



The Royal
Australian &
New Zealand
College of
Psychiatrists



Program and Graduate Outcomes

Draft Consultation Version

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Program Outcomes

Upon completion of the RANZCP Training Program, graduates will:

PO1: Exhibit Excellence and Equity in Person-Led Psychiatric Care

Deliver high-quality, evidence-based, person-led, culturally and spiritually safe psychiatric assessments and treatments that meet the diverse needs of all communities. Integrate psychotherapeutic, pharmacological, biological, and sociocultural interventions with skill and compassion, promoting power-sharing, autonomy, self-determination, recovery and well-being for all patients.

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.

PO3: Collaborate within Multidisciplinary and Community Contexts

Work effectively in teams to provide exemplary psychiatric care and promote interprofessional collaboration through learning. Partner on solutions and approaches that recognise human rights, address the social determinants and inequities that contribute to mental health and wellbeing and recognise the important contribution of other healthcare professionals to manage complexity.

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.

PO6: Listen and Empower

Demonstrate active listening through engagement with individual people on a clinical level and through actively seeking engagement with the broader community about contemporary mental health issues. Be able to reflect and learn from listening and act in ways that benefits individuals and society.

PO7: Commit to Lifelong Learning and Scholarship

Pursue continuous professional development through reflective practice, ongoing education, and engagement in teaching and research. Contribute to the education and mentorship of colleagues, trainees and medical students, advancing the field of psychiatry through scholarly activities.

PO8: Adhere to Professional and Ethical Standards with Integrity

Uphold the highest standards of ethical psychiatric practice, demonstrating integrity, professionalism, respect for diversity and accountability in all aspects of work. Participate in professional regulation, peer assessment, and quality improvement efforts to enhance the safety and effectiveness of mental health care. Demonstrate a genuine concern for and the ability to support the wellbeing of colleagues. Foster personal wellbeing and sustainable practice by balancing personal and professional demands and promote a culture of well-being within the mental health community.

PO9: 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.

Graduate Outcomes

Role: Psychiatric and Medical Expert	
Key Competencies	Enabling competencies
PME1: Practice psychiatry with a commitment to delivering high-quality, evidence-based, and person-centred care.	<p>PME1.1: Demonstrate a commitment to high-quality care.</p> <p>PME1.2: Integrate the RANZCP Intrinsic Roles into their practice of psychiatry.</p> <p>PME1.3: Apply knowledge of the clinical and biomedical sciences and other relevant scholarly fields to the practice of psychiatry.</p> <p>PME1.4: Prioritise and carry out professional duties in the face of multiple, competing demands.</p> <p>PME1.5: Recognise and respond to the complexity, uncertainty, and ambiguity inherent in medical practice.</p> <p>PME1.6: Provide care and service across a range of settings and the continuum of care.</p>
PME2: Perform a person-centred psychiatric assessment.	<p>PME2.1: Perform appropriately timed, person-centred and culturally safe clinical assessments with recommendations that are presented in an organised manner.</p> <p>PME2.2: Elicit a history, perform a mental state assessment, cognitive assessment and physical exam and select appropriate cognitive tests and investigations appropriate to the persons needs and goals of care.</p> <p>PME2.3: Interpret mental state examination findings and recognise psychopathologies.</p> <p>PME2.4: Prioritise and structure assessment to address issues according to the nature of the person's encounter in order to understand why a person has presented with their symptom profile at a specific time.</p> <p>PME2.5: Appropriately conduct a physical exam and select diagnostic procedures including laboratory tests and neuroimaging.</p> <p>PME2.6: Assess risks, safety and capacity.</p>
PME3: Interpret, synthesise and formulate information for clinical reasoning.	<p>PME3.1: Interpret the results of assessments and investigations for the purpose of diagnosis and management, illness prevention and health promotion.</p> <p>PME3.2 Produce a valid formulation, including a biopsychosocial and cultural formulation generated from a variety of sources that integrates predisposing, precipitating, perpetuating and positive factors.</p> <p>PME3.3: Construct a differential diagnosis list, drawing on knowledge of recognised classification systems, including an understanding of their limitations and constraints.</p> <p>PME3.4: Establish a person-centred biopsychosocial and cultural evidence-based management plan guided by formulation and the person's goals of care.</p> <p>PME3.5: Continuously reassess and refine hypotheses as new information emerges, adjusting the plan accordingly while maintaining person-led care.</p> <p>PME3.6: Tolerate and manage diagnostic and other uncertainty by using clinical reasoning to weigh probabilities, explore alternatives with the person and make informed decisions in situations where clarity is not immediately available.</p> <p>PME3.7: Establish shared power and shared goals of care in collaboration with patients and their families, which may include active treatment, as well as recovery and functional objectives.</p> <p>PME3.8: Ensure physical comorbidities are accurately identified and appropriately managed, either directly or in consultation with other health professionals.</p> <p>PME3.9: Apply clinical reasoning to anticipate, recognise and address co-morbid medical and psychiatric conditions, ensuring that the management of one condition does not adversely affect the other.</p>

