audit of annual quorum and attendance data is gathered annually by the CGRC and reported to the Board to track committee effectiveness. Any relevant recommendations are implemented across the organisation.

3 Statistics and annual updates

Please provide data in the tables below showing:

- the number of reconsiderations, reviews, and appeals that were heard **in 2023**, the subject of the reconsideration, review or appeal (e.g. selection, assessment, training time, specialist international medical graduate assessment) and the outcome (number upheld, number dismissed).
- the outcomes of its processes for evaluating the reconsideration, reviews and appeals to identify system issues.

Please do not alter the table.

Requests for Reconsideration in 2023 (per program)			
Subject of Reconsideration	**Number of reconsiderations**	**Outcome**	
		Upheld	**Varied**
Reconsideration by the Independent Reconsideration Panel (IRP) of a decision of the Queensland Branch Training Committee (QBTC) that a failed end-of-term In-Training-Assessment (ITA) was valid.	1		✓

Requests for Review in 2023 (per program)			
Subject of Review	Number of reviews	Outcome	
		Upheld	Varied
Review by the Education Review Committee (ERC) of a decision by the Committee for Specialist International Medical Graduate Education (CSIMGE) to uphold the specialist assessment of 'Partial Comparability' as determined by the National Assessment Panel (NAP).	1		✓

Requests for Appeal in 2023 (per program)			
Subject of Appeal	Number of appeals	Outcome	
		Upheld	Varied
	0		

- Please confirm the costs associated with the College's reconsideration, review and appeals processes **for 2024**, and describe how the College ensures that these costs are transparent and communicated to trainees. Please also include in the comment how the College ensures costs are not prohibitive for trainees and if the College has any processes to ensure duty of care for trainees health and wellbeing at this time.

  Please include a link to where this information is provided on the College's website.

College response
The data within the tables above reflect applications for Review, Reconsideration or Appeal that were **heard** in 2023. There are enquiries and requests for assistance from potential applications that do not progress for various reasons. For consistency and accuracy of reporting the RANZCP provides the AMC with data on the applications heard. In 2023, RANZCP Legal Services confirmed receipt of: • four applications for Review • two applications for Reconsideration. Under the RANZCP's Review, Reconsideration and Appeal Policy and Procedure (the Policy), Review (if relevant), Reconsideration and Appeal of a decision can be sought. Fees are as follows: • Application for Review: $0 • Application for Reconsideration: $1,000 • Application for Appeal: $4,000. For decisions relating to education and training, a person may request a Review of a decision to the ERC. There is no charge for those seeking a Review of a decision. If an individual is dissatisfied with the outcome of a Review, they may apply to the IRP for Reconsideration. For decisions of the RANZCP other than those relating to education or training, an application may be lodged for Reconsideration of the decision to the IRP at first instance.

The final step for those who remain dissatisfied with the outcome of a Reconsideration, is to apply for an Appeal. Appeal hearings are heard by the Appeals Committee. A fee waiver can be requested by individuals experiencing financial hardship. The decision to waive the application fee is discretionary and resides with the CEO. Where an original decision has been altered, an applicant has the right to have half of the application or appeal fee refunded. Where an application outcome is successful, a refund of the application fee paid will be considered on a case-by-case basis. The IRP and Appeals Committee may also make a recommendation to the RANZCP Board that the application fee (or part thereof) be refunded, where appropriate. Implementation of the Policy provides a pathway through which the RANZCP's accountability to its members and other individuals subject to RANZCP decisions can be maintained. Information on the Policy and associated processes is provided via the Appeals and Complaints page of the RANZCP website. Information on associated fees is provided within the Policy and the application forms. Understanding that seeking review of a decision may be stressful, the RANZCP offers several support services to members. This includes: • The Confidential Member Advice Line | RANZCP which allows members to speak confidentially to the College for advice or support in relation to professional matters, Fellowship or their training. • The RANZCP Member Support Program | RANZCP is also available for members to receive confidential counselling, support or coaching from qualified professionals, through an independent and external service funded by the RANZCP. This free service is available 24 hours a day, 7 days a week to all Members including Trainees and SIMGs. • Services external to the RANZCP, such as the Doctor's Health Advisory Service or DRS4DRS. As a standard process, those seeking to access the Policy are advised of the following as soon as possible on notifying the RANZCP of an intention to lodge an Application or once submitting an Application: • the fees associated with the Application and the right to request a fee waiver • options for support provided by the RANZCP and external providers • other relevant policies and procedures. Under the Policy, the RANZCP is required to take steps to mitigate any disadvantage experienced by Trainees or SIMGs due to their application submission for Review, Reconsideration or Appeal.	
Changes to cost associated with reconsideration, reviews and appeals for 2023	**Rationale for changes**
Changes to fees made ☐ No changes made ☒	

- Please describe:
    - if there are any changes to College's requirements for cultural safety training for its senior leadership team, staff, and college committee members **in 2024** (i.e. training is mandated, training not required, how long is the course, how often must it be undertaken), and describe if the College is considering any changes to its requirements around Cultural Safety training in the next 12 months.

      If the College is bi-national please describe Cultural Safety training requirements for both Australia and New Zealand.

- how the College is collaborating with other specialist medical colleges around activities around cultural safety.

College response (Australia)
All College staff bi-nationally are required to undertake Cultural Awareness Training related to Aboriginal and Torres Strait Islanders. The course length is approximately 60 minutes and at the time of writing the completion rate is 97%. The College is planning for Committee Chairs to undergo compulsory Cultural training and the Aboriginal and Torres Strait Islander Mental Health Liaison Officer will be involved with this training going forward. This training is an action identified in the College's RAP. As outlined earlier in response to condition 7 (iii) the College is also developing a Cultural Safety strategy and a cultural safety training plan. The College confers with the Council of Presidents of Medical Colleges regularly and Cultural Awareness Training has been an agenda item for this group. In addition, the RANZCP supports and is an active participant in the Leaders in Indigenous Medical Education (LIME) network, including the workshops dedicated to specialist medical colleges.
College response (New Zealand)
All College staff bi-nationally are required to undertake Māori cultural awareness training. The Te Tiriti o Waitangi Training is approximately 2.5 hours in length and has a 92% completion rate to date. The College is planning for Committee Chairs to undergo compulsory Cultural training, and the RANZCP Kaiārahi will be involved with this training going forward. As outlined earlier in response to conditions7 (iii) the College is also developing a Cultural Safety strategy and a cultural safety training plan. The College confers with the CMC on a regular basis and Cultural Awareness Training has been an agenda item for this group. In addition, College staff attend the regular meetings of the CMC, including the Cultural Safety Rōpu Hui.

- If the College has made any changes to the following documents **for 2024** please describe the changes in the table below and attach or provide a website link to the updated documentation to this submission.

Policy / Procedure	Description of changes
College Governance Chart Revised document attached ☒ No changes made ☐	Addition of Certificate of Postgraduate Training in Clinical Psychiatry Committee reporting to the EC. An additional page outlining time-limited groups. (Appendix 1.33)
Conflict of Interest Revised document attached ☐ No changes made ☒	
Reconsideration, Review and Appeals Revised document attached ☐ No changes made ☒	

Standard 2: The outcomes of specialist training and education

Areas covered by this standard: educational purpose of the educational provider; and, program and graduate outcomes

1 Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 2.

Has there been any significant developments made against this standard? *If yes, please describe below.*	☒ Yes	☐ No change

The educational purpose of the RANZCP has been expanded with the launch of the Certificate of Postgraduate Training in Clinical Psychiatry.

The Certificate of Postgraduate Training in Clinical Psychiatry (the Certificate) provides medical practitioners with upskilling in core clinical aspects of psychiatry to enhance the mental healthcare they can provide to patients in communities across Australia. As a government funded initiative, the Certificate was developed to address workforce shortages by making mental healthcare more accessible, particularly in regional, rural and remote locations.

The College collaborated with general practitioners, rural generalists, and emergency physicians to design a program including self-paced learning, clinical experiences, and programmatic assessment available to medical practitioners in any specialty.

The program has been designed as an online set of activities recorded within a Portfolio. It consists of ten online modules (two foundation modules plus eight focussing on core topics), and workplace-based observation and assessment of clinical skills. There is an elective 'special interest' component which leads to an oral presentation.

The first intake of the Certificate was on Monday, 2 September 2024, with a total of 18 applicants eligible to enrol, and with 16 becoming fully enrolled participants.

The Certificate is facilitated by four Fellow roles – Supervisors (Principal and Elective), Reviewers, Assessors, and Peer Group Facilitators who are required to be accredited by the Certificate of Postgraduate Training in Clinical Psychiatry (CPTCP) Committee. Fellows who do not wish to undertake an accredited role are also welcome to participate by allowing Participants to observe patient consultations and/or provide informal support to the Participant.

A Supervisor Orientation Webinar and online Training Module have been developed to accredit Supervisors, along with guidelines developed to assist them within the specific roles. Accreditation is awarded by the CPTCP Committee. Of the 61 Fellows who have applied to undertake a role within the Certificate, 59 Fellows have been provisionally accredited and of this group 33 have completed all training.

A marketing strategy will be developed in the coming months to promote to targeted audiences in medical specialties such as general practice, emergency medicine, and rural and remote medicine. In collaboration with college departments (Education, Projects, Membership, Media and Communications), there will be in-house activities undertaken to increase awareness and engagement with the Certificate. Foundational data will be established with the view of commissioning a Marketing consultant to consolidate a strategy towards the next enrolment intake, anticipated for March 2025.

Exhibition space has been secured at several specialist medical conferences throughout October-December 2024. Linkages with other colleges is also being utilised to promote the

Certificate by securing space in their publications. Fundholders such as the Primary Health Networks and Departments of Health are also being engaged. Doctors who successfully complete the program are awarded the Certificate and become eligible to apply for Certificant Membership of the RANZCP. Ongoing membership of the College, and engagement in Continuing Professional Development allows doctors to use the post nominals *Cert. Psychiatry (RANZCP)*. The College is also advocating to the Australian Government for Medicare item numbers for those who complete the Certificate, which will be one of the key attractions for the Certificate's 'Value Proposition' that will be part of the Marketing strategy. The Certificate and membership benefits are also available to former RANZCP Trainees who leave training after completing Stage 2 of the RANZCP Fellowship Program, and to former RANZCP Specialist Pathway candidates who complete at least 12 months of the Partial Comparability pathway or six months of the Substantial Comparability pathway. This offers formal recognition of their training, maintains an ongoing connection with the College, and encourages continued engagement in mental healthcare practice. The following are provided as appendices: • the Certificate policy (Appendix 2.01) • the Course Handbook (Appendix 2.02) • the Certificate Curriculum (Appendix 2.03) • the Program Offering booklet (Appendix 2.04).

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant, please report on such matters in this section of the report.

Has the College made any significant changes affecting the delivery of the program? i.e. changes to statement of graduate outcomes for training programs. *If yes, please describe below the changes and the potential impact on continuing to meet these standards.*	☐ Yes	☒ No change
Changes, such as those that will arise from the review of graduate outcomes, are discussed under the relevant conditions.		

2 Activity against conditions

The numbering of conditions matches that used in the AMC Accreditation Report. Please address each of these conditions individually.

Condition 9	To be met by: **2024***
Explicitly define the College's commitment to Aboriginal and/or Torres Strait Islander peoples and Māori health outcomes and perspectives, and community responsibilities in its educational purpose and within key College documents. (Standard 2.1) ***Due 2023: Development and consultation** *2024: Implementation*	

AMC 2023 Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
		X		

2024 College response

The Aboriginal and Torres Strait Islander Mental Health Committee and Te kaunihera mo ngā kaupapa Hauora Hinengaro Māori (Te Kaunihera) have met in a joint hui to design their proposed wording for updating the Constitution. Both Committees are clear that the Constitution needs to be 'updated' rather than 'changed', and want that important distinction noted. The final wording is awaiting input from the College's kaumatua and kuia who were not in attendance at the hui.

Constitutional change requires a 75% approval from members and the First Nations committees are cognisant of the need for a detailed and robust education campaign ahead of a vote. The College will design the campaign, with input from the Committee members. It is proposed for this to be run throughout 2025, with a vote put to members in 2026.

Advice has been sought from three other Medical Specialist Colleges and Medical Councils which have recently updated their Constitutional documents to acknowledge First Nations people.

There are underlying challenges to constitutional change, and it may be helpful for the AMC to share any learning it may have gained through its own exploration of this issue.

Condition 10	To be met by: **2024***

Ensure program and graduate outcomes acknowledge and address equity in healthcare for Aboriginal and/or Torres Strait peoples and Māori. (Standards 2.2 and 2.3)

***Due 2023: Development and consultation**

2024: Implementation

AMC 2023 Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
	X			

2024 College response

The Australian Council for Educational Research (ACER) has been contracted to review and design the overarching curriculum and provide advice and recommendations for better alignment with teaching and learning resources, learning outcomes and assessments. The work has been divided into two phases and Phase 2 is to assist in articulating educational principles, pedagogical approach and learning outcomes, and the plan is shown in Table 1 (Appendix 2.05).

Table 1 Framework for ACER

Step	Task	Recommendations addressed by this task	Personnel required	Estimated completion date
1	Revision of Program and Graduate outcomes	Program Graduate Outcomes (PGO) 1-3	ACER with input from RANZCP Project Team (PT). Consultation with Indigenous advisory group/ LIME for First Nations health learning outcomes	Late August 2024

2	Review of syllabus structure and content for Stages 1, 2 & 3 of the program.	Syllabus Structure and Content (SSC)1-6	ACER in conjunction with PT for initial review. Consultation with EPA working group to ensure EPA topics are adequately reflected in the curriculum.	Mid October 2024
3	Stakeholder feedback on new draft of graduate outcomes and syllabus.	All PGO, Program Structure and Checkpoints (PSC) and SSC recommendations will be finalised	ACER and Medical Education Specialist finalise draft learning outcomes in response to feedback.	December 2024
4	Review of learning activities including non-acute and community mental health exposure	Learning Activities (LA) 1-3	ACER will draft educational principles and pedagogical approach for Project Team (PT) endorsement. Input from Fellows to identify key learning activities and suggest new ones as needed.	December 2024
5a	WBA mapping to new curriculum	Assessment Mapping and Assessment Review 1	ACER and PT with the input from the work of the EPA working group.	December 2024

The scope includes ensuring graduates have knowledge and can address equity in healthcare for Aboriginal and/or Torres Strait peoples and Māori. Two proposed program outcomes directly address this condition (Appendix 2.06):

- **PO4 Lead within Multidisciplinary and Community Contexts**
  Demonstrate leadership in promoting understanding of mental illness within multidisciplinary teams and in the broader community. Promote the role of psychiatry in early intervention and prevention in collaboration with other health professionals, government agencies, and non-government organisations. Drive initiatives that improve mental health services and outcomes.
- **PO8: Promote Cultural Humility and Safety in Practice**
  Be humble in acknowledging that the Aboriginal and Torres Strait Islander and Māori people represent long and enduring cultures. Be willing to engage in an ongoing process of learning from Aboriginal and Torres Strait Islander and Māori peoples in order to honour their beliefs, customs and values and provide culturally safe, informed and inclusive care at an individual, service and societal level.

While in draft form, further detail is provided in the proposed graduate outcomes, and key and enabling competencies.

To date the Program Outcomes and Graduate Outcomes have been agreed upon by the project team. This development work is about to move into the first phase of consultation with First Nations and Lived Experience College committees (November and December 2024) to ensure

the curriculum is patient centered and has a First Nations and Consumer lens. This consultation will be critical in informing the further development of these outcomes.

Whilst this work has been given as high priority and included in step 1 of the work plan, implementation of any changes to the RANZCP curriculum requires a 12-month lead to ensure adequate notice for current and prospective Trainees. Given the cultural sensitivities it is not anticipated for implementation prior to 2026.

Condition 11	To be met by: **2025***
Expand the College's educational purpose, program outcomes and graduate outcomes to reflect community need for non-acute mental health services across a range of settings. (Standards 2.1, 2.2 and 2.3) ***Due 2024: Development and consultation** *2025: Implementation and communication*	

2024 College response

As outlined in the response to Condition 10, ACER is working with the College on the development of contemporary program and graduate outcomes. Three proposed program outcomes address this condition:

- **PO2: Communicate Effectively with Empathy, Compassion and Cultural Sensitivity**
  Build and maintain therapeutic relationships with empathy, respect, compassion and with cultural and spiritual awareness. Engage in clear, accurate, and contextually appropriate communication with people, their families, carers, and multidisciplinary teams to enhance outcomes. Enter into dialogue with the broader community about contemporary psychiatric issues.
- **PO4 Lead within Multidisciplinary and Community Contexts**
  Demonstrate leadership in promoting understanding of mental illness within multidisciplinary teams and in the broader community. Promote the role of psychiatry in early intervention and prevention in collaboration with other health professionals, government agencies, and non-government organisations Drive initiatives that improve mental health services and outcomes.
- **PO5: Advocate for Mental Health**
  Champion the mental health needs of individual people and broader communities, addressing social determinants of mental health including race, culture, gender, sexuality, age, socioeconomic status and disability. Actively work to reduce stigma, support preventive and early intervention strategies, and improve access to mental health care for all. Advocate for improvements to mental health services to address the full continuum of care and recovery, and to be available in a range of settings applicable to community needs and preferences.

Standard 3: The specialist medical training and education framework

Areas covered by this standard: curriculum framework; curriculum content; continuum of training, education and practice; curriculum structure.

1 Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 3.

Has there been any significant developments made against this standard? *If yes, please describe below.*	☐ Yes	☒ No change
In addressing the conditions related to Standard 3 there will be significant changes to the curriculum framework, content and structure. This work, being undertaken with ACER, is not complete and is reported against the conditions in this section.		

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant, please report on such matters in this section of the report.

Has the College made any significant changes affecting the delivery of the program? I.e. changes to the curriculum framework. *If yes, please describe below the changes and the potential impact on continuing to meet these standards.*	☐ Yes	☒ No change
The curriculum continues unchanged while the redevelopment work is underway. Any change will require advance notice to stakeholders, including current and prospective Trainees, with a minimum notice period of 12 months. Recommendations to be generated from the ACER review (underway) will require an implementation plan and integration with other project outcomes impacting the training program, such as the EPA review. This will continue towards the implementation phase for 2026.		

2 Activity against conditions

The numbering of conditions matches that used in the AMC Accreditation Report.

Please address each of these conditions individually.

Condition 13	To be met by: **2026***
Develop and implement an overarching curriculum framework and enhanced mapping aligned with program and graduate outcomes, syllabi, and assessment for all stages of training. This work should include implementation timelines and coordinated with: (i) Completing the planned review of the syllabus in Stage 1 and 2 of training. (ii) Establishing a clear syllabus and curriculum map for Stage 3 of training. (Standards 3.1 and 3.2)	

***Due 2024: Scoping and development** *2025: Communication* *2026 Implementation*

2024 College response

This is being addressed through the curriculum redevelopment project conducted by ACER, (Appendix 3.01) with several recommendations responding to this condition:

- PGO3: Incorporate the learning outcomes from the Syllabus Map document into the Fellowship competencies and cross check against the other curriculum documents to ensure all core competencies have been captured in the Fellowship competencies.
- PSC2: Articulate at which point in the program the graduate outcomes should be achieved.
- PSC3: Specify key checkpoints for progression in the revised curriculum; ensure Trainees meet satisfactory standards for progress into advanced training.
- PSC4: Consider which stages of training require specific outcome descriptors to assess progress and whether articulating developmental acquisition of skills is required for all or only a select number of the enabling competencies.
- PSC5: Clearly define the competencies of the "generalist psychiatrist", clarify the point in the training program at which these competencies should be achieved and ensure that this term is used consistently.
- SSC1: Re-structure the syllabus content to map to the broader CanMEDS roles with a particular emphasis on Medical Expert roles.
- SSC2: Develop learning outcome statements in the syllabus to describe observable behaviours related to the syllabus content and to reflect the depth of knowledge required of Trainees.
- SSC3: Create subheadings under the Medical Expert role to align syllabus content across program stages and certificates, e.g. basic sciences, psychology.
- SSC4: Address the curriculum gaps identified in this report by adding additional learning outcomes to the relevant parts of the syllabus, ensuring that highly prevalent conditions and low prevalence disorders with severe consequences are appropriately represented.
- SSC5: Once the EPA review is completed, ensure that the skills assessed in the EPAs are adequately represented in the curriculum.
- SSC6: Continue ongoing work to develop a revised syllabus encompassing Stage 1, 2 and 3 for a generalist psychiatrist. (Partially approved, The RANZCP requests a syllabus for Stage 3 that reflects this phase as a transition to independent practice phase.)
- LA2: Outline the key learning activities and learning methods in the RANZCP training program.
- LA3: Review the current learning activities to ensure they are fit for purpose and include new activities to address any gaps.

Following internal consultation, these recommendations were approved by the EC. This piece of work, to develop an overarching curriculum framework and enhanced mapping aligned with program and graduate outcomes, syllabi, and assessment for all stages of training, is included in steps 1, 2, 3 and 4 of the framework plan as illustrated in Table 1, Condition 10.

Wider consultation will soon be underway, following initial consultation with a group of Fellows involved in medical education, led by the Medical Education Specialist. This work is expected to be completed by the end of 2024/early 2025.

Implementation of any changes to the RANZCP curriculum requires a 12-month lead to ensure adequate notice and allow for transition for current and prospective Trainees and implementation is not anticipated prior to 2026.

Condition 14	To be met by: **2026***

Review and implement enhanced curriculum content, including explicit learning outcomes and relevant minimum clinical experience to ensure all graduates have capabilities in:

(i) Psychotherapy and high prevalence disorders to prepare graduates for non-acute presentations.
(ii) Neuroscience, addictions, trauma-informed care, and intellectual disability.
(iii) Leadership and working in multidisciplinary teams to prepare for roles in both public and private practice and community settings.
(iv) Delivering high quality, patient centred mental health care with understanding of health inequities and systemic barriers in Australia and Aotearoa New Zealand. (Standards 3.2.3, 3.2.4, 3.2.5, 3.2.6 and 3.3.2)

***Due 2024: Scoping and development**

2025: Communication

2026 Implementation

2024 College response

As outlined under the response to Condition 10, ACER has been contracted to assist the College in this work. The scope includes ensuring graduates have capabilities in (Appendix 3.01):

(i) Psychotherapy and high prevalence disorders to prepare graduates for non-acute presentations.
(ii) Neuroscience, addictions, trauma-informed care, and intellectual disability.
(iii) Leadership and working in multidisciplinary teams to prepare for roles in both public and private practice and community settings.
(iv) Delivering high quality, patient centered mental health care with understanding of health inequities and systemic barriers in Australia and Aotearoa New Zealand.

Several recommendations related to this condition came out of the ACER Curriculum review (Appendix 3.01), as outlined below:

- PGO1: Consider expanding the Fellowship competencies to incorporate more of the key and enabling competencies in the CanMEDS framework, adapting the language as required to reflect the mental health context.
- PGO3: Incorporate the learning outcomes from the Syllabus Map document into the Fellowship competencies and cross check against the other curriculum documents to ensure all core competencies have been captured in the Fellowship competencies.
- SSC4: Address the curriculum gaps identified in this report by adding additional learning outcomes to the relevant parts of the syllabus, ensuring that highly prevalent conditions and low prevalence disorders with severe consequences are appropriately represented.
- LA2: Outline the key learning activities and learning methods in the RANZCP training program.
- LA3: Review the current learning activities to ensure they are fit for purpose and include new activities to address any gaps.

Following internal consultation with the EC, all recommendations listed above were approved for implementation. Table 1, Condition 10 illustrates the proposed implementation plan under steps 1,2,3 and 4.

In addition, in 2023 and 2024, the Victorian Branch worked with lived experience and peak community organisations to develop the Victorian Psychiatry Leadership Project. The Working Group has developed a framework, with Core Elements and Supporting Practices. Three e-learning modules have been created, with a focus on reflective practice. In 2025, the project will be further developed, in collaboration with the Section for Leadership and Management and the CCC.

With wider consultation underway, we need to be mindful that the implementation of any changes to the RANZCP curriculum requires a 12-month lead in to ensure adequate notice for current and prospective Trainees. The implementation is not anticipated prior to 2026 and may be into 2027.

<table>
<tr><td colspan="3">Condition 15</td><td colspan="2">To be met by: 2026*</td></tr>
<tr><td colspan="5">Develop and implement explicit learning outcomes for trainees to develop culturally safe practice in Australia and Aotearoa New Zealand supported by and mapped to specific learning resources and assessments. (Standards 3.2.9 and 3.2.10)
*Due 2023-2024: Completion
2025: Communication
2026: Implementation</td></tr>
<tr><td rowspan="2">AMC
2023 Finding</td><td>Unsatisfactory</td><td>Not progressing</td><td>Progressing</td><td>Satisfied</td></tr>
<tr><td></td><td>X</td><td></td><td></td></tr>
</table>

2024 College response

The response to this condition and the actions are based on the recommendations of the ACER Curriculum review that is being undertaken (Appendix 3.01):

- PGO2: Add specific roles and competencies related to First Nations health either by incorporating learning outcomes into relevant CanMEDS roles e.g. Communicator, Health Advocate, Collaborator or by creating an eighth role in the adapted CanMEDS framework.
- SSC4: Address the curriculum gaps identified in this report by adding additional learning outcomes to the relevant parts of the syllabus, ensuring that highly prevalent conditions and low prevalence disorders with severe consequences are appropriately represented.
- LA2: Outline the key learning activities and learning methods in the RANZCP training program.
- LA3: Review the current learning activities to ensure they are fit for purpose and include new activities to address any gaps.

Following internal consultations, the EC approved these recommendations noting that:

The RANZCP agrees that a separate role is required that reflects the concepts of cultural competence, safety and awareness.

