RANZCP Accreditation Progress Report to the Australian Medical Council 2023

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Glossary of Terms

Abbreviation	Term
AAP	Alternative Assessment Pathway
AC	Accreditation Committee
ACD	Australasian College of Dermatologists
ACEM	Australasian College for Emergency Medicine
ACER	Australian Council for Educational Research
ACNC	Australian Charities and Not-for-profits Commission
ACRRM	Australian College of Rural and Remote Medicine
ACSEP	Australasian College of Sport and Exercise Physicians
ADHD	Attention Deficit and Hyperactivity Disorder
AFWG	Assessment Framework Working Group
AGFTPC	Australian Government Funded Training Programs Committee
AGM	Annual General Meeting
Ahpra	Australian Health Practitioner Regulation Agency
AIDA	Australian Indigenous Doctors Association
AMA	Australian Medical Association
AMC	Australian Medical Council
AMSA	Australian Medical Students' Association
ANZCA	Australian and New Zealand College of Anaesthetists
BCT	Bi-National Committee for Trainees
BIT	Breaks in training
CAF	Comparability Assessment Framework
CAP	Child and Adolescent psychiatry
CbD	Case-based Discussion
CCA	Clinical Competency Assessment
CCC	Community Collaboration Committee
CCPR	Clinical Competency Portfolio Review
CEEMR	Committee for Educational Evaluation Monitoring and Reporting
CEO	Chief Executive Officer
CEQ	Critical Essay Question

Glossary of Terms

Abbreviation	Term
CFE	Committee for Examinations
CFT	Committee for Training
CICM	College of Intensive Care Medicine of Australia and New Zealand
CGRC	Corporate Governance and Risk Committee
C-L	Consultation-Liaison psychiatry
COI	Conflicts of Interest
CPI	Consumer Price Index
CPD	Continuing Professional Development
CMC	Council of Medical College
CPM	Council of Presidents of Medical Colleges
CPP	Committee for Professional Practice
CSIMGE	Committee for Specialist International Medical Graduate Education
DES	Digital Education Services
DOAT(s)	Director(s) of Advanced Training
DoH	Department of Health
DoHAC	Department of Health and Age Care
DOT(s)	Director(s) of Training
DOU	Deed of Undertaking
DPM	Australian Diploma of Psychological Medicine
EAP	Employee Assistance Program
EC	Education Committee
ECT	Electroconvulsive Therapy
EM	Executive Manager
EPA(s)	Entrustable Professional Activity/Activities
ERC	Education Review Committee
FATES	Flexible Approach to Training in Expanded Settings
FCAP	Faculty of Child and Adolescent Psychiatry
FEC(s)	Formal Education Course(s)
FT	Full Time

Glossary of Terms

Abbreviation	Term
FTE	Full Time Equivalent
IAP	Integrated Assessments Pathway
IPA	Indonesian Psychiatrists Association
IRP	Independent Reconsideration Panel
IRTP	Integrated Rural Training Pipeline
ITA(s)	In-training Assessment(s)
KPI	Key Performance Indicator
MAC	Members Advisory Council
MBA	Medical Board of Australia
MBS	Medicare Billing Schedule
MCNZ	Medical Council of New Zealand
MCQ	Multiple-Choice Question Examination
MDMA	methylenedioxymethamphetamine
MEC	Membership Engagement Committee
MEQ	Modified Essay Question
MMM	Modified Monash Model
MOU	Memorandum of Understanding
MTS	Medical Training Survey
OCA(s)	Observed Clinical Activities
OSCE	Objective Structured Clinical Examination
PEIPS	Prevention and early intervention of mental illness in infants, children and adolescents
PIF	Psychiatry Interest Forum
PMA	Pasifika Medical Association
PPG	Professional Practice Guidelines
PR	Portfolio Review
PT	Part Time
PWC	Psychotherapy Written Case
PWP	Psychiatry Workforce Program
RACS	Royal Australasian College of Surgeons

Glossary of Terms

Abbreviation	Term
RACGP	Royal Australian College of General Practitioners
RANZCP	Royal Australian and New Zealand College of Psychiatrists
RACMA	Royal Australasian College of Medical Administrators
RANZCO	Royal Australian and New Zealand College of Ophthalmologists
RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
RANZCP	Royal Australian and New Zealand College of Psychiatrists
RANZCR	Royal Australian and New Zealand College of Radiologists
RAP(s)	Reconciliation Action Plan(s)
RCPA	Royal College of Pathologists of Australasia
RDAA	Rural Doctors Association of Australia
RPTP	Rural Psychiatry Training Pathways
RPTPWA	Rural Psychiatry Training Pathway Western Australia
RRRTSG	Regional, Rural and Remote Training Steering Group
rTMS	Repetitive Transcranial Magnetic stimulation
SCOT	Site coordinators of training
SIMG(s)	Specialist International Medical Graduate(s)
SP(s)	Scholarly Project(s)
SPIP	Section of Perinatal and Infant Psychiatry
SPPP	Section of Private Practice Psychiatry
STP	Specialist Training Program
TAC	Trainee Advisory Committee
TOR	Terms of Reference
VPLP	Victorian Psychiatry Leadership Project
WBA(s)	Workplace-based Assessment(s)

Definition and use of term Indigenous. The term Indigenous is used as a collective term for both Aboriginal and Torres Strait Islander peoples and Māori, e.g. Indigenous psychiatry or Indigenous Entrustable Professional Activity (EPA). Where possible culturally specific terms of Aboriginal and Torres Strait Islander peoples and Maori are applied.

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 reports since last AMC assessment: Nil.

Reaccreditation due: 31 March 2027

To be completed by College:

Officer at College to contact concerning the report: Ms Sharon McGowan, RANZCP CEO

Telephone number: +6196014913

Email: Sharon.McGowan@ranzcp.org

To be completed by College:

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

Verified by: Ms Sharon McGowan, Chief Executive Officer

Ms Anna Lyubomirsky, Executive Manager, Education and Training

Signatures: Ms Sharon McGowan   Ms Anna Lyubomirsky

Date: 14 September 2023

(Chief Executive Officer/executive officer responsible for the program) Royal Australian and New Zealand College of Psychiatrists

Summary of 2022 Findings

Standard	2022 Findings	No. of Conditions remaining
Overall	**Substantially Met**	**45**
1. The context of education and training	Not Met	8
2. The outcomes of specialist training and education	Substantially Met	4
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	6
8. Implementing the training program – delivery of educational resources	Substantially Met	4
9. Assessment of specialist international medical graduates	Substantially Met	3

Preamble

In common with other specialist medical colleges, the RANZCP notes the complexities of engagement with Aboriginal and Torres Strait Islander and Māori communities that is not tokenistic. The RANZCP is endeavouring to engage in a manner that respects the preferred engagement styles of our Indigenous representatives, and this is an evolving process.

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.

Summary of the college performance against Standard 1
In 2022, this set of standards was found Not Met

1.   Introduction

The training program of the Royal Australian and New Zealand College of Psychiatrists (RANZCP) is accredited by the Australian Medical Council (AMC) until 31 March 2027.

While the AMC has only requested reporting against conditions 1,2,3 and 4 under this standard, an update of the work against conditions 6 and 7 is provided, along with an overview of work relevant to this standard overall.

Condition 6 - Lived Experience Strategy (Australia and Aotearoa New Zealand)

Reporting against condition 6 is not requested for this report, however, the RANZCP feels it is important that the AMC notes the work that has progressed to develop a Lived Experience Strategy and embed consumer and carer voices within the College. The College's Community Collaboration Committee (CCC) and a specially commissioned consultant dedicated to this work are leading the development of the strategy with inputs from other College committees.

An initial consultation session has been held with CCC members to review the current role and function of community representation on College committees. Further consultation will be undertaken over the next six months to develop the strategy, with the intention to provide the strategy to the Board by the end of November 2023.

The strategy identifies several pillars that will be supported by a range of initiatives and actions, with priority actions to be implemented over a period of three years. This work is drawing on the work of the Mental Health Lived Experience Engagement Network and the National Mental Health Consumer and Carer Forum and its recent publications:

The Lived Experience Governance Framework: Centring People, identity and Human Rights for the Benefit of All [1]

A Toolkit to authentically embed lived experience governance [2]

Initial actions are likely to include enhanced recruitment and induction processes, the development of Community member profiles, and education of College Chairs regarding how best to engage with Community members in their committee work.

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1 Hodges, E., Leditschke, A., Solonsch, L. (2023). The Lived Experience Governance Framework: Centring People, Identity and Human Rights for the Benefit of All. Prepared by LELAN (SA Lived Experience Leadership & Advocacy Network) for the National Mental Health Consumer and Carer Forum and the National PHN Mental Health Lived Experience Engagement Network. Mental Health Australia, Canberra.
2 Hodges, E., Leditschke, A., Solonsch, L., Singh, J. & Blazewicz, T. (2023). A Toolkit to Authentically Embed Lived Experience Governance: Centring People, Identity and Human Rights for the Benefit of All. Prepared by LELAN (SA Lived Experience Leadership & Advocacy Network) for the National Mental Health Consumer and Carer Forum and the National PHN Mental Health Lived Experience Engagement Network. Mental Health Australia, Canberra

The emphasis on the Lived Experience Strategy has increased the activity and engagement of the CCC. The increased focus on the representation of people with lived experience across College committees has been positively received by Community members, whilst acknowledging there is further work required to create the strategy to maximise the opportunity to embed lived experience within the College and address broader methodology for engaging people with lived experience in program development and decision-making.

The CCC has received recognition for its work in collaboration with Lived Experience Australia with the award of an Equally Well Award for its work on loneliness, presented at the Equally Well Symposium in July 2023. The publication of an article in the Australian and New Zealand Journal of Psychiatry, and the presentation of a symposium at the 2023 RANZCP Congress (Appendix 1) are other pieces of work demonstrating how the voice of lived experience is being embedded across College activity.

The Lived Experience Strategy is anticipated to be completed in 2024. A program logic and evaluation plan will be completed in 2023 with implementation to occur from 2024 in an iterative approach.

A survey to identify levels of Community Member engagement and sense of connection to the College will be formulated and commence cyclically from 2024 onwards. This is intended to be one of several process measures to gauge the integration of lived experience within the College and will contribute to the College's Monitoring and Evaluation Framework.

The implementation of an updated Community Member Remuneration Policy is also planned to commence in 2024. (Refer to Recommendation BB).

Condition 7 – commitment to Indigenous expertise, leadership, health and culturally safe practice

Whilst reporting against condition 7 is not required in this progress report, the RANZCP feels it is important to note the progress against this important condition.

7 (i) The RANZCP Innovate Reconciliation Action Plan (RAP) is under development, guided by a working group co-chaired by the Chief Executive Officer (CEO) and the Chair of the Aboriginal and Torres Strait Islander Mental Health Committee. The Terms of Reference (TOR) are provided as Appendix 2 to this report. More detail is provided under the response to condition 12 (ii).

7 (ii) There is significant and regular engagement with Te Whatu Ora and Te Aka Whai Ora. The Chair of Tu Te Akaaka Roa (the Aotearoa New Zealand National Committee) and the Executive Manager (EM) Bi-national Offices and Partnerships meet bi-monthly with representatives from Te Whatu Ora and Te Aka Whai Ora to discuss workforce and other matters. A working group of representatives of Te Whatu Ora's Mental Health and Addictions division, and members of Tu Te Akaaka Roa, has been established to ensure workforce issues specific to psychiatry, and potential solutions, are provided to the Aotearoa New Zealand government's future planning.

Engagement with Te Whatu Ora has resulted in the establishment of a Psychiatry Interest Forum (PIF) specific to Aotearoa New Zealand. A Māori name has been granted for this new program and is undergoing final approvals. The workplan and performance report for this program are provided as Appendices 3 and 4. The RANZCP requests that this response be considered by the AMC as evidence that condition 7 (ii) is now met.

7 (iii) In Aotearoa New Zealand, members of Tu Te Akaaka Roa and the staff of the Aotearoa New Zealand National office will be participating in an on-marae experience as part of their completion of Takarangi Framework training later in 2023. The Aotearoa New Zealand conference is preceded by a hui for Māori members, and in 2023 will be on marae in Rotorua.

All RANZCP staff are required to complete mandatory Aboriginal and Torres Strait Islander cultural awareness modules and Te Tiriti Waitangi training as part of their induction to the College, and are encouraged to use Te Reo Māori as appropriate in communications.

Academic Psychiatry Benchmarking Project (Australia and Aotearoa New Zealand)

In response to concerns about decreased academic psychiatry activity in Australia and Aotearoa New Zealand, the Board appointed an 'Academic Psychiatry Steering Group' to advise on the approach the College should take to increase the number and retention of Academic Psychiatrists to support evidence-based psychiatry.

The Academic Psychiatry Steering Group has commenced a Benchmarking Project to understand the reasons for the limited number of emerging Academic Psychiatrists. The project seeks to identify the number, diversity, employers, and type of academic work being undertaken within psychiatry across Australia and Aotearoa New Zealand. A report and associated journal article will be developed to outline best practice and the status of models that effectively engage and retain Academic Psychiatrists.

The report and journal article will assist the College in creating an advocacy strategy to address the identified issues.

Member engagement opportunities through College-led events have provided a forum for further member consultation and raising the profile of the Academic Psychiatry Steering Group.

The Academic Psychiatry Benchmarking Project is due for completion in 2024 with advocacy work to be scoped on the findings of the report.

A preliminary member survey was conducted late in 2022 and is currently being prepared for submission to a journal for publication.

Diploma of Psychiatry

The RANZCP continues with the development of the Diploma of Psychiatry. With a potentially broad audience, the Diploma curriculum focuses on the foundation concepts of psychiatry, psychiatric assessment, and interventions. Knowledge and skills can be applied when assisting patients from a variety of age groups and populations, and to those with mental health related problems and mental illness.

Key Competencies

Aligned to the CanMEDS roles, the draft Key Competencies outline the expectations of graduates on completion of the Diploma. It is intended that participants build on the knowledge and skills they have attained during their medical education, training, and practice to date.

Diploma graduates will not be expected to demonstrate competence to assess and/or support all patients with all mental health problems or illnesses. The RANZCP Fellowship Program, is designed to prepare trainees for this breadth of specialist practice.

Curriculum Learning Outcomes

The draft Curriculum Learning Outcomes provide an additional level of detail and guides the content of the learning and assessment strategy. The outcomes cover the four core areas of learning: assessment of new mental health presentations, assessment and management of risk, psychosocial interventions, and pharmacotherapy.

During 2022-2023, the RANZCP undertook a comprehensive consultation regarding the Diploma's Graduate and Curriculum Learning Outcomes. The RANZCP invited the following groups to provide feedback on the outcomes:

- The Royal Australian and New Zealand College of Psychiatrists (All Members)
- Australasian College for Emergency Medicine (ACEM)
- Australian College of Rural and Remote Medicine (ACRRM)
- The Royal Australian College of General Practitioners (RACGP)
- Australian Medical Association (AMA)
- The Royal Australasian College of Physicians (RACP)
- Council of Presidents of Medical Colleges (CPM)
- Rural Doctors Association of Australia (RDAA)

- RACGP Mental Health Special Interest Group
- Australasian College of Sport and Exercise Physicians (ACSEP)
- Australian and New Zealand College of Anaesthetists (ANZCA)
- College of Intensive Care Medicine of Australia and New Zealand (CICM)
- Royal Australasian College of Surgeons (RACS)
- The Australasian College of Dermatologists (ACD)
- The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)
- The Royal Australian and New Zealand College of Ophthalmologists (RANZCO)
- The Royal Australian and New Zealand College of Radiologists (RANZCR)
- The Royal College of Pathologists of Australasia (RCPA)
- Consumers Health Forum of Australia
- Australian Society of Psychological Medicine
- Emergency Psychiatry Network.

Significant changes were made to the Key Competencies and Curriculum Learning Outcomes as a result of the feedback received. A consultation on the broader Diploma offering, including proposed learning activities and assessment is planned for September.

The Diploma is now scheduled to be available to the first cohort of participants in 2024.

Policy, Practice and Research Developments

The College has continued its work in policy, practice and research with key areas outlined in Table 1.

Table 1: Policy, Practice and Research key developments

Activity	Details
Psychedelic-Assisted Therapy (PAT)	In February 2023, the Therapeutic Goods Administration announced that from 1 July 2023, authorised psychiatrists will be able to prescribe methylenedioxymethamphetamine (MDMA) for the treatment of post-traumatic stress disorder and psilocybin for treatment-resistant depression.
	The College has established a PAT Steering Group to develop guidance documents and resources, providing information and support to members. The Steering Group has also focused on ensuring transparency of its work, with an information hub including the names of the Group members, which includes a person with lived experience. The Clinical Memoranda are published on the College website (Therapeutic use of psychedelic substances | RANZCP). Additional resources, including public facing information, will be progressed in the second half of 2023.
Future Development of Clinical Practice Guidelines	The College commissioned an external independent review to provide a range of options and recommendations in supporting high-quality evidence-based clinical practice guidelines. A Steering Group has been established to oversee the review, with a trainee and a person with lived experience included in the membership.
	The Steering Group provided its report to Board in May 2023, and an implementation and communications plan is now being developed to inform members and to establish the mechanisms for the new approach and criteria for best practice resources.

Table 1: Policy, Practice and Research key developments (Cont.)

Activity	Details
Victorian Branch Junior Medical Officers (JMO) Project	The College's Victorian Branch has been commissioned by the Victorian Department of Health (DOH) to develop resources to support the mandatory mental health rotations for JMOs. Ten case stems are being developed with a focus on lived experience to form the focus of the weekly one hour study session between the Psychiatry Registrar and the JMO. Lived Experience Organisations have been involved in guiding and providing feedback on the training materials and trainees have provided input into the case stems. The training materials are due to be completed in 2023.
Victorian Psychiatry Leadership Project (VPLP)	The Royal Commission into Victoria's Mental Health System Final Report identified elevating the leadership of people with lived experience as a priority. The College has received funding from the Victorian DOH for the development of a leadership program to provide training for psychiatrists in the skills required for co-production, and co-leadership, with consumers, families, and carers, as well as clinical governance. The VPLP Working Group has been established to deliver a leadership development framework. A gap analysis is being undertaken via stakeholder engagement with consumer and carer organisations, College community representatives, and surveys with Victorian psychiatry trainees and Victorian public sector psychiatrists. The Project includes surveys of stage 3 trainees and Fellows in Victoria on their experience, understanding and preferences for leadership training. These will be triangulated with the feedback from consumer and carer organisations to inform the VPLP Leadership Framework development. Based on the insights and learnings gathered through the co-design project, the leadership development framework will be created along with associated learning products during the second half of 2023.
Racism Awareness Working Group	The Board has identified the need for a clear statement condemning and rejecting racism in all its forms. A draft public statement has been reviewed by the Aboriginal and Torres Strait Islander Committee and Te Kaunihera and the Racism Awareness Working Group. The College has also highlighted two new position statements for possible development with Scoping Papers currently being drafted for Impact of Racism on the Community and Impact of Racism on the Workforce. It is anticipated that this work will progress during 2023.
Attention-Deficit/ Hyperactivity Disorder (ADHD)	The College developed PS55: ADHD across the lifespan to clearly state the position on ADHD as a major mental health issues with complex requirements for assessment, diagnosis, treatment and management. The statement was drafted with consultation with many College committees and was led by the ADHD Network Committee with input from the Faculty of Addiction Psychiatry Committee. The statement also formed the basis of the recent College submission to the Senate Inquiry into assessment and support services for people with ADHD.
Recognition of Aboriginal and Torres Strait Islander Peoples in the Australian Constitution	Since 2011, the College has called for reform of the Australian Constitution as an important step in supporting the mental health and human rights of Aboriginal and Torres Strait Islander people. As part of its review process, the College has updated PS68: Recognition of Aboriginal and Torres Strait Islander peoples in the Australian Constitution to outline substantive Constitutional reform as a way to reinforce the need to close the socio-economic gap for Aboriginal and Torres Strait Islander Peoples and improve their health outcomes. In this statement the College also endorses the Voice to Parliament and acknowledges the positive effects of the Te Tiriti o Waitangi on Māori mental health. The statement's revision was led by the Aboriginal and Torres Strait Islander Mental Health Committee with input from Te Kaunihera and other relevant College Committees. The College is supporting the Voice to Parliament.

Table 1: Policy, Practice and Research key developments (Cont.)

Activity	Details
Mood Disorders Psychodynamic Psychotherapy Evidence Review Steering Group	The College established the Mood Disorders Psychodynamic Psychotherapy Evidence Review Steering Group to commission a review on the evidence for long term psychodynamic psychotherapy in the treatment of mood disorders. This review is in response to feedback raised by College members regarding the 2020 RANZCP Clinical Practice Guideline for mood disorders.
	The Steering Group, including a person with lived experience, has provided recommendations to the Board on the next steps for the review. The Steering Group's work has an anticipated completion date of early 2024.

