ACCREDITATION OF TRAINING PROGRAMS

Training Program Accreditation Standards

2023

Standard 1 – TRAINING PROGRAM CO-ORDINATION	
Accreditation Standard	**Details of this Standard**
1.1 **Each training program has a Branch Training Committee (BTC) or, in New Zealand, the New Zealand Training Committee (NZTC).** *In jurisdictions where there is more than one training program per training committee, training network governance committees, with appropriate sub-committees, oversee the administration of the training program.*	**1.1.1** There is an appropriate number/range of trainee members of the BTC/NZTC for the size and complexity of the training program.
	1.1.2 The BTC/NZTC conforms with its Regulations.
	1.1.3 The Chair of the BTC/NZTC is appointed by the Education Committee, from amongst the Fellows of the Branch/New Zealand, on the recommendation of the Committee for Training (CFT), and the Branch Committee/New Zealand National Committee. The Chair is not normally the Director of Training.
	1.1.4 In larger programs, there are sub-committees, or working groups as required, to manage aspects of the program such as Psychotherapy. The CFT to be advised of any sub-committee or working group established by the BTC/NZTC.
	1.1.5 Regular meetings of the BTC/NZTC are held in accordance with RANZCP regulations, minutes recorded, and circulated to members. Conflicts of interest are declared to the Chair and recorded at BTC/NZTC meetings, as required.
1.2 **Each program has a Director of Training (DOT) formally recognised by the Committee for Training (CFT).** **Note** *The RANZCP minimum resourcing requirement:* *0.5 FTE DOT time per 20 trainees is required for training, support, teaching, remediation, and administration.* *Only 0.4 FTE is required if there is a separate Formal Educational Course used by trainees in the program, for which the DOT is not responsible.* *The minimum, even in small programs, is 0.3 FTE DOT.*	**1.2.1** There is a DOT recognised by the BTC/NZTC and the CFT for each training program. The DOT is selected, appointed, and managed by the local health service.
	1.2.2 Including funded co-DOTs and local training coordinators, there is an adequate[1] number of funded DOT sessions to meet the RANZCP minimum resourcing requirement, taking into account the size and complexity of the training program, and the expected roles of the DOT.
	1.2.3 The DOT role is consistent with the RANZCP Role Description and the DOT funding is consistent with the RANZCP minimum resourcing requirement.
	1.2.4 There are funded sessions for local Directors of Advanced Training that are appropriate to the size of the Advanced Training program. Additional DOT sessions are required if the DOT also covers aspects of Certificates of Advanced Training.
	1.3.1 There is specifically funded administrative staffing reporting to the DOT to meet the

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[1] "Adequate": "enough or satisfactory for a particular purpose" APPROVED | English meaning - Cambridge Dictionary

1.3	RANZCP minimum resourcing requirement, taking into account the size and complexity of the program and the expected roles of administrative staff, especially if they organise the FEC* and/or videoconferencing to rural/remote areas.
There are adequate administrative support and resourcing appropriate to the needs of the training program.	*Where administrative staff organise the FEC and/or videoconferencing, the administrative staff hold sufficient qualifications and seniority to be able to carry out the required tasks (e.g. Educational Officer)
Note The RANZCP minimum resourcing requirement:	**1.3.2** This administrative support is provided to assist in the administration of the training program.
0.5 FTE Administrative staffing per 20 trainees is required. *Only 0.4 FTE per 20 trainees is required if there is a separate Formal Education Course used by trainees in the program, for which the administrative officer is not responsible.*	**1.3.3** There is a training base provided where administrative staff and the DOT are accessible to trainees, and where trainees have access to appropriate resources.
The minimum Administrative staffing to run a training base, even in small programs, is 0.3 FTE.	**1.3.4** There is adequate resourcing as regards the office space, office supplies, work stations, and equipment required to run the program and training base.