Other Australian and New Zealand specialist medical colleges have added such a role, and it is likely that the CanMEDS2025 version will include such a role. Complementary to this work, is the project being undertaken to contextualise and implement the CMC CSTP with adaptation for Australia as required.

The development and implementation of explicit learning outcomes for Trainees to develop culturally safe practice in Australia and Aotearoa New Zealand, is included in steps 1, 2, 3 and 4 of the current ACER Framework (Table 1, Condition 10). Wider consultation with relevant groups is scheduled to start shortly and is expected to be finalised by the dates proposed in Table 1.

Implementation of any changes to the RANZCP curriculum require a 12-month lead to ensure adequate notice for the transition for current and prospective Trainees and is not anticipated to be implemented prior to 2026.

Condition 16				To be met by: **2024***
Develop and implement mechanisms to centrally monitor the application of the College's "break in training" and part-time policies at local training sites. (Standard 3.4.3) ***Due 2023: Development and consultation** *2024: Implementation*				
AMC 2023 Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
		X		

2024 College response

Breaks in training (BiTs) are applied for and processed through InTrain. Supporting information or documentation can be provided by the trainee when applying for a break in training, and the reason for approval or rejection of an application is recorded. College staff verify applications and outcomes and flag any that do not align with policy.

A dashboard has been built to facilitate centralized monitoring of BiTs. While Directors of Training (DoTs) have access to data on BiTs for their zone, routine reporting of summary data across jurisdictions will highlight outliers.

Part time training requests are currently managed at a local level, with successful applications forwarded to the College for processing. There is no direct reporting of unsuccessful requests, or of the reasons for approval or rejection of applications.

Branch Training Committees (BTCs) have oversight of part time training requests, and the Committee for Training (CfT) receives minutes of BTC meetings, enabling access to basic data. Direct reporting from the BTCs to the College is being explored, however this will not capture requests that may be rejected at the workplace level.

An online process modelled on the existing BiT process will accurately track all part time training requests from the point of initiation by the trainee, providing the College with the necessary visibility to ensure policies are followed.

Acknowledging that requests may be rejected by employers, Trainees will be encouraged to initiate the online process prior to, or in tandem with, any workplace process.

Scoping of appropriate functionality in InTrain is underway. As part time training is more likely to involve a change in employment conditions, the College has less direct control over this process. This makes development more challenging, and timelines for delivery of a solution are not yet confirmed.

Standard 4: Teaching and learning approach and methods

Areas covered by this standard: teaching and learning approach; teaching and learning methods.

1 Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 4.

Has there been any significant developments made against this standard? *If yes, please describe below.*	☐ Yes	☒ No change
Change related to this standard is outlined against the conditions below.		

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant, please report on such matters in this section of the report.

Has the College made any significant changes affecting the delivery of the program? i.e. changes to teaching and learning approaches *If yes, please describe below the changes and the potential impact on continuing to meet these standards.*	☐ Yes	☒ No change

2 Activity against conditions

The numbering of conditions matches that used in the AMC Accreditation Report.

Please address each of these conditions individually.

Condition 17	To be met by: **2025**
Develop, implement, and monitor increased opportunities in non-acute settings and longitudinal care to facilitate the expansion of skills of trainees to manage high prevalence, low acuity disorders. (Standards 4.2.1 and 3.2)	
2024 College response The RANZCP continues to leverage funding opportunities, such as the Australian Government's Specialist Training Program (STP) to increase the availability of training experiences to enable Trainees' exposure to high prevalence, low acuity disorders. As previously advised to the AMC, the settings where higher numbers of patients present with high prevalence, low acuity disorders are primarily in the ambulatory private sector. Unlike general practice, psychiatry private practice does not enjoy funding incentives to support training, making it more challenging to encourage private psychiatrists to include Trainees in their practice.	

The workforce reporting undertaken by the RANZCP Policy department has reinforced the anecdotal evidence that patients in private hospitals are increasingly very ill, with private hospitals taking the "overflow" of acutely ill patients who happen to be privately insured from public hospitals. There are some training posts in private hospitals, but these posts are not meeting the intent of this condition, i.e. exposure to high prevalence low acuity patients.

As outlined in the response to condition 5(ii), the RANZCP is undertaking high-level advocacy to seek a viable funding model to support trainee placements in private practice and support training in private hospital settings. The 2024 – 25 pre-Budget submission provided as Appendix 4.01 clearly outlines on page 13 the RANZCP's proposed solution to the Australian Government including reference to an existing funding framework that could be adapted to support training in private psychiatry practices.

Without structural funding reforms to the Medicare Benefits Schedule it is a challenge to meet the intent of this condition, however the RANZCP will continue its advocacy and leadership in this area.

Condition 18	To be met by: **2024***

Evaluate the utility of Formal Education Courses, addressing their purpose as a valid educational tool, and develop and implement measures to address variations in content, course fees and equity of access for all trainees. The evaluation should involve relevant stakeholder consultation from the onset and transparent reporting of outcomes. Developmental measures should include contemporary modes of delivery to align with trainee's clinical placements. (Standard 4.2.2)

***Due 2023: Evaluation**

2024: Implementation

AMC 2023 Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
			X	

2024 College response

In December 2023, Curio Group provided the RANZCP Board with the final report and recommendations from its review of the FECs (Appendix 4.02). The recommendation approved by the Board was for the College to implement a centrally supported FEC using a 'flipped classroom' model. The College will curate a central set of materials with clear learning outcomes linked to the syllabus, focussed on clinical practice, and aligned with assessments. These materials will be accessible to all Trainees regardless of location, and learning will be facilitated at a local level in learning groups.

This is a significant project, which will impact on all existing FECs, and it will ensure equity of access, reduce the variation in costs and content, and ensure RANZCP oversight of quality.

The report shows that Trainees want more "on demand" content, whilst maintaining the peer networking and support from the existing FECs.

The timeframe outlined in the Curio implementation plan (Appendix 4.03) has been considered and adjusted with the model being developed during 2024 – 2026 and implemented in 2027. This timeframe was developed prior to the ACER review of the Critical Essay Question (CEQ) and may need further revision depending on the outcome of the CEQ review. The CEQ review is undergoing consultation in the context of the overall assessment change management, is not an urgent priority, and needs to be cognisant of trainee needs, notification timeframe and other assessment transformation.

The FEC transformation is being conducted in three separate phases:

Phase One: This was the initial review stage, completed in December 2023.

Phase Two: This is the current stage and will run from mid-2024 through to the end of 2025. The FEC steering group has been formed and its TOR are provided as Appendix 1.27. Its initial work has been targeted at identifying the many areas that will need consideration and actions for the implementation of the new program, including:

- specifications for the online platform
- consideration of the role of Masters in Psychiatry programs
- the essential aspects to be included in the format, including explicit links to assessment, and "clinical pearls" to ensure relevance to clinical practice
- financial modelling to ensure an equitable outcome for all Trainees and a sustainable program
- local models for facilitated learning groups
- development of a logic model to support evaluation of the project and the ongoing quality assurance of the reformed FECs
- identification of syllabus and subject matter experts in the various topics.

These tasks have been divided up into seven work packages, each with varying timelines for completion:

- Change Management
- Curriculum Content and Design
- Delivery Methods and Platforms
- Financial Modelling
- Knowledge Gathering and Analysis
- Resources Mobilisation and Governance
- Evaluation.

Phase Three: this phase, starting in late 2025, is the content building phase, where the curriculum of the FEC will be designed and developed ahead of an anticipated 2027 launch date.

In addition, the CSTP Steering Group has identified the FEC as a core method for the delivery of training and education in cultural safety. This group has just commenced its work and has expressed its intention for it to take as long as necessary for the work to be completed in a culturally appropriate way.

Given that the review was completed in December 2023, and the implementation plan provided by the Curio Group has an ambitious timeframe of launching in 2027, it would be unrealistic to rush with this development amongst a great transformation piece in education. Time is needed for the implementation and consideration of implications across many areas of the College, including stakeholder consultation and communication. **Hence, the RANZCP seeks that the timeframe of this condition is extended by the AMC.**

Condition 19	To be met by: **2025**
Curate a central set of educational materials and activities and roadmap to support consistent delivery of teaching and learning, aligned with program and graduate outcomes, and assessments. (Standard 4.2.2)	

2024 College response

The College has a body of educational materials and activities, as outlined later in the response to this condition.

However, this condition relates to the alignment of materials and activities with the program and graduate outcomes, and assessments. As outlined under Standard 3, work is currently underway to review the current curriculum and develop graduate outcomes, and the response to Standard

5 outlines the body of work currently undertaken in Assessment, which needs to be finalised to maximise the benefit of curating a central set of educational resources.

In addition, as outlined in the response to Condition 18, a transformation of the FEC is now underway with a primary goal of providing a set of centrally managed educational resources that will explicitly align with the syllabus, the program and graduate outcomes, and assessments. While some of this work can happen in parallel, it is logical to sequence the work in curation of resources to occur once foundational elements such as the program and graduate outcomes are finalised.

In the interim, the following paragraphs describe the materials that are available.

The curriculum documents for Stages 1 and 2, map the competency roles (Medical expert, communicator, Collaborator, Manager, Health Advocate, Scholar and Professional), to learning outcomes, syllabus, assessment and the range of learning and teaching options through activities such as EPAs, introductory cultural competency, role plays, and work-based training.

Stage 1 Curriculum Map (ranzcp.org) (Appendix 4.04)

Stage 2 Curriculum Map (ranzcp.org) (Appendix 4.05)

LearnIt is RANZCP's repository of online learning materials supporting teaching and learning programs. Materials are from a variety of sources including in-house developed materials and a repository from Royal College of Psychiatrists United Kingdom. The four Aboriginal and Torres Strait Islander Mental Health Modules form part of the RANZCP training program.

Psych Matters is a series of educational podcasts, recorded and produced for psychiatrists, psychiatry Trainees and others with an interest in psychiatry. The website includes documentation to assist learning.

There are resources to support learning, examination examples and study support directly related to graduate outcomes, and assessments. For example: Project examples and study support | RANZCP for the Scholarly Project (SP) assessment.

Provided as Appendix 4.06 is a list of materials from LearnIt and the collection of podcasts. Different initiatives deriving from the Supervisor Project Working Group and the development of a trainee learning pathways, will form the development of the online resources, and form a rich source of educational materials that provide educational support, that are engaging and fit for purpose.

All web content, including promotion of events and webinars, is now "tagged" to assist with accessing relevant materials. This includes the domains of culturally safe care, addressing health inequities, professionalism, and ethics ("CAPE" domains).

Condition 20 — To be met by: **2025***

Develop and implement central College monitoring of trainee development of independence, with clear articulation of service expectations, required skills and responsibility for Stage 1 trainees. (Standard 4.2.4)

***Due 2023: Development**

2024: Consultation

2025: Implementation

AMC 2023 Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
			X	

2024 College response

The EPA review discussed in detail under Condition 21(ii), has reduced the number of EPAs from more than 150 to 16 that better reflect core elements of the work and competency of a

psychiatrist. The review has produced a refined draft EPA list and a revision of the entrustment process, with a 5-point scale of entrustment (like other entrustment scales in the literature) rather than a binary yes/no outcome. The new EPA model proposes regular discussions between supervisor and trainee many times throughout the Trainee's progression with the expected level of entrustment varying according to their progress and experience. EPAs will include milestones to guide the level of entrustment according to the Trainee stages in the program. The expectations of a stage 1 Trainee commencing training will therefore be made clearer, with a level of entrustment of EPAs at a lower level than a stage 2 or 3 Trainee.

The EPA Review project is now at the initial phase of consultation with relevant stakeholders. Feedback to date has been positive but has identified that the model represents a significant change in the approach to the entrustment of competencies and will likely lead to formation of a new Fellowship program in the long run. To provide a more comprehensive and definitive response to this condition, we will need to wait until the project and its outcomes are complete, and the implementation process is underway with the revised EPA 'package' and process. Once the EPA process is implemented the recording of entrustment can be monitored through InTrain. To enable central monitoring, InTrain will require an additional build of features, having implications for InTrain enhancement, development and resources to ensure recording and monitoring of EPAs in the training program.

In the interim, the articulation of service expectations through the *Acute Inpatient Numbers guideline,* can support the accreditation processes of the RANZCP in monitoring the application of relevant training guidelines, policies and procedures at the local level.

A draft of the expanded *Acute Inpatient Numbers guideline* is in development.

Standard 5: Assessment of learning

Areas covered by this standard: assessment approach; assessment methods; performance feedback; assessment quality.

1 Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 5.

Has there been any significant developments made against this standard? *If yes, please describe below.*	☒ Yes	☐ No change
The College made a commitment to address a particular Indigenous trainee's progression and with the support of the EC, has explored the development of a different assessment format to the Multiple-Choice Question examination (MCQ) to test equivalent skills. This was to address the impact on the trainee, whose cultural obligations, extenuating circumstances and family responsibilities have impacted their examination preparation. The College is in the process of establishing some mentorship networks from Indigenous Fellows with the aim to provide support and clarity around the examination requirements to this Indigenous trainee and assist with their progression to Fellowship. This initiative, developed in consultation with the Aboriginal and Torres Strait Islander Mental Health Committee and AIDA may have potential to guide the development of future assessment pathways to support Indigenous Trainees and that are reflective of cultural safety and tailored to their specific needs. This may lead to a longer-term development of more flexible formats of assessments but would require time, effort and resources to address specific assessment design while maintaining rigour and equity. Thus far, the identification of an alternative assessment mainly relates to the summative written examinations and specific to one trainee however the model, if adequately trialled and blueprinted, may provide a precedent for other Indigenous Trainees who may experience challenges with the written format of the examinations and examination preparation techniques. A working group established under the EC, with the representatives from the Committee for Examinations (CfE), CfT, Aboriginal and Torres Strait Islander Mental Health Committee, and Indigenous Fellows, arrived at a Viva format as a robust and defensible approach, while maintaining equity, fairness, and educational merit as an alternative assessment option. The design of the Viva commenced with analysis of the trainee's past MCQ performances, identifying gaps in blueprinted areas that showed performance deficits. Given that the MCQ format efficiently assesses the breadth of foundational knowledge across psychiatry, sampled from Stage 1 and Stage 2 syllabi, the aim of the alternative format is to retain this breadth while addressing specific challenges faced by the trainee in previous MCQ attempts. This should allow the trainee to demonstrate knowledge and skills in a more interactive and contextual format, thereby maintaining the standards required to pass the barrier assessment. The Viva examination format has been provided to the trainee and their supervisor to ensure familiarisation and understanding of the examination structure. Content is adapted from the MCQ question bank to develop Viva questions that emphasize knowledge recall and contextual understanding. Practice questions and a rubric will be provided to help the trainee understand the expected performance level, along with practice sessions and a mock examination to be facilitated by their supervisor/DoT and a calibrated Fellow member. The development of practice materials will be aligned with the actual Viva to ensure standardization and calibration and questions are being tested, refined, and calibrated through iterative practice sessions.		

Moving forward, such mentorship and alternative assessment formats may be considered by the College to support models for pathways for Indigenous Trainees more broadly in the future. The initiative has been discussed with AIDA to ensure it reflects a culturally appropriate approach to skills assessment, offering a nuanced, robust, and defensible alternative to traditional formats that accommodates different ways of demonstrating and assessing the required knowledge and skills. While this approach aligns with the College's commitment to cultural safety, fairness, and educational equity, the key issues related to such development include ensuring that assessments remain rigorous yet adaptable, ultimately providing a pathway that respects and upholds Indigenous Trainees' cultural contexts and training experiences. However, these are resource intensive from examiners' perspective and require assessment design expertise, project administration and logistic support over and above business as usual in Assessments, as well as support from the Health Services to provide avenues for holding this assessment in the workplace. The College identified other Indigenous Trainees with similar examination related performance issues but is yet to seek a way to address them without developing customised alternative assessments. The College will continue to strengthen mentorship and networks from the start of training, provide adequate examination preparation material, and systematic and constructive feedback on performance in the event of unsuccessful assessment attempts. The development against the relevant AMC conditions is also detailed in this section, against the relevant condition.

Has the College postponed or changed the format or methods of any examinations and work-based assessment since the last monitoring submission? *If yes, please describe below:* • *plans and policies for organising the logistics and resources for these examinations* • *any impacts to trainees progression through training program*	☐ Yes	☒ No

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant, please report on such matters in this section of the report.

Has the College made any significant changes affecting the delivery of the program? i.e. changes to assessment methods. *If yes, please describe below the changes and the potential impact on continuing to meet the standards.*	☐ Yes	☒ No change

2 Activity against conditions

The numbering of conditions matches that used in the AMC Accreditation Report.

Please address each of these conditions individually.

<table>
<tr><td colspan="5">Condition 21   To be met by: 2025*</td></tr>
<tr><td colspan="5">Develop, implement, and monitor the outcomes of the Assessment Framework review with evidence of:
(i) Improved alignment of assessment methods to program and graduate outcomes.
(ii) Effective engagement with relevant stakeholders, including those with lived experience, in development and implementation plans.
(iii) Embedding of culturally safe and inclusive practice, and feedback from those with lived experience, in the program of assessment.
(iv) Effective monitoring of the workload of supervisors and Directors of Training to ensure wellbeing is looked after with appropriate support and training. (Standards 5.1, 1.6.4, 6.1, and 8.1.3)
*Due 2023: Development
2024: Implementation
2025: Monitoring and evaluation</td></tr>
<tr><td rowspan="2">AMC
2023 Finding</td><td>Unsatisfactory</td><td>Not progressing</td><td>Progressing</td><td>Satisfied</td></tr>
<tr><td>(iii)</td><td>(ii) (iv)</td><td>(i)</td><td></td></tr>
</table>

2024 College response

21 (i)

The Report by the Assessment Framework Working Group (AFWG), provided in the last submission to the AMC, highlighted the need to clearly articulate the essential skills and attributes expected of RANZCP graduates. Learning outcomes should relate to these skills and attributes with several assessment approaches being used to assess these leaning outcomes. The Report also identified gaps in assessment and learning outcomes.

As previously outlined in the response to Standard 2 Condition 10, the ACER review provided two reports to guide further development of the curriculum to address the conditions arising from the AMC accreditation and review the recommendations provided by the AFWG. The ACER Curriculum Review report (Appendix 3.01) provided an analysis of the current state of RANZCP curriculum including the gaps and provided recommendations for curriculum improvements that informed the approach to Phase 2 of the project.

ACER commenced its work on Phase 2 in July 2024, including the articulation of program and graduate outcomes that acknowledge and add specific roles and competencies related to First Nations health, addressing equity in healthcare, and developing culturally safe practices. The updated program and graduate outcomes will inform the syllabus content restructure, learning outcomes and the redevelopment of the FECs. Ensuring the skills assessed via the EPAs are adequately aligned to the curriculum is also a component of this work.

As shown in Table 1, Condition 10, following the updating of the program and graduate outcome step 5a includes:

- the re-mapping of WBAs and summative assessments to the revised curriculum to ensure appropriate alignment with the revised learning outcomes
- a review of the WBA rating forms to ensure they reflect the revised learning outcomes.

The Assessment Framework Report identified the need to align training and learning strategies with a potential introduction in the long-term of new assessments into the workplace (e.g. peer

feedback, multisource feedback, reflective exercises). While these may address the gaps in learning outcomes and provide a step closer to a classic model of programmatic assessment, the complexities of changing assessments, membership buy-in and continuing workforce pressures make such design unfeasible in the near future. The EC and the Trainee cohorts are cognisant of the implications on the burden of assessment for both supervisors and Trainees should additional assessments be introduced at this time. The EC has recommended that considering these recommendations from the AFWG should be delayed until the new program of assessment is trialled and embedded and other key projects - curriculum and EPA reviews - are concluded.

21 (ii)

This condition is addressed in the context of the RANZCP's commitment to develop an overarching training program framework addressing the gaps highlighted by the AFWG in their report. The framework being developed has been appropriately retitled as the Training and Assessment Alignment Framework (TAAF).

This framework will underpin the RANZCP's overarching strategy of education and training reform and incorporate the elements and outcomes from the projects that have been previously identified in our AMC submissions. These include the:

- EPA Review
- CEQ Review
- Syllabus Review
- Curriculum Review and Redevelopment, being supported by ACER
- Assessment Mapping
- Clinical Competency Portfolio Review (CCPR) – the new program of assessment
- FEC Review.

These projects are at various stages of development and implementation. Significant consultation has been undertaken with internal stakeholders and work continues across these projects with the dedicated working groups. Consultation to date has been internal and included various education committees, Trainee committees and cohorts.

The TAAF will incorporate the outcomes from these projects, including the curriculum redevelopment conducted by ACER, and further consultation will be required once ACER completes Phase 2 of the Curriculum Review and Redevelopment project. This project will be an important enabler for the TAAF. On completion of the Phase 2 recommendations from ACER, consultation with internal and external stakeholders will be undertaken to seek feedback and benchmarking for finalisation of the development of the TAAF. Similarly, such consultation will be conducted for the EPA package and structure once finalised, to ensure it is relevant and acceptable to the stakeholders.

The external consultation will take on a more strategic approach, including environmental scans to identify key position statements from external organisations, aggregating the project work, and developing targeted consultation documents with key questions. External groups to be consulted include:

- other specialist Medical Colleges
- Indigenous organisations (LIME Network, AIDA, Te Ora – Maori Medical Practitioners)
- relevant mental health organisations
- consumers and carer organisations.

In relation to the CCPR, the development and the implementation plan for this project followed a comprehensive engagement strategy which identified the stakeholder groups to be consulted, the objectives of the engagement strategy, and the communication channels. A copy of the CCPR Engagement Process is provided as Appendix 5.01.

The following sections detail the consultation and engagement process for the CCPR and other projects to date.

EPA Review

The EPA Review Working Group (EPARWG) comprises representatives from the CfT, BCT, DoTs, CfE, SIMGs, Early Career Psychiatrists, Trainees and Lived Experience. The EPARWG has finalised its proposed approach to EPAs and identified 16 EPAs that will be a cornerstone of future training.

The EPARWG has commenced consultation, presenting the revised EPAs to internal and external stakeholders, including the First Nations groups and those with Lived Experience. The consultation strategy is attached as Appendix 5.02. The consultation is led by the Medical Education Specialist, the EC Deputy Chair, and senior Education staff - who bring medical education, curriculum expertise and clinical knowledge to the process. The consultation strategy includes Subcommittees for Advanced Training to determine if the revised EPAs will meet the needs of advanced training in specific areas of practice. Initial review by the EPARWG indicates a high degree of overlap with core Fellowship training, suggesting that it is unlikely that many additional EPAs will be required. Initial consultation with RANZCP committees, including Advanced Training and Trainee committees demonstrated positive support for the EPA redesign and for streamlining.

CEQ Review

The internal consultation regarding the CEQ Review was followed by engaging ACER for advice on alternatives to the CEQ. The ACER report, provided as Appendix 5.03, involved a consultation process with RANZCP Fellows from the education committees, Trainees, and SIMGs. Following the ACER CEQ review, it has been agreed to move away from the current format of the CEQ and potentially develop a new learning and assessment activity, the Critical Reflection Activity (CRA). To determine what this looks like and its further design, the RANZCP will undertake a more comprehensive consultation to include DoTs, Supervisors, Trainees and SIMGs, with an opportunity for piloting and co-design. The CfE plays a pivotal role in the redesign and proposal for the new assessment.

An initial proposal for a CRA format, outlined in Appendix 5.04, incorporates structured learning activities. This may include a combined presentation of skill learning in the workplace and within the revised FEC, with a potential submission of a written abstract on a topic or theme of the candidate's choice and assessment of a professional presentation of the critical reflection piece. This piece of work is to be further scoped, refined, and presented to various stakeholder groups in 2025, with implementation not considered until 2027 as it would require the need for notice of 12 months for implementation in accordance with the Policy.

Syllabus Review

The updated syllabus drafted by the Syllabus Working group is an important foundation for the review and updating of the curriculum and in turn for the development of the TAAF. The Working Group consulted extensively to ensure that the updated syllabus reflects all current and important topics and themes. This consultation included:

- RANZCP Sections and Faculties, with the Working Group receiving guidance from the Section of Leadership and Management Binational committee, the Section of Rural Psychiatry and the Section of Psychiatry of Intellectual and Developmental Disabilities,
- President's Advisory Group on Suicide
- Committee for Evidence-Based Practice
- Committee for Continuing Professional Development
- Attention Deficit and Hyperactivity Disorder (ADHD) Network
- The Community Collaboration Committee
- Te Kaunihera
- Education committees including the CfE, CfT, BTCs

- BCT.

Feedback from this consultation process was incorporated to update and revise the syllabus.

Under Standard 3, condition 14, the AMC also requires the RANZCP to review and implement enhanced curriculum content in identified areas and topics. The updated draft syllabus (Appendix 5.05) is the basis for further redevelopment of the curriculum as per the work undertaken by ACER for completion towards end 2024 and requiring consultation in 2024 - as discussed in the next section.

Curriculum Review and Redevelopment Project

The initial ACER report provided an analysis of the curriculum elements requiring review and redevelopment, and this work is underway as outlined in Table 1, condition 10 of this submission.

In the curriculum review, ACER will incorporate the outcomes and work of projects including the reviews of the Syllabus, the EPAs, the CEQ, assessment mapping, and CCPR assessment to ensure curriculum alignment and incorporation of the changing training and assessment elements into the revised Curriculum and formation of TAAF.

Key internal advice is being sought from educational committees, and the RANZCP partnership committees including Te Kaunihera, the Aboriginal and Torres Strait Islander Mental Health Committee and the CCC. Broader community engagement and consultation will be undertaken once this body of work is finalised and will be planned for early 2025.