Professional and clinical practice guidelines and policy statements

A range of professional and clinical practice guidelines and policy statements have been reviewed, updated, or developed. These are important documents informing clinical practice and therefore the experience of trainees. These are outlined in Table 2.

Table 2: Changes in Professional and clinical practice guidelines and policy statements

Activity	Details
College engagement with the pharmaceutical industry	In April 2023 the RANZCP Board agreed that the College will no longer accept sponsorship or funding from the pharmaceutical industry or medical device industry, for the annual RANZCP Congress, effective from 2024. This decision was made based on the importance of integrity and removing perceived industry influence.
	Position Statement 78: RANZCP engagement with the pharmaceutical industry, will be updated to provide guidance on how the College may engage with pharmaceutical and medical device companies, and other commercial companies, beyond Congress. This will be informed by a full member consultation process.
Firearms Working Group	In 2021 the College was asked by the Victorian Coroner to produce guidelines around the assessment of people with depression/suicidal ideation to have their access to firearms restored/granted. The Firearms Working Group was formed in March 2022 to progress a Professional Practice Guideline (PPG) on firearm risk assessments. The Working Group includes a CCC representative.
	The final draft of the PPG is progressing and is anticipated to be completed in 2023.
Private Practice Resources	In 2022, the College commenced a review and revision of its private practice resources. These resources, available to members on the College website, provide information on the opening, running, and closing of a private psychiatry practice. A review of existing resource documents was conducted in 2022, led by the Section of Private Practice Psychiatry (SPPP) Committee.
	The development of new private practice resource documents is currently underway, led by the SPPP Committee. This is anticipated to be completed in 2023.
The prevention and early intervention of mental illness in infants, children and adolescents (PEIPS) Report and Position Statement	The College is currently undertaking a review and revision of the PEIPS report and Position Statement 63. Both documents have been developed in conjunction by the Faculty of Child and Adolescent Psychiatry (FCAP) Committee and Section of Perinatal and Infant Psychiatry (SPIP) Committee. The revisions have been noted by the FCAP and SPIP Committees as necessary and important resources to inform the implementation of prevention and early intervention programs to address children at risk of mental illness.
Problem Gambling	The College is undergoing a review and revision of Position Statement 45: Problem Gambling as part of the regular review process. The Faculty of Addiction Psychiatry has established a joint review working group, in collaboration with the Royal Australasian College of Physicians to progress the review. A scoping paper has been developed and is currently under out for wider consultation within the respective college's committees.

Table 2: Changes in Professional and clinical practice guidelines and policy statements

Activity	Details
Zero tolerance policy on sexual boundary violations	The RANZCP has a 'zero tolerance' policy to proven sexual boundary violations whereby a practitioner who has been found to have had a proven sexual boundary violation is unable to be a member of the RANZCP, or participate in other RANZCP activities such as the Continuing Professional Development (CPD) Program. The Committee for Professional Practice (CPP) is reviewing this policy, including consideration of patient protection, College reputation, CPD requirements, and operations of the National Boards and Australian Health Practitioner Regulation Agency (Ahpra).
Sexual Safety - Prevention of sexual harm and protection of consumers/tangata whaiora in acute inpatient mental health services	The College is currently drafting a position statement titled Sexual safety - Prevention of sexual harm and protection of consumers/tangata whaiora in acute inpatient mental health services. The scope is tight and deals only with acute care settings as the ethics and practicalities of other care settings are complex. The statement was reviewed by the CPP at their meeting in May 2023. Feedback was provided and is being incorporated into the document, and a review of some literature gaps highlighted is being undertaken.

Stakeholder relations

In 2023, the College signed Memoranda of Understanding (MOUs) with the Canadian Psychiatric Association and the Indonesian Psychiatric Association (IPA) (Appendices 5 and 6) to formalise the principles of a valued and constructive relationship. The College met with the President of the IPA in May 2023 and will be exploring ways to support Indonesian psychiatrists to access short-term training placements in Australia under the terms of our MOU.

The College is in the process of establishing an MOU with the Pasifika Medical Association (PMA) to formalise the principles and scope of a relationship between the two organisations. The completion of this MOU has been delayed from 2022 while the College has grown its Psychiatry Interest Forum (PIF) program in Aotearoa New Zealand.

The MOU aims to include support for:

- workforce capacity-building initiatives in the Pacific
- the PIF to encourage Pasifika medical graduates in Aotearoa New Zealand to choose psychiatry as a career.

The College hopes that the MOU will further our aim to improve Pacific mental health and provide healthcare that meets the cultural needs of Pacific populations.

The College's Pacific Steering Group has also made significant progress on the development of a proposal to support mental health workforce capacity development in Pacific Island countries, which had been delayed due to the pandemic. An engagement plan has been developed and a business case is being finalised. The Pacific Steering Group anticipates presenting the proposal to the RANZCP Board by the end of 2023.

In 2023, the President attended the following conferences relevant to engagement with the health and medical education sectors:

- Joint Congress of the World Association of Social Psychiatry & the Faculty of Rehabilitation and Social Psychiatry, Royal College of Psychiatrists, London
- 74th Annual National Conference of Indian Psychiatric Society, Bhubaneswar
- Tri-Nations Alliance International Medical Symposium
- European Psychiatric Association Congress, Paris
- World Psychiatric Association Regional Congress, Kolkata
- Hong Kong Hospital Authority Convention, Hong Kong
- American Psychiatric Association Annual Meeting, San Francisco

- Royal College of Psychiatrists International Congress, Liverpool (July)

And the following meetings with external stakeholders:

- New Zealand Royal Commission of Inquiry into Abuse in Care
- Council of Presidents of Medical Colleges
- Therapeutic Goods Administration.

2.   Activity against conditions

Condition 1	To be met by: 2023: Review and evaluation 2024: Implementation 2025: Evaluation of changes

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)

Along with a suite of governance enhancements made in 2023, the RANZCP Board has commissioned an externally facilitated Board review to be completed by the end of 2023. A targeted tender process is currently underway to engage one of four well known consultants in this area.

The scope of the review requires the external evaluator to:

i) undertake an evaluation of the effectiveness of the Board and consider:

- **Board Structure**: its composition, constitution and diversity and that of its Committees, competencies of the members, Board and Committee regulations, frequency of meetings, procedures; including consideration of the structure of the Board – including Appointed Director Trainee, Appointed Director Articles in the Constitution, and skills-based needs, a review of Appointed director positions within the Constitution, an evaluation of Appointed Director Trainee position and process and the length of Board Director term

- **Dynamics and Functioning of the Board**: annual Board calendar, information availability, interactions and communication with CEO and senior executives, Board agenda, cohesiveness and the participation in Board meetings

- **Business Strategy Governance**: Board's role in organisational strategy

- **Financial Reporting Process, Internal Audit and Internal Controls**: The integrity and the robustness of the financial and other controls and risk management

- **Monitoring Role**: Monitoring of policies, strategy implementation and systems

- The Board's **relationship with management**.

ii) undertake a review of the Constituent Committees of the Board to assess the suitability of the committee structure and how well they respectively function to support the Board in its role, considered against the expectations. This is to consider whether the wider constituent committee structure (including the Members Advisory Council -MAC) and the current direct reporting structure is fit for purpose. For example, which committees should report to the Board? And should there be a partnerships director?

iii) undertake an evaluation of individual capabilities- how directors perceive themselves and each other to be contributing positively to the work of the Board and the ways in which their contributions could be improved, considered against the expectations of directors (for example, the board's composition matrix, code of conduct for the Board).

iv) develop key recommendations to assist the RANZCP Board to develop an actionable plan and create future models of evaluation.

The aim of this evaluation is to examine the workings of the RANZCP Board and its members along with its effectiveness, the quality of its decision making and strategy, and its relationship with the executive management team.

The evaluation is scheduled to be delivered to the RANZCP Board in October 2023 pending consultancy availability. Recommendations will be implemented in 2024 and evaluated in 2025.

Condition 2	To be met by: 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

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)

2 (i) The RANZCP acknowledges that its complex governance structure can lead to perceptions that College policies are not applied consistently. At a meeting of the Bi-National Committee for Trainees (BCT), the College discussed a centralised system of managing and coordinating training. This was met with significant differences of opinion however, overall, trainees felt that the jurisdictional differences should be managed locally. These differences include the significant variation in Mental health legislation and health service models.

A suggested action is to publish key information via the College website to provide further transparency and education to trainees across Australia and Aotearoa New Zealand. Selection processes and jurisdictional allocations were identified as particular areas of focus.

Other areas of interest being scoped including random sampling and audit, and review of accreditation processes which will be worked through with trainees prior to further consideration.

2 (ii) Recently, the Board approved changes to the Deed of Undertaking (DOU), in response to member feedback around transparency and collegiate discussions.

A review of the language, with the aim of simplifying legalistic terms, was undertaken and edits were made to ensure linkages with current College processes.

Specific Trainee feedback was sought via the BCT and the Trainee Advisory Committee (TAC), prior to seeking Board endorsement, and the refreshed Undertaking was received positively. The wider membership has also been advised of the immediate implementation of the Undertaking.

The new Undertaking provides clear and simple guidance for members around sharing information from committees that is not marked confidential and addresses barriers created by the previous Undertaking to ensure a balance between effective governance and protection of members' confidentiality, with a focus on engagement of and communication with trainees.

2 (iii) The BCT has been established, with its inaugural meeting in January 2023. The formation of the group required the development of Terms of Reference (Appendix 7) and the appointment of members to the group. The College President and President Elect attended the inaugural meeting of the BCT. The CEO and Senior College staff attended the May 2023 meeting, and there is increasing engagement with other College committees as the issues of interest to the BCT become clear.

The BCT is formulating a work plan to identify the areas of priority for Trainee representation. Matters discussed have included:

- trainee wellbeing
- trainee input to the developments in the assessments
- communication with the trainee cohort
- support of First Nations Trainees and Indigenous mental health
- the Deed of Undertaking
- the work required to advocate for Trainee voting rights within the College.

College staff have been allocated to support the BCT and co-ordinate the execution of the workplan, and regular meetings have been set up with the Board Trainee Director and Chair BCT, and the EM Education and Training, and Manager Accreditation, CPD and Reporting to discuss emerging matters in Education.

Allocation of BCT Members to other College Committees to increase the representation of Trainees across the work of the College has been completed.

The TAC has been formed through the establishment of TOR (Appendix 8) and the appointment of members. The first meeting of the TAC was held in May 2023 (virtually). Agenda items discussed at this meeting included cultural Safety for First Nations Trainees and Indigenous mental health, workforce pressures, bullying and harassment, and the impact of these issues on Trainee wellbeing. Trainee engagement and strategies to improve connection with the wider Trainee cohort were outlined. TAC Members had the opportunity to provide reports from the Committees they sit on, and a further opportunity was provided to speak to the report submitted.

A Risk Register for the TAC and an evaluation plan for the BCT and TAC are under development.

The College President, CEO, and Senior College staff attend the TAC meetings.

2 (iv) The Corporate Governance and Risk Committee (CGRC) in May discussed and approved a scope for the review and redevelopment of the College's Guideline for Declaring and Managing Conflicts of Interest (The Guideline). The Guideline's intention is to ensure that all relevant disclosures of interest are addressed in an open and transparent manner throughout the period of a person's term on a College Committee or the Board. Declaration of conflicts of interest is a standing item on most Committee agendas, recorded in minutes, and as relevant on a standing committee Register.

Given the feedback received, a review of the Guideline will ensure regular processes for revising and centrally monitoring conflicts of interest to manage actual or perceived bias in decision-making. (Standard 1.1.6)

The proposed scope of the review of the Guideline is:

- To further entrench principles of good governance and ensure the membership has the confidence that personal interests do not conflict with duties within the College.
- To ensure members take all reasonable steps to avoid any conflicts of interest, real or apparent, in connection with their role within the College.
- To emphasise freedom from any conflicts of interest which may result in personal gain and those related to any disclosable relationships like close associates, such as friends, family, and other businesses or organisations. Outside engagements or work commitments like paid or voluntary work also need to be disclosed.
- Consideration of inclusion of staff.

- Review to map against the Managing Conflicts of Interest: A Guide for Charity Board Members' developed by the Australian Charities and Not-for-profits Commission (ACNC).
- Specific consideration of conflicts in the education and training space particularly as the College considers strengthening workplace assessments and the need for central monitoring mechanisms to address the tension for supervisors of undertaking both supervisory and assessment roles in the workplace.
- Specific consideration of conflicts of interest in the development of policy documentation including but not limited to guidelines, position statements and submissions.
- Consideration of whether conflicts of interest should be declared alongside conferences and events such as Congress.

Following the review of the Guideline for Declaring and Managing Conflicts of Interest, it will be implemented alongside a wider education piece to enhance knowledge and awareness of raising and managing conflicts of interest transparently and consistently across all College Committees. Audit processes will be considered for implementation to ensure guidelines are followed.

The College has developed a formalised procedure for the Management of Conflicts of Interest, which outlines the operational processes, activities, and responsibilities related to the management of Conflicts of Interest (COI) Registers which should be read in conjunction with the Conflict of Interest Guideline.

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)	

The RANZCP has published the Review, Reconsideration and Appeal Policy and Procedure which replaces the previous Reconsideration and Appeals Policy.

This Policy applies to individuals who are dissatisfied with a decision of the RANZCP and includes all RANZCP Members, candidates on RANZCP the Specialist Pathway to Fellowship, and individuals who are not members or candidates, but who have applied to the RANZCP in relation to a RANZCP policy or procedure.

The new governance structure, with the introduction of the Education Review Committee (ERC) and the Independent Reconsideration Panel (IRP), has been completed.

For decisions relating to education and training, an individual may request a Review of a decision by the ERC. If they remain dissatisfied with the outcome of a Review, they may apply for Reconsideration to the IRP. For all other decisions of the RANZCP (other than those relating to education or training), individuals should lodge an application for Reconsideration of the decision to the IRP at first instance.

The final step of the Policy for those who remain dissatisfied with the outcome of a Reconsideration, is to apply for an Appeal. Appeal hearings will continue to be heard by the Appeals Committee.

The RANZCP Legal Services Department will support the ERC, IRP, and Appeals Committee to perform their functions and assist applicants through the process.

RANZCP members and other individuals have had the opportunity to familiarise themselves with the Policy. The RANZCP will make available documents to guide and assist individuals wishing to make an application under the incoming Policy, and outlining how support can be sought from the RANZCP throughout the relevant application process.

The College will monitor the implementation of the Policy to ensure that processes are clear and that the criteria underpinning decisions are transparent, and feedback is being sought from individuals accessing the process.

Condition 4	To be met by: 2023: Scoping and development 2024: Implementation

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)

In 2022, anticipating the changes in the CPD regulatory space, the AMC accreditation of the RANZCP, and the evolution of the new "Program of Assessments" (discussed in detail under the response to standard 5 in this report) a departmental restructure of the Education department was approved by the RANZCP CEO.

The restructure, with the planned recruitment for increased staffing, addresses the need for increased capacity in key areas including:

- education expertise
- operational experience in training and learning
- project management
- technical expertise
- higher levels of administration skill.

The new organisational structure, specific to Education is provided as Appendix 9.

The appointment of an Education Department Coordinator in 2023, consistent with the change in the College approach to personal assistants to EMs, means there is broader operational support for the EM and the Education Department.

Headed by the EM, Education and Training, who in turn reports to the Executive General Manager, Education and Operations, the department comprises four business units:

- Training and Development (Manager: Jackie Mottica)
- Accreditation, CPD and Reporting (Manager: Anita Hill)
- Digital Education Services (DES) (Manager: David Beal)
- Examinations and Assessments (Manager; Raman Singh and Dr Anita Bhatt who leads the academic and theoretical development of assessment).

In addition, Dr Joanne Jenson as Education Projects Advisor oversees the development and delivery of various projects including curriculum enhancements, educational reviews and projects endorsed by the Education Committee (EC) prior to Covid-19. These include:

- review of Entrustable Professional Activities (EPAs) to address consistency, duplication, currency, and volume in line with contemporary practice
- the Supervisor Project, developing resources to address supervisor needs and a longer-term program to support supervisors in their role with increased focus on workplace based assessment
- development of Advanced Skills Training in Rehabilitation Psychiatry, an online mixed-mode program
- review of Formal Education Courses (FEC).

Working closely with the Manager, DES and the Manager, Accreditation, CPD and Reporting, Dr Jenson is developing an online learning strategy to reflect the increasing appetite of the membership for online teaching and learning programs.

Training and Development

To accommodate the integration of summative assessments into the workplace-based training environment, and the transition to a new program of assessments, the revised structure will see the current Manager of Training stepping up to a role of Senior Manager, Training, Development and Assessment. Working closely with supervisors, Directors of Training and health services, the role will oversee the Portfolio Review assessment, undertake development and quality improvement strategies, and advise on the implementation feasibility of the new program of assessments. With over 10 years' experience in Training, Jackie Mottica will provide advice and direction on the Fellowship Program while overseeing the change management process around assessment transformation.

The restructure of the Training and Development unit:

- expands capacity and staffing in the projects area to address reviews, emerging regulatory changes, and quality improvement related to the Committee for Training (CFT) and the Committee for Specialist International Medical Graduate Education (CSIMGE)
- has administration staff reporting to the Training Coordinator role, thereby reducing the number of direct reports to the Manager
- creates a Training Manager role under the Senior Manager (Training, Development and Assessment) to oversee the operations of the unit's committee management and Help Desk
- creates an additional higher-level role of Policy Advisor to oversee policy development
- increases capacity via recruitment of additional administration roles to oversee the development, implementation, and maintenance of new Advanced Training Certificates.
- changes the reporting line for the Manager, Assessments to the Senior Manager (Training, Development and Assessment)
- changes the role of the Team leader SIMGE to Manager, SIMGE with administrative staff reporting to this new position.

Digital Education Services

The DES team was further enhanced with the recruitment of two new roles and the completion of a new multimedia studio. These new roles and recording facility increase the team's capabilities in relation to developing high-quality learning and information resources.

The appointment of an Instructional Designer brings this capability in-house and facilitates continuity of work on projects.

The new Test and Quality Analyst role provides a dedicated person to focus on software testing to help ensure the quality of InTrain, My CPD and other College applications. This role will take pressure off operational staff who have been undertaking application testing on an ad-hoc basis.

The in-house recording (Dibden) studio, situated in the Melbourne office and completed early in 2023, delivers improved capabilities across College business for the development of audio and video digital assets.

Assessments and Examinations

The role of Manager Assessments has been revised to focus on operations, quality improvement in systems and processes, staff management and oversight of assessment delivery, and the implementation of the new program of assessments.

Having acted as Manager Assessments for some time, Dr Anita Bhatt is continuing to work with the college in a consultancy capacity to conceptualise the design of the new program of assessments and its development for implementation.

Discussed in detail in the response to standard 5, the role of Project Manager Education has been created as a 2-year fixed term role to develop an engagement strategy, architecture for communications and project planning for the new program of assessments. The role works closely with, and supports, the Assessment Consultant (Dr Bhatt) and EM, Education and Training.

A new role, Committee Administration Officer, now oversees committee management, operationalisation of actions, quality improvement and committee approvals and governance in relation to new assessment goals and programs.

Accreditation, CPD and Reporting

To meet increasing accreditation requirements, AMC conditions and obligations for the CPD Home, the CPD and Accreditation Teams have been further delineated to have separate dedicated staffing.

The Accreditation team now comprises a dedicated Coordinator and two Accreditation Assessment Officers to support the increasing focus on accreditation as a means of ensuring the quality of education and the experience of trainees. To address the need to engage with a larger number of stakeholders and larger intakes into the Fellowship program, the expanded team will be able to undertake process improvements including the utilisation of Medical Training Survey (MTS) data at a granular level to inform accreditation panels.

With a new dedicated CPD Operations coordinator, the CPD administrative team has been increased to five FTE in recognition of the increasing number of CPD participants. This is to enable the College to meet the introduction of mandatory reporting of compliance to the AHPRA in 2024, along with providing a seamless CPD Home experience for SIMG candidates on the substantial comparability pathway and trainees on prolonged breaks in training.

CPD Project and Development work is now supported by dedicated staff, with the appointment of a Coordinator CPD Developments (permanent) and a fixed term CPD Home project officer. The intent of the Coordinator, CPD Development is to ensure that the expert subject content developed by the College can be strategically linked to CPD. The CPD Home project officer is focused on the following key tasks:

- integration of CPD for trainees on a prolonged break in training, and SIMGs on the substantial comparability pathway to ensure that their compliance can be reported to AHPRA
- marketing
- integration of College activities such as committee work as well as College educational events with the My CPD system
- development of the reporting processes for the CPD Home, including mandatory compliance reporting once the requirements are published.

The capacity of the Reporting team has been increased through the appointment of a Reporting and Evaluation Officer, reporting to the Lead, Business analysis and reporting. The Lead position is a promotion of the previous Business Analyst position in recognition of the increased importance of data and analysis in the operations of the Education Department. This will enable more effective evaluation of projects and programs, and more granular reporting on rurality and Indigenous status, and their impact on success in the Fellowship program.