<p>PME4: Plan and perform psychiatric therapies and procedures to achieve therapeutic goals.</p>	<p>PME4.1: Implement the most appropriate biological, psychosocial and sociocultural interventions for an individual, groups and care networks.</p> <p>PME4.2: Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure or therapy.</p> <p>PME4.3: Prioritise a therapy or procedure, taking into account clinical urgency and available resources.</p> <p>PME4.4: Be knowledgeable about the role of neurostimulation and ECT in achieving outcomes and recovery, be able to advise on the risks and benefits and arrange for these therapies to be conducted.</p> <p>PME4.5: Prescribe medications safely and appropriately and anticipate and address likely adverse effects.</p> <p>PME4.6: Utilise a range of psychotherapy approaches.</p>
<p>PME5: Establish plans for ongoing care and, when appropriate, timely consultation or transfer of care</p>	<p>PME5.1: Implement a person-led care plan that supports ongoing care, follows-up on investigations, monitors response to treatment, and focusses on recovery principles.</p> <p>PME5.2: Anticipate barriers to treatment and provide clear directions for problems that may occur in the care plan.</p> <p>PME5.3: Develop safety, recovery and relapse prevention plans including identifying early warning signs of relapse and advanced care planning.</p>
<p>PME6: Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of mental health care quality and person safety.</p>	<p>PME6.1: Recognise and respond to harm from health care delivery, including a person's safety incidents.</p> <p>PME6.2: Adopt strategies that promote a person's safety and address human and system factors.</p>