Assessment Mapping

The recommendations from the AFWG include several actions proposed for addressing the feedback and recommendations to be covered as part of ACER's Phase 2 work of the curriculum redevelopment project (Appendix 2.05). The upcoming consultation with the stakeholders for the Curriculum Review will also apply to the proposed actions incorporated in the Phase 2 Work of the project.

Clinical Competence Portfolio Review (CCPR)

With an extensive RANZCP stakeholder consultation in the last 3 years, the RANZCP has been progressively adopting a more programmatic approach for the delivery of clinical assessments. The TAAF will reflect and map how the CCPR (ITAs and Independent Observed Clinical Activities (I-OCAs)) aligns with the competencies, learning outcomes and the training undertaken by the candidates.

The consultation process for the CCPR included presentation of briefing papers and comprehensive discussions addressing issues and concerns raised by the stakeholder groups.

Stakeholder Forums and presentations were held by senior Fellows in Education and by the external medical experts who provided expertise and guidance on the design and development of the assessment strategy and direction towards programmatic assessment. The documentation was iteratively updated to address these concerns and re-presented to the groups for further comment. Regular communication updates through the fortnightly President's newsletter, Communiques and Newsletters were sent to the wider Fellowship to keep them informed about the project's progress. An Assessment Hub was established as a repository of all written documentation and strategic papers for the members to access.

The CCPR Engagement Process and the consultation schedule developed for this project are detailed in Appendix 5.01. It also highlights how feedback from the consultations was used to iteratively revise and update the processes and the design of the CCPR. The consultation included face to face and online attendance by the Education staff, EC Chair and Medical Education Experts. The process commenced in March 2022 and has been outlined in the 2023 Annual AMC submission.

We acknowledge that the early development process of the CCPR did not include structured and specific consultation with people with Lived Experience, although one of the key CCC

representatives attended the Stakeholder forums throughout 2022-23. The CCC Carer representative sits on the membership of the EC (as well as other education committees) and provides viewpoints from both the community and lived experience perspectives. The CCC is a strong supporter of the new assessment program, and their feedback has been valuable in the design, development, and implementation processes. Their feedback includes the following:

- strong support for the alignment of RANZCP assessments to a programmatic approach, focussing on longitudinal assessments in authentic environments and reducing the reliance on a single event high stake assessment
- reinforcement of the principle and the need for a set of practices related to patient safety
- emphasis on the need for obtaining written patient consent for an I-OCA prior to the assessment, drawing attention to the fact that written consent can sometimes be a relational and family decision which needs to be taken into consideration. Accordingly, the need to obtain written patient consent (including from families where relevant) is now part of the CCPR process.
- highlighting the need to keep the therapeutic alliance with the patient at the forefront, even in an assessment. The patient selection for an I-OCA is one where the candidate would be taking ongoing care of the patient and developing a management plan for that patient.

Consultation with the CCC on the implementation of the CCPR supported persons with lived experience being directly involved in the assessment process for Trainees. The CCC was also supportive of incorporating feedback on trainee performance from patients who have agreed to participate in assessments.

The I-OCA oversight panel recommended to the CfE that the Observed Clinical Activity (OCA)/I-OCA assessment tools be modified to incorporate an opportunity for patients to provide feedback on a trainee's performance.

As part of the redevelopment of the RANZCP curriculum, ACER are tasked with analysing RANZCP assessments against the new curriculum and identifying opportunities for improvement. Reflecting the views of those with lived experience is a priority for this project.

Early and regular feedback from the CCC will be sought on any assessment redevelopment as part of our commitment to engage the CCC and Trainee committees, and maintain a Lived Experience co-design, with Trainees, persons with lived experience, and carers.

21 (iii)

The RANZCP Lived Experience Strategy (Appendix 1.24) provides a framework to guide engagement of those with lived or living experience in the scoping and development of key programs and changes. In particular, the Strategy identifies curriculum design, Supervisor program development, and the inclusion of additional community members to support the EC (and other committees) as key actions for 2024 and 2025, and this is underway as outlined previously in the response to condition 6.

A CSTP Steering Group (CSTPSG) has been established (June 2024) and its membership reflects an emphasis on First Nations' expertise. The CSTPSG is co-chaired by the chairs of Te Kaunihera and the Aboriginal and Torres Strait Island Mental Health Committee and includes the RANZCP's two kaumatua and a community member from the Aboriginal and Torres Strait Island Mental Health Committee.

The CSTPSG's purpose is to appropriately adapt and integrate the CMC's CSTP for use in RANZCP education and training programs, in a way that is applicable binationally. The advice from this group has informed the work of the EPA review, with the new suite of EPAs including a specific EPA related to culturally appropriate management plans in addition to embedding culturally safe clinical practice as an element of each EPA. This has been reiterated by the Te Kaunihera, Aboriginal and Torres Strait Islander Mental Health Committee and the CCC.

The ACER work previously outlined in this submission also addresses this condition in step 5a of the Phase 2 framework shown in Table 1 in the response to Condition 10 of this submission.

The I-OCA Oversight Panel and education committees are collaborating closely with CCC members to co-design and develop supervisor training resources for the introduction of I-OCAs. This includes incorporating Lived Experience perspectives into the patient interview videos used for I-OCA/OCA assessments and integrating patient reflections into the I-OCA assessment form.

21 (iv)

Supervisor workload is a continual concern to the RANZCP. Supervisors and Trainees have recently been surveyed regarding their perception of the burden of assessment to inform an action plan to support in this area. The quantitative responses are provided as Appendix 5.06, and key findings include:

- Trainees perceive an increasing burden of assessment as they progress through training, with a rating of 5 (moderate burden) experienced in Stage 1 and a rating of 9 (high burden) in Stage 3.
- Conversely, supervisors perceive the highest burden of assessment is imposed supporting Trainees prepare for the Clinical Competency Assessment (CCA / Clinical Competency Assessment – Modified Portfolio Review (CCA-MPR)), which occurs in Stage 3.
- Supervisors and Trainees both view workplace-based assessments as more valuable than centrally administered summative assessments, with OCAs and Case Based Discussions (CbD) the most highly rated.
- The SP and Psychotherapy Written Case (PWC) were reported by Trainees to impose the highest burden of assessment
- Nearly half of the trainee respondents reported having taken or intending to take a BiT for the purpose of completing centrally administered summative assessments.
- Facilitating workplace-based assessment imposes a consistently moderate burden on Supervisors, regardless of the assessment format (Observed Clinical Activity, Entrustable Professional Activity, etc.).

The qualitative responses are being analysed to provide further insights into the perceptions of Supervisors and DoTs.

Supervisors are supported with materials and resources via the RANZCP website (Supervisor and DoT resources | RANZCP) and specialized materials are available for those supporting SIMGs (Supervising SIMG | RANZCP).

The Supervisor Working Group (SWG) (TOR included in Appendix 5.07) is finalizing the updated Supervisor Handbook (Appendix 5.08 and 5.09) with publication due by December 2024. It is also developing an online supervisor training pathway, with the first three of 10 modules due for release at the end of 2024, and staggered release of the additional modules during 2025. The project plan underpinning this work is provided as Appendix 5.10.

Existing mechanisms to monitor the workload of supervisors include:

- the established DoT Advisory Group which meets monthly to discuss issues and concerns with training coming from supervisors
- Supervisor representation on committees such as CfT and CSIMGE, allowing their voice to be directly heard by the RANZCP
- Supervisor involvement in working groups such as the SWG and EPARWG directly contributing and developing training and support materials.

The SWG is collating data related to Supervisors, collected through existing survey instruments, to create a report for supervisors about supervision and feedback from Trainees. The three surveys providing source material are the RANZCP Trainee Exit Survey, the Medical Training Survey (MTS) and the accreditation surveys conducted at the zone and program levels. The

collation of relevant data from existing trainee surveys is in preference to administering another survey to RANZCP stakeholders. (Appendix 5.11)

Supervisors are also involved in program development including both curriculum and assessment through the consultation phases as feedback is sought for individual projects.

Condition 22				To be met by: **2024***
As part of an overarching plan that includes other planned reviews and the integration of these reviews with each other and the program of assessment: (i) Provide evidence of the application of valid project/program management and change management methods to ensure appropriate integration and sequencing of work, accountability for delivery, timely implementation, and effective communication of actions and rationale related to the Assessment Framework. (ii) Develop a policy and roadmap, in consultation with trainees, on timelines for the notification of changes to training program requirements. (Standard 5.1 and 7.3) ***Due 2023: Development** *2024: Implementation* *Conditions 22 and 35ii consolidated in 2024*				
AMC 2023 Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
			X	

2024 College response

22 (i)

In 2023, the team developed an overarching Assessment Road Map that outlined activities, timelines, sequencing and required phases of program design, development, consultation and implementation for key training and assessment projects, including the CCPR, EPA Review, FEC redevelopment and Curriculum Redesign projecting these out to 2027. During 2024 these project plans continued to evolve.

Key Developments in 2023-2024:

1. Education Staff utilise appropriate project and program planning templates and tools to apply valid project and program management and change management methodology. Evidence of application of these tools is seen in the various project plans, consultation plans (engagement strategies) and project outcome documents that have been provided throughout this submission as appendices. (e.g. Appendices 5.02, 2.05, 5.10, 5.12, 5.13, 5.14)
2. The Assessment Portal was created to provide visibility and access to discussion papers and documents presented to stakeholder forums, committees and the Board, enabling better information and transparency for members to familiarise themselves and provide feedback if needed.
3. The next phase for the project development of the CCPR is to establish an agreed design and implementation of the I-OCA as an assessment transitioning to the workplace. A Project Plan has been developed in consultation with the Trainees and DoTs and approved by the CfT. This was added to the Assessments Portal for wider circulation, distributed to relevant education committees and is used as a guide for implementation. The Calibration I-OCA Project Plan (Appendix 5.15) included a plan for training of supervisors to facilitate support in their role as assessment supervisors/ independent assessors in the new assessment of I-OCA. Communication Plans /Engagement Strategies (Appendices 5.01 and 5.02) were established to ensure a sequenced outline

of meeting attendances, presentations and information sessions for both the CCPR and EPA Projects. These were conducted by the Chair EC and Education staff in 2023, and in 2024 continued by senior Education staff, Medical Education Specialist and Deputy Chair EC.

4. The plan for engagement with stakeholders continues throughout 2024 to involve members in timely implementation and provide effective communication of actions and rationale related to the Program of Assessments. This has been directly taken from the Program of Assessment Roadmap (Appendix 5.16). Project Working Groups with clear TOR have been established to proceed with the workplan and agenda setting for each project, with dedicated staff and managers/Senior Managers overseeing the progress and reporting on the projects. Project deliverables are discussed by the working groups and the committees they report to in line with the evolving project plans.
5. The RANZCP has iterated its TAAF, with the outcomes of the current projects in Education being integrated into the overall TAAF, incorporating the Curriculum Review and Revision project currently undertaken by ACER that will form the core foundation for the constructive alignment of training and assessment.
   - The revised syllabus draft is to be reviewed by ACER to reflect relevancy and address relevant AMC conditions.
   - The Assessment mapping and the Report by the AFWG will be reviewed by ACER to identify gaps in learning outcomes and assessments and accordingly revise the learning outcomes and curriculum and syllabus aligned with assessments and the new FECs.
6. A new role in Education staff of Medical Education Specialist was created late 2023 and recruited early 2024. The role provides strategic advice to the Education Team and its committees on the development of the Assessment strategy, alignment and integration of key projects, and oversees/leads the engagement/consultation process from the perspective of a RANZCP Fellow with stakeholder groups on the change process. The role provides leadership to the key program development projects and guides engagement strategies. The incumbent, Dr Anthony Llewellyn has met with approximately 20 stakeholder groups regarding the EPA review with the aim to incorporate an overview of the key assessment and training initiatives currently underway and to ensure sound integration from a quality assurance perspective, which has been well received across the board by Trainees, SIMGs, Fellows, committees, consumers and carers.
7. The Education Team met in July 2024 for a 2-day strategic planning session, with the Deputy Chairs of the EC, to discuss education projects and align to the overarching plan regarding next steps, sequencing, interdependencies and resource requirements, as well as addressing stakeholder concerns around the I-OCA implementation and supervisor training. These planning sessions will continue and aim at consolidating some of the project steps, initiatives and engagement activities.

   The process of engaging with stakeholder feedback in relation to the EPA review project, has clarified that this project represents a significant change to and approach from the 2012 Fellowship training program. With the changes being undertaken in curriculum and assessment of the RANZCP program, it has now become appropriate to reconsider the timelines for this and other key projects and to discuss the benefits of establishing a new Fellowship Training program. The RANZCP will be holding member wide information webinars commencing in November 2024 to provide a deep dive into the key educational projects and inform of the change management processes currently being progressed in relation to the Fellowship program. Further dialogue with the members and relevant stakeholder groups around what constitutes a new Fellowship Program will be required, while preliminary estimations of the feasibility, timelines and resource requirements for a new program would need to be planned for the commencement of new Trainees towards 2030. A comprehensive set of FAQs have been developed and uploaded on the RANZCP website to provide information and address any queries regarding the new assessment program.

Appendix 5.17 provides a visualisation of the key projects, and shows the links at appropriate points between various projects, that are developed in parallel, with an interfacing dependency. While the delivery of each project has separate accountability, the incremental changes when finalised are taken into consideration for integration with the relevant project.

22 (ii)

A change management policy is currently in development and anticipated to be implemented by the end of 2024, early 2025. The current draft is provided as Appendix 5.18. It is one of three documents being developed to support improved project management processes, and guide constructively any change management processes in relation to Education and Training, the others being the Stakeholder Consultation Strategy (Appendix 1.14) and the Monitoring and Evaluation Framework (Appendix 5.19). Each of these documents is at different point of the development and consultation cycle, and work is currently underway to ensure alignment between them ahead of developing the necessary training for Education and Training staff.

Condition 23				To be met by: **2024***
Systematically review the breadth of assessment methods with a view to reducing the burden of assessment on trainees and their supervisors. This includes an evaluation to determine reasons for the high prevalence of breaks in training undertaken in order to complete summative assessments, so that there is improved alignment of assessment requirements and program duration. (Standards 5.1 and 5.2) ***Due 2023: Development*** *2024: Implementation*				
AMC 2023 Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
	X			

2024 College response

There is no agreed definition within the medical education literature of what is meant by the term “burden of assessment”. A preliminary scan revealed 10 relevant papers on this subject all with links to postgraduate Competency Based Medical Education (CBME) in Canada.

Burden of assessment is a complex construct which includes both a quantifiable aspect (e.g. amounts of time and resource inputs as well as opportunity costs), and a qualitative aspect, with Trainees’ and assessors’ perceptions of the impact of assessment being most important. These perceptions may be affected by internal factors that relate to the training program as well as external factors related to the clinical setting (learning environment).

An important learning from the literature is that when assessments are implemented well and are perceived to be of benefit to both Trainee and Supervisor in a CBME model, the perception of burden of assessment is decreased and both Trainees and Supervisors are prepared to undertake more assessment and engage in constructive learning discussions and activities.

There is a view amongst both Trainees and Supervisors that the current burden of assessments in the RANZCP Fellowship is a problem. This view is supported by the results of the recent survey of Trainees and supervisors on the CCA process as well as the inaugural Burden of Assessment Survey as discussed in the response to Condition 21 (iv).

The RANZCP has identified several factors influencing this perception:

- The current realities of service provision pressure in Australia and New Zealand, in particular the trend towards many existing and new Fellows exiting permanent appointments in the public mental health system in favour of locum work and private practice, thereby diminishing the overall pool of Supervisors.

- The overall level of educational literacy amongst Trainees and Fellows (particularly CBME literacy).
- The current level of buy-in to a CBME assessment model and a view that traditional models of assessment are more rigorous.
- Change fatigue.
- An out-of-date curriculum that does not clearly articulate why certain assessments are required.
- Historically having a light touch to supporting Supervisors in their role in conducting workplace-based assessments and feedback.

The RANZCP is particularly conscious that a CBME program of assessment is resource intensive from a faculty development perspective and that “one-time training interventions, no matter how appropriate, are insufficient” (Lockyer et al, 2017).

Are Breaks-In-Training a consequence of a high burden of assessment?

The AMC has requested that the RANZCP consider whether there is a mismatch between assessment load and the program duration.

The following is an overview of the current centralised summative and workplace-based assessments at the RANZCP.

- ***Centrally administered summative assessments***
  - Multiple choice question (MCQ) examination
  - Modified Essay Questions (MEQ)
  - Critical Essay Question (CEQ) examination
  - Psychotherapy Written Case (PWC)
  - Scholarly Project (SP)
  - Critical Competency Assessment – Modified Portfolio Review (CCA-MPR)
- ***Workplace based assessment***
  - One mid and end of rotation In Training Assessment (ITA)
  - An OCA
  - A minimum of two EPAs which generally require a minimum of three WBAs to be completed from a selection of Mini Clinical Examinations (MiniCEX), Case Based Discussion, Direct Observation of Procedural Skill and Professional Presentation (PP)
  - Completion of a FEC
  - Several self-paced online learning modules
  - Completion of a final qualitative report

Whilst a direct comparison to other specialty college training programs in Australia and New Zealand is not completely possible, the current RANZCP Fellowship training program includes a high number of individual assessment requirements and the proposition that the RANZCP Fellowship program is one of the more assessment heavy programs in Australia and New Zealand is correct.

An analysis of RANZCP data in relation to Breaks in Training and length of training shows that approximately 9% of candidates delay their fellowship within Stage 3. While personal and family issues are the most cited as reasons, a substantial number of Stage 3 candidates applying for a break in training give as a reason the need to complete their SP assessment and the PWC.

The SP and PWC both require significant planning and time. It is known that if Trainees do not commence a psychotherapy case early enough, the requirement to conduct 40 psychotherapy sessions with a patient and successfully submit their case will likely delay Fellowship. Similarly, depending on the chosen project for a SP, not allowing enough time for components such as ethics approval and data collection will delay Fellowship.

It has been suggested that the program structure could be modified so that some assessments are required to be completed earlier and at a lower standard than that of a junior consultant. This

would involve moving some of the centralised summative assessments and examination preparation to an earlier stage of training. The RANZCP has not had the opportunity or resources to examine this proposition in a meaningful way to date.

Actions taken to date

Scholarly Project

The Scholarly Project assessment provides an alternative pathway (Exemption pathway) where candidates who have previously published a journal article or completed a research thesis in a relevant field are exempted from submitting a Scholarly Project. Almost 40% of the cohort use the exemption pathway therefore reducing the number of assessments required.

Critical Essay Question

The EC has agreed to retire the CEQ and replace this with an alternative assessment such as the potential CRA, to take on a more integrated learning and assessment approach as a lower stakes assessment. Discussions on the design and approach continue with the aim of achieving a consensus on an agreed future model. The RANZCP will continue to consider different models to the CEQ as part of its commitment to a new assessment program in the next several years to ensure efficient transition and an acceptable and feasible approach to further workplace-based assessments.

This conclusion therefore delays retirement of the CEQ for several years. As an interim measure the Writtens Subcommittee (WSC) has been asked to consider:

- extending the time permitted for candidates to complete the CEQ
- introducing a choice of questions to answer
- options to introduce a digital format for the examination which would permit a word limit to be imposed.

These ideas have been discussed with the BCT at its September 2024 meeting with in-principle support received.

Clinical Competency Assessment / Clinical Competency Portfolio Review / Retirement of OSCE

The recently introduced CCA/CCA-MPR, while itself a summative assessment, has replaced the single-event high stakes assessment of the OSCE, that presented a high degree of anxiety for many Trainees. While the outcome from the CCA/CCA-MPR is a high stakes decision, candidates need only to submit portfolios comprising records of assessments conducted in their day-to-day training. The underlying assessments reviewed to make the progression decision are ITAs and OCAs that are already part of the training program.

Hence candidates have the agency to ensure that the portfolios and the work that is assessed will lead to a likely outcome, and not as a surprise.

Until such time that candidates view this assessment as part of everyday training, it will continue to cause some angst. Candidates are not required to complete any additional workplace-based assessments so the net result, through the retirement of the OSCE, is a reduction in assessment.

The CCPR to be introduced from September 2026 onwards to replace CCA-MPR also follows similar requirements as the current CCA-MPR assessment. A main change is the introduction of two I-OCAs that will replace an OCA in the program and be assessed by an external supervisor and not the candidate's current supervisor.

The RANZCP's recent survey of Trainees and supervisors on the CCA process shows that overall, Trainees support and prefer the CCA process over the OSCE, including viewing it as less of a burden and more compatible with their work-related activities and training. Most Trainees do not want to return to the OSCE examination.

Some Trainees indicated some problems with the CCA process, particularly in relation to dealing with Supervisors who they viewed as conflicted, leading to pragmatic choices to delay submitting for a portfolio review until such a time as that a specific Supervisor's assessment had "washed out" of the process.

In contrast, Supervisor response to the CCA process was less positive and there is work to be done to improve the perception of the validity of assessment in CBME.

The sentiments expressed by Supervisors in this survey when aggregated with other information sources highlight the following:

- change fatigue
- concerns about the burden of assessment that the RANZCP is putting on its Fellows
- the conflicting role of Supervisor between trainee advocate and giving frank and fearless feedback
- concerns about the broader pressures currently on the Psychiatric workforce in the two countries
- an historical light touch approach to the RANZCP supporting Supervisors in the more active role required of a Supervisor in a CBME model.

The structure of the CCA and CCPR process requires the standard to be demonstrated for these assessments be an end of Stage 3 standard. The success rate in these assessments depends on candidates' maturity and experience, and that they have sufficient clinical experience and sophistication to be able to demonstrate the required standard. Therefore, it will be understandable that candidates who want to ensure they have the best chance at succeeding in these assessments, may leave these assessments to be completed in Stage 3 or even delay training to complete these assessments. In fact, the data looking at the pass rates for these assessments, supports that additional training time assists candidates in passing these assessments.

The RANZCP is committed to ongoing monitoring and evaluation of the CCA and CCPR including making changes in the future based on findings, including factors contributing to a delay in Fellowship completion.

Workplace based Assessments

The RANZCP was a leader in introducing workplace-based assessments as early as 2012 as part of a CBME program. RANZCP workplace-based assessments have both a low stakes (formative) and higher stakes (summative) component.

There has been no change in the quantum of workplace-based assessments required in the program. However, in adopting a more programmatically aligned approach to assessments, some of these workplace-based assessments (ITAs and OCAs) have been given additional purpose as the focus for making a final progression decision.

This change in direction requires candidates and supervisors to embrace assessments as part of a learning culture that is designed to value feedback as an integral component. Workplace based assessment can no longer be a 'tick and flick' exercise, but something where both supervisors and candidates use mandatory supervision time to provide quality and actionable feedback and have meaningful conversations.

With the programmatic assessment approach, the purpose is for candidates to become habituated in using assessments for learning and to achieve their growth potential. The goal of this approach is to enhance teaching and learning.

As noted above, the RANZCP believes that the most important key to having candidates and supervisors embrace workplace-based assessments is to improve on the current approach to training in workplace-based assessment and to make this a focus of regular and ongoing faculty development for supervisors.

Such a changed approach will require a significant investment in resources.

Entrustable Professional Activities

The RANZCP Fellowship EPAs and their structure have been reviewed as part of the EPARWG.

Comprehensive stakeholder consultation on the proposed new model and structure of EPAs has been extremely positive on the core principles of the new EPA approach, including the proposed reduced list of EPAs.

The proposed approach is for:

- 16 EPAs representing core units of work for psychiatrists that can be assessed and worked on by Trainees across the continuum of the training program, including Certificates of Advanced Training.
- An Entrustability Scale to aid in discussions about entrustability levels and encourage Supervisors and Trainees to take calculated and supervised risks in allowing Trainees greater levels of entrustability to promote growth and development.
- Removal of the requirements for Trainees to discretely and fully complete an EPA in a rotation using a formula based on WBAs.
- Recommending a minimum number of entrustment discussions per rotation.
- Providing guidance and milestones in EPAs to signal where an average trainee's performance might lie against an EPA per stage of training without making this a rigid requirement for progression.

The RANZCP now believes that the revised EPA model is a key component of a new Fellowship Program. The new EPA model represents a significant change in terms of both Supervisor and program approach as well as the information technology required to support the new EPAs.

The RANZCP will use 2025 to define the new EPA model. 2026 provides an opportunity to pilot and further refine the new EPA model as well as oversee the implementation into the training program. We believe we are on track to implement the new EPA model in 2027. However, it is likely that other dependencies (e.g. IT development, implementation of the new FEC model, Supervisor training) means that the new EPA model is most likely to roll out as part of a new Fellowship Program at the start of the year 2028. Significant external consultation will need to be undertaken to ensure broad understanding and acceptance of the proposed changes.

References

1. Lockyer J, Carraccio C, Chan M-K, Hart D, Smee S, Touchie C, et al. Core principles of assessment in competency-based Medical Education. Medical Teacher. 2017 Jun 3;39(6):609–16. doi:10.1080/0142159x.2017.1315082

Condition 24	To be met by: **2025***
Develop and implement systems to monitor and ensure calibration of workplace-based assessment practices and assessors across different training sites and posts. (Standards 5.2, 5.4.2 and 8.1.3) ***Due 2024: Development** 2025: Implementation	

2024 College response

When considering how to implement and support a high quality CBME program it is important to understand what is meant by the term calibration (a CBME definition of calibration), the limitations of calibration in a CBME model and how CBME works to embrace variety in assessments, assessors and assessment environment by seeking multiple data points and not relying upon one single assessment or assessor to make a critical decision about trainee progress.

The RANZCP is judicious in its use of the word “calibration” as the term implies that it is possible to achieve high levels of interrater reliability. This mirrors the CBME literature which prefer terms such as “rater (assessor) training” and “faculty development” (Lockyer et al 2017, Gingerich et al 2017, Tavares et al 2023) to “calibration”.