The Reporting team is responsible for the annual progress report to the AMC. Recognising the number of conditions and recommendations in the 2022 AMC accreditation report, additional project roles have been created for a fixed two-year term to support the timelines of those deliverables. A Project Officer has commenced, and recruitment for a Project Coordinator is underway.

Medical Education Expertise

A position description for a Fellow role in Education has been developed and is under review for approval, with the aim to enhance pedagogical and medical education expertise to guide the development and implementation of the new Program of Assessment and other education initiatives and responses In Education.

The continuation of partnerships with external subject matter experts, Professor Lambert Schuwirth and Professor Julian Archer ensures there is independent medical education and assessment expertise to advise, guide and validate assessment change, and provide benchmarking with global assessment trends, and other specialist medical colleges.

We also continue our partnership with the Australian Council for Education Research (ACER) to:

- review the role of the Critical Essay Question (CEQ) examination and its fitness for purpose and address quality improvement in the Modified Essay Question (MEQ) (Condition 26, reported under Standard 5 in this report)

- undertake the development of an overarching curriculum framework to bring a consolidation of the curriculum documentation in relation to learning outcomes and training program curriculum statements. (Condition13 reported under Standard 3, and recommendation DD reported at the end of this report).

Indigenous Expertise

Reporting to the EM Bi-national Offices and Partnerships, two roles focussed on Aboriginal and Torres Strait Islanders are currently being finalised. Once the position descriptions have been approved by the Aboriginal and Torres Strait Islander Mental Health Committee, recruitment of an Aboriginal and Torres Strait Islander Health Manager, and an Aboriginal and Torres Strait Liaison officer will commence. This will provide a focus for Aboriginal and Torres Strait Islander trainees and Fellows. The position descriptions are provided as Appendices 10 and 11.

3. Statistics and annual updates

Tables 3 to 8 provide statistics for requests for review, reconsideration, and appeal in 2022. It does not include requests or applications which were lodged but not finalised by 31 December 2022, and therefore remain in progress.

While there are currently no formal mechanisms for feedback in relation to applicants' experiences, feedback is received informally throughout the process and is monitored by the RANZCP Legal Services. This feedback assisted in the development of the new Review, Reconsideration and Appeal Policy and Procedure, with the following improvements:

- the new Policy and Procedure strengthens levels of engagement by increasing the clarity, transparency, and procedural fairness aspects of the appeal mechanisms

- The RANZCP Board is responsible for ratifying the outcomes of Reconsiderations and Appeals under the new Policy and Procedure and is therefore able to monitor any issues or patterns arising

- The RANZCP Legal Service is responsible for the preparation of confidential briefs to the Board and assisting in communicating any Board-level discussions in relation to these matters to the responsible committees such as the newly formed ERC, responsible for review of educational and training decisions, and the IRP, responsible for assessing all reconsideration requests. Through these mechanisms, any recurring issues in decision-making or process can be identified and managed.

Table 3. Requests for Review

Requests for Review (trainees)			
Subject of Review	**Number of Review**	**Outcome**	
		Upheld	**Dismissed**
MEQ Examination Eligibility	2	2	-
Review of MEQ Examination Result	8	-	8
Exemption to sit MEQ	1	-	1
Review of PWC outcome	1	-	1
Clarification of PWC feedback	2	2 (Feedback provided)	-
Request for 4th submission of PWC	1	1	-
Request for early marking / out of session marking of PWC	3	-	3
Review of late submission of PWC	1	1	-
Review of failed SP outcome	1	1	-
Request for exemption to complete SP	4	2	2
Request for recognition of prior learning for SP	4	2	2
Request for early marking / out of session marking for SP	5	-	5
Clarification of SP feedback (exemption)	1	1 (Feedback provided)	-

Table 4. Requests for Reconsideration

Requests for Reconsideration (trainees)			
Subject of Reconsideration	**Number of reconsiderations**	**Outcome**	
		Upheld	**Dismissed**
Decision by the Committee for Examinations (CFE) not to support Scholarly Project Exemption	1	1	-
Failure to reach standard to successfully complete Case-based Discussion (CbD) as second step of Alternative Assessment Pathway	1	-	1
Failure to successfully complete first step of Alternative Assessment Pathway, the Portfolio Review (PR)	1	-	1
Decision of Committee for Training (CFT) to not recognise prior learning as equivalent to State 2 Research Term and associated EPAs in the course of consideration of an Application for Recognition of Prior Learning	1	1	-

Table 5: Requests for Appeal

Requests for Appeal (trainees)			
Subject of Appeal	**Number of appeals**	**Outcome**	
		Upheld	**Dismissed**
Decision by RANZCP Board (on recommendation of the Education Committee) to exclude trainee from RANZCP training program due to a failure to progress, as a result of failing OSCE three times.	1	-	1
Decision made by Committee for Examinations to exclude marks from MEQ 2.2 from overall examination marks for all candidates, and replace with a scaled score, as a result of becoming aware post-examination that there were unintended difficulties with the question.	1	1 (Partially upheld)	-

Table 6: Requests for Review by Specialist International Medical Graduates (SIMGs)

Requests for Review (SIMGs)			
Subject of Review	Number of Review	Outcome	
		Upheld	Dismissed
N/A			

Table 7: Requests for Reconsideration by Specialist International Medical Graduates (SIMGs)

Requests for Reconsideration (SIMGs)			
Subject of Reconsideration	Number of reconsiderations	Outcome	
		Upheld	Dismissed
Outcome of interim assessment as partially comparable	8	-	8
Requirements of MBA Report 1 (following specialist assessment) - to complete essay style examinations	2	-	2
Requirement of MBA Report 1 (following specialist assessment) - partial comparability candidate requested further period of supervised practice to complete essay style examinations & request for reconsideration of formal exclusion from the program and withdrawal of RANZCP support	1	-	1
Review of MEQ Exam Result	1	-	1
Exemption to sit CEQ	2	-	2
Review of PWC outcome	1	-	1

Table 8: Requests for Appeal by Specialist International Medical Graduates (SIMGs)

Requests for Appeal (SIMGs)			
Subject of Appeal	Number of appeals	Outcome	
		Upheld	Dismissed
Decision by the RANZCP Board (on recommendation of the Education Committee) to withdraw comparability status and exclude SIMG from Specialist Pathway to Fellowship	3	-	3

The AMC has requested to confirm the costs associated with the College's reconsideration, review and appeals processes for 2023, and describe how the College ensures that these costs are transparent and communicated to trainees. Also to 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.

The AMC has requested to include a link to where this information is provided on the College's website.

College response

Under the RANZCP's Review, Reconsideration and Appeal Policy and Procedure individuals who are dissatisfied by a RANZCP decision can seek a reconsideration and then, if relevant, an appeal of a decision. There is a $1,000 application fee for Reconsiderations, and a $4,000 application fee for Appeals. Applications for waiver of fees are considered on a case-by-case basis.

As a matter of standard process all RANZCP fees are indexed on an annual basis in line with the Consumer Price Index (CPI). As an exception, the application fees for Reconsiderations and Appeals have remained fixed since 2012.

The new Review, Reconsideration and Appeal Policy and Procedure includes a 'Review' step, to ensure transparency of process for applicants and providing applicants with a single reference point setting out all steps of the RANZCP appeal mechanisms – that being, Review, Reconsideration and Appeal.

The new Policy and Procedure is supported by a new governance structure with the establishment of the ERC and the IRP.

For decisions relating to education and training, a person may request a Review of a decision to the ERC. There is no charge under the new Policy for those seeking a Review of a decision. If an individual remains dissatisfied with the outcome of a Review, they may submit an application for Reconsideration to the IRP.

For all other decisions of the RANZCP (other than those relating to education or training), individuals should lodge an application for Reconsideration of the decision to the IRP in the first instance.

The final step of the new Policy for persons who remain dissatisfied with the outcome of a Reconsideration, is to apply for an Appeal. Appeal hearings will continue to be heard by the Appeals Committee.

Under the new Policy and Procedure, where the original decision has been altered, an applicant or appellant has the right to have half of the application or appeal fee refunded. Where an applicant or appellant is successful in their application, a refund of the application fee paid will be considered on a case-by-case basis.

The new Policy and Procedure informs all individuals seeking to access the RANZCP's review mechanisms that a fee applies in making an application for reconsideration or appeal unless the applicant can establish grounds of financial hardship.

Implementation of the new Policy and procedure allows the RANZCP to strengthen its internal mechanisms, providing a pathway through which the RANZCP's accountability to its members and other individuals subject to RANZCP decisions can be maintained.

Understanding that seeking review of a decision may be stressful, the RANZCP offers a number of support services to members, including the Confidential Member Advice Line | RANZCP which allows members to speak confidentially to the College for advice or support – for example 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.

Other services that are referred to in communications with members, and not only those who engage with RANZCP review mechanisms, are services such as the Doctor's Health Advisory Service or DRS4DRS.

The new Policy and Procedure was approved by the RANZCP Board in February 2022.

In September 2022, the Board approved appointments to both the ERC and IRP in accordance with relevant regulations and considerations. The relevant members have been advised of their appointments and have been through an induction process.

The RANZCP has communicated the incoming Policy and Procedure to all members and appropriate implementation mechanisms have been established.

The RANZCP will ensure that the implementation is supportive, and the new Policy and Procedure will be accompanied by a number of documents to assist those wishing to make an application under it, including guidelines that explain the process and how support can be sought from the RANZCP throughout the relevant application process, and associated costs. Supporting documentation is available on the RANZCP website.

Changes to cost associated with reconsideration, reviews and appeals for 2023	Rationale for changes
Changes to fees made No changes made **X**	The fee associated with an application for Reconsideration is $1,000 and a fee associated with an application for Appeal is $4,000.

The AMC has requested a description of any changes to College's requirements for Cultural Safety training for its senior leadership team, staff, and college committee members in 2023 (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.

College response
The College has commenced consultation with its First Nations Committees to understand how to develop an effective and First Nations-led approach to cultural safety that leverage existing frameworks, such as those provided by the Australian Indigenous Doctors' Association (AIDA) and the Council of Medical Colleges (CMC) in Aotearoa New Zealand.
There will be an overarching cultural safety plan that branches into different stakeholder groups/roles within the College as appropriate. Processes of engaging with AIDA and the CMC in Aotearoa New Zealand have begun to understand the models of cultural safety they have developed.
The design of training for the College Board, staff and College Committees will be considered when the overarching cultural safety plan is developed.
In the interim, all College staff have been required to complete Aboriginal and Torres Strait Islander Cultural Awareness modules as part of their orientation for some years. Modules relating to Te Tiriti Waitangi are now also required training for all staff, in both Australia and Aotearoa New Zealand. Three Australian based staff have attended a workshop on cultural safety delivered by AIDA in May 2023.
Tu Te Akaaka Roa has recently approved training through the Takarangi Framework for all its members and the staff of the National office in Aotearoa New Zealand. This immersive on-marae experience is scheduled for later in 2023.
Arrangements are also underway for AIDA to deliver a cultural safety workshop later this year for key members of the College's main committees.

The AMC has requested an update on any changes to the College documents listed in Table 9.

Table 9: Updated documents – Standard 1

Policy / Procedure	Description of changes

College Governance Chart
    Revised document attached   **X**
    No changes made
	The revised RANZCP Governance Chart is provided as Appendix 12

Conflict of Interest
    Revised document attached
    No changes made   **X**
	The CGRC has approved the scope of the review of the RANZCP's Guideline for Declaring and Managing Conflicts of Interest.

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

Summary of the college performance against Standard 2
In 2022, this set of standards was found to be Substantially Met

1. Introduction

The RANZCP continues to increase the number of psychiatrists in the workforce pipeline. Since commencing the 2012 regulations the training intake has increased by 6% average annual growth and the admissions to the Fellowship have increased by 12%.

Figure 1: Growth in trainee intake and admission to the Fellowship
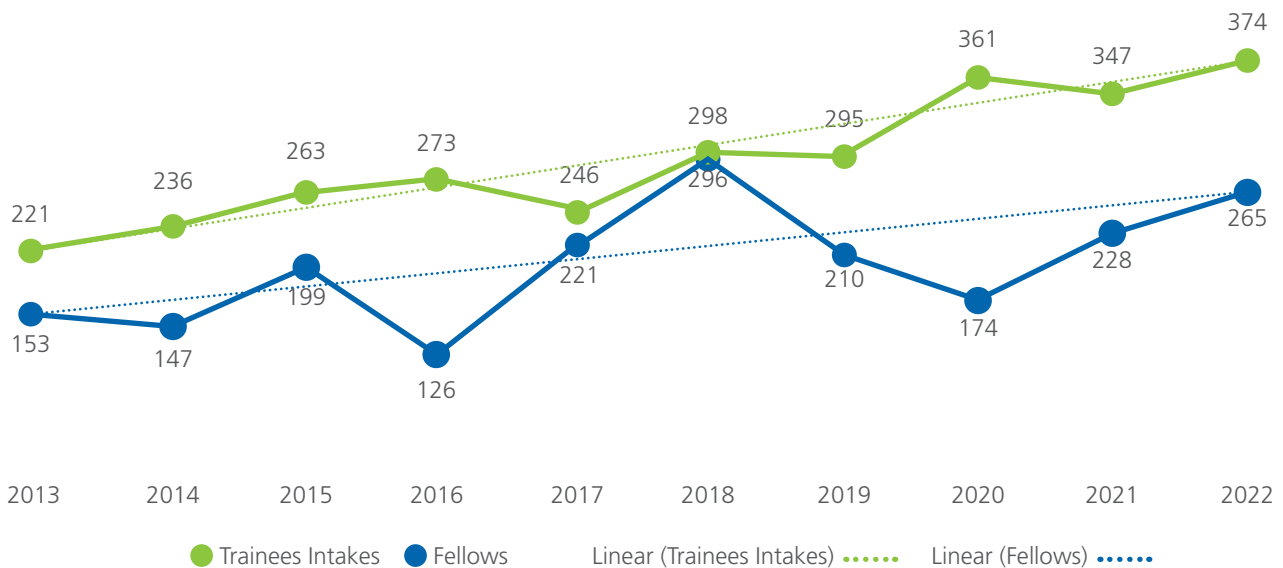
During 2022, the RANZCP admitted 265 new Fellows, with 190 (77%) completing the Fellowship pathway and 61 (23%) completing the SIMG pathway (see Table 10).

The RANZCP monitors outcomes by cohort for the 2012 Fellowship program in addition to the monitoring of months of Full Time Equivalent (FTE) training. This monitoring enables a better understanding of trainee progression and the workforce supply pipeline. Figure 2 shows the cohort analysis for the 2013 – 2023 cohorts of the 2012 Fellowship program. The distribution by status includes:

- trainees who have completed the Fellowship program (Fellows)
- trainees who are still an active trainee
- inactive trainees, including those who have withdrawn, been excluded, or are deceased.

Table 10: Number of trainees and SIMGs completing the Fellowship Program

Fellowship Program	2017	2018	2019	2020	2021	2022
Trainees	**179**	**207**	**154**	**136**	**170**	**204**
2012 Fellowship Program	-	52	101	118	148	190
Transitioned trainees	179	155	53	18	22	14
SIMG	**42**	**90**	**56**	**38**	**58**	**61**
Total	**221**	**297**	**210**	**174**	**228**	**265**

Figure 2: Progression by cohort and status (%) (as of 3 July 2023)
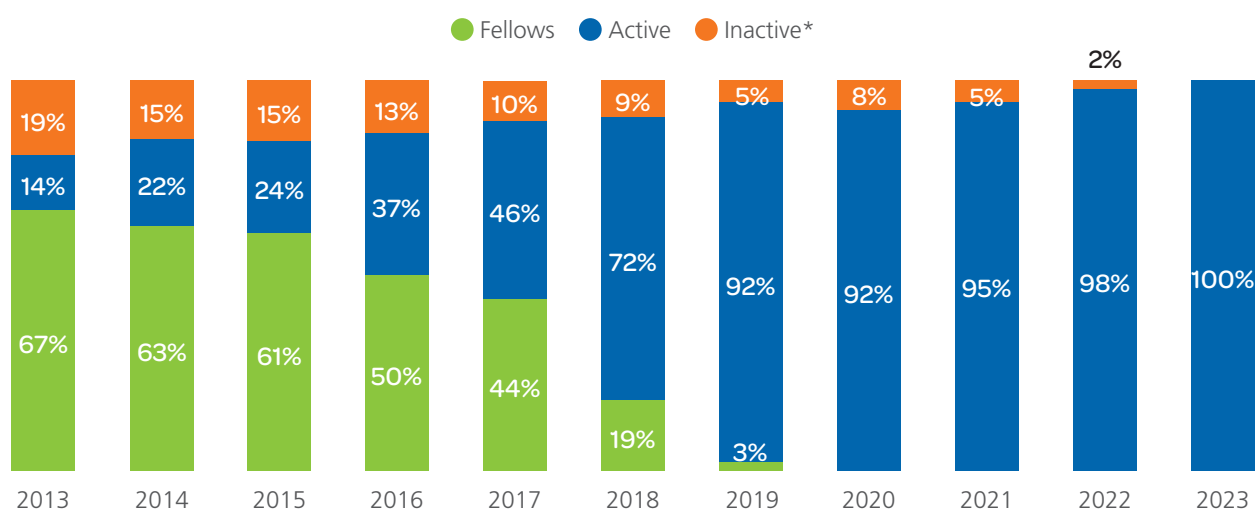
(*) The inactive category includes withdrawn, excluded, and deceased trainees.

Table 11 illustrates the number of trainees in each cohort achieving Fellowship by year. Those completing in five or six calendar years (60 – 72 FTE months) are highlighted in green and blue respectively. Note that the figures for 2023 are incomplete. The data shows that more than 50% of trainees are consistently completing the program in six or less years. Note that owing to the cycle of admissions to Fellowship it is possible that the number of trainees completing in five years or less is under-reported. Trainees completing in December will not be reported as Fellows until the following year, as their admission date is January.

The attrition rate, trainees who withdraw from the program voluntarily, appears to be stabilising after the initially high 17% for the first cohort (2013).

Table 11: Progression by cohort (as of 3 July 2023)

	Cohort 2013	Cohort 2014	Cohort 2015	Cohort 2016	Cohort 2017	Cohort 2018	Cohort 2019	Cohort 2020	Cohort 2021	Cohort 2022	Cohort 2023
Trainees Fellows											
Intakes	**221**	**236**	**263**	**273**	**246**	**296**	**295**	**360**	**347**	**374**	**314**
Inactive											
Deceased	1	-	1	1	1	-	-	-	-	-	-
Excluded	4	5	6	2	3	1	1	-	-	-	-
Withdrawn	37	30	33	33	21	26	16	27	16	6	1
Trainees											
Trainees	31	52	62	100	112	214	270	333	331	368	313
Fellows (a)											
2014	-	-	-	-	-	-	-	-	-	-	-
2015	-	-	-	-	-	-	-	-	-	-	-
2016	1	1	-	-	-	-	-	-	-	-	-
2017	3	-	-	-	-	-	-	-	-	-	-
2018	55	8	1	-	-	-	-	-	-	-	-
2019	37	62	3	1	-	-	-	-	-	-	-
2020	19	32	68	2	-	-	-	-	-	-	-
2021	17	21	41	66	3	1	1	-	-	-	-
2022	10	19	34	54	73	1	2	-	-	-	-
2023	6	6	14	14	33	53	5	-	-	-	-
Fellows	**148**	**149**	**157**	**137**	**109**	**55**	**8**	**0**	**0**	**0**	**0**
Attrition rate(b)	**17%**	**13%**	**13%**	**12%**	**9%**	**9%**	**5%**	**8%**	**5%**	**2%**	**0%**
End (<=6 years)(c)	**54%**	**51%**	**51%**	**52%**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

(a) Those completing the program in five or six calendar years are highlighted in green and blue, respectively.

(b) The RANZCP attrition rates report on the number of trainees who have permanently withdrawn from the Fellowship program but do not include trainees excluded (terminating or dismissing a trainee according to college regulations) or deceased.

(c) The end (<=6 years) reports on the percentage of intakes (excluding inactive) who have finished the Fellowship program in less than 6 years.

(d) Intakes will conclude in February 2024.

2.   Activity against conditions

Condition 9	To be met by: 2023: Development and consultation 2024: Implementation

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)

The RANZCP has been developing a statement to define and articulate the College's commitment to Aboriginal and Torres Strait Islander peoples and Māori health outcomes and perspectives, and community responsibilities. Our website has been revised to include our acknowledgement of Aboriginal and Torres Strait Islanders as the First Nations and traditional owners of Australia, and Māori as tangata whenua in Aotearoa New Zealand on all pages, along with links to pages outlining our commitment to their mental health.

The RANZCP is working to address inequities in Aboriginal, Torres Strait Islander and Māori health through initiatives to grow and maintain the Indigenous specialist workforce; and ensure cultural safety for both patients and doctors.