Role: Communicator	
Key Competencies	Enabling competencies
COM1: Establish professional therapeutic relationships with a person and their families, Whanau, Kinship and carers.	<p>COM1.1: Adapt communication style to best utilise the modality used, including digital technologies.</p> <p>COM1.2: Communicate using a person-led approach that demonstrates active listening, encourages trust, empowers agency and autonomy and is characterised by empathy, respect, and compassion.</p> <p>COM1.3: Optimise the physical environment for comfort, dignity, privacy, engagement, and safety.</p> <p>COM1.4: Recognise when the values, developmental stage, biases, or perspectives of persons, psychiatrists and other health care professionals may have an impact on the quality of care and modify the approach to the person accordingly.</p> <p>COM1.5: Respond to a person's non-verbal behaviours to enhance communication including the ability to deescalate challenging behaviour and/or aggression.</p> <p>COM1.6: Manage disagreements and challenging conversations to promote positive outcomes.</p> <p>COM1.7: Create a therapeutic alliance by adapting to the unique needs and preferences of each person and to their clinical condition and circumstances.</p> <p>COM1.8: Demonstrate a sophisticated understanding of and ability to address issues of transference and counter-transference.</p>
COM2: Elicit and synthesise accurate and relevant information, incorporating the perspectives of a person and their families, Whanau, Kinship and carers.	<p>COM2.1: Use person-led interviewing skills to build rapport and to effectively gather relevant biomedical and psychosocial and cultural information in a hypothesis-driven manner.</p> <p>COM2.2: Use appropriate questions to confirm hypotheses, check for the presence of other symptoms, conditions or problems and avoid common clinical reasoning errors.</p> <p>COM2.3: Provide a clear structure for and manage the flow of an entire encounter with a person.</p> <p>COM2.4: Seek and synthesise relevant information from other sources, including the person's family and other health providers, in a confidential manner and with the person's consent.</p>
COM3: Share health care information and management plans for a person and their families, Whanau, Kinship and carers.	<p>COM3.1: Share information and explanations, and provide information and psychoeducation in a clear, accurate, timely and confidential manner, while checking for person and family understanding.</p> <p>COM3.2: Disclose a person's harmful safety incidents to a person and their families accurately and appropriately.</p>
COM4: Engage a person and their families, Whanau, Kinship and carers, in developing plans that reflect a person's health care needs and goals.	<p>COM4.1: Facilitate discussions with a person and their families in a way that is respectful, non-judgmental, and culturally and spiritually safe.</p> <p>COM4.2: Assist a person and their families to identify, access, and make use of information and communication technologies to support their care and manage their health.</p> <p>COM4.3: Use communication skills and strategies that help a person and their families make informed decisions regarding their health.</p> <p>COM4.4: Take into account decision-making capacity and the views of substitute-decision maker where appropriate.</p> <p>COM4.5 Ensure that people with reduced capacity have their current and previous concerns and wishes incorporated into their goals of care.</p>
COM5: Document and share written and electronic information about the medical	<p>COM5.1: Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements.</p>

encounter to optimise clinical decision-making, person safety, confidentiality, and privacy.	<p>COM5.2: Communicate effectively using a written health record, electronic medical record, or other digital technology.</p> <p>COM5.3: Share information with a person and others in a manner that respects personal privacy and confidentiality and enhances understanding.</p> <p>COM 5.4: Share information in verbal or written form with a person's General Practitioner or primary care provider in a timely manner.</p> <p>COM5.5: Complete medico-legal documents and produce medico-legal reports as required.</p>
COM6: Demonstrate digital health literacy and ability to engage with health informatics and emerging digital technologies.	<p>COM6.1: Use health informatics to improve the quality of a person's care and optimise safety.</p> <p>COM6.2: Apply emerging digital technologies in ethical ways to improve understanding of mental illness, make services safer and improve the quality of care provided.</p>

Role: Collaborator	
Key Competencies	Enabling competencies
COL1: Work and communicate effectively with other psychiatrists and colleagues in other health care professions, administration and support staff, peer workers, carer groups and relevant government and non-government agencies.	<p>COL1.1: Establish and maintain positive relationships with other psychiatrists and colleagues in multi-disciplinary teams in primary and secondary care to support collaborative care.</p> <p>COL1.2: Negotiate overlapping and shared responsibilities with other psychiatrists and colleagues in episodic and ongoing care.</p> <p>COL1.3: Engage in respectful shared decision-making with other psychiatrists and colleagues.</p>
COL2: Work with other psychiatrists and colleagues in other health care professions, administration and support staff, peer workers, carer groups and relevant government and non-government agencies to promote understanding, manage differences, and resolve conflicts.	<p>COL2.1: Show respect toward other healthcare collaborators.</p> <p>COL2.2: Implement strategies to promote understanding, identify systemic issues, manage differences, and resolve conflicts in a manner that supports a psychologically safe and collaborative culture.</p>
COL3: Hand over the care of a person to another colleague to facilitate continuity of safe person care.	<p>COL 3.1 Determine when care should be transferred to another physician or health care professional.</p> <p>COL 3.2 Demonstrate safe handover of care, using both verbal and written communication, during a person's transition to a different health care professional, setting, or stage of care.</p>