The purpose of rater training in a CBME model is to develop a “shared understanding” or “shared mental model” of candidate performance (Lockyer et al 2017, de Jonge et al, 2017).

> *“Assessor training must be both feasible and meaningful, and it must be integrated into ongoing faculty development. Training in assessment cannot overcome all the limitations inherent in rater cognition, and much research into effective rater training is needed. Assessment ability is acquired, not innate; it requires deliberate practice and refinement over time. Therefore, one-time training interventions, no matter how appropriate, are insufficient”.*
>
> Lockyer et al, 2017

The RANZCP has spent considerable effort in 2024 in implementing projects related to CBME assessment. In particular, continuing to refine the CCA model towards a CCPR; implementing a new form of WBA assessment to support the CCPR, the I-OCA; and attempting to introduce a lower stakes workplace-based assessment approach to the CEQ.

These projects have all experienced challenges in 2024, with concerns raised by stakeholders related to change.

The results of the initial Burden of Assessment outlined in the response to Condition 23 and the CCA evaluation survey have revealed low levels of confidence and agreement from the Fellowship with a move away from high-stakes centralised examinations, such as the OSCE, towards workplace-based assessment methods. There are multiple factors involved, including:

- change fatigue
- lack of broad “buy-in” and cynicism that CBME assessment methods are able to produce the same standards as traditional high stakes summative assessment
- concerns about the burden of assessment being placed on Fellows who do not feel qualified
- conflict in the role of supervisor between trainee advocate and giving frank and fearless feedback
- concerns about the broader pressures currently on the Psychiatric workforce in Australia and Aotearoa New Zealand, impacting on both Supervisors and Trainees.

Reflection on the challenges in implementing CBME forms of assessment has made it evident that the RANZCP needs to do more to support Supervisors in their role as assessors and coaches of Trainees. Improving the assessment capability and educational literacy of Supervisors requires an intensive effort if the RANZCP is to successfully implement a true CBME model of assessment.

As outlined in the response to condition 21 (iv), the SWG has been formed to assist the Education Team in revising its suite of current resources that support Supervisors. The draft revised Supervisor Handbook brings supervisor guidance in line with current Fellowship program requirements and rules, and online learning resources are being developed.

The education team has begun revising its Education Glossary with the intent for a single source with agreed educational terms that will be used consistently across all documents.

An initial plan to develop a video training resource to support Supervisor training in performing an I-OCA has new been broadened, based upon Fellowship input, to an OCA/I-OCA training resource with the intention to more broadly train Supervisors in performing OCAs and I-OCAs. The commencement of the I-OCA process has been delayed providing more time for this

resource to be co-designed with input from the CCC to embed the views of those with lived experience.

Project plans will be finetuned for a broader roll out of training to Fellows across 2025 and 2026 with the intention that the activity would meet requirements for a measuring performance activity under CPD requirements.

References:

1. Lockyer J, Carraccio C, Chan M-K, Hart D, Smee S, Touchie C, et al. Core principles of assessment in competency-based Medical Education. Medical Teacher. 2017 Jun 3;39(6):609–16. doi:10.1080/0142159x.2017.1315082
2. Gingerich A, Ramlo SE, van der Vleuten CP, Eva KW, Regehr G. Inter-rater variability as mutual disagreement: Identifying raters' divergent points of view. Advances in Health Sciences Education. 2016 Sept 20;22(4):819–38. doi:10.1007/s10459-016-9711-8
3. Tavares W, Kinnear B, Schumacher DJ, Forte M. "Rater training" re-imagined for work-based assessment in medical education. Advances in Health Sciences Education. 2023 May 4;28(5):1697–709. doi:10.1007/s10459-023-10237-8
4. de Jonge LP, Timmerman AA, Govaerts MJ, Muris JW, Muijtjens AM, Kramer AW, et al. Stakeholder Perspectives on workplace-based Performance Assessment: Towards a better understanding of assessor behaviour. Advances in Health Sciences Education. 2017 Feb 2;22(5):1213–43. doi:10.1007/s10459-017-9760-7

Condition 25 — To be met by: **2024***

Monitor and evaluate the Clinical Competency Assessment as an appropriate replacement for the Objective Structured Clinical Examination. (Standard 5.2)

***Due 2023: Evaluation**

2024: Implementation

AMC 2023 Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
	X			

2024 College response

In December 2021, the Alternative Assessment Pathway (AAP) was introduced as an emergency measure in response to the failure of the November 2021 Audio Visual Objective Structured Clinical Examination (AV OSCE). With support from the Australian Medical Council (AMC) and to address continuing COVID conditions, the RANZCP focused on ensuring progression of eligible candidates to Fellowship via the alternative assessment model while tailoring to workforce pressures. A more holistic approach was initiated for the RANZCP assessment with the aim to move away from single event, high-stakes examination, as per the contemporary assessment literature.

The review of RANZCP assessment commenced in 2022 and continued throughout 2023. The aim was to develop appropriate assessment options that ensured feasibility of their implementation, while continuing the use the AAP to address assessment backlogs.

The evaluation of the AAP by Prof L. Schuwirth demonstrated the benefits of the direction for the RANZCP for a more holistic and programmatic assessment approach that is less reliant on high stakes examinations. The new methodology aligned to the modern assessment philosophy as assessment ***for*** learning. The RANZCP worked closely with external Medical Education and Assessment experts to guide the assessment development in liaison with RANZCP stakeholder consultations.

Alternative Assessment Pathway (AAP)

The AAP evaluation report (Appendix 5.20) submitted to the RANZCP in November 2022, found that while the portfolio review component of the AAP (using three end of rotation ITAs) was a strength of the AAP, the use of a CbD as a second component of the AAP, used when candidates had an unsatisfactory outcome of the ITA-portfolio review, did not show good educational merit, and any future assessment program may require a reconsideration of the CbD if it is used at all in the redevelopment of the new assessment program.

In his report Prof Schuwirth commented:

> *"The combination of the WBA-ITAs and the Portfolio Review processes are better aligned with modern views on the assessment literature and the nature of competence being acquired in Psychiatry training. The use of WBA tools and EPAs outcomes which are carefully mapped onto competency domains and with good support for the narratives that can be used in the process demonstrate as definite strengths of the AAP. Based on the process and tools used for the AAP, and the current understanding and insights of medical education and assessment research, the AAP has been therefore a better and more defensible assessment than the OSCE"*

The key themes of the recommendations from the report focused on

- modifying the assessment pathway to make it more robust
- Supervisor training.

Communicating the rationale for changes to the stakeholders has been an important component of the introduction of the new assessment. In response to a petition from Fellows in April 2023 (Appendix 5.21) on the retirement of the OSCEs, it was noted that in his presentation to the Stakeholder Forum in April 2023, Prof Schuwirth demonstrated that:

- no single assessment of any type can achieve desirable standards of reliability and validity
- multiple consistent assessments and regular feedback provide a more supportive educational environment and are more conducive to learning compared to a single high-stakes assessment
- assessment of medical competence is a complex construct that cannot be captured by a single 'objective' measurement (such as an OSCE)
- competence judgement needs rich, reliable and valid information that a single high stakes assessment is unable to provide compared to more longitudinal workplace assessments
- continuous learning for a longitudinal assessment program leads to better long-term competence than massed learning for a single high stakes examination
- the standardised OSCE, run at one point in time, has both advantages and disadvantages but does not present the complex, uncertain, practical environment that psychiatrists must face with real patients in the actual workplace.

The RANZCP also quoted Prof Schuwirth in response (Appendix 5.22) to articles and letters submitted by some Fellows to *Australasian Psychiatry* in relation to the removal of OSCEs (Appendix 5.23). Prof Schuwirth also reflected that the success of a portfolio review process depends on stakeholder engagement and capacity building:

> *"But this longitudinal component of the process only works if all stakeholders are committed to and engaged in the process, and the RANZCP supervisors are sufficiently 'assessment literate' to enable to contribute valid judgements on the Trainees' performance portfolios...*
>
> *Because the AAP relies on human judgements made by experts, the recommendations in this report focus on the need to strengthen this aspect through ensuring quality of and access to supervisor training, exchange of expertise through communities of practice,*

support through building appropriate infrastructure to support assessments and/or extra supervisory support/engagement (for instance College-led remedial coaches) where needed. The role of the CbDs as part of the future process may need to be reconsidered and examined in the longer term – as assessment for learning - and can be further strengthened."

Clinical Competency Assessment (CCA)

The AAP experience and evaluation provided a direction for the future program of assessments (Appendix 5.24) that led to the introduction of the CCA which was better aligned to the programmatic, contemporary and holistic approach for the assessment of competence in psychiatry.

Consultation occurred with stakeholders including various education committees, Trainees, Portfolio Review Oversight Panel (PROP), Case based Discussion Oversight Panel (CbDOP) and portfolio review assessors which suggested improvements to the eligibility criteria and other processes, building on robustness and quality:

- Support for the notion that assessment of competence reflected across *three* ITAs over a period provides a more comprehensive and accurate judgement about candidate overall competence as compared to a one-off OSCE examination at one single time.
- Strengthening the requirements for the portfolio review component to include at least one Stage 3 end of rotation ITA of at least 6 months FTE duration (out of the three ITAs).
- Continued use of two assessors for the Case based Discussion component of the CCA as per the AAP process.
- Renaming the AAP as *Clinical Competency Assessment (CCA)* to differentiate it from the AAP (which was a purely emergency response) to reflect the changed prerequisites.

The CCA continued in this format from September 2022 until September 2023.

CCA – Modified Portfolio Review (MPR)

Considering the AAP evaluation report and its recommendations, the RANZCP proceeded to develop a feasible assessment format for 2024 and for the first half of 2025 to provide sufficient time for the transition to a more longer-term assessment. Based on the AAP evaluation recommendations and the experience gained through the delivery of AAP and CCA, and the consultation with the relevant education committees and the Oversight Panels (PROP and CbDOP), the following modifications to the CCA were recommended:

- removing the CbD component of the CCA in line with the recommendations in the AAP evaluation report
- including two Stage 3 ITA reports to provide more appropriate data points for making judgements about candidate competency and whether they have met the end of Stage 3 standard
- introducing multiple data points for competency assessment through the inclusion of OCAs as part of the portfolio review to improve the robustness and rigour of the assessment
- ensuring that the total training time to be reviewed (through ITAs) is at least 15 FTE months, out of which nine months should be from the Stage 3, giving more confidence to assessors about making judgements about candidate progression and demonstrating the end of Stage 3 standard.

To reflect the changes in the requirements of the portfolio review component of the CCA, the new assessment was termed as *CCA-MPR*.

Table 2 summarises the sequence of changes in the requirements of the AAP/CCA.

Table 1 Sequence of changes AAP - CCA-MPR

Assessment	Introductory date	Requirements
Alternate Assessment Pathway (AAP)	December 2021	Three most recent end of rotation ITAs Plus a CbD if unsuccessful in Portfolio Review
AAP Continued – offered for enrolment to eligible candidates	March 2022	Candidates who met the requirement of 30 months duration in the RANZCP Program (as per the OSCE requirements) were allowed to apply for the AAP
Clinical Competency Assessment (CCA)	September 2022	Three most recent end of rotation ITAs, one of which must be a Stage 3 ITA Plus a CbD if unsuccessful in Portfolio Review
Clinical Competency Assessment – Modified Portfolio Review (CCA-MPR)	April 2024	Two out of three ITAs to be from Stage 3 Review of three OCAs – two of these from Stage 3 Training time for review to be at least 15 months FTE Six months of further training required if unsuccessful in PR - No CbD to be completed if unsuccessful

Survey of CCA supervisors and Trainees

To further address the validity of the CCA and evaluate the program, a survey was recently sent to Supervisors, CCA-MPR assessors and Trainees who participated in the CCA/CCA-MPR. The detailed survey analysis is underway, and the final report is pending.

The survey response rate was 10% from the Supervisors. The main themes emerging from their qualitative comments were:

- the need for a more objective robust assessment process as compared with the CCA – such as an OSCE or a long case (previously named Observed Clinical Interview – OCI)
- the inherent conflict in their roles as mentors/trainers and assessors/gatekeepers
- the need for an independent assessment of Trainees by someone who doesn't work with them daily, and has no conflict of interest when determining assessment outcome
- inadequate training received by the Supervisors.

Almost half of the supervisors who responded (51%) were not convinced by the statement that the portfolio review of workplace-based assessments represented an authentic, valid and reliable approach, with less than 30% of supervisors agreeing or strongly agreeing with this statement. Many supervisors felt that external clinical assessment such as OSCE or OCIs were a more valid way of assessing clinical skills. This indicates the challenge that the RANZCP still has in achieving buy in from its Fellowship into programmatic models of CBME assessment, and the

need to increase the understanding of the importance of assessment **for** learning rather than **of** learning.

About 44% of respondent supervisors agreed that the assessment helped Trainees to better engage with feedback, with only 35% disagreeing with the statement. Interestingly in comparison, 64% of trainee respondents felt that the feedback from the workplace-based assessments has contributed to their development of core skills and knowledge and 68% agreeing that the feedback was constructive and helped them to identify knowledge gaps.

About 35% of supervisors perceived the CCA to be a fair process, noting that 21% chose to remain neutral. However, 46% of supervisors were confident that the ratings they provided to candidates accurately reflected the candidate's clinical competencies, with only 24% of supervisors not being confident about the accuracy of their ratings. This shows a mismatch between Supervisors' perception of the assessment as authentic and reliable and their confidence in their ability to accurately rate Trainee clinical competence.

To provide more information and rationale for the educational merit of the new program of assessments, and to address ongoing concerns expressed by Trainees and supervisors, the RANZCP is taking the following further steps:

- The CCPR assessment to be introduced from August 2026 will include two I-OCAs – one at Stage 2 and one at Stage 3 in the portfolio review. This approach has uncovered concerns about supervisor capacity and logistics of having to source independent assessors. This is being progressed further.
- Establishment of a Progression Competence Panel (PCP) as part of the CCPR to oversee governance and a robust assessment process that mitigates concerns of conflicting supervisor roles in making decisions on progression. The PCP will be making progression decisions based on longitudinal multiple assessment data and reiterate the focus on assessing candidates' performance in a workplace-based environment and provide constructive feedback.
- The RANZCP will develop training resources for supervisors to support them in their roles around workplace-based assessments and capabilities. Supervisor training for OCAs/I-OCAs will start from early 2025 to ensure supervisors are able to develop a shared understanding of the standard expected in an OCA/I-OCA and to provide constructive feedback.
- The RANZCP plans to hold a series of webinars to inform stakeholders on progress of key education projects, the sequencing and project integration, of emerging changes and increase Fellows' literacy around CBME.
- We will continue to evaluate the CCA and CCPR process. The RANZCP will seek to understand whether the CCPR process provides additional value over and above the information provided from individual assessments, whether the I-OCA provides additional value over and above the OCA.

As noted elsewhere in this report, the SWG continues to develop training resources for supervisors and online learning pathways for the supervisors.

Communications

The AAP evaluation also highlighted the need for the RANZCP to disseminate a clear narrative about the background to the changes made in assessments. The RANZCP has uploaded papers, reading materials and documentation from the medical education experts who worked with the RANZCP, onto the RANZCP Assessment Hub to provide wider information and member education. A communication strategy was also developed to ensure changes to assessments and training follow a clear consultation and feedback process.

The RANZCP provides regular updates to Trainees and Fellows on the changes and development of the new assessment program, including timelines, eligibility criteria and FAQs. Communication modes of delivery include:

- monthly Training and Assessment newsletter
- dissemination of information through the DoT meetings
- updates to the RANZCP website, and direct email campaigns
- regular meetings with the Chairs of TAC and BCT, seeking their input into communiques and other information.

Changes to assessments and the training program are always communicated 12 months prior to implementation as per Policy to enable and support any transitional matters.

In numerous forums and narratives, the RANZCP has emphasised the reason and rationale for the changes, providing evidence from the medical literature, AAP Evaluation, data analysis, seeking feedback and consultation/collaboration on decision making with Trainees. The regular consultation with committees and Trainees helps to monitor any concerns raised regarding the new program of assessments with the view to deal with such concerns.

Over the past two years the RANZCP has provided opportunities for feedback on the development and disseminated the rationale and evidence for change via multiple meetings with education committees, Trainee Committees, the CCC, stakeholder forums, and Branch meetings. This has provided a mechanism to gauge and monitor any concerns expressed around the new program of assessments.

The findings and recommendations from the AAP evaluation by Prof Schuwirth, along with our own learnings from the implementation of AAP and CCA, have provided a firm basis to confirm the decision to move away from the single-event high stakes OSCE.

The RANZCP acknowledges that there are barriers to change, with the concerns of some Fellows regarding a perceived threat to the objectivity of assessments and standards.

These concerns sit in a broader environment of Fellows facing significant workforce challenges and pressures on their time.

We have taken note from Prof Schuwirth's report the need to strengthen the approach to Fellow engagement and capacity building.

Many Trainees support the RANZCP's move to an authentic longitudinal assessment where their competency is not being judged by a single event examination and SIMGs prefer a workplace-based assessment as opposed to one off high stakes examinations such as the OSCE which has been perceived to disadvantage the SIMGs. Such assessment also helps to promote trainee wellbeing.

The RANZCP will continue to develop quality improvements for the assessment processes and training delivery, and communications regarding the rationale for the changes in assessments. We will continue to refine and strengthen the design of the new program of assessments, focus on supervisor training and support, and undertake monitoring and evaluation of the CCA/CCPR, with fostering changes to the process that are evidence based and substantiated by the relevant data.

Condition 26				To be met by: **2025***
Review and benchmark the content and role of the Clinical Essay Question and Modified Essay Question examinations to ensure utility and fitness for purpose, including relevance of each to contemporary practice. (Standard 5.2) ***Due 2023: Review and development** ***2024: Implementation and communication*** *2025: Operational*				
AMC 2023 Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
			X	

2024 College response

The RANZCP Board approved a review of the CEQ as a response to historically low pass rates, and concerns regarding the fitness for purpose of this examination in its current format. ACER was commissioned to undertake a review of the CEQ and its role in the overall assessment gamut, with the aim to propose alternative assessment formats that can assess the skills tested by the CEQ and support candidates, who for example have had multiple attempts at this examination and for whom English is not their first language.

The ACER report 2023 (Appendix 5.03) outlined several alternative options for achieving comparable learning outcomes.

Whilst there was general agreement that the CEQ should be retired in its current form and that the skills sampled by the CEQ require assessment in the Fellowship program, it has been difficult to achieve a consensus model on a pathway forward with widely differing viewpoints from the RANZCP's internal stakeholders, including possibly extending the MEQ examination to incorporate the CEQ construct. The WSC preferred an option for an essay written in the candidate's own time followed by a Structured Oral Assessment delivered centrally.

The EC agreed on the following path forward, approving the selection of Option 4 of the ACER Paper (Structured Learning Activities) with an expanded format requiring the candidates to produce a written document as part of a new CRA with some form of assessment at a lower stake than the current CEQ.

The next steps are:

- determine the process for assessing the CRA
- develop and design the process for implementing CRA
- ensure the educational content for the CRA is included in the Curriculum Redesign work as undertaken by ACER and explore ways to incorporate this into the FECs redevelopment project
- demonstrate how the CRA fits into the alignment of assessments with curriculum
- seek feedback and co-design from relevant stakeholders for the CRA assessment format
- prepare a project plan for assessment format development, communication, and implementation, and coordinate a cohesive structure for implementation
- seek governance approval process and endorsement from the relevant committees
- communicate these changes and transition of the CEQ from the start of the process of the CRA implementation to Trainees, DoTs and supervisors.

The ACER report stated that the MEQ examination is clinically focused and designed to assess a candidate's critical thinking about clinical practice and their ability to apply clinical knowledge. The MEQ was decoupled from the CEQ in 2021, following a recommendation from ACER's 2020 review of the RANCP examinations. ACER reviewed the MEQ examination for quality improvements and to evaluate the probable cause of the recent low pass rates. Overall, the review did not highlight any major flaws in the examination processes, citing:

> *"… the questions are generally clear and unambiguous, with marking rubrics that mostly align to the questions. There is also clear blueprinting to topics, age brackets, and the curriculum".*

Regarding standard setting, the report noted that pass rate variations between cohorts are expected. As this is a criterion-referenced examination, pass rates will naturally vary, and minor variations should be further examined during the impact analysis session.

The review also noted that "marking processes and their implementation…appeared to be functioning effectively."

> "*In terms of support for candidates and candidate feedback, the examination reports include extensive detail, advice to candidates and the release of one of the MEQs with its marking guide. The letters provide detailed feedback to candidates, including a breakdown of how they performed in different content areas. The written congress slides are also informative, and give an excellent overview of the MEQ development, standard setting and final result process.*"

ACER made the following recommendations relating to the MEQ:

1. Move the MEQ to an online format.

In doing so, carefully consider the impacts of a digital proctored solution as well as the feasibility of using testing centres prior to finalising the delivery method. It may be worth exploring the feasibility of both options.

The RANZCP has accepted this recommendation and has scoped the MEQ examination requirements to develop an end-to-end solution, encompassing examination development, delivery, marking processes, result analysis and feedback. Currently, the RANZCP is in the process of acquiring an examination vendor. Two detailed proposals have been received from potential vendors, each outlining how they meet the MEQ exam requirements for delivering an invigilated computer-based examination using test centres across Australia and New Zealand.

These two shortlisted vendors will provide demonstrations for a careful review and comparison of the options. These proposals are currently under review by the RANZCP's IT team, Digital Education Services, the assessment team, the CfE, and the WSC Chairs. The timeline for transitioning the MEQ to an online format is set for February 2026. Further to this work, in 2025 there will be a comprehensive communication to the Trainees and stakeholders to ensure efficacy and equity in the transition.

2*. Update the standard setting terminology used in the MEQ marker recruitment and calibration Standard Operating Procedures.*

The current version of the MEQ marker recruitment and calibration Standard Operating Procedures states that standard setting is performed using the Ebel methodology. However, the committees appear to be using an extended Angoff method where the score of the minimally competent candidate is estimated for each question sub-part. The Standard Operating Procedures should be updated to reflect the current standard setting process.

Following the ACER recommendation, the documentation for the MEQ marker recruitment and calibration Standard Operating Procedure has been updated to reflect the correct standard setting methodology using an extended Angoff Method.

3. Consider providing advice on when to sit the MEQ.

The range of 18 months to 60 months is quite broad. It could be worth analysing the average number of months a candidate has been in the program when they successfully complete the MEQ and providing some advice on this.

The CfE reconsidered the advice to candidates on when to sit the MEQ. The committee generally agreed that Trainees should attempt the MEQ preferably later in Stage 3, or towards the end of the first year of Stage 3, to gain sufficient experience with mandatory terms and more senior roles.

However, the Committee noted the challenge of considering the MEQ's timing in isolation, underscoring the importance of aligning it with other examination and training components. It is crucial to strike a balance between gaining adequate experience and the potential delays in progression this might cause, while also considering the overall structure and requirements of the training program.

To address this issue, advice from the BCT will be sought to gauge when Trainees are best suited to sit the MEQ, thereby increasing their chances of passing the assessment. This will

complement the quantitative data analysis suggested by ACER and is planned for later in 2024/early 2025.

Condition 27			To be met by: **2027**	
Develop and implement the outcomes of the review of Entrustable Professional Activities (EPAs) with evidence of: (i) Opportunities to reduce the number of EPAs to focus on high-quality, high relevance activities. (ii) Engaging Aboriginal and Torres Strait Islander and Māori expertise within the College to lead development in assessing culturally safe practice and care. (iii) Engaging the expertise of consumer and community stakeholders with lived experience in development of the EPAs. (Standard 5.2) **Due 2023: Review** *2025: Implementation* *2026: Operational* *2027: Evaluation* *Timeframes extended from 2025 to 2027, in 2024*				
AMC 2023 Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
	(ii)	(iii)	(i)	

2024 College response

27 (i)

In 2023, the EPARWG developed a draft EPA Progression Table (Appendix 5.25) which illustrates when, and how often, the initial set of EPAs could be entrusted across the three stages of training. Most of the EPAs have been developed as longitudinal instruments designed to be entrusted at several points during training with differing levels of entrustment using the 5-point Entrustability scale, rather than as an all-or-none decision.

This Progression Table will undergo further refinement as the consultation progresses.

An area of focus in 2023 was to embed cultural safety and lived experience into each EPA. Each draft EPA has been reviewed to ensure appropriate language has been embedded and reflected in each EPA.

In 2024, it was determined two additional EPAs should be added to reflect the core roles of the psychiatrist in teaching and supervising others, and teamwork. In addition, following advocacy from the CSTPSG and the First Nations committees, an additional EPA has been drafted to cover the preparation of culturally safe management plans. This ensures that culturally safe practice is both specifically entrusted and included in the entrustment of all other EPAs.

A summary of the reduction of the EPAs from 153+ to 16 is outlined in Table 3.

Table 3 Current versus Future state of EPAs

Current State	Future State
153+ EPAs	16 EPAs
Prescriptive focus on 2 EPAs per 6 months disconnected from development of other competencies	Focus on entrustment discussions and supporting EPA progression across full program
Alignment to curriculum/competencies has become loose	Greater alignment to curriculum/competencies
Not always reflecting real world / core work	More authentic and enabling of the work of Trainees and supervisors

The proposed EPAs are:
EPA 01 – Clinical assessment
EPA 02 – Formulation in a variety of settings
EPA 03 – Developing a person-centred acute care plan
EPA 04 – Developing a person-centred recovery plan
EPA 05 – Developing a person-centred risk management plan
EPA 06 – Developing a culturally responsive plan
EPA 07 – Written communication
EPA 08 – Carer involvement
EPA 09 – Electroconvulsive therapy (ECT)
EPA 10 – Capacity and the law
EPA 11 – Comorbidity
EPA 12 – Quality improvement & patient safety
EPA 13 – Performing psychotherapy
EPA 14 – Pharmacology (medication management)
EPA 15 – Teaching and supervision
EPA 16 – Teamwork and leadership

In addition, a mapping exercise of each Advanced Certificate was undertaken to identify if the EPAs currently in use by the Advanced Certificates would align with the proposed EPAs and to identify if there were gaps requiring the design of additional EPAs. This revealed that the Advanced Certificates in Addiction Psychiatry and Child and Adolescent Psychiatry mapped perfectly to the proposed EPAs. Gaps for other Advanced Certificates were identified in Table 4.

