Summary of the RANZCP curriculum redevelopment process

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Background

In December 2023, ACER undertook a review of the Royal Australian and New Zealand College of Psychiatrist's (RANZCP, 'the College') curriculum documentation (Sutherland & Reid, 2024). The review was designed to provide recommendations for improvements to enhance the cohesiveness and usability of the existing curriculum documentation and to support the College to address Australian Medical Council (AMC) curriculum-related accreditation conditions.

The recommendations arising from the ACER report guided the development of a framework for undertaking a redevelopment of the existing RANZCP curriculum documents (Sutherland, Reid & Pearce, 2024). The framework articulated a collaborative approach, with ACER managing initial restructuring of aspects of the curriculum while relying on the input of College Fellows to review content and to write any original specialist content. The key aims of the curriculum redevelopment were to rationalise curriculum-related information preferably into a single document, reduce the duplication of information across existing curriculum documents, increase the clarity of curriculum documents by improving the structure, and to address gaps in the current curriculum (identified as part of the original ACER review and through the AMC accreditation process). Overall, the redevelopment of the RANZCP curriculum aimed to produce curriculum documents that were more accessible, comprehensive and useful for trainees and their supervisors. This process would also result in curriculum documentation that would be more amenable to a cycle of regular review than the current documentation.

Since July 2024, ACER has worked collaboratively with a College project team to progress the redevelopment of the College's curriculum documentation to prepare for wider consultation within the College. ACER and the College project team has met regularly to review progress, to discuss feedback on redeveloped documents, to plan for consultation processes and to design next steps at each stage of the project. Thus far, the redevelopment activities have focused on reviewing the graduate outcomes, drafting program outcomes and redeveloping the syllabus structure and content. To inform the redevelopment process we drew on the CanMEDS 2015 Physician Competency Framework,[1] emerging concepts in the CanMEDS physician competency framework,[2] and our experience in contributing to revisions of curricula for the Royal Australasian College of Dental Surgeons and the Australasian College of Dermatologists. We also referred to the core curriculum of the Royal College of Psychiatrists UK[3] for guidance on structure. Throughout the process, the College has independently sought targeted early consultation with key stakeholders including the Aboriginal and Torres Strait Islander Mental Health Committee and Te Kaunihera and the Community Collaboration Committee.The revision process and progress to date on these activities are described in the following sections.

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[1] Frank, J. R. (Ed.) (2005). *The CanMEDS 2005 Physician Competency Framework. Better Standards. Better Physicians. Better Care. Ottawa*. Royal College of Physicians and Surgeons of Canada.

[2] Thoma, B., Karwowska, A., & Samson, L. et al. (2023).Emerging concepts in the CanMEDS physician competency framework. *Can Med Ed J,* 14: 4-12.

[3] Royal College of Psychiatrists UK (2022). Core Psychiatry: Royal College of Psychiatrists Core Training Curriculum. Retrieved from: Core Psychiatry: Royal College of Psychiatrists Core Training Curriculum.

Review of program and graduate outcomes

The original Fellowship competencies outlined on the RANZCP website[4] are based on the CanMEDS framework. In adopting the CanMEDS framework, the RANZCP aligns with many other specialist medical Colleges in Australia and New Zealand that utilise CanMEDS as an organising framework for their curriculum (e.g. Australasian College of Dermatologists [ACD], Australasian College for Emergency Medicine [ACEM], Australian and New Zealand College of Anaesthetists [ANZCA]). The original RANZCP Fellowship competencies reviewed by ACER included only a small, adapted subset of competencies related to the CanMEDS roles and in doing so omitted significant aspects of the competencies expected of a graduate psychiatrist. For instance, the original RANZCP Fellowship competencies for the Communicator role included only two competencies related to effective communication and providing clear and accurate written information. In contrast, the original CanMEDS Communicator role includes five key competencies and 17 enabling competencies. Many of the original CanMEDS competencies that were omitted from the RANZCP Fellowship competencies appeared across various other RANZCP curriculum documents and were often duplicated.

The initial work to restructure the program and graduate outcomes addressed the recommendation in the ACER 2024 review to incorporate a wider range of key and enabling competencies from the CanMEDS framework with appropriate adaptations to the psychiatric context. Adopting the CanMEDS framework in a more complete form aligns with the approach of other specialist medical Colleges in Australia and New Zealand. Adapting the CanMEDS competencies in their entirety as graduate outcomes improves coherence and simplifies the RANZCP curriculum.

The first step in redeveloping the graduate outcomes involved adopting the original CanMEDS key and enabling competencies for the seven roles and adapting them to suit the psychiatric context. In the adaptation process, some of the learning outcomes from the syllabus map document were incorporated into the graduate outcomes. A cross-checking process across other existing RANZCP curriculum documents ensured that all the core competencies were reflected in the graduate outcomes.

A significant part of the redevelopment of the program and graduate outcomes involved addressing AMC accreditation conditions related to ensuring that the curriculum represented the College's commitment to Aboriginal and/or Torres Strait Islander and Māori peoples. In the review of the program and graduate outcomes, the College project team expressed a preference to develop a new role for the CanMEDS framework, rather than embedding competencies related to Aboriginal and/or Torres Strait Islander and Māori peoples within existing roles. To support the College's development of such a role, ACER developed suggested guidelines for creating a new role reflecting the College's commitment to culturally safe practice. A new role (Cultural Safety) has been drafted by the College, reviewed by ACER and consultation has been sought with key stakeholders from the College's Aboriginal and Torres Strait Islander Mental Health Committee and Te Kaunihera.