Role: Leader	
Key Competencies	Enabling competencies
L1: Listen and share power.	<p>L1.1: Demonstrate active listening through engagement with individual people on a clinical level and seek out engagement with the broader community on contemporary mental health issues.</p> <p>L1.2: Critically reflect and act in ways that benefits individuals and society, recognising the power and authority that medical specialists and psychiatrists have in society.</p>
L2: Contribute to the improvement of health care delivery in teams, organisations, and systems.	<p>L1.1: Apply the principles of quality improvement to contribute to improving systems of person care.</p> <p>L1.2: Contribute to a culture that promotes person safety.</p> <p>L1.3: Analyse errors and safety incidents to enhance systems of care.</p> <p>L1.4: Advocate for colleagues at a systemic level.</p>
L3: Engage in the stewardship of health care resources.	<p>L2.1: Prioritise and allocate health care resources for optimal care for both individuals as well as communities.</p> <p>L2.2: Conduct and analyse the results of an audit of practice.</p> <p>L2.3: Apply evidence and management techniques to achieve the best outcomes from available resources.</p>
L4: Demonstrate leadership in professional practice.	<p>L3.1: Demonstrate leadership skills in multi-disciplinary teams to enhance mental health care.</p> <p>L3.2: Demonstrate entrepreneurship by identifying opportunities, implementing innovations and solutions, and facilitating change to improve mental health care delivery and outcomes for people.</p> <p>L3.3: Participate in clinical and organisational governance processes.</p>
L5: Manage careers, finances, organisational and business needs, and colleagues in a range of practice settings.	<p>L4.1: Set priorities and manage time to integrate practice and personal life.</p> <p>L4.2: Manage a career and sustainable psychiatric practices.</p> <p>L4.3: Implement processes to ensure personal practice improvement.</p> <p>L4.4: Ethically market and promote one's own practice, career and services.</p> <p>L4.5: Successfully apply for suitable job postings and service contracts.</p> <p>L4.6: Demonstrate the financial literacy necessary to manage a successful career, private practice, or business in psychiatry.</p> <p>L4.7: Ensure ethical decision-making and the avoidance of conflicts related to financial and other employment or business considerations.</p> <p>L4.8: Perform effectively as a manager of people.</p>

Role: Advocate	
Key Competencies	Enabling competencies
A1: Respond to individuals' personal health needs by advocating with the person within and beyond the clinical environment.	<p>H1.1: Work with patients to address determinants of health and wellbeing that affect them and their access to needed health services or resources.</p> <p>H1.2: Use a strengths-based approach with people and their families to identify opportunities to increase wellbeing and functioning.</p> <p>H1.3: Incorporate prevention, early intervention, health promotion, and health surveillance into practice.</p> <p>H1.4: Work to reduce the impact of stigma and social disparity on people and caregivers.</p> <p>H1.5 Link people and their caregivers to relevant local and/or regional advocacy groups and support the work of those groups.</p>
A2: Respond to the needs of the communities or populations they serve by advocating with them for system-level change in a socially accountable manner.	<p>H2.1: Work with a community or population to identify the determinants of health that affect them.</p> <p>H2.2: Improve clinical practice by applying a process of continuous quality improvement to disease prevention, early intervention, health promotion, and health surveillance activities.</p> <p>H2.3: Contribute to improving mental health in the community, service accountability and social justice.</p> <p>H2.4: Identify and address gaps in service provision and integration.</p>