Table 4: EPA Working Group Identified Gaps

Advanced Certificate	Identified Gap
Adult Psychiatry	Teach and Supervise, Adult Leadership Skills
Consult-Liaison Psychiatry	Scholarly presentation
Forensic Psychiatry	Forensic Education Seminars
Psychiatry of Old Age	Neuropsychological testing, neuroimaging and rating scales*
Psychotherapies	Introductory Supervisory Skills*, Presentation Skills*

*** This denotes these are elective EPAs in these Advanced Certificates**

Based on the information in Table 3, the mapping of Advanced Certificates to the proposed new suite of EPAs aligns well. Initial review of certificates of advanced training indicates a high degree of overlap and it will be unlikely that many additional EPAs will be required.

For the second half of 2024, the EPARWG has a schedule of meetings to distribute the revised EPAs to key stakeholders for feedback and consultation. During the consultation process, feedback from stakeholders will be incorporated and documented to track any necessary changes and updates. The EPA project plan and stakeholder consultation strategy are attached as Appendices 5.12, 5.14 and 5.02. The consultation session includes:

- pre reading of the EPA briefing paper, EPA 1 as an example and the progression table (attached as Appendices 5.26, 5.27 and 5.25)
- a PowerPoint presentation outlining the progress of the Entrustable Professional Activities Working Group (EPA WG) (Appendix 5.28)
- an opportunity for Q&A with the focus questions of:
    - What are the opportunities and challenges for implementation?
    - How can we support you?
    - How can we ensure there is oversight for managing remediation?
    - How can we further reduce the burden of assessments?
    - How can we align to other processes on the education continuum?

27 (ii)

The EPA WG consists of:

- a Chair who has expertise in culturally safe practice
- a trainee representative
- a representative from CSIMG
- a supervisor from New Zealand
- a representative from the DoT Advisory Group
- a representative from the CfT
- a Community representative with lived experience
- a Community representative with EPA experience.

The Chair, who is a Principal Fellow of the Higher Education Academy, has experience of co-leading with a Cultural capability officer the delivery of the AMC Post Graduate Year 1 and 2 (PGY) cultural safety outcomes at Prince Charles Hospital in Queensland. This process has developed a strategy, principles, and approaches for indigenous health transferable to the Fellowship program. A request has been made for a representative from the Aboriginal and Torres Strait Islander Mental Health Committee to be part of the EPA WG and a reply is currently awaited. Māori expertise is provided through the Supervisor and Trainee representatives on the group.

The CSTPSG has been established and its membership reflects an emphasis on First Nations' expertise. Co-chaired by the chairs of Te Kaunihera and the Aboriginal and Torres Strait Island Mental Health Committee and including our two kaumatua and a community member from the Aboriginal and Torres Strait Island Mental Health Committee, this group has successfully advocated for the inclusion of a specific EPA addressing cultural safety as well as having cultural safety embedded throughout the new suite of EPAs. It is anticipated that this group will continue to provide advice across key education and training development as they progress the implementation of the CMC CSTP.

27 (iii)

The broad expertise in the EPA WG brings lived experience of Trainees experiencing the EPAs, SIMG perspectives, and the views of the supervisor assessing the EPAs. There is both New Zealand and Australian representation, and there is currently a request for a representative from RANZCP Aboriginal and Torres Strait Islander Mental Health Committee.

The draft Stakeholder Consultation Strategy (Appendix 1.14) outlines the range of external organisations the RANZCP will seek feedback from on projects including the EPA Project. The identified groups include:

- Indigenous Organisations
- Consumers / Carer Organisations
- Mental Health Organisations / Providers
- Professional Organisations
- Internal/RANZCP Consultation Stakeholders.

The feedback from all aspects of the consultation process will be considered, and the EPARWG will incorporate it into the finalised EPAs to be tabled for endorsement in early 2025 by the EC to move into the implementation phase. As previously discussed, the RANZCP Lived Experience Strategy provides guidance to ensure those with lived or living experience are involved in the scoping and development of key work.

Condition 28	To be met by: **2025**

Develop and implement outcomes arising from the 2020 ACER Review recommendations in summative assessments to:

(i) Ensure robust blueprinting, standard setting, and calibration for all College assessments. (Standards 5.2.2 and 5.4)
(ii) Enhance the quality and timeliness of individualised feedback to both pass and fail candidates. (Standard 5.3)
(iii) Ensure special considerations are applicable to all aspects of assessment and examinations, including for emergency situations. (Standard 5.1.3)

Due 2024: Development and Communication

2025: Implementation

2024 College response

28 (i)

The WSC continues to review and improve the processes for developing the written examinations, including the use of blueprinting, standard setting, calibration, and item statistics to enhance exam quality.

Standard setting

The 2020 ACER Review found the current standard setting method for determining the MCQ examination cut score to be overly complex. Currently, the MCQ examination uses the modified Ebel method, which evaluates the difficulty and relevance (critical, important, or desirable knowledge) of each examination item. Despite the thoroughness of this methodology, ACER considered it to have the potential for misunderstanding the outcome calculations by the standard setters. In response, the WSC began trialling the Angoff standard setting method in July 2023, comparing data between the Ebel and Angoff methods, identifying a significant difference in cut scores, with the Angoff method resulting in a lower pass rate than the Ebel method. However, the Angoff method was found to be more streamlined, as it allowed for setting the standard for the entire exam, accommodating participants' differing knowledge strengths and weaknesses. A trial of the Angoff method over several iterations of the MCQ is underway to collect sufficient data for comparison and analysis, specifically to address borderline performance, prior to any change in the standard setting methodology.

Standard setting for the Modified Essay Question (MEQ) examination in line with the ACER report (September 2023) using both the CfE and Satellite groups, is useful for obtaining a cut-score from multiple perspectives. The MEQ standard setting is an extended Angoff method, where both the CfE and the Satellite group consider each question sub-part and give the marks they would expect a minimally competent candidate to receive on the question sub-part. At impact analysis

sessions the standard setting for each individual sub-part question is reconsidered based on the data from the examination. The ACER made no suggestions for any changes to this well-accepted method of standard setting for constructed response items, other than asking the RANZCP to ensure the correct name for the methodology is used in the RANZCP documentation.

Calibration

The ACER Review of the MEQ in September 2023 did not uncover any major flaws, finding that that the questions are generally clear and unambiguous, with marking rubrics that mostly align with the questions.

The marking processes and their implementation were found to be functioning effectively, with calibration after marking 5-7 scripts following best practices for essay-style questions. This helps establish the validity of the marking guide and ensures a consistent understanding among markers. A team leader is assigned to each question, facilitating calibration based on the marking guide among the group of markers for that question.

The report suggested that if there is a significant risk of overlap in sub-part answers, the same examiners should mark those sub-part questions. However, this issue is mitigated by advising candidates to address each question separately and specifically, even if they believe they have partly covered its content in other answers. The examination book clearly states that each question within the MEQ exam will be marked by a different examiner.

Blueprinting

The 2020 ACER Review noted that blueprinting processes to the item level exist for the MCQ examinations. It commended the RANZCP on the blueprinting processes implemented (particularly for the written examinations) to ensure constructive alignment and thought them to be thorough, considered and robust. The detail recorded at the item level and the reporting potential this provides was notable. It also found that processes for drafting, selecting and reviewing items appear robust. The blueprint appears to be the starting point for item development, which occurs in a collaborative and iterative fashion.

However, the ACER Review also noted the lack of a broader framework providing examiners guidelines for appropriate curriculum coverage in any one examination.

Since the AFWG Report was submitted, the RANZCP has engaged ACER to review and redevelop the RANZCP curriculum in the context of the findings from AMC's accreditation process of the RANZCP.

Under Phase 1 of the curriculum redevelopment, ACER has undertaken a comprehensive review of the publicly available curriculum documentation on the RANZCP website, as well as additional curriculum related documents supplied by the RANZCP. Phase 2 of the project involves the review of program and graduate outcomes, syllabus structure and content, review of learning activities as well as mapping of EPAs to the new curriculum. This will provide a more accurate picture for assessing how all RANZCP assessments including the centrally administered assessments are aligned to competencies and learning outcomes.

The report of the AFWG to the EC included mapping of all existing assessments to the Fellowship competencies and learning outcomes, but this will need to be remapped to the revised curriculum and competencies, once Phase 2 of the curriculum revision is complete. Once the WBAs and examinations are re-mapped to the revised curriculum, the blueprinting for each examination administration will be able to be undertaken in the context of the broader TAAF.

The AFWG recommended that an assessment blueprint be developed in consultation with the CfE, CfT and other stakeholders. This will include identification of competencies and contexts of practice that are considered essential for Trainees to master to proceed to Fellowship as well as a consideration of which assessments should be included, at what frequency and timing.

The new CCPR assessment, the new EPAs and their structure, and the new CRA proposed as replacement for the CEQ assessment will be incorporated into the new curriculum framework

which in turn will assist in providing a more accurate blueprinting for written examinations. Any other new assessments that could be proposed in the future will also be incorporated into the new curriculum framework.

Meanwhile the WSC continues to ensure that each examination administration incorporates a representative sample of the curriculum to be assessed.

28 (ii)

Since the 2020 ACER report, the quality of the feedback provided to Trainees has improved. The MEQ/CEQ candidates receive detailed feedback letters (both pass/fail) after the results are published on the website. The result letters provide Trainees with their overall results as well as the breakdown of their performance by content area compared to the mean performance of the cohort. This level of individualized feedback assists Trainees in identifying which content areas require further study before re-sitting the examination.

In its most recent review of the CEQ and MEQ examinations, ACER examined the feedback letters received by Trainees who passed and failed the MEQ. They found the feedback on both the Pass and Fail letters to be extensive. The letter for unsuccessful candidates also provides a graph showing the trainee’s overall performance measured against the cut-score.

Regarding question-specific feedback that some unsuccessful candidates seek, which can help them identify what aspects of their response were insufficient and/or incorrect, the examination report does provide general feedback for each MEQ for that sitting. The general feedback identifies the skill and/or knowledge being tested, describes what Trainees found difficult, and provides general advice. The report ends with some overall comments about the areas in which Trainees performed particularly poorly. The examination report also provides the average marks achieved on each question and clearly identifies the percentage of candidates who passed and failed that sitting.

The CfE is supportive of providing high-quality feedback and is considering ways to do so efficiently, given the workload and tight timelines associated with such an initiative. It is possible that to start with, individualised feedback could be offered in limited cases, such as for third and subsequent unsuccessful attempts. The requirements for an online computer based MEQ examination have been scoped and the RANZCP is in the process of sourcing a potential vendor to provide a solution that includes the option to further enhance feedback to unsuccessful candidates, making it more individualised and specific to help candidates focus on deficit areas.

In the meantime, the CfE has proposed further changes to the MEQ result letter for both pass/fail candidates. The MEQ examination result letter will provide more in-depth and relevant feedback by including the blueprint per MEQ sub-question. The result letter will present the percentage of candidate performance per sub-question against the blueprint. There will be a brief description of each MEQ question. Additionally, further categories have been added for each sub-question as follows:

- one or more incorrect answers included which did not accrue marks
- one or more less relevant answers included which did not accrue marks
- inadequate justification/explanation/debate
- satisfactory response.

The CfT and DoTs have been consulted regarding the new result letter template for the MEQ regarding its usefulness in providing more specific feedback on deficit/knowledge gaps to work on areas of improvement for future attempts. The CfT and DoTs found the new feedback format an improvement as it provides more useful information to guide Trainees for remediation and future examination support. This has now been progressed to the BCT, seeking feedback from Trainees on whether the new format provides the more specific feedback they expect. Next steps following the BCT feedback are consideration and approval by the CfE and the EC.

Regarding the timeliness of feedback, the marking processes and assessment timetable for CEQ and MEQ have been reviewed in response to Trainees' feedback. For the 2024 assessment timetable, the timelines between the examination date and the release of result letters have been reduced by two weeks. From 2024 to 2025, the period between the examination date and the publication of web results has been adjusted by a further one week. This ongoing quality improvement will continue with the MEQ online solution from 2026.

28 (iii)

The RANZCP has a special consideration process for the written examinations (MCQ, MEQ and CEQ), SP, and PWC. The special consideration policy, published on the website, outlines how candidates may apply to the CfE for special consideration due to circumstances that may severely affect their ability to successfully complete centrally administered summative assessments.

Candidates are required to provide documentation to support their request for reasonable adjustments. This includes documents from treating health or other professionals, such as letters, reports, or statutory declarations describing the practical impact of the limitation or circumstance in the specific examination setting. The CfE reviews and approves reasonable adjustment requests for each condition, referring to the Disability Discrimination Act when granting special consideration requests.

Special consideration applications are emailed at the close of the application period, and candidates are advised of the timelines associated with a formal response from the CfE. Letters are sent within two weeks of the CfE meeting to inform candidates of the decision and the conditions specified in the letters. Special consideration details are communicated to examination venue providers.

In the event of major incidents or emergency situations that result in the cancellation of an examination, the RANZCP's risk mitigation plan will be enacted. Affected candidates will be directly notified via SMS and email about the situation. Information regarding the rescheduled examination will follow as soon as possible, with the new examination date set between four to six weeks after the cancelled exam. Each examination cycle has a reserve paper ready to activate and print within 1-2 weeks for CEQ and MEQ examinations.

The application of special consideration to workplace-based assessment has been considered, and there are some issues that will need to be worked through before a decision is made regarding the development of a policy:

- Workplace-based assessment is formative – it is not possible to record a fail.
- WBAs are an exercise in learning and feedback and in theory, the more times they are undertaken the better for the learner.
- WBAs are not timed in the same way as the centrally administered summative assessments.
- WBAs occur in the workplace, so any accessibility needs/reasonable work adjustments that a trainee may have should already be accommodated in the formative assessment environment.
- WBAs aren't generally scheduled - they occur when the opportunity arises during the normal working day. An illness or a major life event preventing completion of WBA would also prevent the trainee from working.

Condition 29	To be met by: **2024**
Respond to the 2020 ACER RANZCP Examination Review by reporting on the rationale for implementation or non-implementation of all recommendations to the College Board. (Standards 5.2 and 5.4)	
2024 College response A detailed response to the 2020 ACER review has been published on the RANZCP website: RANZCP AMC Standard 5 Condition 29 ACER rationale March 2024 The published document is provided as Appendix 5.29.	

3 Statistics and annual updates

- Please provide data **for 2023** in the table showing each summative assessment activity (e.g. Part 1 and Part 2 exams) and the number and percentage of Trainees who passed at their first, second, third and subsequent attempts.

	1st attempt			2nd attempt			3rd attempt		4rd or greater attempt			
Assessment Activity	**No. sitting**	**No. passed**	**% passed**	**No. sitting**	**No. passed**	**% passed**	**No. sitting**	**No. passed**	**% passed**	**No. sitting**	**No. passed**	**% passed**
MCQ – March	197	188	95%	26	21	81%	3	1	33%	4	3	75%
MCQ - September	181	148	82%	14	4	29%	1	0	0%	-	-	-
CEQ-February	176	136	77%	37	18	49%	11	6	55%	8	3	38%
CEQ-August	162	125	77%	48	35	73%	21	13	62%	8	5	63%
MEQ-February	158	123	78%	76	44	58%	18	7	39%	15	11	73%
MEQ-August	206	131	64%	47	15	32%	26	6	23%	13	2	15%
SP- March	48	37	77%	15	12	80%	1	1	100%	5	1	20%
SP-July	46	37	80%	21	20	95%	3	3	100%	6	6	100%
SP-November	70	56	80%	21	21	100%	-	-	-	3	2	67%
PWC-February	40	19	48%	27	25	93%	2	2	100%	1	1	100%
PWC-May	52	29	56%	17	14	82%	6	5	83%	1	1	100%
PWC-August	46	27	59%	21	15	71%	1	1	100%	-	-	-
PWC-November	85	43	51%	18	16	89%	7	6	86%	1	1	100%
CCA-March	76	73	96%	1	1	100%	1	1	100%	1	1	100%
CCA-September	184	183	99%	4	3	75%	1	1	100%	-	-	-

- In the table below, please provide combined summative assessment data **for 2023** showing the number and percentage of the cohort who passed at their first, second, third and subsequent attempts.

MCQ	1st attempt			2nd attempt			3rd attempt			4th or greater attempt		
Assessment Activity	No. sitting	No. passed	% passed	No. sitting	No. sitting	No. sitting	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed
Aboriginal and/or Torres Strait Islander Trainees	5	4	80%	1	1	100%	-	-	-	1	1	100%
Māori Trainees	5	5	100%	1	0	0%	-	-	-	-	-	-
Pasifika Trainees	1	1	100%	-	-	-	-	-	-	-	-	-
Specialist International Medical Graduates	-	-	-	-	-	-	-	-	-	-	-	-

CEQ	1st attempt			2nd attempt			3rd attempt			4th or greater attempt		
Assessment Activity	No. sitting	No. passed	% passed	No. sitting	No. sitting	No. sitting	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed
Aboriginal and/or Torres Strait Islander Trainees	2	2	100%	1	0	0%	2	0	0%	1	1	100%
Māori Trainees	1	1	100%	3	1	33%	1	0	0%	-	-	-
Pasifika Trainees	1	1	100%	-	-	-	-	-	-	-	-	-
Specialist International Medical Graduates	44	14	32%	27	13	48%	9	4	44%	4	3	75%

MEQ	1st attempt			2nd attempt			3rd attempt			4th or greater attempt		
Assessment Activity	No. sitting	No. passed	% passed	No. sitting	No. sitting	No. sitting	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed
Aboriginal and/or Torres Strait Islander Trainees	4	2	50%	1	1	100%	-	-	-	2	1	50%
Māori Trainees	5	2	40%	3	2	67%	1	1	100%	-	-	-
Pasifika Trainees	1	1	100%	1	1	100%	-	-	-	-	-	-
Specialist International Medical Graduates	30	20	67%	22	9	41%	7	1	14%	3	2	67%

SP	1st attempt			2nd attempt			3rd attempt			4th or greater attempt		
Assessment Activity	No. sitting	No. passed	% passed	No. sitting	No. sitting	No. sitting	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed
Aboriginal and/or Torres Strait Islander Trainees	2	2	100%	-	-	-	-	-	-	2	1	50%
Māori Trainees	3	3	100%	-	-	-	-	-	-	-	-	-
Pasifika Trainees	1	1	100%	-	-	-	-	-	-	-	-	-
Specialist International Medical Graduates	-	-	-	-	-	-	-	-	-	-	-	-

PWC	1st attempt			2nd attempt			3rd attempt			4th or greater attempt		
Assessment Activity	No. sitting	No. passed	% passed	No. sitting	No. sitting	No. sitting	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed
Aboriginal and/or Torres Strait Islander Trainees	1	1	100%	2	2	100%	-	-	-	-	-	-
Māori Trainees	-	-	-	-	-	-	-	-	-	-	-	-
Pasifika Trainees	1	0	0%	1	1	100%	1	1	100%	-	-	-
Specialist International Medical Graduates	1	0	0%	-	-	-	-	-	-	-	-	-

CCA	1st attempt			2nd attempt			3rd attempt			4th or greater attempt		
Assessment Activity	No. sitting	No. passed	% passed	No. sitting	No. sitting	No. sitting	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed
Aboriginal and/or Torres Strait Islander Trainees	5	4	80%	-	-	-	-	-	-	-	-	-
Māori Trainees	3	2	67%	-	-	-	-	-	-	-	-	-
Pasifika Trainees	2	2	100%	-	-	-	-	-	-	-	-	-
Specialist International Medical Graduates	22	21	95%	1	1	100%	-	-	-	-	-	-

- Please provide details on the College's examination contingency plans for **2024** and how these are communicated to trainees.

College response
For all critical incidents the RANZCP would activate the RANZCP Examination Risk Mitigation Plan (Appendix 5.30). This information is provided to candidates prior to the examination day. **Escalation process:** • The critical incident is first reported to the Manager, Assessments and the EM, Education and Training. • The Assessments Manager contacts the Chair, CfE and Chair(s) WSC to report the incident – the Chief Examination Coordinator CEC is the main conduit for all information re the incident. • The EM reports the incident to the Manager, Legal Services (of the RANZCP) who in turn reports to the CEO of the RANZCP. **Decision-making:** The final decision regarding the course of action to be taken is made by the Chair, CfE and Chair(s), WSC in consultation with the Deputy Chair, CfE who will: • establish the severity of the incident • determine a course of action • determine the consistent information that needs to be provided to the stakeholders and when. **Examples of the available actions that could be taken in response to the incident:** • cancelling the examination – this action will be taken by the Board on the recommendation of the CfE, Chair • delaying/rescheduling the examination for the entire cohort • delaying/rescheduling the examination for only affected venue(s) • doing post-examination adjustments to results • putting the Communication plan into action with candidates. **Communication with stakeholders:** • On the day of the examination one of the Board members will be available on call to make a real-time decision. The CEO/Manager, Legal Services will appraise them of the incident. • The Board will make a decision in consultation with the Chair, CfE. • In the event of cancellation of the examination, affected candidates will be directly sent a message via SMS (the RANZCP IT will need to coordinate the mass-messaging) and email informing them of the situation. • Information about the re-scheduled examination will follow as soon as possible. In all likelihood, the date for a rescheduled examination will be between four and six weeks after the date of the cancelled examination. In each examination cycle there is a reserve paper ready to activate and be printed within one to two weeks.

Standard 6: Monitoring and evaluation

Areas covered by this standard: program monitoring; evaluation; feedback, reporting and action.

1 Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 6.

<table>
<tr><td>Has there been any significant developments made against this standard?
If yes, please describe below.</td><td>☒ Yes</td><td>☐ No change</td></tr>
<tr><td colspan="3">The responses to the conditions below articulate the developments made against this standard.</td></tr>
</table>

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant, please report on such matters in this section of the report.

<table>
<tr><td>Has the College made any significant changes affecting the delivery of the program? I.e. changes to processes for monitoring and evaluation of curriculum content, teaching and learning activities, assessment, and program outcomes.
If yes, please describe below the changes and the potential impact on continuing to meet these standards.</td><td>☐ Yes</td><td>☒ No change</td></tr>
<tr><td colspan="3"></td></tr>
</table>

2 Activity against conditions

The numbering of conditions matches that used in the AMC Accreditation Report.

Please address each of these conditions individually.

<table>
<tr><td colspan="3">Condition 30</td><td colspan="2">To be met by: 2024*</td></tr>
<tr><td colspan="5">Finalise the monitoring and evaluation framework with a timely implementation plan, key performance indicators, demonstration of diverse stakeholder engagement in co-design and mechanisms to capture qualitative data. (Standard 6.1)
*Due 2023: Development
2024: Implementation</td></tr>
<tr><td rowspan="2">AMC
2023 Finding</td><td>Unsatisfactory</td><td>Not progressing</td><td>Progressing</td><td>Satisfied</td></tr>
<tr><td></td><td></td><td>X</td><td></td></tr>
<tr><td colspan="5">2024 College response
The RANZCP is dedicated to the continuous improvement of its training program. A comprehensive M&E Framework is essential to this commitment, systematically assessing the</td></tr>
</table>

program's progress, effectiveness, and impact. This framework serves as a guiding tool to understand the program's effectiveness and identify areas for improvement.

The EC has delegated the development of the framework to the CEEMR. The CEEMR includes representatives from each of the education committees, a member with lived experience, and a trainee member, ensuring diverse stakeholder engagement in designing evaluation questions, key performance indicators, and mechanisms for data capture.

The RANZCP has adopted an expanded Kirkpatrick's model for monitoring and reporting educational activities, incorporating five levels: Attraction, Reaction, Learning, Transfer, and Results. The initial level assesses the organization's ability to attract Trainees matching the desired profile, aligning with the recommendations of the National Medical Training Advisory Network (now the Medical Workforce Reform Advisory Committee).

The Kirkpatrick model has been augmented by a Program Logic Model that includes the following critical components:

- **Inputs:** Funding sources, a competency-aligned curriculum, relevant syllabus content, and a diverse group of key stakeholders.
- **Outputs:** Educational and practical experiences, such as supervised training, formal education courses, accreditation processes, and feedback mechanisms.
- **Outcomes and Impacts:** Short-term, medium-term, and long-term outcomes focusing on improved trainee competencies and broader impacts on the healthcare system.

Stakeholder groups have been identified as crucial in assessing the effectiveness, relevance, and impact of the program. These stakeholders include Trainees, who provide firsthand insights into their training experiences; training leads, who offer critical evaluations of supervision and program implementation; and members of the RANZCP who contribute their expertise to shape training standards and policies. Additionally, stakeholders representing workforce interests ensure that the program aligns with broader workforce demands, while communities served by the program provide essential feedback to ensure culturally safe and responsive care.

The RANZCP has included the advice of the AMC to address mechanisms for capturing qualitative data. The methodology for collecting data has been reviewed, and in addition to the common close-ended and open-ended questions in surveys, the RANZCP is planning various qualitative feedback tools, including annual discussion forums during face-to-face meetings and in-depth interviews when stakeholders are more difficult to access. These tools will provide deeper insights into stakeholder experiences and perceptions, complementing the quantitative data.