We are committed to Aboriginal and Torres Strait Islander and Māori health through increasing the Aboriginal and Torres Strait Islander and Māori workforce (members and staff), teaching culturally appropriate care, and the review and implementation of our Reconciliation Action Plan (RAP) and affirming commitment to Te Tiriti o Waitangi.

The RANZCP will consult on the draft wording and look to the implementation of the wider College commitment to Aboriginal and/or Torres Strait Islander peoples and Māori health outcomes and perspectives, and community responsibilities.

Condition 10	To be met by: 2023: Development and consultation 2024: Implementation

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)

The RANZCP has engaged ACER to assist with the conduct of a review of various aspects of the RANZCP curriculum. While this work will focus on several outcomes, ACER will assist in articulating the educational purpose of the RANZCP Fellowship program and the clear identification of program and graduate outcomes related to equity in healthcare and inclusion of cultural safety learning outcomes and curriculum content.

ACER will commence work in September 2023, followed by consultation with the committees.

Condition 12	To be met by: 2023: Scoping and development 2024: Communication and implementation

Ensure that the needs of Aboriginal and Torres Strait Islander and Māori communities for cultural safety are addressed by:

(i) Implementing the Takarangi framework across the training, CPD and SIMG assessment programs.

(ii) Developing and implementing actions in the Innovate Reconciliation Action Plan that relate to training, CPD and SIMG assessment programs. (Standards 2.1.2, 2.2 and 2.3)

12 (i) Background collation of documentation relating to the proposal to implement the Takarangi Framework has been undertaken, focusing on governance processes, feasibility, and scalability.

In January 2023, following the AMC assessment of the College in 2022, the CMC published its Cultural Safety Training Plan for Vocational Medicine in Aotearoa. The CMC has advised the College that the Takarangi Framework provides a valuable contribution as cultural competence training, but would not provide all requirements for cultural safety training.

To understand a path forward, in the context of this increasing focus on cultural safety, the Board, through their Māori Board Member, the Chair of Tu Te Akaaka Roa, and representatives from Te Kaunihera have met and agreed to implement the Takarangi Framework training for Tu Te Akaaka Roa and the staff of the Aotearoa New Zealand National Office in late 2023.

Further consultation on its feasibility for trainees in Aotearoa New Zealand is being undertaken with stakeholders.

As the Takarangi Framework is purpose designed as cultural competence training for the Addiction and Mental Health sector in Aotearoa New Zealand, its transferability to the Australian context is unclear. Tu Te Akaaka is considering the CMC's Cultural Safety Training Plan and if it is recommended to the EC as the preferred cultural safety framework, its applicability to the Australian context will be considered.

12 (ii) As discussed in the response to Standard 1, the RANZCP has established a Steering Group which is developing and implementing the 2023-2026 RANZCP Innovate RAP.

The Steering Group's key deliverables are to:

- develop a vision for reconciliation
- review the previous RAP and reflect on improvements and past failures
- identify RAP Champion/s as an action within the RAP
- identify achievements and opportunities for improvement and barriers to progression, with recommended actions
- outline collaboration with stakeholder groups to create inclusive relationships that lead to meaningful outcomes
- outline how the RANZCP will build and maintain an organisational culture that respects and values Aboriginal and Torres Strait Islander Peoples, culture and history
- track progress of the activities of the RAP
- finalise and publish the RANZCP RAP
- provide an annual report to Reconciliation Australia on the implementation of the RAP's deliverables.

The membership of the Steering Group comprises Fellows and Associates who identify as Aboriginal and/or Torres Strait Islander, members of the Aboriginal and Torres Strait Islander Mental Health Committee, including a Community Member, and RANZCP Staff.

The Steering Group is working on the development of the Innovate RAP including actions relating to training, CPD and the SIMG assessment programs.

Following feedback from the members of the Aboriginal and Torres Strait Islander Mental Health Committee, the timelines have been evaluated to allow for meaningful collaboration and feedback. This has been supported by the RAP Steering Group, and the launch of the RAP is scheduled for March 2024 and will be acknowledged at the RANZCP's Annual Congress.

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.

Summary of the college performance against Standard 3
In 2022, this set of standards was found to be Substantially Met

1. Introduction

The AMC have not requested reporting against conditions 13 and 14 in this report. However, the RANZCP wishes to note the engagement of ACER in a consultancy capacity on areas of the curriculum, including those referred to in conditions 13 and 14.

2. Activity against conditions

Condition 15	To be met by: 2023-2024: Completion 2025: Communication 2026: Implementation

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)

As outlined previously in the response to condition 10, ACER have been engaged to conduct a review of aspects of the RANZCP curriculum, including the development of explicit learning outcomes related to cultural safety. Addressing cultural safety is being considered as a cross-college commitment to embed cultural across training, membership, communications and governance. The work to be developed by ACER will be influenced by other work occurring across the College including the considerations regarding the Takarangi Framework.

ACER will commence work in September 2023 and consultation with relevant committees will then take place.

Condition 16	To be met by: 2023: Development and consultation 2024: Implementation

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)

We are developing mechanisms and processes to monitor trainees on a break in training (BIT), using Power Bi to integrate data from InTrain (the college's trainee management system), iMIS (the College's membership database) and the financial systems. This will provide clarity and real time oversight of trainees on a BIT, and essential data to inform analysis of the application of the College's policies across the training programs.

This will also inform processes to support Australian trainees meet the requirements of their CPD registration standard when they are on a prolonged BIT.

Standard 4: Teaching and learning approach and methods

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

Summary of the college performance against Standard 4
In 2022, this set of standards was found to be Not Met

1.   Introduction

The AMC has not requested reporting against conditions 17 and 19. However, the RANZCP wishes to note the work that has commenced to meet these conditions.

Work is underway on the post data within InTrain to further identify posts as community or non-acute to demonstrate the breadth of training available. Workforce advocacy in Australia includes a focus on increasing opportunities for trainees to experience high prevalence low acuity disorders in the private practice environment. In the interim, the Section of Private Practice Psychiatry has held a webinar discussing how some private hospitals have incorporated training into their operations. This webinar was well attended, indicating the interest of the Fellowship in supporting training, however, there remain structural challenges to increased training in smaller private practices due to the current Medicare Billing Schedule (MBS).

Regarding condition 19, an audit of Learnit modules has been completed as a first step to meeting this condition. A further gap analysis will identify priorities for the production of educational materials. However, a full curation will be dependent on the outcomes of the various review projects being undertaken currently such as the FEC review and the Supervisor Project. Further consideration for online learning development is also underway to explore training and learning delivery to support trainees and SIMGs with exam preparation, inductions, and meet increasing demand from the membership for learning.

2.   Activity against conditions

Condition 18	To be met by: 2023: Evaluation 2024: Implementation
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)	

The review of the Formal Education Courses (FEC) is underway. A steering group has been established to provide oversight to the work of an appointed external consultant, Curio. The Steering Group's Terms of reference are provided as Appendix 13. Following an initial workshop, where several potential options were identified as improvements on or alternatives to the status quo, consultation with local and international specialist medical colleges, trainees, supervisors, Directors of Training (DOT) and committees is being undertaken by Curio. The College is mindful this may potentially present a significant change to how FECs are delivered and to the FEC providers and trainees, and we are developing an engagement strategy to lead the communication process in the anticipation of any response from the relevant stakeholders.

Further workshops and meetings with the Steering Group and Curio and Education staff are scheduled and the final report with the recommendations is anticipated for delivery late in 2023. Recommendations will be considered by the Education Committee for endorsement to the Board for final approval.

Condition 20	To be met by: 2023: Development 2024: Consultation 2025: Implementation
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)	

As a first step to meeting this condition, the Accreditation Committee (AC) will be considering the development of an addition to the Acute Inpatient Numbers guideline that articulates appropriate service expectations of Stage 1 trainees related to their level of clinical skill and responsibility.

The review of EPAs currently underway will contribute to the articulation of expectations of trainees at the Stage 1 level. The proposed structure for the EPAs will include levels of development towards independence and expert practice.

3.   Statistics and annual updates

The AMC has requested completion of the table below including procedure numbers required in the College's training program/s for 2023 and any impacts or disruptions to trainees achieving the targets.

Table 12. 2023 Procedure Numbers

Training program	Procedure type	Procedure numbers required	Impacts or disruptions achieving targets and how the College is ensuring trainees are meeting training requirements
Apart from Electroconvulsive Therapy (ECT) and repetitive Transcranial Magnetic stimulation (rTMS) there are no interventional procedures required in the Fellowship program. There have been no impacts or disruption to trainees' ability to meet this requirement.			

Standard 5: Assessment of learning

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

Summary of the college performance against Standard 5
In 2022, this set of standards was found to be Not Met

1. Introduction

Addressing the assessment of learning has been a primary focus of the RANZCP during 2023, with progress being made against all conditions imposed against this standard.

2. Activity against conditions

Condition 21	To be met by: **2023: Development** **2024: Implementation** **2025: Monitoring and evaluation**

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)

21 (i) The College has progressed in the development of its assessment mapping to align existing assessments with learning outcomes, Fellowship competencies and the draft syllabus for the RANZCP Training program.

The Assessment Framework Working Group (AFWG) submitted a report to the Education Committee in April 2023, that noted:

- many learning outcomes do not appear to be aligned with a clear assessment strategy
- there are gaps in types of assessments that comprehensively assess a range of trainee experiences
- the wording of learning outcomes does not always support observation and measurement of outcomes.

The AFWG identified poor presence of clear and specific statements describing the overarching outcomes for the RANZCP training program.

The assessment mapping and alignment developed so far mostly refers to the current suite of assessments. As the College has been conceptualising the development of a more programmatic model of assessments that transitions into workplace-based environment, and as a new program of assessments develops, the assessment mapping and learning outcomes will be refined and updated to align to and reflect the changes in assessments and any new assessment activities (formative and summative) in the training program.

A roadmap, reflecting the overarching timelines and development stages for the Program of Assessments as agreed at a Stakeholder Forum held on 28 April 2023, has been published and is provided as Appendix 14. Following requests from College members to be involved and informed, a dedicated assessment information portal on the college website has been developed to maintain a repository of important documentation, papers, meeting minutes and design material.

Further documents are provided as attachments to this submission, including the:

- Assessment Framework Report to the EC (Appendix 15)
- Assessment mapping documents (Appendix 16)

21 (ii) As an initial step, the Assessment Framework report and the draft assessment mapping have been circulated to the constituent education committees – CFE, CFT and CSIMGE. The AFWG is seeking advice from these committees particularly for the following:

- For each Fellowship Competency, based on the findings in the report:

- Review of the proposed assessment strategy/ies for each competency, identifying any additional gaps and providing suggestions for how these may be addressed.

- How well current assessments evaluate the competency/learning outcome, how closely they align with the outcome, and suggesting alternative assessment strategies which may be better aligned.

- Any proposed new types of assessments and feedback on their usability and feasibility.

- Review of the wording of learning outcomes to ensure it reflects tangible behavioural outcomes to support consistency and clarity in applying assessment standards.

- Identify any gaps in training and consider whether all trainees are provided sufficient opportunities to be trained in all Fellowship competencies.

- Suggestions for an overarching outcome, or outcomes, to describe the training program as a whole – the essential skills and competencies that psychiatrists need. A broad definition has been suggested, but there is a need for more specific statements around the required skills, attitudes and knowledge expected of new Fellows.

- Priority setting of the learning goals for the Fellowship Training Program. It has been suggested that this is organised on the basis of stages of the Fellowship Program and possibly also for phases of Fellowship (e.g. early, mid-career, later). This would entail articulating the essential skills and attributes of a consultant psychiatrist at these different stages.

- Suggestions for how extensively particular learning outcomes and competencies should be assessed, including depth, breadth, and frequency of assessment. The attached heat map (Appendix 17) gives an indication of current assessment weightings.

The next step will be to engage with trainees, SIMGs and those with lived experience to seek their feedback on assessment framework development.

21 (iii) ACER has been engaged to review aspects of the College curriculum, including the development of culturally safe and inclusive practices to embed into the training program. The assessment framework developed so far reflects the current curriculum to the extent of including topics on cultural context and sensitivity including in relation to Aboriginal and Torres Strait Islander and Māori mental and specific issues of assessment for military, veterans, and first response services, including the culture of these services.

The outcomes related to these topics are currently assessed through the MEQ, the Observed Clinical Activity (OCA), CbD and other workplace-based assessments. As these areas are increasingly embedded into the program, appropriate ways of assessing in a culturally safe way and appropriate learning tools may need to be developed.

The initial focus has been on stakeholder consultation and receiving feedback from committees in Education. The process for obtaining feedback from those with lived experience is yet to be considered, however the College's Lived Experience Strategy is under development and will influence and direct the method of engagement.

21 (iv) This is an area where consultation with broader stakeholder groups will be undertaken to understand the impact on the workplace.

Areas in assessment that will require greater engagement and input from supervisors have been identified – these include the provision of meaningful feedback to trainees, ensuring that the feedback loop is completed, having difficult conversations, and identification of struggling trainees early in their training. These areas will be considered by the Supervisor Project being undertaken by the College, as well as quality improvements in the examination process and result outcomes.

An important focus of the new Program of Assessments is the support of supervisors with regular training workshops and support materials. The Supervisor Project Working Group has been established to oversee the development of supervisor materials and develop support for the supervisor workforce. The College is also considering the use of technology in alleviating the administrative workload of supervisors. The TOR for the Supervisor Project Working Group are provided as Appendix 18.

Condition 22	To be met by: 2023: Development 2024: Implementation

Provide evidence of the application of valid project/program management and change management methods to ensure appropriate sequencing of work, accountability for delivery, timely implementation, and effective communication of actions and rationale related to the Assessment Framework. This should be part of an overarching plan that includes other planned reviews and the integration of these with each other and the program of assessment. (Standard 5.1)

As part of the College's strategic plan to incorporate program management methods in the development and implementation of the Program of Assessments, several key steps have been undertaken:

- **Recruitment of a Projects Manager**: A dedicated Projects Manager has been recruited to provide support in the planning and execution of the new program of assessments, and of the engagement strategy.

- **Preparation of a Multi-Phased Roadmap**: A comprehensive roadmap (Appendix 14) has been prepared to delineate the various stages involved in the Program's development and implementation. This roadmap serves as a guide, outlining the progressive steps from initial conception to final application.

- **Development of the Program's Engagement Strategy**: An Engagement Strategy (Appendix 19) has been formulated to identify and engage key stakeholders effectively. This strategy encompasses a range of communication channels, cross-college meeting attendances, and consultation methods, ensuring that program updates and progress are consistently disseminated to relevant stakeholders and the broader membership.

The College is currently drafting two key documents:

- a detailed sequenced project plan and flow chart to provide a granular overview of the Program's development and implementation processes

- a Change Management policy and procedure establishing a systematic approach to communication of changes to the Fellowship program.

It should also be noted that several projects related to education are currently being undertaken by the Education Department. These include:

- syllabus review

- EPA review

- Assessment Framework development

- curriculum review

- development of supervisor resources and training

- FEC review.

Many of these projects underpin the proposed new 'Program of Assessments' that is currently under consultation with education committees and the broader Fellowship. The interdependence is described in Appendix 20 and we will be considering the development of an overarching one-page demonstration of how the projects feed into the overall curriculum and program of assessments.

Some of these projects commenced prior to the conception of the new 'Program of Assessments'. However, as these projects progress it has become apparent that there are interdependencies and linkages between the projects and the overall 'Program of Assessments'. The new 'Program of Assessments' will need to consider how these projects impact and contribute to the new assessment model, examples include the review of the EPAs.

Any new types of assessments introduced to the "Program of Assessments" will need to be reflected in the Assessment Framework and mapping that has been developed so far. Similarly, any changes in syllabus, curriculum and learning outcomes (as required by some of the AMC conditions) will also require the Assessment Framework to be updated. The Assessment Framework is envisaged to be a dynamic document that will reflect the introduction of new assessments and changes, including any new/revised EPAs, updated curriculum and learning outcomes.

The "Program of Assessments" will also be informed by the outcomes of the EPA Review regarding the structure the EPAs and their alignment to the current learning outcomes which have been mapped as part of the assessment framework.

These projects will contribute to the development of an overarching training program framework that articulates into a coherent structure the interface of elements such as:

- training approach and rationale
- education purpose
- graduate outcomes
- curriculum and assessment map.

The gaps identified and recommendations made through the progress of these projects will inform and help to refine the new 'Program of Assessments'.

A project plan, identifying the tasks related to these projects and the inter-related timelines, will be part of the program management strategy.

Condition 23	To be met by: 2023: Development 2024: Implementation
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)	

The College has engaged ACER to review the format and the role of the current CEQ assessment with one of the considerations being the 'burden of assessment', and whether the CEQ is fit for purpose to assess the skills that are tested via the CEQ.

The 'burden of assessment' has been addressed to an extent by the implementation of the CCA, which is a combination of summative assessments that are delivered through a holistic portfolio review of the In Training Assessment reports and the centrally administered Case-based Discussions.

The AFWG is recommending that the RANZCP consider introducing alternative types of assessment, that may include:

- peer feedback
- multisource feedback
- reflective exercises

- possible consultation Vivas

- learning portfolios.

An expanded suite of assessments could leverage commonly occurring clinical activities without increasing the number of formal assessments. However, acceptability from the RANZCP membership regarding these additional assessments has not been widespread and this will still need to be considered for feasibility and rigour and discussed with the trainee cohort to seek feedback.

An important consideration for the new 'Program of Assessments' is the issue of the burden of assessment. It is envisaged that the integration of summative assessments with the existing workplace-based assessments (some of which will be low-stakes), as part of the new assessment structure will not necessarily increase the burden either on candidates or on supervisors. The development and progress of the "Program of Assessments" is provided in the following section.

Program of Assessments

The College has been conceptualising the development and planning of a new Program of Assessments since April 2022. Several stakeholder consultation forums have been held (May 2022, June 2022, July 2022, February 2023, April 2023 and Congress symposium May 2023) to discuss options and proposals for the new 'Program of Assessments'. Feedback from relevant education committees and wider stakeholders has been sought to inform development and facilitate stakeholder engagement. (Appendices 21 and 22)

Documents outlining the rationale, educational principles, possible options, structure, delivery and logistics issues, and assessment systems have been developed for the new Program of Assessments (Appendix 23). These papers have been circulated and discussed at many forums and meetings and the feedback received has further refined proposals and delivery issues. These issues are still under consultation with stakeholders.

The Stakeholder Forum meeting on 28 April 2023 was facilitated by medical education experts - Professors Lambert Schuwirth and Julian Archer - who provided the context for the evolution of assessment in medical education as well as the educational principles to underpin the development while ensuring fair, reliable and valid assessments. The forum discussed several possible options for the new 'Program of Assessments'. It confirmed and agreed the educational principles, and reached a consensus on shortlisting two of the proposed options for further work. (Appendix 24)

The two shortlisted options are:

- *Clinical Competency Portfolio Review (CCPR)*

This comprises a review of In Training Assessments (ITAs) as per the current CCA processes. Additionally, it would include summative Observed Clinical Activity (SOCAs) from Stage 2 and Stage 3 (assessed by external assessors) as well as a Stage 3 OCA assessed by the internal supervisor. There is also scope to include other WBAs as part of the assessment such as EPAs.

- *Integrated Assessments Pathway (IAP)*

This option integrates current workplace-based assessments with summative assessments and uses multiple data points for making an assessment decision. This is a more programmatic assessment approach that is structured for making judgements on competency. This approach combines formative and summative assessments such as OCAs, EPAs and ITAs in a holistic evaluation. This option would aggregate assessments for determination by a progression panel, with the potential for implementing other types of assessments in the workplace to target competencies not generally assessed elsewhere. These could include for example logbooks, professional development plans, and Vivas.

While the two shortlisted options clearly satisfy educational principles broadly, there are variations between the two options regarding feasibility, longitudinal assessment, and the approach to continual lifelong learning.

The feasibility issues have been considered at length for the CCPR in Appendix 25. As the IAP option is more complex and proposes many more assessment types and progression decision points, the logistics of this option could be difficult to operationalise, especially if the timeline for implementation of the new 'Program of Assessments' needs to be completed in the next couple of years.

The EC and the Board approved the following subject to continued consultation with relevant stakeholder groups and committees:

- the development of the CCPR as a transitional assessment strategy from mid-2025 to 2027
- the development of the IAP as a long-term programmatic program of assessment for implementation from 2027 subject to evaluation of the program of assessments offered in 2025-2027.

Considering the plan for the CCPR to be delivered in mid-2025, the Board also endorsed the extension of the CCA from March 2024 until mid-2025, with modifications as outlined in the response to condition 25.

The Roadmap (Appendix 14) provides proposed timelines for the development, delivery and implementation of the new assessments in the next few years. Broadly the CCPR development and delivery timelines are:

- Design and Development: July 2023 - December 2024

- approval of the CCPR assessment program (December 2023-February 2024)

- development of Policy and regulations (2024)

- development of supervisor program and resources (July 2023-June 2024)

- Implementation: mid 2025-mid 2027

- calibration and training of external assessors

- facilitating the conduct of online SOCAs

The data analysis for trainees undertaking 'break in training' is currently being undertaken.