Role: Scholar	
Key Competencies	Enabling competencies
S1: Engage in continuous enhancement of their professional activities through ongoing learning.	<p>S1.1: Develop, implement, monitor, and revise a personal learning plan to enhance professional practice.</p> <p>S1.2: Identify opportunities for learning and improvement by regularly reflecting on and assessing performance using supervision, peer review, mentoring and coaching processes.</p> <p>S1.3: Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice.</p>
S2: Teach healthcare students, trainees, colleagues, and other health care professionals.	<p>S2.1: Recognise the influence of role-modelling and the impact of the formal, informal, and hidden curriculum on learners.</p> <p>S2.2: Promote a psychologically safe learning environment and a learning culture in teams.</p> <p>S2.3: Ensure patient safety is maintained when learners are involved.</p> <p>S2.4: Plan and deliver learner-centred educational activities.</p> <p>S2.5: Assess and evaluate learners and provide constructive feedback to enhance learning and performance.</p> <p>S2.6: Deliver effective psychoeducation for individuals, carers and groups.</p> <p>S2.7: Utilise coaching skills to foster growth in self and other learners.</p>
S3: Integrate best available evidence into practice.	<p>S3.1: Recognise practice uncertainty and knowledge gaps in clinical and other professional encounters and generate focused questions that address them.</p> <p>S3.2: Identify, select, and navigate pre-appraised resources.</p> <p>S3.3: Critically evaluate the integrity, reliability, and applicability of health-related research and literature.</p> <p>S3.4: Critically review and Integrate evidence into decision-making in practice and for service planning and provision.</p>
S4: Contribute to the creation and dissemination of knowledge and practices applicable to health.	<p>S4.1: Demonstrate an understanding of the scientific principles of research, critical appraisal and scholarly inquiry and the role of research evidence in health care.</p> <p>S4.2: Identify ethical principles for research and incorporate them into obtaining informed consent, considering potential harms and benefits, and considering vulnerable populations.</p> <p>S4.3: Contribute to the work of a research program.</p> <p>S4.4: Pose questions amenable to scholarly inquiry and select appropriate methods to address them.</p> <p>S4.5: Communicate at a level and in a manner that can be comprehended by target audiences when presenting the findings of relevant research and scholarly inquiry.</p>

Role: Professional	
Key Competencies	Enabling competencies
P1: Demonstrate a commitment to people by applying best practices and adhering to high ethical standards.	<p>P1.1: Exhibit appropriate professional behaviours and relationships in all aspects of practice, demonstrating and promoting honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality.</p> <p>P1.2: Demonstrate a commitment to excellence in all aspects of practice.</p> <p>P1.3: Recognise and respond to ethical issues encountered in practice using a range of ethical frameworks, seeking support when needed.</p> <p>P1.4: Recognise and manage conflicts of interest.</p> <p>P1.5: Exhibit professional behaviours in the use of technology-enabled communication.</p> <p>P1.6: Demonstrate accountability to patients, society, and the profession by responding to societal expectations of psychiatrists.</p> <p>P3.4: Apply and respond to mental health and other relevant legislation in an ethical and person-focused manner.</p>
P2: Demonstrate a commitment to the quality and safety agenda in healthcare.	<p>P2.1: Demonstrate a commitment to a person's safety and quality improvement.</p> <p>P2.2: Respond appropriately to a complaint.</p> <p>P2.3: Conduct an open disclosure conversation.</p>
P3: Demonstrate a commitment to the profession by adhering to standards and participating in peer-led regulation.	<p>P3.1: Fulfill and adhere to professional and ethical codes, standards of practice, and laws governing practice.</p> <p>P3.2: Recognise and respond to unprofessional and unethical behaviours in psychiatrists and other colleagues in the health care professions.</p> <p>P3.3: Participate in peer assessment and standard setting.</p>
P4: Demonstrate a commitment to psychiatrists' health and well-being to foster optimal person care.	<p>P4.1: Exhibit self-awareness and manage influences on personal well-being and professional performance and seek assistance if required.</p> <p>P4.2: Understand the impact of own wellbeing on a person's outcomes.</p> <p>P4.3: Manage personal and professional demands for a sustainable practice throughout the psychiatrists' life cycle.</p> <p>P4.4: Promote a culture that recognises, supports, and responds effectively to colleagues in need.</p> <p>P4.5: Model and utilise effective stress management strategies.</p>