Standard 2 – PROVISION OF REQUIRED TRAINING EXPERIENCES	
Accreditation Standard	**Details of this Standard**
2.1 **A RANZCP-accredited Formal Educational Course (FEC) is available to trainees**.	**2.1.1** All FECs have formal accreditation via the Accreditation Committee.
	2.1.2 There is assured access by trainees to an FEC.
	2.1.3 BTCs and the NZTC are responsible for overseeing the FEC content and its delivery.
Note *Academic programs for Certificates of Advanced Training trainees are determined by the Director of Advanced Training and the relevant Sub-committee for Certificate of Advanced Training.*	**2.1.4** The BTC/NZTC has procedures for the monitoring of standards within the FEC, and has processes for monitoring and addressing issues within any FEC that is under its geographical jurisdiction. This includes monitoring and following up trainee attendance rates.
	2.1.5 There is adequate administrative support, facilities and equipment* to ensure trainee access to the FEC, and to ensure the FEC delivery meets RANZCP requirements. * There are adequate facilities to ensure access to the FEC. Where the predominant method of teaching is in-person learning, training rooms need to have adequate seating and desk space for all trainees. Training areas need to be sufficiently isolated from other work areas to avoid clinical interruptions and noise disruption during teaching. Where the predominant method of teaching is by videoconference, videoconferencing equipment needs to be available for lecturers and tutors as required, and IT platforms used must be easily accessible and usable

		for trainees.
	2.1.6	There are appropriate academic programs, or at least facilitation of individualised programs, for Advanced Certificate trainees wherever such posts exist locally.
2.2 **The training program has an adequate capacity to train and provide a range of experiences.**	**2.2.1**	There are adequate processes to address any bottlenecks or inadequacies in access to training experiences.
	2.2.2	The structure of the training program is determined with reference to the availability of supervised training posts, and the access to mandatory elements of training.
2.3 **There are adequate processes to ensure that training requirements are met within rotations.**	**2.3.1**	Rotations facilitate a trainee's attainment of the associated EPAs.
	2.3.2	Processes are in place to identify and address any shortfalls in rotations, regarding their ability to provide the experiences necessary for a trainee.
	2.3.3	Supervisors and health service directors are aware of the specific training experiences required in any mandatory rotation to ensure that training posts in the health service provide them.
	2.3.4	Each rotation's ability to provide training experiences as set out in the training competencies for the rotation is monitored via the DOT/delegate at the six-monthly meetings with trainees.
	2.3.5	Each rotation's ability to provide training experiences as set out in the training competencies for the rotation is monitored via the BTC/NZTC's accreditations of training posts.

Standard 3 – SELECTION, MONITORING AND SUPPORT OF TRAINEES	
Accreditation Standard	**Details of this Standard**
3.1 **There are adequate processes for the selection of trainees into the training program.**	**3.1.1** There are adequate processes to attract and recruit applicants into the training program.
	3.1.2 Selection of new trainees into the program is based on the published selection criteria, as per the RANZCP selection process outlined in the *Registration for Entry into Training* regulation.
	3.1.3 There are adequate processes for convening and orientating selection panels, and for holding selection interviews.

	3.1.4	The composition of the selection panel is determined by the BTC/NZTC or delegated body, in consultation with the employing health services.
	3.1.5	The selection panel is chaired by the BTC/NZTC Chair or delegate.
	3.1.6	There should be trainee representation on the selection panel.
3.2 **There are adequate processes to monitor and manage the number of trainees within the program and an allocation process to ensure that placements are organised so that this Standard is met**.	**3.2.1**	The training program maintains a list of the program's trainees updated six-monthly, including their current work location, FTE and supervisors.
	3.2.2	There is an adequate process for the allocation of trainees to appropriate placements, according to their level of experience and to meet their training needs.
	3.2.3	There is close liaison with the employing health services regarding trainee placements and allocations.
3.3 **There are adequate processes within the training program to support trainees.**	**3.3.1**	Advice is available to trainees to assist in accessing support.
	3.3.2	Pastoral care is available, including access to an Employee Assistance Program, and formal or informal mentoring for trainees.
	3.3.3	Processes are in place to support trainees to meet assessment requirements, including access to pre-examination training programs, practice examinations, and assessment support.
	3.3.4	In larger training programs, the provision of local coordinators of training may be required to allow adequate support for trainees.
	3.3.5	There is assured access for all trainees to library services, institutional or library internet access, and office desktop access to the health service intranet.
	3.3.6	Trainees have the opportunity to work with allied non-medical professional staff who make significant contributions to the training experience of trainees.
3.4 **There are adequate processes to monitor the progress of trainees within the training program**.	**3.4.1**	There are adequate processes to monitor the performance of trainees, and to provide formal and informal feedback to trainees.
	3.4.2	Feedback and advice are provided to trainees regarding their progress in meeting training requirements.
	3.4.3	The RANZCP Targeted Learning Plans Policy and Procedure are followed, with records kept and submitted to the RANZCP Training Department of all formal targeted learning processes with trainees.
	3.4.4	Targeted learning that is rotation based, assessment based, or progression based as needed.
	3.4.5	These processes occur both within rotations and across changes between rotations. Specific progress reviews are organised as required.
	3.4.6	The RANZCP Failure to Progress, and RANZCP Progression through Training