Condition 25	To be met by: 2023: Evaluation 2024: Implementation
Monitor and evaluate the Clinical Competency Assessment as an appropriate replacement for the Objective Structured Clinical Examination. (Standard 5.2)	

Prof Lambert Schuwirth has conducted a comprehensive evaluation of the Alternative Assessment Pathway (AAP), which was introduced as an emergency response during 2021. (Appendix 26). The AAP was only slightly revised in relation to the criteria eligibility for the portfolio review to derive the CCA, replacing the AAP. The rationale for the change from AAP to CCA was to move away from the notion of it being an alternative assessment to replace the OSCE as an and emergency response, which implied that the OSCE may return. However, the evaluation of the AAP was consistent with the CCA criteria and the findings and recommendations for the AAP are applicable to the CCA.

The AAP/CCA evaluation showed that it was an appropriate replacement for the OSCE, which was a single event high stakes assessment. The Portfolio Review (PR) component of the AAP, based on a longitudinal assessment of In Training Assessments (ITAs) involving multiple assessors/supervisors, was found to be sound and defensible, and proved to show strong principles for the conceptualisation of a more programmatic model of assessment for the future. Candidates who are not successful in the PR component are required to proceed to the CbD assessment. The evaluation found the CbD component to be less defensible and improvements for the validity of the CbDs and the assessment process were recommended.

The College is currently reviewing further modifications to the current CCA with a view to improve the overall robustness of the assessment. It plans to implement the modified CCA in March 2024. (Appendix 27)

The RANZCP believes that the AAP/CCA evaluation, along with the proposed modifications to improve the delivery of the CCA and its processes, to be evidence that this condition is being met.

Condition 26	**To be met by:** **2023: Review and development** **2024: Implementation and communication** **2025: Operational**

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)

The critical thinking skills assessed by the CEQ examination are essential for psychiatrists. ACER has been engaged by the College to clearly articulate the content and skills assessed by the CEQ and provide an assessment of the 'fitness-for-purpose' of the current format. ACER is also tasked with reviewing the MEQ examination for quality improvement and strengthening of the examination following lower pass rates in recent times.

The MEQ Examination comprises clinical scenarios that assess the capacity for critical thinking about clinical practice and the application of clinical knowledge. It assesses the candidate's capacity to think broadly in terms of bio-psycho-social aspects of health and their ability to explore issues relevant to:

- the practice of psychiatry
- models of illness
- ethics and
- complex service issues.

These critical thinking and clinical reasoning skills are vital to assess the clinical competence and maturity of candidates in the RANZCP Fellowship Program. While alternatives to the CEQ may be recommended for consideration once ACER delivers its final report on the CEQ review August/September 2023, there is no intention at this point to replace the MEQ.

Condition 27	**To be met by:** **2023: Review** **2024: Implementation** **2025: Operational**

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)

27 (i) The EPA working group continues to focus on the reduction of the number of EPAs required of trainees, and ensuring they reflect the core skills unique to psychiatrists. Thus far the working group has achieved the aim of significantly reducing the overall number of EPAs, and is working towards identifying the core EPAs, ensuring overarching consistency and that the required competencies are covered. However, a full draft proposal of EPAs for consultation with key groups such as DOTs and the CFT is still under development. The work is focussed on completion of EPAs for the Fellowship Program, and the approach to EPAs for the Certificates of Advanced Training is yet to be determined.

The working group is mindful of ensuring EPAs adhere to current best practice requirements and follow international standards and exemplars in education.

27 (ii) As part of the consultation process, the Stage 1 and 2 EPAs will be sent to Aboriginal and Torres Strait Islander and Māori reviewers for their feedback and comments based on their expertise. Once, this has been incorporated, the Stage 1 and 2 EPAs will be formally submitted to the various RANZCP committees and then onto the Education Committee for their review and finally the RANZCP Board for approval for implementation.

27 (iii) Consultation with the CCC will be undertaken prior to submission to the Education committee. The outcomes of the College's Lived Experience Strategy will influence and direct the method of consultation with people with lived experience and their families.

3. Statistics and annual updates

Tables 13 to 18 provide updates on the pass rates for each of the individual assessments and percentage of trainees who passed at their first, second, third or more attempts.

Table 13. Multiple Choice Question 2022 outcomes

Assessment Activity- Round	1st attempt			2nd attempt			3rd attempt or more		
	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed
MCQ- March	**124**	**106**	**85%**	**29**	**17**	**59%**	**8**	**1**	**13%**
Aboriginal and/ or Torres Strait Islander trainees	2	1	50%	-	-	-	2	0	0%
Māori trainees	-	-	-	-	-	-	-	-	-
Pasifika trainees	1	0	0%	-	-	-	-	-	-
SIMG	-	-	-	-	-	-	-	-	-
MCQ- July	**181**	**161**	**89%**	**17**	**14**	**82%**	**7**	**4**	**57%**
Aboriginal and/ or Torres Strait Islander trainees	1	1	100%	-	-	-	1	0	0%
Māori trainees	2	1	50%	-	-	-	-	-	-
Pasifika trainees	-	-	-	-	-	-	-	-	-
SIMG	-	-	-	-	-	-	-	-	-
MCQ- April*	**1**	**1**	**100%**	**1**	**1**	**100%**	**-**	**-**	**-**
Aboriginal and/ or Torres Strait Islander trainees	Not reported due to potential identification								
Māori trainees									
Pasifika trainees									
SIMG	-	-	-	-	-	-	-	-	-

(*) Contingency examination for Covid-19

Table 14. Critical Essay Question 2022 outcomes

Assessment Activity- Round	1st attempt			2nd attempt			3rd attempt or more		
	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed
CEQ - February	**135**	**106**	**79%**	**35**	**22**	**63%**	**28**	**17**	**61%**
Aboriginal and/ or Torres Strait Islander trainees	2	2	100%	1	1	100%	1	0	0%
Māori trainees	-	-	-	-	-	-	-	-	-
Pasifika trainees	2	2	100%	-	-	-	-	-	-
SIMG	15	5	33%	8	5	63%	3	3	100%
CEQ- August	**208**	**158**	**76%**	**28**	**17**	**61%**	**14**	**5**	**36%**
Aboriginal and/ or Torres Strait Islander trainees	1	0	0%	1	0	0%	1	0	0%
Māori trainees	7	4	57%	-	-	-	-	-	-
Pasifika trainees	2	1	50%	-	-	-	-	-	-
SIMG	16	8	50%	5	1	20%	3	1	33%

Table 15. Modified Essay Question 2022 outcomes

Assessment Activity- Round	1st attempt			2nd attempt			3rd attempt or more		
	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed
MEQ - February	**127**	**81**	**64%**	**58**	**39**	**67%**	**41**	**20**	**49%**
Aboriginal and/ or Torres Strait Islander trainees	1	0	0%	1	1	100%	1	0	0%
Māori trainees	1	1	100%	1	0	0%	-	-	-
Pasifika trainees	1	0	0%	1	0	0%	-	-	-
SIMG	12	4	33%	13	8	62%	3	1	33%
MEQ- August	**207**	**115**	**56%**	**43**	**24**	**56%**	**31**	**15**	**48%**
Aboriginal and/ or Torres Strait Islander trainees	3	2	67%	1	0	0%	3	1	33%
Māori trainees	5	3	60%	1	0	0%	-	-	-
Pasifika trainees	3	2	67%	1	1	100%	-	-	-
SIMG	34	16	47%	7	4	57%	3	2	67%

Table 16. Clinical Assessment 2022 outcomes

Assessment Activity- Round	1st attempt			2nd attempt			3rd attempt or more		
	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed
AAP- March	**470**	**417**	**89%**	**10**	**8**	**80%**	**8**	**8**	**100%**
Aboriginal and/ or Torres Strait Islander trainees	5	5	100%	-	-	-	1	1	100%
Māori trainees	10	10	100%	-	-	-	-	-	-
Pasifika trainees	3	3	100%	-	-	-	-	-	-
SIMG	39	32	82%	1	1	100%	3	3	100%
CCA- September	**87**	**83**	**95%**	**1**	**1**	**100%**	**3**	**1**	**33%**
Aboriginal and/ or Torres Strait Islander trainees	1	1	100%	-	-	-	-	-	-
Māori trainees	1	1	100%	-	-	-	-	-	-
Pasifika trainees	-	-	-	-	-	-	-	-	-
SIMG	7	7	100%	-	-	-	-	-	-

Table 17. Scholarly Project 2022 outcomes

Assessment Activity- Round	1st attempt			2nd attempt			3rd attempt or more		
	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed
SP- March	**32**	**25**	**78%**	**9**	**8**	**89%**	**2**	**1**	**50%**
Aboriginal and/or Torres Strait Islander trainees	-	-	-	-	-	-	-	-	-
Māori trainees	-	-	-	-	-	-	-	-	-
Pasifika trainees	-	-	-	-	-	-	-	-	-
SIMG	-	-	-	-	-	-	-	-	-
SP- July	**46**	**37**	**80%**	**12**	**11**	**92%**	**2**	**1**	**50%**
Aboriginal and/or Torres Strait Islander trainees	-	-	-	-	-	-	-	-	-
Māori trainees	-	-	-	-	-	-	-	-	-
Pasifika trainees	-	-	-	1	1	100%	-	-	-
SIMG	-	-	-	-	-	-	-	-	-
SP- November	**54**	**43**	**80%**	**19**	**19**	**100%**	**2**	**2**	**100%**
Aboriginal and/or Torres Strait Islander trainees	-	-	-	-	-	-	-	-	-
Māori trainees	2	2	100%	1	1	100%	-	-	-
Pasifika trainees	-	-	-	-	-	-	-	-	-
SIMG	-	-	-	-	-	-	-	-	-

Table 18. Psychotherapy Written Case 2022 outcomes

Assessment Activity- Round	1st attempt			2nd attempt			3rd attempt or more		
	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed
PWC- February	**41**	**29**	**71%**	**17**	**16**	**94%**	**3**	**2**	**67%**
Aboriginal and/ or Torres Strait Islander trainees	-	-	-	-	-	-	-	-	-
Māori trainees	1	1	100%	-	-	-	-	-	-
Pasifika trainees	-	-	-	-	-	-	-	-	-
SIMG	-	-	-	-	-	-	-	-	-
PWC- May	**64**	**39**	**61%**	**14**	**13**	**93%**	**4**	**4**	**100%**
Aboriginal and/ or Torres Strait Islander trainees	1	1	100%	-	-	-	-	-	-
Māori trainees	3	3	100%	1	1	100%	-	-	-
Pasifika trainees	1	1	100%	-	-	-	-	-	-
SIMG	-	-	-	-	-	-	-	-	-
PWC- August	**55**	**42**	**76%**	**18**	**14**	**78%**	**4**	**3**	**75%**
Aboriginal and/ or Torres Strait Islander trainees	1	0	0%	-	-	-	-	-	-
Māori trainees	-	-	-	-	-	-	-	-	-
Pasifika trainees	-	-	-	-	-	-	-	-	-
SIMG	-	-	-	-	-	-	-	-	-
PWC- November	**69**	**41**	**59%**	**25**	**22**	**88%**	**1**	**0**	**0%**
Aboriginal and/ or Torres Strait Islander trainees	2	0	0%	-	-	-	-	-	-
Māori trainees	1	0	0%	-	-	-	-	-	-
Pasifika trainees	1	1	100%	-	-	-	-	-	-
SIMG	-	-	-	-	-	-	-	-	-

Note: we have identified excellent percentage pass rates for the AAP and the CCA for Aboriginal and/or Torres Strait Islander, Māori and Pasifika candidates in comparison to other assessment methods. This data demonstrates that Indigenous trainees are progressing through training, but SIMG candidates continue to experience difficulties with some assessments. It may also demonstrate that these assessment formats are more conducive to these candidates.

Table 19 indicates that trainees are progressing with assessments, with 64% of trainees having completed three or more assessments by stage 3. There are 27 trainees in stage 3 who have no summative assessments recorded. There are reasons for this situation:

- some trainees are currently progressing through the Training Review process
- at the time of data extraction, some trainees had just moved into stage 3
- a small number of trainees have completed the Training Review and have been provided with an extension to the training trajectory to undertake examinations
- a small number of trainees are on an extended BIT.

The decoupling of the MEQ and CEQ examinations is the explanation for a Stage 1 trainee having completed more than three summative assessments, a situation that previously could not have occurred.

Table 19: Number of completed summative assessments by stage of training – trainees commencing in the 2012 Fellowship Program (as of June 2023)

	Stage 1						Stage 2						Stage 3						Total
	PT	%	FT	%	BIT	%	PT	%	FT	%	BIT	%	PT	%	FT	%	BIT	%	
None	21	4%	457	88%	10	2%	22	3%	242	30%	27	3%	3	0%	23	3%	1	0%	**806**
1	1	0%	30	6%	2	0%	32	4%	350	43%	15	2%	6	1%	81	9%	10	1%	**527**
2	1	0%	0	0%	0	0%	7	1%	74	9%	4	0%	23	3%	153	18%	10	1%	**272**
3+	0	0%	1	0%	0	0%	2	0%	33	4%	0	0%	86	10%	395	46%	64	7%	**581**
Total	**23**	**4%**	**488**	**94%**	**12**	**2%**	**63**	**8%**	**699**	**87%**	**46**	**6%**	**118**	**14%**	**652**	**76%**	**85**	**10%**	**2186**

Table 20 shows the number of assessments completed by months of FTE training. This data supports the contention that RANZCP trainees are delaying assessments until later in the Fellowship program. There are four trainees who have completed no assessments and have more than 60 FTE months of training recorded. All are full time trainees and are either progressing or completing a training review.

Table 20: Number of completed summative assessments by FTE months of training – trainees commencing in the 2012 Fellowship Program (as of June 2023)

	0-12 Months						12.01-24 Months						24.01-36 Months					
	PT	%	FT	%	BIT	%	PT	%	FT	%	BIT	%	PT	%	FT	%	BIT	%
None	20	3%	552	83%	16	2%	16	7%	97	41%	11	5%	6	2%	43	12%	9	2%
1	2	0%	82	12%	2	0%	8	3%	92	39%	4	2%	20	5%	185	50%	11	3%
2	0	0%	0	0%	0	0%	1	0%	7	3%	0	0%	5	1%	57	15%	3	1%
3+	0	0%	0	0%	0	0%	0	0%	2	1%	0	0%	2	1%	30	8%	0	0%
Total	**22**	**3%**	**634**	**95%**	**18**	**3%**	**25**	**11%**	**198**	**83%**	**15**	**6%**	**33**	**9%**	**315**	**85%**	**23**	**6%**

Table 20: Number of completed summative assessments by FTE months of training – trainees commencing in the 2012 Fellowship Program (as of June 2023) (Cont.)

	36.01-48 Months						48.01-60 Months						60.01+ Months						Total
	PT	%	FT	%	BIT	%	PT	%	FT	%	BIT	%	PT	%	FT	%	BIT	%	
None	2	1%	19	5%	1	0%	2	1%	7	2%	1	0%	0	0%	4	2%	0	0%	**806**
1	6	2%	85	23%	6	2%	1	0%	11	4%	0	0%	2	1%	6	2%	4	2%	**527**
2	11	3%	86	23%	5	1%	6	2%	44	15%	2	1%	8	3%	33	13%	4	2%	**272**
3+	10	3%	135	37%	4	1%	20	7%	180	63%	12	4%	56	23%	82	33%	48	19%	**581**
Total	**29**	**8%**	**325**	**88%**	**16**	**4%**	**29**	**10%**	**242**	**85%**	**15**	**5%**	**66**	**27%**	**125**	**51%**	**56**	**23%**	**2186**

Table 21 shows the percentage of eligible trainees who have passed each of the summative assessments. Trainees are eligible to attempt the PWC and SP from the beginning of their Fellowship Program and 8% and 6% respectively of eligible trainees have passed these assessments. Both the PWC and the SP are longer-term assessments that take a considerable amount of time in planning and execution before submission for assessment. 62% of current trainees commencing in the 2012 Fellowship Program have recorded a pass in the MCQ. 19% of trainees are eligible and have not passed or attempted the MCQ. For the CEQ and MEQ, Table 21 shows that 24% and 20% respectively of trainees have passed the assessment; however, 39% and 42% are eligible and have not passed or attempted the CEQ and MEQ respectively. For the clinical examination, 605 trainees have passed the OSCE, AAP or CCA, and 4% have not passed or attempted a clinical examination. However, this number is expected to increase as the eligibility depends on rotations in stage 3.

Table 21: Trainees summative assessment status – totals for trainees commencing in the 2012 Fellowship Program (as of June 2023); N=2186

	Pass	%	Eligible	%	No Eligible	%
MCQ	1357	62%	422	19%	407	19%
CEQ*	494	24%	801	39%	776	37%
MEQ*	422	20%	873	42%	776	37%
OSCE/AAP/CCA	605	28%	92	4%	1489	68%
PWC	169	8%	2017	92%	-	-
SP	129	6%	2057	94%	-	-

(*) Total CEQ and MEQ differs from the N considering that some trainees passed the Essay Style Examination.

Currently there remain 57 trainees who transitioned from the 2003 Fellowship Program to the 2012 Fellowship Program, and the status of their assessments is summarised in Tables 22 and 23. Most transitioned trainees are in stage 3 and 77% have completed three or more assessments (see Table 22). The single trainee in Stage 2 with no assessments recorded is currently under training review.

Table 22: Transitioned trainees by stage of training and number of completed assessments (as of June 2023); N=57

	Stage 1						Stage 2						Stage 3						Total
	PT	%	FT	%	BIT	%	PT	%	FT	%	BIT	%	PT	%	FT	%	BIT	%	
None	0	0%	0	0%	0	0%	0	0%	1	50%	0	0%	0	0%	0	0%	0	0%	1
1	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	2%	4	7%	0	0%	5
2	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	2	4%	3	5%	2	4%	7
3+	0	0%	0	0%	0	0%	0	0%	1	50%	0	0%	7	13%	33	60%	3	5%	44
Total	0	0%	0	0%	0	0%	0	0%	2	100%	0	0%	10	18%	40	73%	5	9%	57

The number of transitioned candidates has decreased by 91% from 2015, when there were 605 transitioned trainees. It is important to note that when trainees were transitioned from the 2003 Fellowship program to the 2012 Fellowship program their trajectories for training were reset to align with the 2012 program regulations.

Table 23: Transitioned trainees assessment status as of June 2023; N=57

	Pass		Fail		Not Show		No Attempt	
	#	%	#	%	#	%	#	%
MCQ	54	95%	2	4%	1	1%	-	-
Essay	30	100%						
MEQ	9	33%	10	37%	1	4%	7	26%
CEQ	9	33%	10	37%	1	4%	7	26%
OSCE/AAP/CCA	47	82%	4	7%	-	-	6	11%
PWC	11	19%	-	-	-	-	41	81%
SP	21	37%	-	-	-	-	36	63%

Table 24 includes data for trainees who were required to undertake a training review when they did not meet the standard expected in 2022. The table separates transitioned trainees and trainees commencing in the 2012 program. During 2022, 5 out of 49 trainees undertaking a training review were excluded under the training review process. The data shows that most trainees who have been through the training review process have remained in the training program, and all exclusions in 2022 were due to trainees disengaging with the training program rather than assessment failure.

Table 24: Training review

Reason	2022						
	Fellowship Program			Resolution			
	Transitioned trainees	2012 trainees	Total	Not excluded	Excluded	Attained FRANZCP	Other
Failure of progression	0	8	8	7	0	1	0
3 fails MCQ	0	2	2	2	0	0	0
4 fails MCQ	0	0	0	0	0	0	0
5 fails MCQ	1	0	1	0	0	0	1
6 fails MCQ	0	0	0	0	0	0	0
3 fails CEQ exam	2	3	5	3	0	2	0
5 fails CEQ exam	1	0	1	1	0	0	0
3 fails MEQ exam	5	12	17	12	0	5	0
5 fails MEQ exam	1	2	3	2	0	1	0
6 fails MEQ exam	1	0	1	1	0	0	0
7 fails MEQ exam	0	1	1	1	0	0	0
3 fails OSCE	1	0	1	0	0	0	1
5 fails OSCE	0	0	0	0	0	0	0
3 fails PWC	0	1	1	1	0	0	0
4 fails PWC	0	1	1	1	0	0	0
3 fails SP	0	0	0	0	0	0	0
3 fails rotations	0	0	0	0	0	0	0
Did not commence Targeted Learning	0	0	0	0	0	0	0
12 months not in training	2	5	7	1	5	0	1
Total	**14**	**35**	**49**	**32**	**5**	**9**	**3**

The AMC has requested details on the College's examination contingency plans for 2023 and how these are comunicated to trainees.