The M&E Framework, which includes its implementation plan, is provided as Appendix 6.01.

To ensure a comprehensive and inclusive framework, feedback has been requested from internal and external stakeholders, including the BCT, Membership Engagement Committee (MEC), Aboriginal and Torres Strait Islander Mental Health Committee, Te Kaunihera, education committees, Practice, Policy and Partnerships Committee, and the Australian Government Funded Training Programs Committee. This structured consultation process, asking key questions of stakeholders will ensure that the framework reflects the needs and perspectives of all stakeholders. The Executive team and managers of the RANZCP are also included in the consultation process. A draft of the consultation document is attached as Appendix 6.02.

The implementation plan has been included in the framework and outlines the steps, timeline, and milestones necessary for executing the M&E Framework. The plan will be implemented over a period of 4 years, 2024 – 2026.

Condition 31				To be met by: **2024***
Implement regular and safe processes for trainees in smaller centres, specialist international medical graduates, Aboriginal and/or Torres Strait Islander peoples and Māori, employers and consumers to provide feedback on program delivery, development and program and graduate outcomes. (Standards 6.1.3 and 6.2.3) ***Due 2023: Development** *2024: Implementation*				
AMC 2023 Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
		X		

2024 College response

As outlined in the RANZCP's submission in 2023, there are existing regular processes available to all Trainees and SIMGs to provide feedback about program delivery regardless of the size of the training location. The accreditation processes provide a confidential avenue for Trainees to provide feedback on the delivery of the program. All interviews are confidential to the participating Trainees and the team, with no names being recorded. This process, along with the anonymous mid cycle accreditation surveys, has been used by Trainees in small centres to raise concerns with the accreditation team relating to supervision and Directors of Training. It has also been used by Trainees to provide feedback on aspects of the program, and whilst this is not within the scope of an accreditation team, that feedback is passed on to the relevant area for follow up. The presence of a trainee member on the accreditation team has been found to provide some confidence to the participating Trainees that the panels are genuine in their intentions.

Feedback into program development and program and graduate outcomes is covered by the draft consultation strategy, provided as Appendix 1.14, which outlines groups to be consulted, including consumers and employers. The consultation with Aboriginal and Torres Strait Islander and Maori stakeholders is guided by the RANZCP's First National partnership committees, and the views of people with Lived Experience are addressed more fully through the implementation of the Lived Experience strategy.

As indicated in the response to condition 22 (ii), there are two key documents that need to align with the M&E Framework – the Change Management Policy and the Consultation strategy – and these two documents are at different points in the development cycle. The way smaller cohorts are accommodated is also being addressed in those documents.

The work being undertaken by the AMC in response to the NHPO recommendations has also introduced a greater requirement for engagement with jurisdictions and employers (health services). The communication protocol relating to accreditation decisions and model procedures for accreditation processes being developed in this work include extensive engagement processes that specialist medical RANZCPs will be expected to adopt both in the development of programs (i.e. accreditation standards and procedures that support high quality training) and the delivery of programs (i.e. accreditation decisions).

The work plan outlined under Condition 37 will also provide additional opportunities for feedback relating to issues and concerns to be raised by stakeholders.

Condition 32	To be met by: **2024***
Include lived experience content and influence on outcomes and actions taken in monitoring and evaluation reports. (Standard 6.3) ***Due 2023: Development** *2024: Implementation*	

AMC 2023 Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
		X		

2024 College response

The Lived Experience Strategy is provided as Appendix 1.24. An internal RANZCP implementation group has been established with a structured cycle in place for employees to update their activity monthly via a dashboard in MS Planner. This tool is used to generate a monthly traffic light report which is presented to the CCC co-chairs at a monthly meeting set up for strategic discussion and review of the tasks in the traffic light progress report. This time is used by the co-chairs to provide guidance and advice as well as provide an avenue for the development of an evaluation plan and the public facing strategy document.

Details of the progress of the implementation of the Lived Experience strategy are provided in the response to Condition 6.

This strategy is informing the development of Lived Experience input into monitoring and evaluation reports. The CEEMR Chair has met with the co-chairs of the CCC to discuss how they would like to interact with the monitoring and evaluation activities. The CCC co-chairs have asked that this issue be discussed at the next face to face meeting of the CCC, later in 2024, and the next steps will be determined following this consultation.

Work continues to progress while there are still challenges experienced due to the time it has taken to develop the declared Lived Experience roles and determine specific and appropriate support needed for these roles to be successful. The CCC believes that success depends on the involvement of people/staff with Lived Experience expertise and the appropriate skill sets required in the implementation of strategy, governance, HR, engagement, and education and training. These roles are quite specific, and it is difficult to recruit into the roles, as appointment of these roles require specific qualifications and experience. The CCC provide their continued guidance into the recruitment process and advise on their impact and measuring activities.

3 Statistics and annual updates

Please provide data **for 2023** in the table below showing:

- A summary of evaluations undertaken
- The main issues arising from evaluations and the college's response to them, including how the College reports back to stakeholders.

  Please include the College response to the issues arising from the results of the 2022 Medical Training Survey (MTS). In 2022, the AMC noted data is still showing patterns of bullying, discrimination and harassment in the workplace reported by trainees.

Evaluation activity	Issues arising	College response to issues
Medical Training Survey analysis 2022 **Provided as Appendix 6.03**	Bullying, discrimination and harassment in the workplace.	The MEC and its Member Welfare Subcommittee, and the BCT and TAC are addressing this issue. The RANZCP is participating in the Better Medical Culture project.

		The RANZCP has participated in the AMC initiatives arising from the NHPO recommendations with a view to clarifying the roles and responsibilities of employers and colleges in this area. The RANZCP is developing an online module to provide awareness and understanding of discrimination, bullying and harassment. This is outlined in more detail in the response to Condition 36 (ii).
Exit Survey 2023 **Provided as Appendix 6.04 and 6.05**	The insufficient feedback on performance to Trainees has been recognised as a source of discontent, including concerns around the time taken to circulate result outcomes and letters. Formal Education Courses are considered by respondent to have a weak contribution to the Fellowship program. A clear trend established over the last four rounds confirms that the FECs are not perceived as applicable to real-life clinical situations and have little contribution to exams preparations. 2023 results indicated continued issues with the clarity of communication regarding the Fellowship program requirements and changes to the program. Understanding of the supports available and who to contact at the RANZCP for queries about the Fellowship program is still seen as a concern.	Work is underway to further reduce the time between the examinations and the result letters. Scoping to introduce an online platform for the delivery of the written examinations is underway with an intention to trial in 2025 and implement in February 2026. An online platform will assist in reducing the time taken for results letters and create a better platform for the Trainees to undertake these examinations. A review of FECs was undertaken by Curio Consulting in 2023. The report, and its recommendation that there is more centralised RANZCP oversight of FECs, was accepted and endorsed by the Board. A project to transform the FECs is in its early stages and will take several years to implement. In consultation with the Bi-National Committee for Trainees and Trainee Advisory Council, Trainee Engagement Strategy has been implemented by the RANZCP with a set of activities aimed to improve

		communications with the Trainees. The impact of this strategy will be evaluated during 2024.
Training and Assessment Update 2023 **Provided as Appendix 6.06 and 6.07**	The report shows a record of intakes since 2012 program was approved. After ten years of the 2012 training program and the additional time awarded from 2003 the report emphasizes the importance of closely monitoring the transitioned Trainees in the final stages. The CCA 2023 pass rates could be misinterpreted, and the report calls for an appropriate interpretation. The report noted a decline in the PWC pass rates.	Findings reporting to the Education Committee and the CEO office for actions including: Ensure sufficient RANZCP and Service resources to sustain support to Trainees throughout progression. Closely monitoring transitioned Trainees. Develop the interpretation of the increased number of Trainees progressing the CCA compared to the traditional clinical competence assessments. Implement a close monitoring process for the PWC pass rate through 2024.
Burden of assessment **Provided as Appendix 5.06**	• Trainees perceive an increasing burden of assessment as they progress through training. • Supervisors perceive the highest burden of assessment is imposed supporting Trainees prepare for the CCA/CCA-MPR, which occurs in Stage 3. • Supervisors and Trainees both view workplace-based assessments as more valuable than centrally administered summative assessments, with OCAs and CbD the most highly rated. • The SP and PWC were reported by Trainees to impose the highest burden of assessment. • Nearly half of the trainee respondents reported having taken or intending to take a BiT for the purpose	The qualitative responses to this survey are currently being analysed.

	of completing centrally administered summative assessments. • Facilitating workplace-based assessment imposes a consistently moderate burden on supervisors, regardless of the assessment format (OCA, EPA etc.).	
CCA evaluation	Conflict perceived by supervisors in their roles as mentor/trainer and assessor. Perception that high stakes summative assessments, with external oversight remain the most valid method of assessing clinical competence. Need for training for supervisors.	The results of this survey are undergoing analysis which will inform next steps, however the current program of work is addressing many of the issues raised.
Mentoring Program Evaluation Report 2023 **Provided as Appendix 6.08**	No significant issues identified.	Continuous improvement changes made for 2024 RANZCP Mentoring Program include: increasing communications to mentees about options to withdraw early/not proceed with the program to aid effective mentor allocation; updates to the annual training webinar based on evaluation feedback received; changes to expression of interest form; separate communications campaign to encourage women mentors to apply.
2024 Membership engagement survey (Fellow and Affiliate members) **Provided as Appendix 6.09**	Thematic issues raised included: Increased advocacy for the profession (workforce), change management processes for examinations, education and assessment reforms.	Report and analysis currently under consideration by the MEC. Recommendations to be developed and submitted to RANZCP Board for consideration and further action.

2023 PIF Program Evaluation Report – RANZCP New Zealand Conference **Provided as Appendix 6.10**	Key recommendations were to: Expand the structured speed-networking session with Trainees, consistent to the session with Fellows. At the start of the speed-networking sessions, briefly introduce participating Fellows and Trainees. Continue to integrate the cultural knowledge and safety sessions hosted through the main scientific program as part of the Program. Where possible, continue to offer the pre-conference Wānanga support enabling Māori medical students to take part in the activity hosted by RANZCP Te Kaunihera Committee. Integrate the voice and perspective of non-psychiatrists and consumers within the Program, where possible.	Findings reported to Te Whatu Ora and recommendations were implemented into 2024 PIF program at the New Zealand Conference.
2023 PIF Program Evaluation Report – RANZCP Congress **Provided as Appendix 6.11**	Key recommendations were to: Continue to include two pre-Congress enrichment educational activities after the welcome and orientation session. Consider including a talk on from a member or community sharing their lived or carer perspective. Continue with three distinct networking sessions in the program: Trainees, Fellows and rural psychiatry.	All recommendations were incorporated into the 2024 PIF program at Congress.
2023-24 RANZCP Transition to Retirement Member Survey	Thematic issues raised included: CPD needs/advice, preparation for retirement planning information/resources, and maintaining peer and collegiate connections in retirement.	Report currently under consideration by the Transition to Retirement Working Group. Recommendations to be developed and provided to MEC and RANZCP Board for consideration. The Working Group is currently due to complete its work by 31 May 2025.

2023 Congress	The Congress feedback reports assist the RANZCP to identify topics for future consideration, as well as other improvements and suggestions for the overall Congress format or experience. They are provided to the MEC, the 2024 and 2025 Congress Organising Committees and the Committee for Continuing Professional Development, and are also carefully considered by the RANZCP's Events team.	

- The AMC has previously signalled to colleges that it will look at how the results of the MTS can be used in accreditation and monitoring processes. In this section the AMC is asking the College to comment on how it has used or plans to use the results.

  Can the College please provide evidence on actions taken based on MTS results, including:
  - Developments and changes made by the College as a result of the MTS
  - Future directions and planning based on the results

	College response
Developments and changes made by the College as a result of the MTS?	Please refer to Appendix 6.12 which outlines the recommendations made by the CEEMR arising from the MTS.
How is the College reflecting on its performance in the MTS?	The RANZCP Exit survey deliberately shares some questions with the MTS, and the surveys are analysed in tandem as representative of two points of the training experience – the very end and during training. CEEMR considers the quantitative data from both surveys and the qualitative responses from the Exit survey to formulate recommendations for action. These recommendations, once endorsed by the EC, are provided to the relevant committees and business units of the RANZCP for action. Progress on the actions is monitored by the Reporting team and CEEMR, and CEEMR recommendations are now a standing item for the EC and its committees. Some recommendations relate to the setting of key performance indicators for monitoring in future MTS and Exit surveys, and reporting to the Board.
What are the future directions and planning of the College based on MTS results?	The MTS is a key data source for the M&E Framework, providing data points relevant to various projects being undertaken by the RANZCP, for example monitoring change over time as part of the Trainee Engagement strategy.

Standard 7: Issues relating to trainees

Areas covered by this standard: admission policy and selection; trainee participation in education provider governance; communication with trainees; trainee wellbeing; resolution of training problems and disputes.

1 Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 7.

Has there been any significant developments made against this standard? *If yes, please describe below.*	☒ Yes	☐ No change
The responses to the conditions under this standard articulate the developments against the standard. However, an important development relevant to Aboriginal and Torres Strait Islander members, both Fellows and trainees, is the quarterly newsletter initiated and coordinated by the Aboriginal and Torres Strait Islander Mental Health Liaison Officer (Appendix 7.01).		

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant, please report on such matters in this section of the report.

Has the College made any significant changes affecting the delivery of the program? I.e. changes to trainee selection procedures or the college's role in selection. *If yes, please describe below the changes and the potential impact on continuing to meet these standards.*	☒ Yes	☐ No change
The response to the conditions articulates the developments that will impact on the delivery of the program once finalised.		

2 Activity against conditions

The numbering of conditions matches that used in the AMC Accreditation Report.

Please address each of these conditions individually.

Condition 33	To be met by: **2024***
Enhance existing selection into training policy and procedures by: (i) Developing and implementing centralised mechanisms to ensure the validity, reliability, feasibility and consistent application of selection policies and criteria. There should be general uniformity of weighting and criterion across jurisdictions, and Branch and National Training Committees should clearly indicate weighting for each criterion.	

(ii) Making selection criteria with weighting for each criterion publicly available.

(iii) Developing and implementing a centralised and publicly available selection policy related to Aboriginal and Torres Strait Islander and Māori equity and the needs of rural communities, mapped to roles of specialist practice and community needs. (Standard 7.1)

***Due 2023: Development and consultation**

2024: Communication and implementation

AMC 2023 Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
		(i),(ii)	(iii)	

2024 College response

33 (i) (ii)

The CfT has approved a review of the weightings for selection into training criteria, with input from the BTCs/New Zealand Training Committee (NZTC). There is agreement that these should be consistent across all jurisdictions.

Following review of all BTC/NZTC selection criteria, additional consultation has been held with Dr Andrew Pethebridge, a Fellow and DoT who has relevant expertise in the selection into training criteria. This has resulted in a proposed criteria and weighting, outlined in Table 5.

Table 5 Existing criteria and weighting and proposed new criteria and weighting

Existing criteria and weighting		Proposed new criteria and weighting	
Criterion 1 – Curriculum vitae	Out of 17.5	Criterion 1 – Curriculum vitae	Out of 17
Criterion 2 – Referee's reports	Out of 15	Criterion 2 – Referee's reports	Out of 15
Criterion 3 – Cover letter	Out of 5	Criterion 3 – Cover letter	Out of 5
Criterion 4 – Experience working as a doctor in a psychiatric setting	Out of 5	Criterion 4 – Experience working as a doctor in a psychiatric setting	Out of 5
Criterion 5 – Ability to work in teams	Out of 7.5	Criterion 5 – Ability to work in teams	Out of 8
Criterion 6 – Foundations of the practice of psychiatry	Out of 15	Criterion 6 – Foundations of the practice of psychiatry	Out of 15
Criterion 7 – Interpersonal and communication skills	Out of 5	Criterion 7 – Interpersonal and communication skills	Out of 5
Criterion 8 -Diverse experiences and skills	Out of 5	Criterion 8 -Diverse experiences and skills	Out of 5
Criterion 9 – Global score	Out of 25	Criterion 9 Removed	N/A
Total score:	100	Total score	75

The project team has been attending each BTC meeting to present and discuss the suggested changes and collect feedback.

The revised criteria are undergoing consultation, and it is planned to present them at the meeting of the CfT scheduled for later in 2024 prior to progression to the EC for approval.

An evaluation framework is included in the project plan to review the Selection into Training criteria bi-annually in accordance with the RANZCP review process. The updated Selection into Training standardised criteria and weightings, once approved, will be made publicly available on the RANZCP website.

33 (iii)

The Board and the EC have endorsed the proposal from the Regional, Rural and Remote Training Steering Group to prioritise doctors from rural origins/backgrounds and Aboriginal and Torres Strait islander and Māori doctors in the selection processes for entry to the RANZCP Fellowship program. Doctors from these cohorts who meet the core entry requirements for training, will progress directly to interview.

Amendments to the Registration Policy and Procedure have been drafted to address these accommodations and the amended document is being tabled for approval by the CGRC in October 2024 before progressing to the Board for final approval. The amended Registration Policy and Procedure is provided as Appendix 7.02 and Clauses 4.7.3, 4.8.6.2 and 4.10 are the relevant amendments.

Implementation, including promotion of the change in requirements, is anticipated during 2025 for trainees undergoing selection for entry into the 2026 cohort.

Condition 35				To be met by: **2024***
Develop and implement, in consultation with trainees: (i) A centralised, long-term strategy to improve communication methods, with relevant evaluation to ensure continuous improvement. ***Due 2023: Development** *2024: Implementation* *Point (ii) Consolidated with condition 22 in 2024*				
AMC 2023 Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
			(i),(ii)	

2024 College response

35 (i)

Since the 2023 AMC submission, guided by trainee feedback the RANZCP has refined and commenced implementing a broad strategy which establishes an overarching framework for ongoing communications activities and operational improvements during 2024 and 2025.

Trainee communications matters are included as a standing item for discussion at each meeting of the BCT and the TAC.

The RANZCP recognises that effective communications are essential to support trainees through their training journey and help to foster a sense of inclusion and community. Good bi-directional communication is an important part of improving overall trainee engagement, and a lifelong connection with their membership body.

Developed with trainee representatives, guiding principles articulate that communications with trainees should:

- support their progression through training – with information that ensures trainees are confident and are clear in what is expected of them
- make them feel supported and valued at this important time in their professional lives

- be clear, timely, relevant, and targeted to the right audience at the right time
- foster an ongoing relationship with the RANZCP and enhance their feelings of belonging to the RANZCP community.

In September 2023, a Trainee Engagement Strategy was initiated and co-developed by trainee representatives and approved by the RANZCP Board (Appendix 7.03). The overall objective of the Strategy is that trainees feel valued, seen and heard by the RANZCP, with demonstrated commitment to involving them in shaping their training experience. The long-term aim is to build a more positive culture of inclusion as well as cohesion among trainees and the RANZCP Fellowship. The BCT and TAC have identified a series of overarching principles that should underpin all facets of trainee engagement and communication, including:

- Bi-directionally: bilateral communication with feedback sought from trainees, and provided around the outcomes and processes associated with their engagement
- Transparency: clarity around what is occurring across all levels of the RANZCP
- Timeliness: engagement occurring from acceptance into training, and communication provide in a timely manner
- Targeted: trainee-specific and responsive to the unique needs and priorities of trainees
- Togetherness: deliberate efforts to foster a sense of inclusion and belonging amongst trainees.

The Trainee Engagement Strategy contains eight communications items that are being progressed in 2024. The MEC is helping to coordinate and support implementation of the strategy, including regular reporting back to the wider trainee body and to the Board. This is taking place concurrently with and complements the RANZCP's new Trainee Communications Strategy (Appendix 7.04).

Via a separate Trainee Engagement Survey, conducted between January and April 2024, the RANZCP has collected a rich dataset of quantitative and qualitative information from trainees relating to satisfaction levels with various aspects of RANZCP communications including:

- relevance of updates
- presentation/style
- the ability to provide feedback
- responses received to queries.

In this survey, trainees also rated their overall satisfaction with the RANZCP communications in the neutral to positive range, with a weighted score of 6 on a scale of 0-10 (where 0 is extremely dissatisfied, and 10 is extremely satisfied). Although various issues (such as improving responsiveness, clearer and simpler communications, and fewer emails) were highlighted, a significant number of respondents also expressed generally positive sentiments regarding current communications.

Promising improvements, and reversal of negative trends in relation to communications and engagement, have also been seen in the RANZCP's 2023 Medical Training Survey (MTS) results. There has been substantial improvement in trainees feeling represented by doctors in training on the RANZCP's committees and feeling as though the RANZCP seeks their views on the Training program. (Appendix 6.03 page 3)

Highlights and recent achievements

- Important data relevant to trainee communications has been obtained through the Trainee Engagement Survey. This data will now be monitored over time as the survey is repeated.
- Coming out of the survey, additional communications priorities and actions are being worked through and will be finalised by the end of 2024 – these will feed into the live trainee communications strategy and action plan (Appendix 7.04).
- New orientation and welcome packs for first year trainees have been developed and rolled out from Semester 1, 2024 with input from trainee representatives.

- Central 'Welcome to the College webinars have been delivered this year, to complement local orientation programs. New website information aimed at first year trainees, titled 'Getting started as a new trainee' has also been developed as part of our improved orientation processes.
- The format and template of the RANZCP's Training and Assessment newsletter has been refreshed.
- A new RANZCP Facebook page was launched on 15 August.
- New and improved Help Centre and Support pages on Training, Exams and Assessments have been developed for the RANZCP website.
- A specific project is underway to develop a new online help knowledge base, to make it easy for trainees to find answers and to simplify navigation. A primary goal of the project is to provide trainees with a set of self-serve online resources that address day-to-day issues encountered during training. It will also provide consistent and accurate information, avoiding duplication and confusion. The Project Initiation Plan is provided as Appendix 7.05.
- Trainee forums have been held at the annual RANZCP Congress in May 2024, and in September 2024 at the annual New Zealand conference. Trainees were heavily involved in the New Zealand conference, acting as co-chairs of sessions in addition to presenting their own work, and this was well received.
- BCT and TAC members are now better profiled on the RANZCP website, to make it easier for the wider trainee cohort to contact or provide feedback to their RANZCP representatives.

Gap analysis

The RANZCP has undertaken a communications needs gap analysis informed by consultative workshops with members of the TAC in May and August 2023, followed by a wider consultation with the entire trainee body via the Trainee Engagement Survey conducted in early 2024. This has informed the highlights and achievements in the areas of improved trainee communication and engagement.

The RANZCP heard from TAC representative members that:

- The volume of communication from the RANZCP is high, and there is a need to make information more accessible, succinct and streamlined. Many RANZCP emails are ignored.
- Multiple forms and channels of communication are needed, and being able to find information easily on the RANZCP website is also crucial.
- There are gaps in the program of orientation for new trainees, and better orientation and welcome information is needed.
- Trainee representatives within the RANZCP are often not known to the broader trainee cohort. Strategies to increase their visibility and accessibility so that the broader trainee network can identify and communicate with their representatives are needed.
- It is important to continue to consult meaningfully with trainees, and seek feedback, including on broader matters that will affect them in the future.
- Poor communications with trainees are holding the RANZCP back when it comes to fostering positive engagement.

Following on from this, the RANZCP also received key insights from the wider trainee cohort via the Trainee Engagement Survey, including that:

- Communications are often too lengthy and/or difficult to understand.
- Improvements are needed in important communications with regards to assessments.
- Communications need to be clearer and simpler with less text, better use of dot points and summaries.
- Communications often do not feel relevant to them or have been written to primarily a Fellow audience.
- Responses to trainees' queries can sometimes be an issue.

Trainee Communications Strategy

Taking trainees' feedback forward, as part of the Trainee Engagement Strategy, the RANZCP has also implemented a separate Trainee Communications Strategy. This strategy is a live and evolving document and is reviewed and updated regularly. Appendix 7.04 is the current version of the strategy and provides more detail on planned actions.

Measuring change and success

The success of the overarching trainee communications strategy and improvement activities will be evaluated by:

- Longitudinal surveying of trainees using the same standardised questions included in the 2024 Trainee Engagement Survey (Appendix 7.06). The survey will be repeated in early 2026, followed by publication of the results back to the wider trainee body, and used to ensure that the communications approach evolves to meet trainee needs.
- Ongoing monitoring of key metrics including website traffic and email campaign performance.
- Direct feedback and monitoring via the establishment of a trainee communications reference group.
- Bi-directional opportunities to provide information to trainees and receive feedback including open forums at in-person events and webinars for trainees.
- Ongoing review of the status of RANZCP communications, by the TAC, the MEC and the Membership, Events and Publications department.
- Monitoring by the MEC of annual metrics relevant to communications from MTS and RANZCP Trainee Exit Survey.
- Implementation of General Communication items (Category 2) from the Trainee Engagement Strategy, reported back to the BCT, TAC and MEC at quarterly meetings.

Condition 36	To be met by: 2025*

Enhance the culture of the College, guided by College leadership, that manifests genuine attention, transparency, and responsiveness to trainee concerns by:

(i) Acknowledging and promoting the value of trainee contributions to the training program and the College. (Standard 7.2)

(ii) Demonstrating central College support for those experiencing personal/and or professional difficulties. (Standard 7.4)

Due 2023 – 2024: Development

2025 - Implementation

AMC 2023 Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
		X		

2024 College response

36 (i)

The RANZCP has taken forward its work to address this condition through the following specific projects:

1) The RANZCP's M&E Framework (Standard 6, Condition 30) is being updated to include measurement and longitudinal monitoring of trainees' views on the RANZCP's attention, transparency and responsiveness to their concerns.
2) As discussed under condition 35, the Trainee Engagement Survey included questions focusing on trainees' satisfaction with communications from the RANZCP, and their ideas

for improvement; as well questions about their relationship with the RANZCP and ways to improve engagement.