ACER delivered an initial redevelopment of the program and graduate outcomes for feedback in July 2024. This initial redevelopment has been through several iterations of internal feedback and ACER has undertaken subsequent revisions in response to feedback from the College project team. ACER has also provided a draft introduction to the curriculum that includes definitions of key terms, and a draft of suggested

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[4] Fellowship competencies | RANZCP

program outcomes aligned to the CanMEDS roles. These were intended as prompts to guide further input from the RANZCP project team and from RANZCP stakeholders.

The draft of the program and graduate outcomes, incorporating the College-developed Cultural Safety role, is now ready for wider consultation within the College.

Review of Syllabus Structure and Content

The review of the syllabus structure and content began with ACER's proposal for a revised structure that would streamline the presentation of content, avoid duplication with the graduate outcomes, summarise the knowledge/skills required to achieve the graduate outcomes, and provide additional information to convey the depth of knowledge required. The intention was to develop a single cohesive curriculum document to replace the previous collection of documents that included curriculum information. ACER suggested four themes as an organising framework for the syllabus. This structure was then populated with content from the existing syllabus documents with adapted wording where relevant. A draft of the syllabus document has been reviewed by RANZCP and further revised by ACER. The draft of the syllabus is now with the College project team for review in preparation for wider consultation within the College.

Comparing the Graduate Outcomes for the original and redeveloped curriculum

Our major aim in undertaking the redevelopment of the RANZCP curriculum documentation was to increase cohesiveness and usability by reducing duplication. The summary below describes the features of the original and redeveloped curriculum to demonstrate how the redevelopment has achieved this.

Key Roles: The original curriculum had seven roles, and the redeveloped curriculum has eight. There is one additional role in the redeveloped curriculum- Cultural Safety.

Key competencies: There were 29 Fellowship competencies in the original curriculum (equivalent in hierarchy to key competencies) and 35 in the redeveloped curriculum (which includes five additional cultural competencies).

Enabling competencies: In the original curriculum, the learning outcomes and the skills and attitudes, as listed in the syllabus map document, are equivalent to enabling competencies. Each learning outcome had three versions, one for each stage of training.

In the original curriculum, the total number of learning outcomes was 33 and the total number of skills and attitude statements was 321; a total of 354 enabling competencies. If the different versions of each learning outcome by stage are counted, there were 96 learning outcome statements, for a total of 417 enabling competencies in the original curriculum. In contrast, in the redeveloped curriculum, there are 153 enabling competencies (23 of which are part of the new cultural role).

Thus. the number of roles and key competencies for the original and redeveloped curriculum are similar, except for the addition of the new cultural competencies. However, the enabling competencies are markedly reduced in the redeveloped curriculum (by at least 50%, but by more than this if each stage-specific learning outcome statement is included).

Comparing the Graduate Outcomes for the original and redeveloped curriculum

The Royal College of Psychiatrist's (RCPsych) UK core curriculum is structured according to the GMC Professional Capabilities Framework,[5] which is made up of nine domains. The RCPsych's curriculum comprises 13 High Level Outcomes and 66 Key Capabilities, to be achieved under 16 key themes. Due to the differences in curriculum structure, it is difficult to perform a clear comparison between this curriculum and the new RANZCP program and graduate outcomes. The RCPsych Key Capabilities are sometimes the equivalent of the RANZCP enabling competencies, but since the GME Professional Capabilities Framework includes the domain of knowledge, some of the Key Capabilities are more equivalent to content from the RANZCP syllabus/knowledge base. One clear difference is that the content of the RCPsych curriculum relating to the CanMEDS roles of collaborator, scholar and advocate is much less comprehensive compared to the RANZCP curriculum. Notably, there is also no clear acknowledgement of cultural safety in the RCPsych curriculum.

Next steps

The steps remaining to be completed as part of the agreed curriculum redevelopment project relate to the following areas of work.

1. Consultation on Draft Roles, Program and Graduate Outcomes

ACER has created a final draft of this document based on several iterations of feedback from the College project team and key College stakeholders. This document is now ready for College staff to share with stakeholders for further feedback and finalisation by the College.

2. Further development of the Knowledge Base document (previously known as the syllabus)

Input from the RANZCP project team is required to finalise ACER's proposed syllabus structure, and to decide whether some milestones for knowledge acquisition for stages of training are required. Once the syllabus structure is finalised, the RANZCP project team and other content experts will be needed to address any gaps in the knowledge base. The College will continue the process of stakeholder consultation to finalise this part of the redeveloped curriculum.

3. Articulation of educational principles and pedagogical approach

To complete the redeveloped curriculum document, articulation of the educational principles and pedagogical approach underpinning the RANZCP curriculum and a description of the clinical learning opportunities in the training program is required. ACER will develop an initial draft based on publicly available documents related to the current curriculum.

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[5] General Medical Council (2017). Generic professional capabilities framework. Retrieved from: Generic professional capabilities framework May 17

Further projects beyond the curriculum redevelopment

Once the next steps in the current curriculum redevelopment are completed, ideally a future project would map the existing workplace-based assessments (WBAs) and examinations to the new curriculum and address any assessment gaps. Such a project would also review the appropriateness of the sequencing and format of current assessments. Part of this process will involve addressing whether to add milestones for some or all the enabling competencies. These would assist in developmental assessment of trainees in core skills. If milestones are required, then they can be drafted, using the CanMEDS milestones as a guide, and this additional aspect of the curriculum will require further stakeholder feedback. It is possible that RANZCP may also need to develop some new learning activities to address new learning outcomes in the curriculum. Once a complete list of learning activities has been compiled, the RANZCP project team can map these to the new curriculum, and ACER can review and provide feedback.