College response

The timetable for RANZCP examinations for the remainder of 2023 is:

- MCQ – August 2023
- MEQ – August 2023
- CEQ – August 2023
- CCA – Sept 2023
- PWC – submission periods – August 2023, Nov 2023
- SP – submission periods – July 2023, Nov 2023.

PWC and SP require candidates to submit work when they are ready. For the CCA, which is held through Zoom, any cancellation of the examination due to examiner or candidate unavailability is rescheduled to a later date.

The RANZCP's examination contingency plan relates mostly to the MCQ. MEQ and CEQ examinations. The plan identifies possible events and the processes to be followed if such an event eventuates.

The type of incidents that may require a contingency plan to be put in action are:

- power outage
- server or internet failures
- IT failure at examination venues
- emergency evacuation.

Depending on the timing, the examination can be delayed on the same day or rescheduled/cancelled after following due processes. If the examination is rescheduled or cancelled, candidates can expect further advice within 24 hours.

A reserve paper for all written examinations (MCQ, MEQ or CEQ) is always available to be deployed at the rescheduled date and time. In scheduling the dates for written examinations with the examination providers, the venues are also tentatively booked for a date four weeks after the actual scheduled examination date for any contingency examinations that may need to be held.

The Examination Risk Management plan is provided as Appendix 28.

Standard 6: Monitoring and evaluation

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

Summary of the college performance against Standard 6
In 2022, this set of standards was found to be Substantially Met

1.   Introduction

The RANZCP continues to develop its capacity for the monitoring and evaluation of the training program, with an increasing focus on the reporting of outcomes to the Fellowship and the use of data to drive quality improvement. Development work has focussed on the development of the Evaluation and Monitoring Framework and the RANZCP Exit Survey and MTS survey analysis and recommendations.

2.   Activity against conditions

Condition 30	To be met by: 2023: Development 2024: Implementation
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)	

Work has progressed on finalising the Monitoring and Evaluation framework during 2023. A draft logic model has been developed by the Committee for Educational Evaluation Monitoring and Reporting (CEEMR) to assist with the refinement of the framework. Please refer to Appendix 29 to reflect the work in progress.

An initial analysis of stakeholders has been undertaken, with a draft mapping of key stakeholders involved in the training program provided as Appendix 30. This draft analysis of stakeholders will be further reviewed to refine the document at a face-to-face meeting of the CEEMR later in 2023.

Following discussion with representatives of the BCT and TAC, development of a visual model showing the processes for trainee input into the monitoring and evaluation of the Fellowship Program is being drafted. The intention is for this diagram to illustrate how trainee feedback is received, analysed and acted upon.

Alongside these actions, a Key Performance Indicator (KPI) dashboard is being developed in Power BI, with the intention that this be available to provide real-time data to the Board, the EC and its constituent committees. Initial data points covered in the dashboard include:

- Intakes

- total Australia and Aotearoa New Zealand

- distribution by jurisdiction, age, gender and indigenous status

- Admissions to the Fellowship

- total Australia and Aotearoa New Zealand

- distribution by jurisdiction, age, gender and indigenous status

- Program Satisfaction

- Measures from the Exit Survey and the Medical Training Survey (MTS) results

- Assessment Pass Rates

- Cohort Progression Monitor

- Percentage completion in six calendar years or less

- Attrition rate

With further development of post data held within In Train the proportion of training in rural areas will also be included in the KPI dashboard.

Condition 31	To be met by: 2023: Development 2024: Implementation
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)	

There are several existing feedback processes available to all trainees and SIMGs for feedback about program delivery, regardless of the size of the training location. These include:

- the Exit Survey, at the point of admission to Fellowship
- the MTS, however, for smaller centres the results are not available in a reasonable timeframe due to the limitation on reporting of results below a threshold
- pre-Program accreditation surveys of trainees (every 5 years)
- mid cycle accreditation surveys of trainees (every 2.5 years).

Historically, data from accreditation surveys have not been analysed in a systematic manner. However, the CEEMR is now working with the AC on ways of leveraging this important data source as a monitoring tool.

A fundamental principle of the accreditation processes of the College is confidentiality. Surveys are anonymous, and the only attendance recorded for interviews are the number and stage of trainees, and the number of supervisors. No names are recorded.

Further information on this work will be provided in future progress reports.

The work being undertaken to meet conditions relating to program development, program and graduate outcomes includes stakeholder consultation. Stakeholders include trainees, SIMGs, and Indigenous trainees, regardless of the size of the training centre.

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

Monitoring and evaluation reports produced by the CEEMR are reviewed by the full committee, including a trainee representative and Community member with Lived Experience. The outcomes of the College's Lived Experience Strategy will potentially impact the production of monitoring and evaluation reports, with an intention of the strategy to increase capacity for lived experience to be incorporated into the college business. Various recommendations are under consideration, with one potential option being an expanded panel of people with lived experience being available to committees based on the alignment of their individual skillsets and the requirements of the committee. So, for example, the consumer representative on the CEEMR may have a professional background in quality assurance, social research or academia.

3.   Statistics and annual updates

Table 25: Evaluation activity, issues and responses

Evaluation activity	Issues arising	College response to issues
Exit Survey 2022 (Appendices 31 and 32)	• Decrease in the perception of the quality of supervision compared to previous surveys • The areas of curriculum related to leadership and management, audit and clinical safety and research • Assessment outcomes – timeliness and content • FECs perceived to have a weak contribution to the Fellowship program • Communication and engagement	• The quality of supervision should be included as an evaluation measure in the Supervisor Project • These areas have been included in the curriculum review being undertaken by ACER • This has been referred to the CFE for further work with the BCT and TAC • This data has been referred to the FEC Review steering group • Work is underway with the BCT and TAC, and the Membership Engagement Committee (MEC) to review and improve communications with trainees
2021 Survey of Trainees in Specialist Training Program (STP) Posts (Appendix 33)	• Parity of opportunity between rural and metropolitan participants • Participant access to research opportunities and educational resources in STP posts • Guidance for development of skills and fulfilment of RANZCP requirements • Effective communication of support program availability and eligibility • Opportunities for participants to connect and network with peers	• Improve participant access to research opportunities and educational resources in STP posts • Raise awareness of participant support programs and increase communication with participants during their rotations • Enhance opportunities for connection and networking with peers

Table 25: Evaluation activity, issues and responses (Cont.)

Evaluation activity	Issues arising	College response to issues
2021 Survey of Trainees in Integrated Rural Training Pipeline (IRTP) Posts (Appendix 34)	• Parity of opportunity between rural and metropolitan participants • Participant access to research opportunities and educational resources in STP posts • Guidance for development of skills and fulfilment of RANZCP requirements • Effective communication of support program availability and eligibility • Opportunities for participants to connect and network with peers	• Improve participant access to research opportunities and educational resources in STP posts • Raise awareness of participant support programs and increase communication with participants during their rotations • Enhance opportunities for connection and networking with peers
Training and Assessment Update 2022 (Appendix 35)	• Transitioned trainees still undertaking Stage 2 • Volatility of the MEQ pass rate	• Review of the trainees by the CFT • ACER is reviewing the MEQ with a view to quality improvement of the examination
Analysis of Medical Training Survey 2022 (Appendix 36)	• Communication • Perceptions regarding access to psychological support services • Representation by doctors in training on education committees • Orientation to the workplace • Usefulness and timeliness of examination feedback • Quality of teaching spaces • Discrimination, bullying and harassment	• The review of communication is being undertaken by the MEC, and the BCT and TAC • The RANZCP EAP is now available to trainees and SIMGs. The Members Welfare support service has been reviewed. • The BCT and TAC, along with the Governance review are considering representation of trainees on Education Committees • Specific focus on orientation to the workplace will be included in accreditation processes • The content and timeliness of examination feedback is being reviewed by the CFE and Examinations team • Specific focus on teaching spaces will be included in accreditation processes • Bullying and harassment policies have been reviewed, and a discrimination policy is being developed.
Review of the Alternative Assessment Pathway (AAP) (Appendix 37)	• Resourcing for induction and training of supervisors • Support for difficult conversations with trainees in difficulty • Focus on assessment for learning • Replacement of the CBD re-sit with a more information rich approach	• Being addressed by the Supervisor project • Communication and stakeholder engagement
New Zealand National Conference PIF Program Evaluation Report 2022 (Appendix 38)	Areas for continuous improvement identified, including: • increased coordination of travel and accommodation, • increased diversity of funding opportunities offered in wider program, increasing number of structured sessions with RANZCP Fellows and trainees	• Findings reported to Te Whatu Ora and continuous improvement changes identified and implemented for 2023 National Conference PIF program expansion.

Table 25: Evaluation activity, issues and responses (Cont.)

Evaluation activity	Issues arising	College response to issues
2022 Mid and end of program survey (Appendix 39)	• No significant issues were identified	• Updates were made to the Expression of Interest Form • Increased promotion of the 2023 program to encourage female mentors • Improvements made to the 2023 Speed Networking event at Congress
RANZCP Gender Equity Working Group – 2022 Member Consultation survey	The key themes identified from survey respondents were: • Fewer female leaders in psychiatry, • unconscious gender bias, • inadequate support for work-life flexibility, • College training fee structures, • bullying and sexual harassment, • positive to see change within the College regarding gender equity	• Findings were used by the Working Group to inform the 2023 Gender Equity Action Plan and Statement of Commitment, publication of which is forthcoming. (Appendix 40)
2022 Military and Veterans Psychiatry Training Program (Appendix 41)	• No issues identified	
2022 PIF program at Congress Evaluation Report (Appendix 42)	Key recommendations were: • Scheduling the PIF program networking sessions at break times to avoid conflicts with the scientific program. • Inclusion of at least one structured "speed networking" style session • Continuation of the pre Congress sessions.	• All recommendations were incorporated into the 2023 Congress PIF program

Medical Training Survey in accreditation and monitoring processes

	College response
Developments and changes made by the College as a result of the MTS?	Please refer to Appendix 43 which outlines the 17 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 College 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.

College response

What are the future directions and planning of the College based on MTS results?	With an increased capacity in the Reporting team, the College intends to analyse the MTS data at a more granular level to inform accreditation assessments and enable benchmarking. Initially, we will be looking at the data at a jurisdictional level, as there is confidence that this level of data is accurate.

It is possible to approximate training zones, but it will not be exact as there are some shared health services in the zone networks, especially of statewide specialist services such as forensic mental health services.

This will enable accreditation teams to explore MTS findings related to welfare and cultural safety through the interview process.

The work being led by the MEC on preventing racism, bullying and harassment is also in response to the clear call to action regarding medical culture. |

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.

Summary of the college performance against Standard 7
In 2022, this set of standards was found to be Not Met

1.   Introduction

In addition to the reporting against conditions 33 to 38 requested by the AMC, the RANZCP provides an update regarding two key areas of development relevant to trainees – the Specialist Training Program (STP)/Integrated Rural Training Pipeline (IRTP), and Rural Psychiatry Training Pathways. These Australian Government funded programs are governed by the Australian Government Funded Training Program Committee (AGFTPC) which has implemented real time monitoring of SPT funded post vacancies and blinded evaluation of applications for posts.

Support projects for rural and other trainees for the STP/ IRTP initiative

The RANZCP has funding for 34 of the 100 IRTP posts and 160 of the 900 STP posts available to all specialist medical colleges. These positions, funded by the Department of Health and Aged Care (DoHAC), are essential to increasing the training opportunities in rural and regional areas of Australia. STP funding also enables key projects to support trainees and SIMGs in these positions.

Specialist Training Program (STP)

The RANZCP participated in the DoHAC administered 2023 Reserve List Process for STP and IRTP posts. Participating in this process ensures the RANZCP has suitable posts available, should an existing post be discontinued, or additional funding be made available.

- The RANZCP recommended to the DoHAC 27 FTE of new posts for the STP reserve list, of which 20 FTE is located in private facilities and 10.5 FTE is in rural locations. The DoHAC approved the recommendations of the RANZCP, except for one post which was not supported by the relevant state/territory jurisdiction.

- The RANZCP recommended to the DoHAC 9 FTE of new posts for the IRTP reserve list, of which all are located in rural locations. The DoHAC accepted these recommendations.

The DoHAC has approved the RANZCP's project proposal to develop an Aboriginal and Torres Strait Islander Trainee Network. The network is for Aboriginal and Torres Strait Islander trainees and includes an induction and buddy support system for new trainees, and planned networking events throughout the training year, both in-person and virtual. This project has been initiated as following a recommendation from the Aboriginal and Torres Strait Islander Trainee Forum.

The RANZCP participation in the reserve list process for STP and IRTP ensures that should additional funding be made available that there are suitable training posts ready in the priority settings of rural and private.

The RANZCP is awaiting an updated contract from the DoHAC with additional funding for five STP and two IRTP posts. The posts will be selected from the reserve lists and will further expand opportunities outside of metropolitan public hospitals.

Rural Psychiatry Training Pathways (RPTP)

The Rural Psychiatry Training Pathways Roadmap is funded under the Psychiatry Workforce Program (PWP) by the DoHAC. Implementation was delayed by 12 months while staff were recruited, however the majority of Roadmap deliverables are progressing according to proposed timelines:

- Seven of the 45 action items of the Roadmap have been completed, with a further eight under full progress and an work on an additional four commenced.

- A Monitoring, Evaluation and Learning framework is being developed to support the assessment of progress against the RPTP's objectives (action item 8 of the Roadmap).

- The RANZCP Board approved definitions of 'rural' and 'rural origin and background' for use within the organisation after consultation with stakeholders.

- Draft guidelines and regulations for remote supervision have been developed and are undergoing consultation (action item 30 of the Roadmap).

- The Consultation-Liaison (C-L) Psychiatry and Child and Adolescent Psychiatry projects have been delayed due to establishing the scope of the project and delays in recruiting resources. Both projects are scheduled to be delivered by the end of 2024.

- Draft regulations for selection criteria to prioritise rural applicants for the RPTP have been developed and are undergoing consultation (action item 13 of the Roadmap).

- Draft regulations for selection criteria to prioritise Aboriginal and Torres Strait Islander and Māori applicants for the Fellowship program have been developed and are undergoing consultation (action item 14 of the Roadmap).

- Draft guidelines and regulations to consider broadening settings in which C–L and Child and Adolescent Psychiatry (CAP) can be provided, recognising cumulative rotations and competencies across a range of settings, are under development. (action item 31 of the Roadmap).

In addition, the Western Australian Rural Psychiatry Training Program (RPTPWA) was granted provisional accreditation during 2022, allowing the commencement of more than 20 trainees in the program during 2023. The summative accreditation assessment is being undertaken during August 2023, with the accreditation team visiting rural training centres in Bunbury and Albany as part of the assessment.

The current and planned support projects activities for the STP/IRTP initiative are shown in Table 26.

Table 26: STP/IRTP support projects funded by the DoHAC in 2023-2026

Project	Details
Insights to Psychiatry	Deliver workshops at AIDA conferences to support the recruitment of Aboriginal and Torres Strait Islander medical students and JMOs to the psychiatry training program.
Aboriginal and Torres Strait Islander Trainee Network	Establish a network of Aboriginal and Torres Strait Islander psychiatry trainees, with a RANZCP induction and buddy support system for new trainees, and planned networking events throughout the training year, both in-person and virtual.
Jurisdictional Rural Trainee Networking Pilot	Commence with two state/territories to develop regular quarterly forums for rural trainees to discuss and network with each other. The forums will be facilitated by a RANZCP staff member, to assist discussion and identify any issues/themes to be actioned.
Back to Country Grants	Provision of funds to assist Aboriginal and Torres Strait Islander trainees who may require a break for well-being, cultural obligations or are experiencing hardship restricting their ability to return to country for cultural responsibilities.

Table 26: STP/IRTP support projects funded by the DoHAC in 2023-2026 (Cont.)

Project	Details
Rural Educational Grants Scholarly Project Supervision	Provide grants to support rural trainees in STP and PWP-funded posts to access educational opportunities related to their RANZCP training. Pilot project to connect rural trainees in STP and PWP-funded posts to matched Fellows for remote supervision of scholarly projects.
Transition to Consultant Workshop	Virtual workshop to provide leadership and management skills for Aboriginal and Torres Strait Islander trainees, who are in the final training stages and likely to progress to Fellowship in the next two years.

2. Activity against conditions

Condition 33	To be met by: 2023: Development and consultation 2024: Communication and implementation

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)

33 (i) Consultation with the Directors of Training and the CFT will commence in August 2023 regarding this item. Consideration will be focused on the standardisation of selection criteria and weighting for interviews and ways this information can be communicated to applicants. Related to this item is the work outlined for the Rural Roadmap regarding the prioritisation of applicants with a rural or Indigenous background.

33 (ii) This will be considered during the consultation commencing August 2023.

33 (iii) As outlined earlier in the response to this standard, the RANZCP has commenced work to consider amendments to selection regulations and to develop selection criteria to support Aboriginal and Torres Strait Islander and Māori equity and to increase the selection of applicants with a rural background.

Initial consultation has taken place with the RANZCP Aboriginal and Torres Strait Islander Mental Health Committee regarding this action item and a desktop review of other training institutions has been completed. A suite of recommendations is being finalised by the Regional, Rural and Remote Training Steering Group (RRRTSG) for presentation to the CFT and EC in mid-2023 for consideration.

The proposal under consideration is a selection policy allowing progression to automatic interview for Aboriginal and Torres Strait Islander and Māori applicants if other eligibility criteria are met. This approach is consistent with that of other specialist medical colleges.

<table>
<tr>
<td>Condition 34</td>
<td>To be met by:
2023: Development and consultation
2024: Communication and
implementation</td>
</tr>
</table>

Develop and implement a strategy to enhance recruitment, selection, and retention of Aboriginal and/or Torres Strait Islander and Māori trainees, with appropriate cultural supports to enhance retention. This should include consultation and collaboration with relevant stakeholders. (Standard 7.1.3)

Recruitment

The College's PIF, supported by funding from the DoHAC, is an established key strategy to enhance the recruitment of Aboriginal and/or Torres Strait Islander trainees in Australia. A PIF is being established in Aotearoa New Zealand. In addition to STP projects listed in table 26, actions under the strategy include:

- Inclusion of Indigenous speakers in all career events run by PIF.

- Scholarships to the RANZCP Congress, with a program that includes meeting the Aboriginal and Torres Strait Islander Mental Health Committee and Fellows. Six scholars attended the 2023 Congress.

- Development of culturally safe material for Australian applicants with language and imagery to be developed by Aboriginal and Torres Strait Islander members and engagement with an Indigenous organisation.

- Support of two First Nations medical student scholarships to the Australian Medical Students Association (AMSA) Rural Health Summit in Darwin.

- Supporting the AMSA Indigenous group and working towards including a First Nations psychiatrist at their Q&A panel night.

- Translation of the 'How do I become a psychiatrist?' resource in Te Reo Māori (Appendix 44). The final version of the flyer was approved by Te Kaunihera and the College Kaumātua. Further resource translations are planned.

- A Te Reo Māori name for the PIF Aotearoa New Zealand program is being finalised.

- Encouraging applications to the annual PIF Essay Competition, attracting four Māori PIF members in 2022.

- Inclusion of a Māori trainee speaker as part of the first Online Introduction to Psychiatry Short Course.

- Seven scholarships to support Māori medical students and junior doctors to attend RANZCP psychiatry conferences and events, including two scholarships for Māori PIF members to attend the RANZCP Congress in Perth, Australia.

- Dr Rātahi Bell, a Māori Senior Psychiatry Registrar took part in a Q&A interview with the New Zealand Medical Student Journal discussing his motivation for training in psychiatry.

- Publication of a Psych Matters podcast - '[Tuakana-Teina: Reflections on Psychiatric Training](#)' featuring an interview by Dr Rees Tapsell, a Māori Fellow, with Dr Rātahi Bell about the specific challenges and opportunities of training as a Māori psychiatric registrar in Aotearoa New Zealand.

- Sponsorship of 10 Aboriginal and/or Torres Strait Islander medical students or junior medical officers to attend the AIDA conference.

Selection

The proposal for changes to the selection policy have been outlined in the response to condition 33 (iii).

In addition, representatives from AIDA have been invited to present on culturally safe interviewing to the CFT at their August 2023 meeting.

Retention

The RANZCP has continued several strategies regarding Indigenous trainee retention which include:

- A dedicated stream of the RANZCP mentoring program for Indigenous trainees ensuring each applicant is paired with a culturally appropriate mentor who has completed cultural safety training requirements.

- STP funded networking opportunities with Fellows and trainees who identify as Aboriginal and/or Torres Strait Islander, workshops and forums in partnership with AIDA.

- A dedicated training post available to trainees who identify as Aboriginal and/or Torres Strait Islander, or who are dedicated to Aboriginal and Torres Strait Islander communities.

- Access to, and support from, our Aboriginal and Torres Strait Islander Mental Health Committee. The Chair and its members provide support to trainees and encourage them to reach out for assistance if needed at any stage of their training.