Role: Culturally Safe Practitioner	
Key Competencies	Enabling competencies
CH1: Engage in ongoing development of critical consciousness.	<p>CH1.1: Demonstrate understanding of own cultural heritage, values and history.</p> <p>CH1.2: Identify and address own biases, attitudes, assumptions, stereotypes, prejudices, privileges and characteristics that may affect the quality of healthcare provided.</p> <p>CH1.3: Engage in ongoing self-reflection and self-awareness of own conduct and interactions to identify and remedy oppressive practices in interactions with people, Whānau, Kinships and communities.</p> <p>CH1.4: Engage in ongoing self-reflection and self-awareness of own conduct and interactions with colleagues in the workforce to uphold culturally safe practices</p> <p>CH1.5: Commit to ongoing changes and identify and implement improved personal practices that contribute to equity and ongoing progression towards optimal health for Māori, Aboriginal and Torres Strait Islander peoples.</p>
CH2: Examine and redress power relationships.	<p>CH2.1: Recognise and advocate for the rights of a person's, Whānau, Kinships, communities, and tangata whenua or custodians of the land</p> <p>CH2.2: Examine and redress power imbalances between themselves and people, Whānau, Kinships, the community, and tangata whenua or custodians of the land</p> <p>CH2.3: Develop reciprocal relationships with people and their Whānau and Kinships to foster shared decision making and informed consent throughout treatment</p> <p>CH2.4: Identify and contribute to challenging power imbalances within the healthcare profession and workforce</p> <p>CH2.5: Examine and influence power imbalances in the institution or organisation they work for, and the wider healthcare ecosystem.</p>
CH3: Commit to transformative action.	<p>CH3.1: Analyse and critique the healthcare ecosystem and its structures and processes that reinforce health advantage and disadvantage.</p> <p>CH3.2: Identify structural barriers to equitable, culturally safe care within the institution or entity where they work.</p> <p>CH3.3: Analyse and critique the culture and relationships amongst colleagues in their workplace, identify challenging elements in workplace culture, and support their colleagues on the journey of cultural safety.</p> <p>CH3.4: Examine health outcomes for Māori, Aboriginal and Torres Strait Islander people in clinical audit and case reviews, and identify interventions to eliminate inequities, and progress towards optimal health.</p> <p>CH3.5: Identify solutions to structural and institutional barriers and contribute to, implement and embed transformative change.</p>
CH4: Ensure that safety is determined by people and communities.	<p>CH4.1: Make provision for regular feedback and input from a person, Whānau, Kinships and communities on the cultural safety of the healthcare environment, interactions and care provided.</p> <p>CH4.2: Advocate for their organisation to ensure regular feedback and input from tangata whenua/mana whenua or traditional custodians on the cultural safety of the healthcare environment and interactions.</p> <p>CH4.3: Implement recommendations from a person's, Whānau, and communities, and tangata whenua or traditional custodians, in personal practice.</p> <p>CH4.4: Identify and critique research and information that draws on a diverse range of a person's perspectives and experiences, to shape policy, practice and healthcare interactions.</p> <p>CH4.5: Identify kaupapa Māori research and/or Aboriginal and Torres Strait Islander policy research that presents tangata whenua and/or</p>

	community perspectives and experiences, to shape policy, practice and healthcare interactions.
CH5: Recognise and remediate cultural loading.	<p>CH5.1: Recognise that the teaching and delivery of cultural safety must be delivered by those with appropriate skills and expertise on guiding self-reflection and transformative change, without necessarily being the responsibility of Māori or Aboriginal and Torres Strait Islander educators and staff.</p> <p>CH5.2: Actively reduce cultural loading on Māori, Aboriginal and Torres Strait Islander educators and staff by developing their own knowledge and capability to provide teaching on and delivery of culturally safe practice.</p> <p>CH5.3: Actively ensure the safety of Māori, Aboriginal and Torres Strait Islander staff during teaching sessions and team meetings and discussions.</p>