It was designed and opened for all trainees to take part in during January–April 2024. 259 trainees took part in the 18-question survey, representing a 10.44% response rate from the trainee membership. A copy of the draft Trainee Membership Engagement Survey Report is provided as Appendix 7.06 in advance of its publication and communication to all trainees.

The MEC and BCT will develop recommendations for the RANZCP drawing on both the quantitative and qualitative (free text) feedback received through this survey. This survey will be repeated every two years to monitor and respond to areas needing change or improvement.

3) A project plan on a future proposed change to the RANZCP Constitution to enable voting rights for trainees has been developed and is currently under consideration by the Board. The project plan provides a series of roadmap options for the Board towards a future referendum requiring the support of RANZCP Fellows to vote to adopt this change (Appendix 7.07). The Board is committed to bringing forward this issue to the Fellowship for consideration and change, however a change to the RANZCP Constitution requires a special resolution to pass with 75% of Fellows voting in favour.

4) The RANZCP Trainee Engagement Strategy (2023–25) was developed by BCT and TAC representatives. The Strategy was supported by the MEC and endorsed by the Board in October 2023.

It has an overarching objective to ensure that trainees feel valued, seen and heard within the RANZCP, setting out how trainees will be involved in their training experience and environment. The long-term aim is to build a more positive culture of inclusion as well as cohesion among trainees and the Fellowship as well as fostering trainees' ongoing relationship with their professional body.

The Strategy comprises six areas focusing on:

- improving the orientation and onboarding experience for new trainees
- changes to general communication and using diverse communications channels to ensure trainees receive timely information
- developing trainee specific events and involvement in conferences and local events and CPD opportunities
- ensuring that trainees are represented at all levels of RANZCP governance and as part of RANZCP decision-making
- recognising and supporting the wellbeing needs of trainees
- seeking and acting on trainee feedback about the training program.

Several items included in this Strategy aim to improve general communication and engagement with trainees, including the orientation and welcome packs for new trainees, and publishing contact details for BCT representatives on the RANZCP website to increase accessibility for trainees to their representatives within the RANZCP. Informing the wider trainee membership about the Strategy and areas of progress will be ongoing across its three-year duration (refer to the recent update article published on 25 July as an example).

Working collaboratively with trainee representatives to design and implement the Strategy actions and activities, the MEC assists to coordinate and review quarterly progress reports on progress against the Strategy that are provided to the BCT and TAC. These reports provide an opportunity for feedback, advice and opportunities for trainee representatives to take part in, and lead, activities within the Strategy. Where possible, monitoring metrics, indicators and data on elements of the Strategy are included and will be collected across its lifecycle.

A copy of the Strategy and latest Monitoring Report is provided as Appendix 7.03 and 7.08.

5) A regular email communication to all trainees immediately following BCT and TAC meetings has been implemented this year. The latest email, following the July TAC meeting, achieved a 71% opening rate. The email is a mechanism for the TAC Chair to communicate back to all trainees the key topics covered by their representatives in these meetings and improve trainee understanding of the work of their representatives. An update on the Trainee Engagement Strategy is a feature of these regular communications.

Several projects supporting this condition have been implemented across the RANZCP in 2024 centred on acknowledging and promoting the value of trainee contributions to the training program and the RANZCP. A number are also included in the RANZCP Trainee Engagement Strategy.

- Two new awards for excellence have been proposed and developed by the BCT to recognise the contribution of RANZCP Fellows who provide supervision and clinical education to trainees. It is intended for these awards to be trainee-led, with trainees able to nominate Fellows who have demonstrated significant impact. Both proposed awards have been approved by the RANZCP Awards and Recognition Committee and the RANZCP Board. Additionally, the Board has approved a procedural change to permit Trainees to nominate Fellows for the College Medal of Honour, the College Citation, and the Ian Simpson Award.
- An inaugural 'Welcome to the RANZCP: New Trainee Orientation' webinar, open to all new trainees commencing in 2024, was delivered on 13 May. The purpose was to assist new trainees in getting to know the RANZCP, to supplement locally provided information and orientation, and to meet and hear from current trainee representatives and RANZCP leaders. The recording was provided to all trainees who registered but were unable to attend. The second orientation webinar was delivered on 10 September this year.
- The first edition of the New Trainee Welcome Pack project was developed with trainee representatives and distributed to all trainees who commenced in the February 2024 intake. 333 packs were provided to trainees in every Australian state and territory, and in Aotearoa New Zealand. The packs featured a welcome letter from the RANZCP President introducing their local trainee representative and providing their contact details, opportunities for involvement in RANZCP activities, as well as a small welcome gift. A copy of the template letter from the RANZCP President is provided as Appendix 7.09. Work is underway to expand the welcome pack for the August new trainee intake based on feedback received, including new web based 'Getting started as a new trainee' information for first year trainees.
- Letters of support (Appendix 7.10) have been introduced for trainees who hold a representative role on the TAC and are provided by the RANZCP President in support of any leave requests that a trainee may require from their service/practice employer to undertake these important roles.
- The RANZCP has prioritised publication of trainee member profiles throughout 2024, featuring interviews and stories with 12 trainees across Australia and Aotearoa New Zealand. The profiles have featured in RANZCP communication channels including *Psyche,* the RANZCP's main member newsletter, as well as other Branch and Faculty and Section bulletins to member groups, with one profile published on the RANZCP YouTube channel. Copies of the written trainee member profiles are provided as Appendix 7.11.
- A bi-monthly 'Trainee Matters' column has been initiated by trainee representatives and is now published on the RANZCP website, in the Training and Assessment newsletter and in the *Australasian Psychiatry* journal.
- A 'trainee takeover' edition of *Australasian Psychiatry* is taking place again in December 2024, with the issue dedicated to publishing trainees' submissions. It includes a cover art competition open until 20 September 2024. The *Australasian Psychiatry* Editorial Board

has recently been expanded to include new positions for four Associate Trainee Editors, providing new opportunities for trainees to develop their skills and interest in scholarly publishing activities.

- The RANZCP continues to support *The Thought Broadcast* – a podcast series produced by psychiatry trainees, for trainees, with a focus on the SP assessment and trainee research. Episodes are frequently promoted via *Psyche* and RANZCP social media channels. Trainees also regularly contribute to the *Psych Matters* podcast series.
- The 2023 College Annual Review, published in April 2024, included the feature article: 'Trainee engagement and involvement: amplifying each other's voices now and into the future' from the immediate past BCT Chair and current Board Appointed Trainee Director (see pages 14–15). The article highlighted the achievements of the BCT and TAC during the year.
- The RANZCP Congress, the RANZCP's main annual scientific meeting, saw 162 trainees register in person to attend, with 64 taking part virtually. Two pre-Conference workshops were delivered on topics for trainees. 15 trainees presented in the main Congress scientific program. The BCT and the Section of Early Career Psychiatrists hosted a lunchtime meeting event for trainees and early career psychiatrists. A 'first time at Congress' breakfast and networking was hosted again, as well as the women's networking breakfast event, with trainees specifically invited and encouraged to attend both activities. The RANZCP organised the annual 'Registrar Speed Networking' evening event, with trainees taking part in a facilitated format enabling them to meet and receive career guidance from experienced RANZCP Fellows. Finally, 186 former trainees graduated and received their Fellowship certificates at the College Ceremony hosted on the opening night of Congress.
- During 2023, 13 trainees received and were recognised with College awards for their research and achievements. Six trainees received grants and scholarships through the RANZCP Foundation, as well as other research grants supported by the RANZCP. All trainee researchers were profiled in the 2023 RANZCP Foundation Annual Review published in May 2024.
- Mainstay projects designed to acknowledge trainee contributions to the RANZCP include the continuation of the letters of thanks from the RANZCP President provided to all outgoing trainees who served on RANZCP committees, with 14 letters provided to past trainee representatives in 2024 so far (Appendix 7.12).

Trainees continue to take part in the PIF program in Australia and Aotearoa New Zealand, and in 2024 so far, 20 trainees so far have participated in PIF organised events designed to promote careers in psychiatry, networking and on-campus events at medical schools, or at medical careers expos.

36 (ii)

The RANZCP has prepared a Trainee Needs Analysis Project Plan, provided as Appendix 7.13 The purpose of this Project Plan is to provide a clear methodology framework for how the RANZCP will design, implement and monitor the effectiveness of its future programs, activities and interventions directed towards trainees experiencing professional and/or personal difficulties that impact their training. It identifies the development process the RANZCP is undertaking this year, as well as how actions will be implemented during 2025 and beyond. The Project Plan has the following main features:

- outline of approach and key considerations
- assessment of available datapoints
- gap analysis to identify areas of data needed
- draft Trainee Support Needs Survey developed for trainee consultation
- survey communications plan
- strategy governance and development timeline

- implementation approach
- monitoring and evaluation methodology.

In response to feedback from the TAC, the RANZCP has implemented the following projects to increase support for trainees who are experiencing personal and/or professional difficulties, including:

1. Co-developed and published new website content on complaints about discrimination, bullying and harassment, including information about the RANZCP complaints process, avenues available for trainees, how to take action, as well as general information about what is considered discrimination, bullying and harassment? This information was reviewed by a selection of trainee representatives with a focus on making the RANZCP Discrimination, Bullying and Harassment (DBH) Policy more accessible for trainees to use. The information has been communicated to all trainees through the Training & Assessment newsletter and is linked through the updated 'Support for trainees and SIMG' web content.
2. Co-developed with the former Chair of the BCT and Chair of the MEC a dedicated email communication for all trainees 'what's available when it comes to trainee wellbeing in 2024' that was sent to all trainees on 7 February (Appendix 7.14). The purpose is to increase trainee knowledge of support options available both from the RANZCP and externally. This included information on how to get support related to training, fee-relief options, how to access the RANZCP Employee Assistance Program (EAP) service which is available for trainees, as well as external doctor's health programs, the Mental Health Professionals Network, the Hand-n-Hand Network, and state based medical benevolent societies. The RANZCP Confidential Member Advice Line service was also profiled. This email communicated had a 63.35% open rate, and 4.7% click rate from trainees, and the top areas or services engaged with through this campaign have been noted by the Member Wellbeing SubCommittee (MWSC) and the MEC for monitoring and future action.
3. Refreshing the Support for trainees and SIMGs web content for trainees included as part of the wider RANZCP Wellbeing support for members hub. The revised page has enhanced navigability to the dedicated support options and pathways are available within the RANZCP, and beyond, and forms a focal point for communications to trainees to encourage access and referral.
4. Launching a new Peer Support Program designed to support rural and Aboriginal and/or Torres Strait Islander trainees. Aligned with Rotation 2 (August 2024), this program pairs new trainees in Stage 1 with late-stage peers in Stages 2 and 3 to facilitate informal peer support. The program will run from August 2024 until February 2025 and will be evaluated for its effectiveness. The Peer Support Program operates separately from, but complements, the existing bi-national RANZCP Mentoring Program that offers a formal structured program pairing trainees and early career psychiatrists with experienced psychiatrists to receive career guidance. 69 trainees are taking part in the 2024 edition of the RANZCP Mentoring Program.
5. Setting out options for trainees experiencing personal and/or professional difficulties is a topic addressed during the bi-national trainee orientation webinar by the RANZCP President (referred to above in the response to Condition 36.1).
6. Information about expected standards of behaviour in the RANZCP training program, and how to take action will be included in new web-based 'Getting started as a new trainee' welcome information as part of the second edition of the trainee welcome pack project (referred to in the response to Condition 36.1). The project has been completed and the content launched in October 2024 and to coincide with the second edition of the Trainee Welcome Packs.

The following projects and activities relating to this Condition 36.2 are under development:

1. Undertaking a project to profile RANZCP members, including trainees, who have implemented local initiatives or groups that have had a positive impact on overall wellbeing or that have provided support to trainees or members experiencing personal and/or professional difficulties. This project is being delivered as part of the RANZCP Member Wellbeing Action Plan, launched in September last year, and supported by the MWSC and MEC. The Action Plan contains 26 dedicated actions over a five-year period.
2. TAC representative feedback has been taken into consideration as part of the work to develop processes for trainees to provide feedback on Supervisors in response to condition 37.
3. Further communications to trainees and DoTs to raise the profile, increase referral, and access by trainees of the RANZCP Member Support Program (external EAP service) is planned. This service is funded by the RANZCP for all members to access psychological, counselling and other support advice. Emphasis on how this service is separate from EAP services made available by employers, and that the RANZCP does not receive information about who accesses this service will continue to be a focus. The communications plan approach was discussed and confirmed with the Chair of the BCT in July.
4. Two new dedicated webpages focused on support for Aboriginal and/or Torres Strait Islander trainees and Fellows, and for trainees who are Māori or Pasifika that are contemporary, culturally safe and reflective of their needs are in development in partnership with the Aboriginal and Torres Strait Islander Liaison Officer and the RANZCP Aboriginal and Torres Strait Islander Mental Health Committee, as well as the RANZCP Kaiārahi and the Te Kaunihera Committee. Both pages will be located as part of the Wellbeing Support for Members hub.
5. A review of the RANZCP Code of Ethics has commenced and will be overseen by the Committee for Professional Practice, and includes a trainee member, as well as Fellow members from Te Kaunihera, the Aboriginal and Torres Strait Islander Mental Health Committee, and the CCC (providing a lived experience perspective). It is designed to guide ethical conduct in psychiatric practice and contains 11 guiding principles outlining how psychiatrists should interact with their patients, family/whanau, and colleagues. The Code was last updated in 2018. The purpose of the review is to ensure that the Code remains contemporary, visible and actively implemented within the membership. The review is currently scheduled for completion by the 2025 Congress.
6. Future collaboration between the MEC with the Accreditation Committee (AC) is underway with the next review of the Training Program Standards that relate to trainee wellbeing and organisational culture. This work stems from the MEC and MWSC review of the annual MTS results with respect to workplace environment, and trainee experiences of discrimination, bullying, harassment and racism, as well as the RANZCP's ongoing participation in the Curriculum Design Working Group of the A Better Culture project. This work will be delayed until the completion of the Miller Blue project being undertaken by the AMC in conjunction with specialist medical colleges to implement the recommendations of the NHPO.
7. The RANZCP is committed to equality of opportunity and ensuring that the RANZCP, working and training environment is free from discrimination, bullying and harassment. The RANZCP is developing an online module to provide education and training to its members on these matters with the aim to provide awareness and understanding of the meanings and thresholds of these associated behaviours. The module will articulate the legal definitions and provide vignettes of behaviours and build overall awareness of psychosocial hazards. There will be a clear articulation of internal RANZCP complaint mechanisms as well as externals means of raising awareness and formal complaints. It is anticipated that this module will be developed by the end of March 2025.

Condition 37	To be met by: **2024***

Ensure there are systematic mechanisms to monitor and resolve training issues by:

(i) Developing and implementing a centralised pathway to document and monitor allegations of discrimination, bullying and harassment. (Standard 7.4.1)

(ii) Reviewing existing complaints pathways to implement confidential methods for trainees to raise training disputes without fear of jeopardising their position in the training program. Implemented pathways must be safe, accessible and centrally monitored with clear procedures for trainee support. (Standard 7.5)

(iii) Developing (i) and (ii) in consultation with relevant stakeholders, including trainees. (Standard 7.3 and 6.1.3)

***Due 2023: Development and consultation**

2024: Communication and implementation

Condition 37 and 38 consolidated in 2024. Condition 38 retired.

AMC 2023 Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
		X		

2024 College response

37 (i)

The DBH Policy and Procedure was implemented in 2022 and publicly available on the RANZCP website. It includes a framework and form that allows for identifiable or anonymous complaints, specifically for RANZCP-related activities (employment-related concerns are directed to the employer). The policy and procedure have been presented to the BCT and TAC and reported more widely to the training body via the Training Newsletter.

The RANZCP is aware that there is still some confusion within the trainee body as to the most appropriate entity to address their complaints to, which speaks to the systemic overlap between medical colleges and health services. However, there has been an increase in uptake of accessing the policy since the communication strategy in 2023.

At the time of writing this report the RANZCP has four current complaints which are being managed, one of which is anonymous. Since the 2023 AMC report the RANZCP has investigated a further four complaints which were all resolved. This process is alongside queries received by the RANZCP either via the confidential line or legal services requesting information around conduct, external processes and notification of employer actions.

The RANZCP's future approach to the management of complaints related to discrimination, bullying and harassment will be informed by the outcomes of the work being undertaken by the AMC, in collaboration with specialist medical colleges, in response to the recommendations of the NHPO. The outputs of the forum held 15 August for specialist medical colleges and jurisdictions will be essential to ensuring that the RANZCP's approach is consistent with the expectations of regulators and considers its duties appropriately with those of the employer.

37 (ii)

The RANZCP has a series of confidential and anonymous pathways to raise concerns, and this is carefully balanced with the requirement of due process and transparency for all parties. It is also noted that it is challenging to maintain the confidentiality of any complainant where both parties are members and there are identifiable facts, particularly in smaller jurisdictions.

Irrespective of this, the RANZCP is aware of the need to undertake a review of the existing pathways and work alongside trainees and SIMGs to highlight the independence and integrity of RANZCP processes.

Legal Services has undertaken a desktop review of RANZCP processes and a phased approach will be required for implementation of enhancements:

Phase 1 (to be completed in 2024):

- Enhance website content to highlight the ability to lodge complaints relating to training disputes directly with the RANZCP. Established processes are already seeing support from staff in developing applications, referral to internal and external wellbeing services and suggestions of external supports such as the Australian Medical Association or medical defence organisations.
- Develop a simple governance chart mapping the pathway and governance arrangements impacting trainees to highlight the independence of committees and processes. This suggestion was received directly from trainees.
- Implement a centrally managed electronic monitoring mechanism to capture complaints to monitor trends, themes and undertake analysis.
- Communicate this process to the wider trainee body and ensure accreditation visits also highlight these processes.

Phase 2 (to commence in mid 2025):

- Undertake analysis of the effectiveness of Phase 1.
- Consider the enhancement of centrally managed electronic monitoring mechanism to include 'complaints' made during accreditation processes, surveys or RANZCP forms. This will need to include scoping of any operational needs, changes in policy to allow for consent and appropriate frameworks to operationalise any enhancements.
- Consider the feasibility of a wider grievance policy and how that could interface with:
  - established processes of the RRA policy
  - any early resolution frameworks implemented by the RANZCP to support timely and amicable resolution
  - any external frameworks developed by the NHPO or the AMC.
- The development of any guideline would outline the process for responding to concerns and complaints received regarding education, training, supervision, or welfare.

37 (iii)

The RANZCP acknowledges the importance of meaningful engagement with stakeholders. This work will be underpinned by the following principles to enhance transparency and guide stakeholder engagement:

- **Purposeful:** We begin every engagement with clear communications to ensure clarity and understanding of what we want to achieve.
- **Timely:** We involve stakeholders from the start and agree on when and how to engage.
- **Respectful:** We acknowledge and respect the perspective, expertise and needs of stakeholders.
- **Inclusive:** We identify relevant stakeholders and ensure it is easy for them to engage.

The RANZCP is already working alongside the TAC and through the wider trainee body in the development of any model as well as engaging with established governance committees such as BTCs and CfT. Regular attendance at these meetings allows for meaningful discussion of key issues, as well as the opportunity for targeted feedback.

A significant amount of feedback has been received from trainees representing jurisdictional perspectives, which has informed the development of Phase 1. Current complaints regarding training disputes have also provided a useful tool to support any prospective models.

3 Statistics and annual updates

Please provide data in the tables below showing:

- The number of trainees, including Aboriginal and Torres Strait Islander, Māori, and Pasifika trainees entering the training program, including basic and advanced training **in 2024**, and the number of applicants from these cohorts who applied and were unsuccessful.
- The number and gender of trainees undertaking each college training program **in 2024**
- The number of trainees, including Aboriginal and Torres Strait Islander, Māori, and Pasifika trainees who exited the training program **in 2023** (does not include those trainees who withdrew to take an extended leave of absence)
- The number of trainees, including Aboriginal and Torres Strait Islander, Māori, and Pasifika trainees who completed training (attained Fellowship) in each program **in 2023**
- The number of Fellows of the College in **2024**

Number of trainees entering training program in 2024											
Training program	**ACT**	**QLD**	**NSW**	**NT**	**SA**	**TAS**	**VIC**	**WA**	**NZ**	**Total**	**No. of applicants who applied to training program and were unsuccessful**
2012 Training program	6	96	122	5	25	11	99	34	30	428	**211**
Aboriginal and/or Torres Strait Islander trainees										**7**	1
Māori trainees										**5**	0
Pasifika trainees										**2**	0

The table above shows the number of trainees entering the training program in 2024. Application and selection are carried out at the jurisdictional level and information about the unsuccessful applicants is limited to the number; identification of Indigenous trainees who are unsuccessful is not available consistently currently. Steps are being taken to collect this information consistently across all jurisdictions.

Number and gender of trainees undertaking each training program in 2024					
Training program	**Male**	**Female**	**Non-binary**	**Not stated**	**Total**
2012 Training Program (correct as of 27 August 2024)	1155	1285	7	7	2454

Trainees exiting from program in 2023 (prior to attaining Fellowship)		
Training Program	**Number**	**Reason for exiting**
2012 Program	39	• Not listed • Personal/family reason • Inflexible working options/Workload • Physical/mental health

		• Challenging assessment process/ clinical approach • No longer wish to become consultant psychiatry/ changed to another training program/change in career
Aboriginal and/or Torres Strait Islander trainees	1	No reason provided
Māori trainees	1	No reason provided
Pasifika trainees	-	

Number of trainees completing training program in 2023 (attained Fellowship)											
Training program	**ACT**	**QLD**	**NSW**	**NT**	**SA**	**TAS**	**VIC**	**WA**	**NZ**	**NoZone**	**Total**
2012 Program	4	48	69	2	18	3	43	11	21	4	223
Specialist International Medical Graduates-Partial Compatibility	-	2	4	-	-	-	21	-	-	-	27
Specialist International Medical Graduates - Substantial Compatibility	-	9	5	-	1	-	7	2	-	-	24
Overall	**4**	**59**	**78**	**2**	**19**	**3**	**71**	**13**	**21**	**4**	**274**

Aboriginal and/or Torres Strait Islander trainees	1
Māori trainees	1
Pasifika trainees	3

Number of Fellows in 2024 (Data correct as of 27 August 2024)		
Australia	**New Zealand**	**Other (overseas)**
5205	493	149

- Can the College please comment in the table below:
  - how it ensures that costs and requirements associated with its specialist medical program/s (e.g. examinations, pre-examination workshops, college membership) are transparent and communicated to trainees. Please also include in the comment how the College ensures its costs associated with training and education meet the outcomes of the National Registration and Accreditation Scheme[1], and are not prohibitive for potential trainees.

[1] A guiding principle of the National Law requires that fees that are to be paid under the scheme be reasonable, having regard to the efficient and effective operation of the scheme. Section 4 Health Practitioner Regulation National Law.

- if the College has made any changes to its policies to support trainees in fee distress. Please include links to where this information is available on the College's website.
- if there has been any changes to fees for this year, please comment on the rationale for the change, and how changes were communicated to trainees.

College response
The RANZCP prepares and presents to its members the audited financial reports at the Annual General Meeting (AGM) held each year in May. On an annual basis the financial reports are published in the Psyche Newsletter and the RANZCP website, accessible to all members. In accordance with the RANZCP Constitution all members must receive at least 28 days' notice of the AGM taking place. Associates (Trainees) are entitled to attend and speak but are not entitled to vote at the AGM. The RANZCP training fees are compared with other equivalent specialist medical college fees and communicated to its members at the AGM. The RANZCP's schedule of fees and charges are reviewed annually by the Finance Committee taking into consideration several underlying principles in assessing the indexation of membership fees particularly ensuring the RANZCP continues to be financially viable and its operations remain sustainable. Any increase in fees is kept to a minimum when the Finance Committee considers and endorses the fees for Board approval. In 2024 fee increases for trainees were lower than for Fellow and Affiliate members of the RANZCP. Fee increases were communicated to all members via the President's update which included FAQs published on the RANZCP website. As a Bi-National organisation the equivalent annual training administration fee is charged to trainees regardless of the trainees' jurisdiction. The fee covers the management of the RANZCP's training program and entitles all trainees to a full range of benefits, resources, continuing professional development, and services to support trainees on their pathway to Fellowship. Membership of the RANZCP's Faculties, Sections and Networks are at no cost to Trainees. In 2023, the RANZCP established a new, more equitable model for charging the annual training administration fee, according to the numbers of months of training undertaken, or anticipated to be undertaken, in rotations 1 and 2 of the training year. From 2023, trainee fees were issued in April and were due for payment by 30 June. Trainees have the option to pay fees in three equal instalments (an increase from two instalments prior to 2023) and any trainees facing financial hardship can request a mutually acceptable payment plan option assessed and granted on a case-by-case basis or make an application for reduced fees under the Reduced Rate of Subscription Policy.

Has there been any changes to the policies to support trainees in fee distress for 2024?	Comment
Yes ☐ No ☒	

Changes to College fees made for 2024	Rationale for changes
Changes to fees made ☒ No changes made ☐	As outlined in response above

- If the College has made any changes to the following documents **for 2024**, can the changes be described in the table below and the updated documentation attached to this submission.

Policy / Procedure	Description of changes
Selection in to training	

Please note: do not fill in the above table and provide documentation if the College has previously supplied the current documentation to the AMC and **did not** make any changes to the above documentation for 2024.

Standard 8: Implementing the program – delivery of education and accreditation of training sites

Areas covered by this standard: supervisory and educational roles and training sites and posts

1 Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 8.