- Financial support through the RANZCP Aboriginal, Torres Strait Islander and Māori Trainee Financial Support Initiative: up to A$6,000/calendar year is available to assist with the costs of specialist training and other activities to achieve Fellowship. As of 1 July 2023, $37,069.20 (22 applications) has been awarded this year with another $13,707.03 (9 applications) progressing through the College approval process.

- Awarding of the gamadji nanggit Scholarship (meaning – 'emerging leader'). The scholarship is designed to support the next generation of Aboriginal and/or Torres Strait Islander early career psychiatrists and trainees increase their medical leadership skills.

The following new strategies are being developed and implemented in relation to trainee retention.

- Back to Country Grants, funded under the STP, to provide a financial contribution for trainees who need to travel back to Country or community for cultural responsibilities; one grant of $3,000 is available per trainee per calendar year to use. This will sit alongside the RANZCP Aboriginal, Torres Strait Islander and Māori Trainee Financial Support Initiative.

- Based on feedback from the Aboriginal and Torres Strait Islander trainee forum, a trainee network is being established. This includes an induction program being developed to orient new trainees to the training program including visiting the central office, a buddy program and continuation of the trainee forums.

- Work to finalise the appointment of an Aboriginal and Torres Strait Islander Liaison officer and Manager, Aboriginal and Torres Strait Islander Health, funded by the DoHAC through the Flexible Approach to Training in Expanded Settings (FATES) program is continuing.

- The College is exploring the examination supports provided to trainees by the RACGP, considering the development and implementation of a similar model to support trainees having trouble completing assessments.

Condition 35	To be met by: 2023: Development 2024: Implementation
Develop and implement, in consultation with trainees:	
(i) A centralised, long-term strategy to improve communication methods, with relevant evaluation to ensure continuous improvement.	
(ii) A policy and roadmap on timelines for the notification of changes to training program requirements. (Standard 7.3)	

35 (i) Work has commenced on the development of a new, overarching communication strategy aligned with the needs and priorities of trainees.

A consultative workshop – co-facilitated by a trainee representative and a College staff member – was conducted with the TAC on 12 May 2023. Among other things, this session was intended to receive direct feedback on how trainees' feelings and interaction with the College's email communications. It also sought to:

- better define the problems with respect to trainee communications

- articulate the objectives of a future communications strategy

- broadly discuss how the College's communications can foster a greater feeling of inclusion and community with trainees.

Additional in-person workshops on improving communications and engagement within the College were also conducted with the MEC (21 April 2023) and the MAC (27 May 2023).

The College is committed to further consultation with both the BCT and TAC in the coming months as we progress this work.

The College's new website included a major overhaul and restructuring of the presentation of information on training, examination, and assessments. This was informed by user testing and research, which provided a clear picture of trainees' needs and experiences with the old website. A comprehensive evaluation strategy has been developed and is provided as Appendix 45.

A portal for the Program of Future Assessments has been established on the website to act as a repository of information related to the development of assessments that is accessible to all members.

Socialisation of the options for the future Program of Assessments, as outlined under standard 5 of this report, has been undertaken in a deliberate manner, with presentations and discussions with stakeholders in a variety of forums, including the BCT an TAC.

35 (ii) Work has commenced to develop a change management policy for changes to training program requirements and this work will continue during 2023 with a consultation period with relevant Education and Training committees.

This is a high-level process document, focussing on the steps for developing an appropriate change management process that is proportionate to the change being made to a training program, rather than a procedure that prescribes a set timetable for communications.

Condition 36	To be met by: 2023-2024: Development 2024: Implementation

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)

36 (i) Ongoing engagement with TAC and BCT representatives will form key elements of how the College develops its strategy towards better acknowledging and promoting the value of trainee contributions to the training program and College.

Recent developments supporting Condition 36.1 include:

- Trainees are key contributors to College committees and the Board, with the second appointment to the role of Director Trainee at the 2023 Annual General Meeting (AGM), and involvement across 116 committees covering all areas of the College's work.

- Trainees are represented on 78% of College Committees overall and 73% of Education Committees.

- 64 committees include a Trainee Representative or BCT representative in their member composition, with a total of 70 positions available.

- Trainees are also eligible for "member" positions on 51 committees, including Faculty and Section. Subcommittees, with a total of 419 positions available.

- Letters of appreciation and recognition have also been sent to all trainees involved on College committees.

- Trainees are providing input to key areas of educational reform including the reviews of the FEC and the EPAs and the reform of assessments and development of the program of assessments and assessment framework.

- The RANZCP 2023 Congress in Perth saw record trainee involvement. Over 260 trainees attended in person, and a further 52 participated virtually. 22 trainees featured as presenters in the main Congress scientific program, and a dedicated trainee program was developed and promoted as part of the conference. This included a range of additional activities including a 'First Time at Congress' welcome breakfast; a Women in Psychiatry networking breakfast aimed at trainees and early career psychiatrists; a trainee-led social event and movie night; and a registrar speed networking event pairing 20 trainees with senior College Fellows.

- Six trainees were recognised within the annual RANZCP 2023 Awards Program, receiving a range of awards across various disciplines. A further eight trainees received research grants through the RANZCP Foundation annual grants programs, including the inaugural round of the gamadji nanggit scholarship awarded to two First Nations trainees to increase their medical leadership skills.

- Awareness raising amongst the wider membership has occurred throughout the year promoting the role and importance of the new BCT and TAC. Significantly, the inaugural Appointed Director, Trainee addressed College members at the 2023 Annual General Meeting, speaking on the value of trainee input and involvement and on the need to reconsider the issue of full voting rights for trainees.

- Continuing to engage trainees as key facilitators of PIF events in Australia and Aotearoa New Zealand, as well as hosting dedicated networking sessions for medical students and junior doctors to meet with psychiatry trainees at in-person events.

A strong trainee editorial presence has been established for the College's journal, Australasian Psychiatry, and a dedicated 'trainee takeover' issue is planned for December 2023. A cover art competition for trainees to take part in will also feature as part of this edition.

36 (ii) Aligned with this condition, the College is proactively taking steps to promote good cultures in medicine and psychiatry and to contribute to wider initiatives across the sector in this regard.

On 21 April 2023, a facilitated workshop was held with the College's MEC on addressing negative and harmful cultures in medicine. Analysis of the culture-related results of the 2022 Medical Training Survey was a focus area, as well as the most recent College Trainee Exit Survey data. The outcomes of this meeting will be used to agree on and progress specific work that will help to address the requirements of AMC Accreditation Standard 7 and Condition 36.2.

Trainee wellbeing and co-developing effective mechanisms for how the College provides central support for those experiencing personal and/or professional difficulties, was a key item for discussion at the first TAC meeting on 12 May 2023. Condition 36.2 was specifically discussed, and the College heard the views of trainee representatives from across Australia and Aotearoa New Zealand not only about the nature of the issue, but also local solutions and interventions that have been beneficial in different jurisdictions.

Additional consultation to develop the College's response will take place with a range of stakeholders and committees for the remainder of the year.

Further, several projects aligned with Condition 36.2 have already been delivered throughout 2023, including:

- Publication of an updated College Position Statement 48: Safety and wellbeing of psychiatrists and those in psychiatry training in February 2023. The Position Statement highlights the critical importance of safety and wellbeing of psychiatrists and those in psychiatry training for competent and safe psychiatry practice. It reflects the College's commitment and role in supporting trainees, as well as its Fellows, Affiliates and SIMG members. A dedicated communications plan for trainees was undertaken around the launch of the Position Statement, emphasising the College's recognition of the unique challenges faced by trainees, as well as confirming its role and accountability administering the Fellowship Pathway, and its expectation that work environments are free of bullying, harassment and discrimination. Separate communications to all supervisors and Directors of Training were also completed.

- The launch of a new external confidential counselling and support service for members – the RANZCP Member Support Program, providing four free sessions annually for all RANZCP members, including trainees and SIMGs and their families/whanau. TAC members were consulted on the member communications about this service to specifically ensure it is relevant and approachable for trainees. This new service is in addition to the now re-named RANZCP Confidential Member Advice Line.

- The College's Member Wellbeing Subcommittee delivered a panel symposium: 'At every level: Challenging and improving our culture in medicine' as part of the scientific program at the RANZCP 2023 Congress in Perth. The facilitated panel discussion featured College members (including a trainee perspective), joined by speakers from the Medical Board of Australia and the culture of medicine project led by the Royal Australasian College of Medical Administrators (RACMA), and was designed to spotlight the issue and the need for action at every level. The discussion and member questions will form part of developing the College's response to this condition.

- The College also supported a dedicated event for trainees, within the RANZCP 2023 Congress program: 'Addressing the challenges of self-care as trainees: the praxis of doctors' health'. This was led by invited speaker and doctors' health and wellbeing expert, Dr Margaret Kay AM.

- The bi-national RANZCP Mentoring Program for trainees and early career psychiatrists has been implemented for 2023, with 111 mentoring partnerships established across Australia and Aotearoa New Zealand. The training webinar for participants includes a topic focusing on promoting good cultures in medicine and the role of mentoring. Ensuring equity of access to the program, any mentee applicant who was unable to be paired in a previous year was guaranteed a mentor in 2023.

Condition 37	To be met by: 2023: Development and consultation 2024: Communication and implementation

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)

The College is committed to equality of opportunity and ensuring that College activities, working and training environments, are free from discrimination, bullying and harassment.

To support this commitment, the College has implemented the revised Discrimination, Bullying and Harassment Policy and Procedure (Appendices 46 and 47), which applies to individuals involved in College activities, including training and assessments, developed in consultation with trainees.

The Policy reflects the College's zero tolerance position in relation to discrimination, bullying and harassment and sets out what is expected of all persons involved in College activities.

The procedure sets out a framework to manage instances where a complaint relating to discrimination, bullying or harassment arises, and is accompanied by a complaints' form to aid in the complaints' resolution process.

In line with best practice in managing complaints, complaints made under the Policy and this procedure will be managed:

- sensitively and confidentially

- in an objective and non-prejudicial way

- in an efficient and timely way

- transparently and in accordance with the principles of natural justice.

Complaints can be made anonymously, or the complainant can identify themselves if they wish.

In resolving the complaint, the relevant Committee will:

- take a non-adversarial, resolution-focussed approach which aims to reach a satisfactory outcome for both the complainant and respondent insofar as possible
- provide natural justice to both the complainant and respondent by calling for both their accounts of relevant events and sensitively consider both perspectives in a non-prejudicial way
- be transparent with both the complainant and respondent and communicate with them as relevant throughout the complaint resolution process
- confidentially liaise with other RANZCP Committees as appropriate and
- appropriately manage any conflicts of interest in accordance with the RANZCP's Guideline for Declaring and Managing Conflicts of Interest.

Following a complaint resolution outcome, the RANZCP may take any appropriate actions, including in relation to:

- training status
- accreditation of training posts
- accreditation of supervisors
- referral to the RANZCP's Membership Conduct Committee for consideration
- referral to another body, including employer organisations, regulatory bodies such as the Medical Board of Australia or the Medical Council of New Zealand, or independent mediators.

Communication

A presentation was provided to the BCT and TAC to ensure there is wider awareness of bullying and harassment and available options within and beyond the College for recourse. Ongoing discussions are taking place around further supports, including a confidential manner by which trainees can provide feedback about their supervisor and training experience directly to the College.

Bi-monthly news items have been developed and scheduled in College communications such as the Training Newsletter to ensure ongoing communication of the policy and to raise awareness. The College will continue to work with Trainees to ensure the College has developed an effective and confidential model to investigating claims of bullying and harassment.

The College is also actively participating in the Culture of Medicine Project led by RACMA.

Condition 38	To be met by: 2023: Development and consultation 2024: Communication and implementation
Review existing pathways for trainees to confidentially and safely raise issues and resolve training disputes, without fear of jeopardising their position in the training program, and implement changes to ensure the pathways are safe, accessible and centrally monitored. (Standard 7.5)	

Trainees across the College have several opportunities to confidentially and anonymously raise issues and resolve training disputes. Complaints do not jeopardise a trainee's position in the training program however it is acknowledged that there is a perception that this may be the case. The College has an interest in helping our members appropriately resolve training disputes.

Training disputes can involve:

- complaints by trainees about the quality of training
- complaints about the processes followed by the training provider or college
- challenges to a decision about training progression

- complaints by trainees about the quality of training
- complaints about the processes followed by the training provider or college
- challenges to a decision about training progression
- complaints against a supervisor about their management of a trainee
- disciplinary issues arising as part of an employment dispute involving a trainee or supervisor
- complaints of bullying, harassment or discrimination in the context of a training program
- complaints about admission to a training program.

Some of these centrally managed avenues include:

- the review, reconsideration and appeal processes
- where conduct is relevant, a complaint to the Membership Conduct Committee
- exit interviews
- accreditation processes
- directly with the College via staff or relevant Committees.

At a meeting of the BCT this issue was discussed with a focus on how to minimise the perception of negativity and fear of making a complaint. The possibility of a confidential or anonymous avenue to raise concerns without making a complaint was raised. The feasibility of another layer of dispute resolution is currently being considered.

The principles which will inform responses to training disputes have been considered and are:

- Trainees should be supported to become well trained, competent doctors equipped with the necessary skills for independent practice.
- All practitioners are entitled to work in a safe, respectful and supportive workplace.
- Performance concerns should be raised and managed early in the training program.
- Responses to performance concerns should be proportionate and aimed at effective remediation.
- A key element of addressing any dispute is to ensure the health, safety and wellbeing of all parties involved.
- Dispute resolution processes need to recognise that those involved are managing a range of competing and conflicting pressures.
- All individuals involved in a dispute are entitled to legal advice and representation.
- All individuals are entitled to procedural fairness regardless of the merits of their case.
- Disputes should be addressed early and as close to the source as possible.
- Disputes should be resolved between the parties informally where possible, or in accordance with relevant College processes.

The College has also developed an Early Resolution Process only applicable to educational and training decisions made as they relate to current and prospective trainees, SIMGs (including applicants to the program) and Fellows and provides the opportunity to resolve disputes prior to accessing more formal review mechanisms. Through this the RANZCP strives for a supportive and transparent process for its members to ensure our educational processes are accountable and fair. The RANZCP hopes to implement this in the later stages of 2023.

3.   Statistics and annual updates

During the 2023 training year, 314 trainees have commenced the Fellowship program (see Table 35). The figures for enrolments include trainee intakes for Aotearoa New Zealand and Australia. Overall, the RANZCP has 2,243 trainees. Of these, 523 (23%) are undertaking Stage 1, 810 (36%) are in stage 2 and 910 (41%) are undertaking stage 3. Women represent 53% of RANZCP trainees and 6 trainees are self-identified as Nonbinary/gender diverse.

During 2022, the RANZCP admitted 265 new Fellows with 205 (77%) completing the Fellowship program and the remaining 60 (23%) following the SIMG pathway.

The number of Aboriginal and Torres Strait Islander and Māori trainees entering the program continues to grow. Nine new trainees identifying as Indigenous entered the 2023 cohort and the current number of Indigenous trainees is 76 (correct as of 14 June 2023).

To maintain confidentiality, statistics relating to the number of Aboriginal and Torres Strait Islander and Māori are not reported by jurisdiction or stage of training. This number may be under-represented as it relies on self-identification by trainees of their Indigenous heritage.

Table 27. Number of trainees entering Fellowship Program in 2023 (Correct as of 14 June 2023)*

Number of trainees entering Fellowship Program											
Training program	ACT	QLD	NSW	NT	SA	TAS	VIC	WA	NZ	Total	No. of applicants who applied to training program and were unsuccessful
2012 Program	9	49	87	4	22	4	82	28	29	314 *	133*
Total number of Indigenous trainees entering the Fellowship training program	Aboriginal and/or Torres Strait Islander trainees									3	2*
	Māori and/or Pasifika trainees									6	-

(*) Intakes will conclude in February 2024

Table 28. Number of Fellowship Program completions in 2022

Number of Fellowship Training Program completions										
Training program	ACT	QLD	NSW	NT	SA	TAS	VIC	WA	NZ	Total
Training Pathway	4	36	58	2	11	3	51	19	21	205
Specialist Pathway	-	19	10	3	1	3	20	2	2	60
Total	**4**	**55**	**68**	**5**	**12**	**6**	**71**	**21**	**23**	**265**
Total number of Indigenous trainee completions in 2022	Aboriginal and/or Torres Strait Islander trainees									1
	Māori and/or Pasifika trainees									1

Table 29. Number of trainees undertaking the Fellowship Program by stage and gender (correct as of 14 June 2023)

Number and gender of trainees undertaking each Fellowship program					
Training program	Man	Woman	Unspecified	Non-binary / gender diverse	Total
Stage 1	245	272	3	3	523
Stage 2	375	434	-	1	810
Stage 3	435	473	-	2	910
Total	**1055**	**1179**	**3**	**6**	**2243**

Table 30. Number of Indigenous trainees undertaking the Fellowship Program (as of 14 June 2023)

Number and gender of trainees undertaking each Fellowship program		
Total numbers of Indigenous trainees	Aboriginal and/or Torres Strait Islander trainees	33
	Māori and/or Pasifika trainees	43

Table 31. Number of trainees exiting the Fellowship Program in 2022

Trainees exiting from program				
Reason for exiting	Stage 1	Stage 2	Stage 3	Total
Trainee withdrawn	16	10	2	28
Trainee excluded	1	1	5	7
Total	**17**	**11**	**7**	**35**
Aboriginal and Torres Strait Islander and Maori	0	0	0	0

The AMC has requested the College explains:

- 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.

- 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 change to fees for this year, please comment on the rationale for the change, and how changes were communicated to trainees.

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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.

College response

The RANZCP prepares and presents to its members the audited financial reports at the 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 and any increase in fees are kept to a minimum when considering and endorsing the fees for Board approval. In 2023, training fees were adjusted for the first time in three years in line with CPI increases and it is also noted that the College introduced a revised billing structure to ensure more equity for trainees working at part time or taking breaks in training.

The annual training administration fees cover the management of the RANZCP's training program and entitles its trainees to a full range of benefits, resources, 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. From 2023, trainee fees each year are issued in April and are due for payment by the end of June. Trainees have the option to pay fees in three equal instalments (an increase from two payments in previous years) 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 2023?	Comments
Yes No **X**	In 2023 the RANZCP released a revised fee schedule for trainees undertaking the Fellowship Program. There have been no changes made to the RANZCP policy which enables members to make application for a reduced subscription rate. Trainees continue to have the option of payment of their annual training fee by instalments and in 2023 the number of instalment payments increased from two to three payments providing further flexibility for payment. Information regarding support for fee distress can be found on the website.

Changes to College fees made in reporting period	Rationale for changes
Changes to fees made **X** No changes made	In 2023, the RANZCP introduced a new annual training fee structure. Under the new structure, training subscription fees are more closely aligned with the months of training trainees accrue over the year. Previously trainees were billed: • a BIT fee if not training at all during the training year • a Part time training fee if training up to six FTE months of the year • a Full time training fee if training more than six FTE months of the year. Under the new fee structure, there are five billing categories – • Training between 0–2.99 FTE months of the year • Training between 3.00–4.99 FTE months of the year • Training between 5.00–6.99 FTE months of the year • Training between 7.00–8.99 FTE months of the year • Training 9 months or more of the year. The new approach provides a more equitable model to support trainees, especially those working at less than full time or taking breaks that don't cover a full training year. Invoices for training fees will now be provided to trainees in April to provide further time for trainees to submit part time and break in training paperwork. These changes were communicated to trainees through the following communication channels in the lead up to the fee changes – • Direct email to trainees • Training newsletter notices • President's update emails • News item on College website • Revisions to the fees page of the College website • Emails to Directors of Training • Confirmation of changes on the invoice itself.

Policy / Procedure	Description of changes
Selection in to training	At this point, no changes have been made to the 2023 selection documents. It is noted that in the second half of 2023 updates will be made to this policy to address possible changes to the entry requirements in light of the introduction of the revised Intern Framework in Australia and changed entry processes for Indigenous and rural applicants following the consultations with the Rural Roadmap.

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

Summary of the college performance against Standard 8
In 2022, this set of standards was found to be Substantially Met

1.   Activity against conditions

Condition 39	To be met by: 2023: Development, consultation, and communication 2024: Implementation
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)	

39 (i) and (ii) To address the development of appropriate resources and support for supervisors, and to engage in consultation, a Supervisor Project Working Group has been established with the approval of the EC and Board. The TOR (Appendix 18) include membership comprising:

- Chair
- DoT
- Trainee
- Supervisor (recently accredited)
- Supervisor (with 5 or more years' experience)
- Rural / remote representative from the Bi-national section of the Rural Psychiatry Committee
- Aboriginal and/or Torres Strait Islander representative
- Māori representative.

An environmental scan of supervisory practices has been conducted (Appendix 48) to form the basis of prioritising the development of resources, and identify the mechanisms for monitoring the performance of individual supervisors, DOTs and DOATS with the aim of identifying areas for improvement and appropriate channels for feedback, intervention and support pathways.