	Policy and Procedure are followed, where applicable.
3.5 **There are robust processes within the training program to assess, monitor, promote, and deliver trainee welfare and well-being in the workplace**.	**3.5.1** The workload for trainees within each post is such that clinical service delivery does not compromise training and trainee welfare.
	3.5.2 The working conditions for trainees within each post are conducive to training and trainee welfare.
	3.5.3 There are fatigue management programs, monitored by the DOT/deputy and reporting to the BTC/NZTC.
	3.5.4 Safe, secure and private amenities are provided for trainees required to work extended hours/overnight shifts.
	3.5.5 The atmosphere and morale within the training program are monitored by the DOT/deputy and the BTC/NZTC, and efforts are made to improve if problems develop.
3.6 **RANZCP policies regarding trainee safety are followed within the employing service and the post**.	**3.6.1** There are systems and processes to maximise the safety of trainees and supervisors in the workplace. This includes afterhours policies, safe assessment areas, duress alarms, access to support and security staff, and training in the management of challenging behaviour.
	3.6.2 The BTC/NZTC and the DOT recognise that bullying of trainees is unacceptable, and ensure processes communicate that this is unacceptable and address this conduct promptly.
	3.6.3 Stage-specific orientation and guidance are available to trainees on avenues for raising training, safety, and welfare concerns.
	3.6.4 The employing service has policies for the support of any trainee involved in a critical incident, threatened or assaulted during their clinical work, and procedures to debrief trainees, and to review any such incident.

Standard 4 – STANDARD OF TRAINING	
Accreditation Standard	**Details of this Standard**
4.1 **There are adequate processes for quality assurance and evaluation of the training program, so that a high standard of training is provided**.	**4.1.1** The findings of any audits, reviews or accreditation visits are addressed so as to improve the training program.
	4.1.2 Prior RANZCP accreditation visit reports are reviewed by the BTC/NZTC, and the recommendations addressed and implemented.
	4.1.3 Reports from any interim program reviews by the BTC/NZTC are reviewed so that the recommendations can be evaluated and implemented by the BTC/NZTC.
	4.1.4 Aspects of any other audit such as an Australian Council of Healthcare Standards accreditation visit or any similar major review relevant to the training program are evaluated by the BTC/NZTC and recommendations are addressed.

	4.1.5 Outcome measures of the program are monitored by the BTC/NZTC and the DOT, such as trainees achieving Fellowship and pass rates for the Scholarly Project, the Psychotherapy Written Case, and centrally-administered examinations.
	4.1.6 The BTC/NZTC and the DOT are clear about the structure, objectives, organisation and content of the training program and the evaluation of trainees, and the accreditation of posts and supervisors.
4.2 **A high standard of training is provided at all training posts within the program.**	**4.2.1** Clinical facilities provide the approved training and a suitable range of clinical experiences and elements of training.
	4.2.2 There is provision of local seminars, journal clubs, grand rounds, or group supervision.
	4.2.3 After-hours work is appropriately supervised and monitored.
	4.2.4 Psychiatrist staff provide clinical support to trainees, in addition to required supervision from approved supervisors.
4.3 **There are adequate processes to monitor the standard of the training experience in all posts within the training program.**	**4.3.1** There are clearly documented processes to monitor the suitability of each post as a training experience, and to ensure that each rotation is adequately supervised.
	4.3.2 The DOT or delegate meets personally with trainees at least every six months to review their training progress and end-of-rotation ITAs.
	4.3.3 The DOT acknowledges, considers and, where appropriate, takes measures to address feedback received from trainees and RANZCP surveys.
	4.3.4 There are clearly documented processes to address any shortfalls in training posts regarding the provision of adequate training and supervision.
4.4 **There are adequate processes to accredit/dis-accredit training posts within the program.**	**4.4.1** There are administrative records of all training posts, regarding reviews, accreditation, or dis-accreditation processes.
	4.4.2 The program utilises the RANZCP Post Accreditation Standards to accredit posts.
	4.4.3 All posts are re-accredited at least every five years by the BTC/NZTC using the RANZCP Post Accreditation Standards.