Has there been any significant developments made against this standard affecting the delivery of the program? i.e. changes to arrangements for monitoring the quality of clinical training. *If yes, please describe below.*	☐ Yes	☒ No change
While there have not been significant developments or changes made during 2023 – 2024, the outcomes of the work being undertaken by the AMC in response to the recommendations of the NHPO, have the potential to require significant changes to be considered during 2025. The draft model standards and procedures, if adopted, will require a comprehensive and detailed implementation plan. Lead time for a change of this magnitude will also be needed.		

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant, please report on such matters in this section of the report.

Has the College made any significant changes affecting the delivery of the program? *If yes, please describe below the changes and the potential impact on continuing to meet these standards.*	☐ Yes	☒ No change

2 Activity against conditions

The numbering of conditions matches that used in the AMC Accreditation Report.

Please address each of these conditions individually.

Condition 39	To be met by: **2025***
Develop, implement and evaluate centralised processes to: (i) Formally elicit and monitor feedback on performance of individual supervisors, Directors of Training and Directors of Advanced Training to identify areas for improvement and of underperformance, with appropriate feedback, intervention and support pathways. (ii) Ensure safe and confidential pathways for trainees to provide feedback on their individual supervisors, developed with trainee input. (Standard 8.1.4)	

***Due 2023-2024: Development, consultation, and communication**

2025: Implementation

AMC 2023 Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
			X	

2024 College response

39 (i) and (ii)

This condition has proven challenging to progress. Whilst the RANZCP acknowledges the importance of developing an appropriate feedback mechanism for Supervisors of trainees, they are not employees of the RANZCP and therefore this will need to occur in the context of a 'volunteer workforce'.

From a legal perspective as a volunteer rather than employee, careful navigation of any 'under performance' must occur. The RANZCP is committed to supporting the volunteer workforce, setting appropriate expectations and providing ongoing constructive feedback to Supervisors.

Resources are being developed to support the role of Supervisors in the context of the amended assessments, such as the revised EPAs and the I-OCA that form part of the overarching assessment program of CCPR. These resources are under review for contextualising the themes and topics that are relevant, and aim to better support Supervisors in upskilling, and understanding their role, with opportunities for self-refection, benchmarking, and self-assessment of their own performance.

Condition 40	To be met by: **2026**

Develop, implement, and centrally monitor mechanisms to address the tension for supervisors of undertaking both supervisory and assessment roles in the workplace. The approach should develop and implement mechanisms for calibration of supervisors across jurisdictions, managing conflicts of interest, training, and supervisor workloads and support. (Standards 8.1.1 and 8.2.1)

***Due 2024-2025: Development, consultation**

2026: Implementation

2024 College response

The RANZCP has spent considerable effort in 2024 in implementing projects related to CBME assessment. The RANZCP continues to refine the CCA, steadily moving towards a CCPR; implementing a new form of WBA to support the CCPR and address the assessment of observed clinical competencies, the I-OCA. This approach aims to be addressing actual and potential conflicts of interest in the independent OCA assessor role.

The results of our initial Burden of Assessment and the CCA surveys have also revealed low levels of confidence and agreement from the Fellowship in a move away from high-stakes centralised examinations, such as the OSCE, towards workplace-based assessment methods.

This survey data provides a useful benchmark to track improvements in supervision about their assessor role, including their capability as CBME Supervisors and assessors, and concerns about conflict in roles.

Reflection of the cultural and historic challenges the RANZCP has been facing in implementing CBME forms of assessment demonstrates a clear need for the RANZCP to provide targeted support to Supervisors in their role as assessors and coaches of trainees and develop appropriate resources and measures that enhance their roles and professional development.

The response to condition 24, covers the actions being taken through the SWG that support this condition, along with the rationale and evidence from the literature. In addition to those outlined in the response to condition 24, the SWG is also addressing In Training Assessment Domains in

the ITA form to facilitate feedback platforms and address the emergence of new assessments in the WBA.

Future Activities

The development of the new Certificate program in postgraduate psychiatry has included a suite of high-quality supervisor resources which can be cross utilised for Supervisors working with Fellowship program trainees. We are cross-checking these in the development of new resources for Supervisors while ensuring relevancy and mitigation of duplication, with the aim to produce a cohesive program that fosters learning, support and upskilling. We will also review the existing resources that may need an overhaul that address supervision and faculty development.

The timeline of the I-OCA launch has been extended to August 2025, and subsequently postponing the launch of the CCPR by a 12 months' period to August 2026.

Accordingly, Project plans will be revised and developed for a broader rollout of training across 2025 and 2026 with the aim to meet requirements for a measuring performance activity under CPD requirements.

Condition 42	To be met by: **2025***

In the accreditation standards for training posts and programs:

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

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

***Due 2023: Development**

2024: Consultation and communication

2025: Implementation

Due to the collaborative work to address the recommendations of the National Health Practitioner Ombudsman (NHPO) relating to specialist medical colleges' site accreditation, work on Part i of the condition may be paused.

However, in the 2024 monitoring submission could the College, please provide an update on engagement with Aboriginal and/or Torres Strait Islander and Māori networks on Aboriginal and/or Torres Strait Islander and Māori health and cultural safety in training environments. This will inform collaborative work with colleges on the college accreditation processes.

Part ii of the condition remains as is. In 2024, an update on progress would be appreciated as the college's work on supervision in remote and rural environments would also be very helpful to inform this collaborative work.

AMC 2023 Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
			(i),(ii)	

2024 College response

42 (i)

The current accreditation standards include standards relating to trainee welfare. The RANZCP is participating in the Miller Blue project being undertaken by the AMC in relation to the recommendations of the NHPO. One of those recommendations relates to consistent accreditation standards being implemented across specialist medical colleges. The model accreditation standards are not yet finalised at the time of writing this submission. Once available

the RANZCP intends to use those model standards to review its own standards which will include cultural safety in the training environment.

As an interim measure the standard interview questions utilised during an accreditation assessment are being reviewed to strengthen reference to trainee welfare and explicitly ask questions to explore perceptions of cultural safety with trainees, Supervisors and management.

42 (ii)

The *Rural Psychiatry Roadmap 2021 – 2031* identified the development of guidelines for Remote Supervision as one of 45 priority deliverables for the RANZCP:

'Item 30 develop regulations for remote supervision, including remote case review and online clinical team meetings.'

The Remote Supervision Steering Group (RSSG) was convened in February 2023 and met monthly until August 2023. The approved TOR (Appendix 8.01) for the Group specified:

'The Steering Group will develop recommendations to adapt training regulations and guidelines to incorporate remote supervision, including remote case review and online clinical team meetings.

The Steering Group will initiate a review of current supervision regulations, undertake an environmental scan of existing technologies, distance medical education and other medical education provider models and guidelines of remote supervision and provide recommendations for psychiatry fellowship training and future Diploma of Psychiatry in line with fellowship RANZCP regulations.

The Steering Group will consult with relevant training, education, and trainee committees to inform the recommendations.

The Steering Group will seek Education Committee endorsement of the recommendations to proceed for Board approval of the remote supervision regulations and guidelines.'

The RSSG consulted widely with internal and external stakeholders to guide the development of draft guidelines. Stakeholders included current trainees, Fellows, psychiatrists in metropolitan and rural locations, other medical colleges, rural and metropolitan DoTs, and relevant RANZCP Committees. Engagement with stakeholders was employed to secure insight into the current obstacles to remote supervision, the appetite for a remote supervision option and the preferred models, should Remote Supervision become an approved option at RANZCP. An environmental scan was also undertaken to establish which other Australian Medical Colleges offered a Remote Supervision option and what models were most successful. Two external consultants were engaged to undertake research and help develop the Guidelines and associated revised policy, forms and processes.

The draft Remote Supervision Guidelines were reviewed by the following Committees:

- RSSG
- BCT
- CfT
- AC
- Aboriginal and Torres Strait Islander Mental Health Committee
- Te Kaunihera.

Feedback was incorporated into the final draft Guidelines, which were presented to the EC at its 6 October 2023 meeting, where it was endorsed for progression to the RANZCP Board. The Board considered the recommendation at its December 2023 meeting and the Guidelines were approved.

The Remote Supervision Guidelines (Appendix 8.02) provide for remote case review and online clinical team meetings and are intended to enable trainees in rural, regional and remote locations in Australia to complete their training with reduced, or no, need to attend a metropolitan location.

Remote Supervision can occur in accredited training posts that have been designated as suitable for remote supervision for generalist rotations in Modified Monash (MM) 4 – 7 locations and for some specific subspeciality rotations in MM3 locations. The Remote Supervision guidelines are intended to extend the training opportunities into locations which may have been unable to offer a training post due to not meeting requirements of the current RANZCP supervision policy. The Guidelines do not propose to replace existing supervision arrangements in metropolitan locations.

The Board-approved Remote Supervision Guidelines included a recommendation to pilot the Guidelines prior to Remote Supervision becoming business as usual, and this pilot is currently underway.

3 Statistics and annual updates

- Please provide data in the tables below showing a summary of accreditation activities in **2023** including sites visited, sites / posts accredited, at risk of losing accreditation, and not accredited.

  The RANZCP accredits training posts and training zones/programs, which are networks of organisations including services, community organisations, and private providers. The table below has been completed for training zones/programs, and the next table shows data relating to post accreditation.

Program/Zone Accreditation Activities			
	Australia	**New Zealand**	**Total**
Total number of Zones/programs	15	5	20
Number of zones/programs visited	6	0	6
Number accredited – new zones/programs	1	0	1
Number accredited – reaccredited zones/programs	4	0	4
Number not accredited – new zones/programs	0	0	0
Number not accredited – reaccredited zones/programs *If there are sites not reaccredited, please provide reasons why in the box below*	1	0	1

The accredited zones/programs include the two Western Australian training zones which were given provisional accreditation, with recommendations made regarding the joint governance of the two zones. The rural Western Australian zone was visited for the first time since its initial provisional accreditation in 2022 and is reported under the number of new zones accredited.

One training zone in NSW was visited as a formative exercise in advance of its summative accreditation assessment scheduled for 2024. As it was a formative assessment, it was technically not reaccredited, but retained its existing level of accreditation.

Number at risk of losing accreditation *If there are ~~sites~~ programs at risk of losing accreditation, please provide reasons why in the box below*	0	0	0

There are no programs at risk of losing accreditation, however, the Western Australian programs have provisional accreditation as they transition the governance arrangements from a single program/zone focus to accommodate multiple training zones.

The Western Australian Department of Health was notified of the provisional accreditation according to the communication protocol agreed by specialist medical colleges and jurisdictions.

There is ongoing work with the Office of the Chief Medical Officer regarding optimal training arrangements in WA.

Post Accreditation Activities			
	Australia	**New Zealand**	**Total**
Total number of posts	2141	220	2361
Number of Posts visited	662	29	691
Number accredited – new posts	150	7	157
Number accredited – reaccredited posts	515	50	565
Number not accredited – new posts	7	0	7
Number not accredited – reaccredited posts *If there are posts not reaccredited, please provide reasons why in the box below*	1	0	1

Concern that supervision requirements are not compliant with college regulations. Clinical line is with the paediatrician not psychiatrist in the ADHD Clinic. DoT was asked to follow up.

Number at risk of losing accreditation *If there are posts at risk of losing accreditation, please provide reasons why in the box below*	4	0	4

Concern that the Consultation-Liaison positions were exceeding the maximum permissible time in the ED, and had failed to respond to recommendations from several accreditation panels to remedy the situation. The local health service executive has been advised that these posts not be used for the next rotation.

- Please provide a brief outline in the table below on College processes to ensure that training sites that are undergoing accreditation are Culturally Safe.

College response
The current accreditation standards include standards relating to trainee welfare. The RANZCP is participating in the Miller Blue project being undertaken by the AMC in relation to the recommendations of the NHPO. One of those recommendations relates to consistent accreditation standards being implemented across specialist medical colleges. The model accreditation standards are not yet finalised at the time of writing this submission. Once available the RANZCP intends to use those model standards to review its own standards which will include cultural safety in the training environment. As an interim measure the standard interview questions utilised during an accreditation assessment are being reviewed to strengthen reference to trainee welfare and explicitly ask questions to explore perceptions of cultural safety with trainees, Supervisors and management.

Standard 9: Assessment of specialist international medical graduates

Areas covered by this standard: assessment framework; assessment methods; assessment decision; communication with specialist international medical graduate applicants.

1 Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 9.

Has there been any significant developments made against this standard? *If yes, please describe below.*	☒ Yes	☐ No change
Several developments have been occurring in Aotearoa New Zealand with an expansion of the membership of the Vocational Educational Advisory Body (VEAB) and the inclusion of a Māori psychiatrist in the membership. The information provided on the Te Whatu Ora website has been updated: Becoming registered as a psychiatrist in NZ Introduction to the New Zealand National Office: A warm welcome from Tu Te Akaaka Tu Te Akaaka Roa has assisted the Medical Council of New Zealand (MCNZ) in the enlistment of Vocational Practice Assessors in the vocational scope of psychiatry, and the templates used by the VEAB for the provision of advice to the MCNZ have been updated to reflect changes in the RANZCP assessments. In Australia, psychiatry has been identified as one of the first medical specialties for the implementation of an expedited pathway to specialist registration. The RANZCP is participating in this work and is also reviewing and streamlining its processes in an effort to provide an accelerated pathway to Fellowship for SIMGs who meet appropriate criteria.		

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant, please report on such matters in this section of the report.

Has the College made any significant changes affecting the delivery of the program? I.e. changes to processes for assessing overseas-trained specialists. *If yes, please describe below the changes and the potential impact on continuing to meet these standards.*	☐ Yes	☒ No change

2 Activity against conditions

The numbering of conditions matches that used in the AMC Accreditation Report.

Please address each of these conditions individually.

Condition 44				To be met by: **2025***
Provide outcomes and evidence of planned changes arising from the Comparability Assessment Framework Review to enhance and address the fitness for purpose of the SIMG assessment process in Australia and Aotearoa New Zealand, by: (i) Working with jurisdictions and health services to reduce variability in support for SIMGs, including consideration of establishing SIMG Directors of Training in all jurisdictions. (Standards 10.2, 1.6.4 and 8.1) (ii) Mandating requirements for SIMGS to develop and demonstrate their ability to provide culturally safe care. (Standard 10.2) (iii) Developing and implementing increased recognition of CPD and previous professional experience within the SIMG assessment process, to reduce reliance on demonstration of validity of specialist training qualification based on country of training. Consideration should be given to recognition of time in practice since completing primary specialist training. (Standards 10.2 and 9.1) ***Due 2023: Review** ***2024: Consultation, development, and communication*** *2025: Implementation*				
AMC 2023 Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
		(ii)	(i),(iii)	

2024 College response

44 (i)

SIMG DoTs/ Coordinators currently exist in South Australia, Western Australia, Queensland, and Victoria to support RANZCP SIMG candidate progression to Fellowship as well as familiarisation with Australian psychiatry work practices. A list is provided to SIMG candidates of the details of the relevant DoT/ Coordinators upon entry to the Specialist Pathway to Fellowship to encourage engagement with these supports.

SIMG DoTs/ Coordinators are in place to inform and collaborate with the heads of the local clinical services regarding the aims of RANZCP training and are employed by the Australian jurisdictions who are responsible for applying for government funding for recruitment of SIMG positions to support the local workforce.

TOR for a SIMG DoT/ Coordinator Advisory Group, provided as Appendix 9.01, have been drafted to support the SIMG DoT/Coordinators. The advisory group will report directly to the CSIMGE on issues related to the delivery of RANZCP Specialist pathways to Fellowship. The TOR has included in its roles and responsibilities an action to reduce variability in support for SIMGs, including consideration of establishing SIMG DoTs across different jurisdictions. The draft TOR were reviewed by the CSIMGE and approved in principle pending further clarification of governance processes.

The CSIMGE through its Partial Comparability Assessment Review Panel and SCARP monitor the respective Partial and Substantial Comparability SIMG candidate progression throughout their time on the Specialist Pathway, receiving advice from SIMG DTs/Coordinators regarding candidate progression.

Interventions currently in place to support SIMG candidate progression include extensions of Comparability status for Partial Comparability Candidates and Remediation as well as extensions of placement for Substantial Comparability candidates.

44 (ii) and (iii)

A dedicated working group has revised the Comparability Assessment Framework (CAF) and changes have been implemented into a new version provided as Appendix 9.02.

During the review, the working group discussed and reviewed each section of the CAF to ensure an in-depth review of the tool. A focus of this revision was to ensure applicants are being assessed on their adaptation to healthcare practice in Australia and Aotearoa, New Zealand to ensure they understand the needs of local communities. This is evident in the changes made to Section 5 of the CAF ('Adaptation to healthcare practice in Australia or New Zealand') which now provides further guidance on the specific skills and experiences required of a candidate to demonstrate their ability to provide culturally safe care. Changes are outlined in Table 6.

Table 6 Comparison of Section 5 in new and old CAF tools

	Old CAF tool	New CAF tool
Section 5 title	Adaptation to practice in Australia or New Zealand as a consultant psychiatrist and/or advanced trainee equivalent (at least 2 years full time equivalent) Score 0-2.	Adaptation to healthcare practice in Australia or Aotearoa New Zealand. Score 0-2.
Section description	Demonstrated participation in activities which enable adaptation to psychiatric practice in Australia and/or New Zealand including cultural awareness whilst working in a Consultant Psychiatrist, Staff Specialist, Advanced Trainee Equivalent, or Senior Medical Officer post.	Number of full-time equivalent years working as a registered healthcare practitioner in Australia or Aotearoa New Zealand • Demonstrates culturally reflective practice to enhance adaptation to practice in Australian or Aotearoa New Zealand healthcare systems • Participates in activities and engages with multidisciplinary teams to develop an understanding of the healthcare system and the needs of local communities. • Experience may have been gained working in any healthcare discipline as a practitioner registered with the Australian Health Practitioner Regulation Agency or MCNZ. • Less than one (1) year FTE experience working as a registered healthcare practitioner of any discipline in Australia or Aotearoa New Zealand – score 0 • At least one (1) year but less than two (2) years FTE experience working as a registered healthcare practitioner of any discipline in Australia or Aotearoa New Zealand – score 1

		• Two (2) years or more FTE experience working as a registered healthcare practitioner of any discipline in Australia or Aotearoa New Zealand – score 2.

Two rounds of testing have been completed on the CAF tool to ascertain validity and consistency in scoring. Testing data attached is provided as Appendix 9.03. The testing group approved the tool with the following final changes agreed:

- Section 3.4 Child and Adolescent Psychiatry: an increase in maximum score from two (2) to three (3)
- Section 3.5 Consultation-liaison psychiatry training: an increase in maximum score from two (2) to three (3)
- Section 3.6 Psychotherapy training: an increase in maximum score from two (2) to three (3).

These changes provide the opportunity for SIMG applicants' previous professional experiences to be considered and ensure increased recognition for the purposes of determining comparability status.

The tool has been approved by the CSIMGE and the EC. Implementation will now proceed, and a communication to trainees and prospective SIMG applicants will be released by the RANZCP via existing channels (website, emails and newsletters).

To ensure an appropriate transition for the use of the tool the new CAF tool will be implemented in late 2025 following approval from the Board.

As part of the implementation, RANZCP staff will provide training of panel members to upskill on relevant changes to the CAF, as well as an update of all relevant support materials. This is planned to occur in the period January – June 2025.

Condition 45	To be met by: **2025***
Develop, implement, and monitor mechanisms to address the relatively low examination and other assessment pass rates for SIMGs. (Standards 10.2 and 5.4) ***Due 2024: Development** *2025: Implementation*	

2024 College response

Partially Comparable SIMGs are required to complete the MEQ, CEQ, PWC, and Clinical Competence Assessment (CCA) as part of their training program. The SIMGs' pass rates for the CEQ and MEQ are reviewed and monitored during result analysis meetings before finalising the results at the CfE. The CfE reviews statistical reports consisting of historical SIMG pass rates and notes the factors that may have contributed to poor performance amongst the SIMG cohort.

CEQ pass rates continue to remain well below the overall pass rates, which the ACER review attributes to cultural bias and language barriers related to the examination format. As previously noted, there is work underway to design a CEQ alternative.

The detailed performance results of the MEQ, CEQ, and PWC for Trainees and SIMGs are provided to their DoTs/Coordinators to support their Trainees/SIMGs in areas of improvement and future exam preparation before further attempts.

The AAP/CCA was implemented in 2022, and the overall pass rates have remained higher than 95% on average. The SIMG pass rates are comparable with the overall cohort, so it is not a matter of concern. Detailed CCA reports of unsuccessful candidates, including SIMGs, are provided to their DoTs/Coordinators for further support in their training.

Condition 46				To be met by: **2024***
Clarify requirements for attaining fellowship, including identifying any barriers to fellowship, for SIMGs in Aotearoa New Zealand to address equity of rights and opportunities that come with achieving fellowship. Ensure that there is clear communication with SIMGs and their supervisors on the differences between vocational assessment for MCNZ registration and the fellowship pathway. (Standard 10.4.1) ***Due 2023: Scoping and development** *2024: Communication and implementation*				
AMC 2023 Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
		X		

2024 College response

The RANZCP Specialist International Medical Graduate Education (SIMGE) Team, New Zealand National Office staff and Senior Digital Content Advisor met in June 2024 to collaborate on how to best address the challenges raised by SIMGs in Aotearoa New Zealand and their Supervisors in understanding the differences in requirements and assessment processes.

A process flowchart is being developed by the SIMGE team to help differentiate the assessment processes for SIMG candidates wishing to pursue either the VEAB process leading to vocational registration in Aotearoa New Zealand or Specialist Assessment for entry to the Specialist Pathway to Fellowship.

Following further consultation with the RANZCP New Zealand National Committee, the CSIMGE, the Australia and New Zealand Psychiatrists with International Qualifications Committee and the EC it is anticipated that the flowchart and explanatory information will be published on the RANZCP website in November 2024.

3 Statistics and annual updates

Please provide data showing:

- the numbers of applicants and outcomes for Specialist IMG assessment processes **for 2023**, broken up according to the phases of the specialist international medical graduate assessment process (e.g. paper-based assessment, interview, supervision, examination). If a binational college, please provide separate figures for New Zealand and Australia. Please provide separate area of need and Specialist IMG figures.

Australian processes

The Australian processes are used by SIMGs in Aotearoa New Zealand if they wish to become Fellows of the RANZCP. The majority of SIMGs in Aotearoa New Zealand choose the vocational registration process rather than Fellowship, hence the significantly lower numbers in these tables.

New Applicants undertaking Specialist International Medical Graduate Assessment		
Number of new applicants in 2023:	**Australian Numbers**	**New Zealand Numbers**
• Specialist recognition (SR)	93 (SR)	4 (SR)
• Specialist recognition and Area of Need (SPA)	1 (SRA)	0 (SRA)
Total	**94**	**4**

Assessment of Specialist International Medical Graduates		
Phase of IMG Assessment	**Australian Numbers**	**New Zealand Numbers**
Initial Assessment	97	4
Interim Assessment Decision: • Not Comparable	4 (NC)	0 (NC)
• Partially Comparable	47 (PC)	0 (PC)
• Substantially Comparable ** All not comparable RANZCP applicants proceeded to interview where the 'not comparable' interim assessment outcome was confirmed, as recorded on report 1.*	46 (SC)	4 (SC)
Ongoing Assessment *Applications received in 2023 but final assessment outcome issued in 2024.*	17	1
Final Assessment	97	4
Total:	**114**	**5**

New Zealand processes

Advice provided to the MCNZ on the equivalence of SIMGs' qualifications, training and experience in 2023.

Preliminary (paper-based) advice		
Outcome	**Vocational scope 1**	**Vocational scope 2**
Equivalent	1	
As satisfactory as	13	
Neither equivalent to, nor as satisfactory as	1	
Unable to make a recommendation	2	
Total	17	

Interview advice		
Outcome	**Vocational scope 1**	**Vocational scope 2**
Equivalent	1	
As satisfactory as	6	
Neither equivalent to, nor as satisfactory as	nil	
Total	7	

Section B: Reporting on Quality Improvement Recommendations

The College's accreditation report contains Quality Improvement Recommendations. These are suggestions for the education provider to consider (not conditions on accreditation), and the AMC is interested in how the College considers these, and what, if any, action occurs as a result.

Please provide a brief summary update of the College's response to the Quality Improvement Recommendations. The AMC is asking the College to report on activities in years three, six and nine of the accreditation cycle.

The College is in **YEAR 2** of its accreditation cycle, this section is OPTIONAL and a response is not required.

Quality Improvement Recommendation	Has the College undertaken any activities against this recommendation? *If yes, please describe below*	If no activities have occurred, will the College be considering this recommendation in the future? *If yes, please indicate below when the College is likely to consider the recommendation* *If no, please comment below on why the College has decided not to adopt the recommendation*
Standard 1: The context of training and education		
	☐ Yes ☐ No	☐ Yes ☐ No
Standard 2: The outcomes of specialist training and education		
	☐ Yes ☐ No	☐ Yes ☐ No
Standard 3: The specialist medical training and education framework		
	☐ Yes ☐ No	☐ Yes ☐ No
Standard 4: Teaching and learning approach and methods		
	☐ Yes ☐ No	☐ Yes ☐ No
Standard 5: Assessment of learning		
	☐ Yes ☐ No	☐ Yes ☐ No
Standard 6: Monitoring and evaluation		
	☐ Yes ☐ No	☐ Yes ☐ No

Standard 7: Issues relating to trainees		
	☐ Yes ☐ No	☐ Yes ☐ No
Standard 8: Implementing the program – delivery of education and accreditation of training sites		
	☐ Yes ☐ No	☐ Yes ☐ No
Standard 9: Continuing professional development, further training and remediation		
	☐ Yes ☐ No	☐ Yes ☐ No
Standard 10: Assessment of specialist international medical graduates		
	☐ Yes ☐ No	☐ Yes ☐ No