In addition, a cross-specialist medical colleges supervisor working group has been established where the RANZCP is an active participant. The purpose of this group is for the sharing and identification of resources that can be collaboratively developed.

Condition 41	To be met by: 2023

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

An additional clause has been added to the Removal of Accreditation Policy to make explicit the existing operational practice of advising the MCNZ of any intent to limit or withdraw accreditation from training posts or programs. (Appendix 49). The RANZCP considers that this condition is now met.

Condition 42	To be met by: 2023: Development 2024: Consultation and communication 2025: Implementation

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)

42 (i) The Accreditation Committee (AC) has sought advice from AIDA about addressing cultural safety in accreditation processes. The advice was that inclusion of an Aboriginal and/or Torres Strait Islander and Māori representative on the AC would be a sensible initial step. The AC is in the process of consulting with Te Kaunihera and the Aboriginal and Torres Strait Islander Mental Health Committee regarding changes to the AC regulations to support implementation of this advice.

42(ii) As previously outlined under the response to standard 7, actions in the Rural RoadMap are being progressed regarding the development of a model for remote supervision. A discussion paper has been developed and is currently being circulated for consultation. The paper describes a model that ensures that safe supervisory arrangements are established, with key requirements being an in-person check of the arrangement early in the trainee rotation, and additional hours of supervision.

3. Statistics and annual updates

The RANZCP accredits its training at **two levels** – training **program or zone**, and **post or rotation**. A training program or zone may include several health services and training locations working in a networked arrangement. The accreditation of programs or zones is managed centrally through the AC. Accreditation of individual posts or rotations is managed at the local level by the relevant BTC/NZTC. The number of posts reported as visited relates only to visits for the purpose of accreditation or reaccreditation. The BTCs/NZTC will also conduct visits for the purposes of monitoring or supporting trainees and for specific training issues.

Table 32: Training post accreditation activities

Post Accreditation Activities 2022										
	ACT	QLD	NSW	NT	SA	TAS	VIC	WA	NZ	Total
Total number of Posts active	48	523	576	35	141	37	564	165	232	2321
Number posts visited	10	135	1	-	37	7	7	14	14	225
Number of new posts accredited	2	107	32	1	17	4	41	3	5	212
Number of new posts reviewed but not accredited	-	1	2	-	-	0	1	-	1	5
Number of new posts given provisional or conditional accreditation	-	37	6	-	17	0	2	-	-	62
Number of existing posts re-accredited	7	77	233	2	35	3	1	11	29	398
Number of existing posts losing accreditation	-	-	0	-	-	0	-	-	1	1
Number of existing posts given provisional or conditional accreditation	1	-	0	-	2	0	-	-	3	6

Table 33: Program accreditation activities

Post Accreditation Activities 2022										
	ACT	QLD	NSW	NT	SA	TAS	VIC	WA	NZ	Total
Total number of programs active	1	1	5	1	1	1	3	2	5	20
Number programs visited	1	-	1	-	-	-	-	-	3	5
Number programs accredited	1	-	1	-	-	-	-	-	3	5
Number of programs not accredited	-	-	0	-	-	-	-	-	-	-
Number of programs pending accreditation	-	-	-	-	-	-	-	-	-	-
Number of programs given provisional accreditation	-	-	-	-	-	-	-	-	-	-

* In the RANZCP accreditation process, full accreditation is not granted until the responsible BTC/NZTC has provided a response to the AC detailing its plans for addressing any recommendations made in the Accreditation Report. During the period between the accreditation visit and the approval of the AC of the BTC's response the training program is considered to be accredited but reported as pending accreditation.

The new WA rural zone was granted provisional accreditation during 2022, permitting the intake of the first trainee cohort in February 2023. The summative accreditation visit will be conducted in August 2023, with rural training posts in Bunbury and Albany being inspected.

The AMC has requested a brief outline on how the College ensures that training sites are Culturally Safe in its accreditation activities. Also, the AMC has requested comment on what roles Aboriginal and Torres Strait Islander, Māori, and Pasifika doctors' fulfil in accreditation of training sites. The AMC is also interested to know if the College is considering including or revising roles for Indigenous doctors in the future?

College response

As outlined in the response to 42(i) the AC is engaging with the Aboriginal and Torres Strait Islander Mental Health Committee and Te Kaunihera to implement the advice from AIDA regarding inclusion of Indigenous representatives on the AC.

Accreditation processes are being reviewed to:

- explicitly reference cultural safety in surveys of trainees prior to program accreditation, and during the mid cycle review

- ensure that accreditation panels explicitly seek information regarding cultural safety policies, and their application, during interviews with trainees

Consideration of specific reference to cultural safety within the accreditation standards will be considered in future work, once Indigenous representation has been finalised.

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.

Summary of the college performance against Standard 10
In 2022, this set of standards was found to be Substantially Met

1.   Activity against conditions

Condition 44	To be met by: 2023: Review 2024: Consultation, development, and communication 2025: Implementation

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)

44 (i) Advocacy regarding reducing the variability in support for SIMGs has been successful in Victoria, with an increase in the funding for a SIMG DOT. Further advocacy will be undertaken through the pre-Budget processes in Australia to highlight the importance of SIMGs for the Australian workforce and the need for increased support.

44 (ii) As outlined previously in the response to conditions 10 and 15, ACER have been engaged to conduct a review of aspects of the RANZCP curriculum, including the development of explicit learning outcomes related to cultural safety. Addressing cultural safety is a cross-College commitment to the AMC response and the work of ACER will be influenced by other projects underway across the College including the considerations of the Takarangi Framework.

ACER will commence work in September 2023 and will conduct consultation with relevant committees and stakeholder groups.

44 (iii) The Comparability Assessment Framework (CAF) Review has continued in 2023 with a draft of the revised CAF tool completed in June 2023. Testing of the revised CAF tool is underway to ensure the proposed alterations correctly assess applicants' experience and qualifications when compared to the FRANZCP.

Several key changes are proposed to the CAF tool:

- greater flexibility when assessing training where integrated experiences have been undertaken, for example, an applicant who has not completed a dedicated C-L rotation may still score due to their combined C-L experience undertaken during training
- applicants will be able to use experiences as a consultant psychiatrist which will increase their capacity to demonstrate skills post qualification
- evidence of CPD will continue to receive a score as part of the assessment process.

Revisions to the scores for consultant experiences are proposed. Applicants will receive a score for one or more years of experience as a Fellow and will receive a maximum score if they have five years post Fellowship. Under the current CAF, applicants are required to complete three years' experience post qualification to receive a score and 10 years of experience receives a maximum score.

Condition 46	To be met by: 2023: Scoping and development 2024: Communication and implementation
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)	

This work will commence in the second half of 2023 and will be undertaken with significant input from the Aotearoa New Zealand office.

3. Statistics and annual updates

Table 34: New applicants undertaking SIMG assessment

New Applicants undertaking Specialist International Medical Graduate Assessment (2022)		
	Australian Numbers	**New Zealand Numbers**
Number of new applicants in 2022: • Specialist recognition (SP) • Specialist recognition and Area of Need (SPA)	83 (SP) 1 (SPA)	1 (SP) 0 (SPA)
Total:	**84**	**1**

Table 35: Assessment of SIMGs

Assessment of Specialist International Medical Graduates		
Phase of IMG Assessment	**Australian Numbers**	**New Zealand Numbers**
Initial Assessment	80	1
Assessment Decision		
Not Comparable	6 (NC)	0 (NC)
Partially Comparable	39 (PC)	0 (PC)
Substantially Comparable	35 (SC)	1 (SC)
* All not comparable RANZCP applicants proceeded to interview where the 'not comparable' interim assessment outcome was confirmed, as recorded on report 1.		
Ongoing Assessment *Applications received in 2022 but final assessment outcome issued in 2023.	4	0

Section B: Report on Quality Improvement Recommendations

Quality Improvement Recommendation

Standard 1: The context of training and education

AA Consider, in relation to College objectives and the review of the governance structure:

i. A skills-based Board, with positions for members with experience in corporate governance, members who are Aboriginal and/or Torres Strait Islander and Māori, and with lived experience.

ii. Direct reporting of the Aboriginal and Torres Strait Islander Mental Health Committee, Te Kaunihera mo ngā kaupapa Hauora Hinengaro Māori, and the Community Collaboration Committee to the Board, to reflect the College's commitment to and importance of these stakeholders.

iii. Appointment of an Aboriginal and/or Torres Strait Islander person as chair of the Aboriginal and Torres Strait Islander Mental Health Committee.

iv. Trainee committees at branch level in Australia and national level in Aotearoa New Zealand national to facilitate wider trainee liaison and feedback to the Binational Committee for Trainees and enhance college engagement of and communication with its trainees.

v. Improving trainee engagement at Board level by increasing the term of the Trainee Director to parity with other Directors.

vi. Streamlining of the number of committees, with separation of governance and operational responsibilities for education and training. (Standard 1.1 and 1.2)

As outlined in the response to condition 1, an external review of the Board is underway to look at:

- Board Structure: its composition, constitution and diversity and that of its Committees, competencies of the members, Board and Committee regulations, frequency of meetings, procedures; including consideration of the structure of the Board – including Appointed Director Trainee, Appointed Director Articles in the Constitution, and skills-based needs, a review of Appointed director positions within the Constitution, an evaluation of Appointed Director Trainee position and consideration of increasing the term of the Trainee Director to parity with other Directors.
- Dynamics and Functioning of the Board: annual Board calendar, information availability, interactions and communication with CEO and senior executives, Board agenda, cohesiveness and the participation in Board meetings;
- Business Strategy Governance: Board's role in organisational strategy;
- Financial Reporting Process, Internal Audit and Internal Controls: The integrity and the robustness of the financial and other controls;
- Monitoring Role: Monitoring of policies, strategy implementation and systems; and
- The Board's relationship with management.
- Undertake a review of the Constituent Committees of the Board to assesses the suitability of the committee structure and how well they respectively function to support the board in its role, considered against the expectations. This is to include whether the Aboriginal and Torres Strait Islander Mental Health Committee, Te Kaunihera mo ngā kaupapa Hauora Hinengaro Māori, and the Community Collaboration Committee to the Board, to reflect the College's commitment to these stakeholders.
- Undertake an evaluation of individual capabilities- how directors perceive themselves and each other to be contributing positively to the work of the Board and the ways in which their contributions could be improved, considered against the expectations of directors (for example, the board's composition matrix, code of conduct for the Board).
- Develop key recommendations to assist the RANZCP Board to develop an actionable plan and create future models of evaluation.

Beyond the externally focused review the Corporate Governance and Risk Committee is committed to streamlining governance process to enhance our vision and strategic goals. An important change to governance is the removal of the "three year rule" which required members of a number of committees to have at least three years of Fellowship. There are now only two committees retaining that rule – the Appeals Committee and the Member Conduct Committee.

With regard to recommendation AA (iii) the RANZCP reports that Dr Marshall Watson, a descendant of the Noongar people of South Western Australia, has nominated and been appointed as Deputy Chair of the Aboriginal and Torres Strait Islander Mental Health Committee.

Quality Improvement Recommendation

Standard 1: The context of training and education

BB Review remuneration practices for consumer involvement to align with health sector expectations. (Standard 1.1 and 1.6.4)	A workshop to understand the support requirement of Community Members on College Committees was completed in May 2023. The review of the remuneration rates and structure has commenced. The current rates are consistent with health sector expectations. However, the College structuring of payments will be reviewed to assess if it accurately reflects the nature of the work undertaken by Community Members in their involvement on committees. In particular, the reading time required for some Committees has been noted as extensive and this is not reflected in the current provisions of the structure of College payments to Committee Members. Further consultation with Community Members will be undertaken to develop a proposed change to structure of payments. Financial modelling of any proposed changes will be undertaken to assess the feasibility and impact of any change.
CC Consider, in relation to the resourcing strategy, the inclusion of expertise for medical educators, and Aboriginal and/or Torres Strait Islander and Māori culture and health in senior staff positions. (Standard 1.5.1)	As outlined in the response to condition 4, position descriptions are under development for: • a medical education role as part of the Education Department • two roles focussed on Aboriginal and Torres Strait Islander Health Equivalent positions are being finalised for the Aotearoa New Zealand office.

Standard 2: The outcomes of specialist training and education

Nil

Standard 3: The specialist medical training and education framework

DD Structure and consolidate information about the training program and curriculum in documentation and on the College website to improve accessibility and understanding for trainees, supervisors, and other stakeholders. (Standard 3.1)	The RANZCP launched a new website in May 2023 These changes are the first step in revitalising the delivery of digital content to members. The new website design aims to provide members with easier access to key information regarding the Fellowship program requirements and curriculum, with such changes are elevating the visibility of Fellowship competencies and the development of a help centre to answer some of the most common questions received by trainees. A panel of just under 200 members was used to support the redesign of the website. In depth interviews was conducted with 20 members, and usability and other types of testing was conducted with multiple groups of 15-20 at a time across a 12 month period to identify common errors and difficulties accessing information on the previous website to inform the current information structure and to ensure accessible information. The new website provides the foundation and scope to deliver on various communication improvements and personalisation of information to members. A range of metrics will be monitored and used to evaluate the new website. (Appendix 50) The College has engaged the Australian Council for Educational Research (ACER) to undertake a review of the RANZCP curriculum documentation which is scheduled to commence in September 2023. While this work focuses on a number of educational outcomes, ACER will also be providing advice on the structure of curriculum documentation and also work towards the finalisation of clearer document which outlines the connection of the curriculum.

Quality Improvement Recommendation

Standard 3: The specialist medical training and education framework

EE Update the use of the terms "cultural safety" and "cultural competence" in the curriculum and other College documents to reflect current practice. (Standard 3.2.9)	The RANZCP is undertaking a number of pieces of work to address cultural safety requirements as outlined in response to other standards. Currently the curriculum and other College documents use cultural competence terminology and principles. Engaging ACER to support work in completing curriculum revisions to ensure cultural safety and Indigenous health being included in learning outcomes and the Entrustable Professional (EPA) Activity Working Group working towards the inclusion of cultural safety within each EPA are two key pieces of work addressing this recommendation.

Standard 4: Teaching and learning approach and methods

FF Identify ways the InTrain system may improve the College's ability to monitor the delivery of training program requirements centrally and systematically. (Standard 4.1 and 4.2)	**Launch of InTrain access for Site Coordinators of Training (SCoTs)** The introduction of this functionality for SCoTs makes it possible for the College to set up limited, read-only access, to a pre-defined selection of trainee records, which will be granted by the DoT. This functionality was launched in May and SCoTs are currently being loaded to the system. This includes such key information as mid and end of rotation In-Training Assessments, Workplace-based Assessments, training trajectory information and enrolments and overall results of assessments. **Partial Comparability candidate access to InTrain** The employment of a Test and Quality Analyst has enabled the project to implement InTrain for Partial Comparability candidates to recommence. Testing and final revisions to the system are currently taking place and once core functionality is confirmed, a release plan will be developed.
GG Recognise the contributions of local educators to the development and delivery of regional or localised education resources. (Standard 4.2.2)	The RANZCP has increased the recognition of the role of local educators who support the delivery of training by the deployment of increased access to InTrain for - SCoTs (also known as Local Hospital Coordinators in some training programs). The release of this functionality has provided the College with information regarding SCoTs- and now sees this cohort holding a formal user agreement with the College. In 2023, the RANZCP has launched functionality to provide SCoTs with the capacity to access InTrain and to have read only access to information regarding trainees who they support. SCoTs play a key role in the day to day support of trainees and their progression towards Fellowship and this access will assist in the overall support of trainees, especially for the monitoring and support of trainees in difficulty.

Standard 5: Assessment of learning

Nil

Standard 6: Monitoring and evaluation

Nil

Standard 7: Issues relating to trainees

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

Quality Improvement Recommendation

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

II Investigate and enhance the functionality of InTrain to facilitate and monitor accreditation processes and outcomes. (Standard 8.2)	Work has commenced to implement an address picker which is a key component for ensuring accurate training post address data and for implementing the Modified Monash Model (MMM) rating.

Standard 9: Assessment of specialist international medical graduates

KK Explore opportunities to formalise the status of all SIMGs and increase their involvement in College governance and activities. (Standard 10.1 and 1.1)	Affiliate membership of the RANZCP, either within Australia or Aotearoa New Zealand, is a formal membership category. In Australia, to apply for and to hold Affiliate membership a candidate must: • hold either an overseas specialist qualification in psychiatry that allows them to practice as a psychiatrist in the country where you trained, OR an Australian Diploma of Psychological Medicine (DPM) qualification granted up until 1994, AND • be currently employed as a specialist psychiatrist in Australia (whether as a RANZCP Substantial Comparability candidate on the Specialist Pathway, or otherwise) OR be enrolled with the RANZCP as a Partial Comparability candidate on the Specialist Pathway. The College has developed a proposal for SIMGs who are on a pathway to Fellowship to become Affiliate members automatically. This work is progressing, and the College aims to have this available later this year. Following an internal financial assessment and development of member offering, Affiliate membership in Australia will only attract a nominal administrative fee. Modelling of an appropriate fee, to be commensurate to the services provided, noting that this will be mandatory for all Affiliates on the pathway to fellowship, is underway. The Affiliate member category will enhance the engagement opportunities for SIMGs and OTPs and strengthen their voice in the affairs of the RANZCP.
LL Utilise existing electronic systems so that SIMGs can document more easily their progress in meeting assessment requirements, and to support timely monitoring by the central College and communication with individual SIMGs on their progress. (Standard 10.2 and 10.4)	We have expanded InTrain to include online assessment applications from SIMG candidates. This is the first of the InTrain functionality delivered for SIMG candidates. Initial development of InTrain to administer SIMG candidates on the partially comparable pathway was completed in 2019. Some initial testing was undertaken by staff at the time; however, the project was interrupted by the impact of covid on the workforce, limited resources and competing College priorities. Having recently employing a Test and Quality Analyst, testing has been restarted and progressing. We anticipate initial testing will be completed in August this year, and subject to testing outcomes, outstanding development will be completed by the end of the year. We expect SIMG candidates to be interacting with InTrain at the latest by early 2024.

Appendices

Number	Title
1	Australian & New Zealand Journal of Psychiatry. Why talking about loneliness matters to the mental health of consumers and to the work of the psychiatrist
2	Terms of Reference (ToR). Reconciliation Action Plan Steering Group
3	PIF - Workplan 2023
4	PIF Performance Report
5	Memorandum of Understanding - The Canadian Psychiatric Association
6	Memorandum of Understanding - Indonesian Psychiatric Association
7	Regulations - Bi-national Committee for Trainees
8	Regulations - Trainees' Advisory Council
9	Education and Training - Organisational Chart
10	Position Description - Manager, Aboriginal and Torres Strait Islander Health
11	Position Description - Aboriginal and Torres Strait Islander Liaison Officer
12	RANZCP Governance Chart
13	Terms of Reference (ToR) - Formal Education Course Review Steering Group
14	Program of Assessments Roadmap
15	Assessment Framework
16	Mapping Fellowship Competencies and Assessments
17	Heat Map - Current Assessments
18	Terms of Reference (ToR) - Supervisor Project Working Group
19	Future Program of Assessments - Engagement Strategy
20	Integration of Education Projects
21	Future Assessment Strategy - Feedback and Discussion: Committees
22	Future Assessment Strategy - Stakeholder Forum Discussion and Feedback
23	Discussion Paper - Future Program of Assessments - Possible Options
24	Evaluation of Shortlisted Options – Options 3 and 4
25	Option 3: Clinical Competency Portfolio Review Structure, Format and Delivery
26	Review of the Alternative Assessment Pathway of the Royal Australian and New Zealand College of Psychiatrists
27	Clinical Competency Assessment. Delivery Options for 2024/2025
28	RANZCP Examination Mitigation Plan

Appendices

Number	Title
29	Evaluation and Monitoring Framework Workplan 2023-2024
30	Stakeholder Analysis - Map
31	2022 Exit Survey
32	2022 Training Exit Survey CEEMR Recommendations to EC
33	2021 Specialist Training Program (STP) Survey Report
34	2021 Survey of Trainees in Integrated Rural Training Pipeline (IRTP) Posts
35	Training and Assessment Update. End-year 2022
36	2022 MTS Summary and CEEMR recommendations to EC
37	Review of the Alternative Assessment Pathway of the Royal Australian and New Zealand College of Psychiatrists
38	2022 NZ National Conference PIF Program Evaluation Report
39	RANZCP 2022 Mentoring Mid-Program update
40	2023 RANZCP Gender Equity Action Plan & Statement
41	2022 MVPTP Survey Report
42	Congress PIF Program Evaluation Report
43	2022 MTS CEEMR recommendations to EC
44	Te Reo Māori RANZCP - Fellowship Program NZ
45	RANZCP Website monitor
46	Policy - Discrimination, Bullying and Harassment
47	Procedure - Discrimination, Bullying and Harassment Complaint Resolution
48	Environmental Scan Supervisor Support
49	Removal of Accreditation Policy and Procedure
50	RANZCP Website metrics