Standard 5 – SUPERVISORS	
Accreditation Standard	**Details of this Standard**
5.1	**5.1.1** The training program maintains supervisor files with records of trained, accredited, and approved supervisors.

There is adequate provision of supervision within the training program.	**5.1.2** The ratio of accredited supervisors to trainees is adequate. Wherever possible, supervision is by RANZCP Fellows.
	5.1.3 The ratio of RANZCP supervisors to accredited non-RANZCP supervisors is monitored by the training program.
	5.1.4 There is a maximum ratio of two trainees to one full-time supervisor.
	5.1.5 Full-time trainees receive a minimum four hours of clinical supervision each week for a minimum of 20 weeks in a six-month rotation, as specified in the supervision policy. All trainees, regardless of equivalent full-time status, receive a minimum one hour of individual clinical supervision provided by the trainee's principal supervisor. Part-time trainees must receive a minimum of three hours pro-rata of clinical supervision each week.
	5.1.6 For **Stage 1 trainees** at least one of the remaining minimum three hours must be conducted as close supervision outside of ward rounds and case review meetings. The other minimum two hours of supervision can be conducted individually, or as a group.
	5.1.7 For **Stage 2 and 3 trainees** the minimum other three hours can be conducted individually or as a group, of which a minimum of one hour must be in a clinical setting.
	5.1.8 Supervisors work alongside trainees in the workplace for a minimum of three sessions weekly. For part-time trainees working at 0.7 FTE or less, they must work at the same workplace as their supervisor for no less than two sessions weekly.
	5.1.9 The competency-based model of training is maintained.
5.2 **There are high standards of training for supervisors within the training program.**	**5.2.1** All supervisors complete RANZCP-accredited supervisor training initially (e.g. workshop) and thereafter a supervisor update training program every five years.
	5.2.2 RANZCP processes for the approval of non-RANZCP supervisors are followed.
	5.2.3 All accredited supervisors attend a supervisors' peer review session, or a general psychiatrists' meeting, where issues around supervision are discussed, a minimum of three times per year.
	5.2.4 Specific supervisory requirements for Stage Three trainees within different Sections or Faculties are followed where these have been approved by the Accreditation Committee.

	5.2.5	All supervisors of the Psychotherapy Written Case must be accredited by the BTC/NZTC and be appropriately skilled and experienced to supervise psychotherapy.
5.3 **There are adequate processes to monitor the performance of supervisors within the training program**.	5.3.1	Adequate processes are in place to monitor the quality of supervision throughout the program via feedback from trainees.
	5.3.2	Supervisors receive feedback regarding their performance and their quality of supervision.
	5.3.3	There are adequate processes to improve the competency of unsatisfactory supervisors by providing training and upskilling.
	5.3.4	The BTC/NZTC has the ability to intervene rapidly to address any serious problems in the provision of supervision.
5.4 **There are adequate processes to support supervisors within the training program**.	5.4.1	Supervisors can contact the DOT/delegate, or BTC/NZTC for advice and support by phone or email.
	5.4.2	The DOT/delegate, or BTC/NZTC has regular meetings with all supervisors.
	5.4.3	The DOT ensures that relevant information circulated by the RANZCP regarding training is conveyed to all supervisors.
	5.4.4	Peer support is available to all supervisors.

APPROVAL / REVISION RECORD

Contact: **Executive Manager, Education and Training**

Date	Version	Approver	Description
17/11/2019	1.0	Board B2019/8 R33	New document. Revised to remove repetition.
08/02/2023	1.1	Board B2023/1 R07	Standards updated and refined as per scheduled regular review.
14/04/2023	1.2	EC	Correction to 1.1.2
2025			