

# Education Training Policy

## Stage 3 Mandatory Requirements



<b>Authorising Committee/ Department:</b>	RANZCP Board
<b>Responsible Committee/ Department:</b>	Education Committee
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### Contents

#### 1. Policy on Stage 3 mandatory requirements

This policy describes the mandatory requirements for RANZCP trainees in Stage 3 of the RANZCP Fellowship Program, as governed by the RANZCP Fellowship Regulations 2012.

#### 2. Policy statement

Stage 3 of the RANZCP Fellowship Program focuses trainees on the development of advanced competencies in either general psychiatry (Stage 3 Generalist trainees) or in a chosen subspecialty (Stage 3 Certificate trainees). The emphasis in Stage 3 is on adult and self-directed learning.

The requirements of this stage include: the successful completion of a minimum of 24 months of full-time equivalent (FTE) training in RANZCP-accredited training posts and the attainment and demonstration of competence in psychiatry to an advanced standard, as defined by the Developmental Trajectory.

#### 3. Purpose

This policy defines the requirements for the successful completion of Stage 3 training within the RANZCP Fellowship Program. The policy describes what Stage 3 trainees (both Generalist and Certificate) need to successfully complete in order to be eligible for admission to Fellowship.

This policy does not set out the specific requirements of Certificate Programs or the requirements for Fellows in training who are undertaking a Certificate Program. The Certificate Regulations, which should be read in conjunction with this policy for those undertaking a Certificate Program concurrently with Stage 3, detail these requirements.

#### 4. Policy details

##### 4.1 Successful completion of Stage 3

Trainees who have: passed their rotations and submitted the end-of-rotation In-Training Assessment (ITA) forms for a minimum of 24 months of FTE training in accredited Stage 3 rotations, successfully completed all Stage 3 requirements<sup>1</sup> and passed all RANZCP Fellowship Program centrally administered summative assessments will be eligible to apply for nomination to the Education Committee and the RANZCP Board for admission to Fellowship with the RANZCP.

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<sup>1</sup>Trainees who transitioned into Stage 3 from the 2003 Training Program without successfully completing the Observed Clinical Interview (OCI) examination are required to complete a minimum of four OCAs in order to be eligible for admission to Fellowship, as per the Transition Matrix. Trainees who have transitioned into Stage 3 after having successfully completed the OCI examination are exempt from the requirement to complete a minimum of one OCA per 6-month rotation; however, they must still complete workplace-based assessments (WBAs) to inform the evidence base for the two Entrustable Professional Activities (EPAs) required per rotation.

The deadlines for successful completion of the centrally administered summative assessments are detailed in the Progression through Training Policy (6.1). The centrally administered summative assessments are:

- Multiple Choice Question (MCQ) Examination
- Written Essay-Style Examination (offered only up to February 2021)
- Modified Essay Questions (MEQ) Examination (offered from August 2021 onwards – previously a component of the Written Essay-Style Examination)
- Critical Essay Question (CEQ) Examination (offered from August 2021 onwards – previously a component of the Written Essay-Style Examination)
- Clinical Competency Assessment – Modified Portfolio Review (CCA-MPR)
- Scholarly Project
- Psychotherapy Written Case.

A trainee will continue to be a Stage 3 trainee until they have passed these assessments or until they are no longer a RANZCP Fellowship Program trainee. Trainees who continue to undertake additional Stage 3 rotations must fulfil all requirements of training, including supervision, ITAs, Entrustable Professional Activities (EPAs) and the mandatory Observed-Clinical Activity (OCA).

Trainees who have not passed all of their required centrally administered summative assessments by the time they successfully complete the Stage 3 training requirements may elect to apply for a break in training in order to focus on successfully completing their remaining assessment(s), noting the training review process and maximum permitted cumulative break-in-training time as per the Failure to Progress Policy (19.1).

## **4.2 Rotations and training posts**

Trainees in Stage 3 must complete a minimum of 24 months of FTE accredited training in RANZCP-accredited training posts.

### **4.2.1 Elective areas of practice for Stage 3 rotations**

Accredited training may be undertaken in one or more of the following elective Areas of Practice:

- Addiction Psychiatry
- Adult Psychiatry
- Child and Adolescent Psychiatry
- Consultation–Liaison Psychiatry
- Forensic Psychiatry
- Indigenous Psychiatry
- Psychiatry of Old Age
- Psychotherapies.

Additionally, a BTC is able to accredit posts for non-clinical training in research, teaching or medical administration (see point 4.16 for further detail).

### **4.2.2 Certificate Program**

Trainees can apply for selection to a Certificate Program, which, if selected, they may be able to undertake concurrently with their progression toward Fellowship. Trainees who are

undertaking a Certificate Program and Stage 3 of the RANZCP Fellowship Program concurrently must follow the regulations for both programs.

#### **4.2.3 After-hours work**

A trainee must undertake after-hours and emergency duties required by being in an accredited training post. Where a trainee believes there are exceptional circumstances that would prevent them from undertaking these duties, they should submit an application for exemption from after-hours experience for a specified or temporary time period during a specific rotation to their employer and should notify their DOT of this application. If approved, this exemption must be communicated to the BTC/delegated body of the New Zealand Training Committee (NZTC).

### **4.3 Knowledge required**

During Stage 3, trainees should attain greater depth of knowledge that builds upon the knowledge base developed in Stages 1 and 2. A trainee's depth of knowledge and its application will be assessed through formative and summative assessments.

#### **4.3.1 Protected education time**

Trainees must have access to protected education time of 4 hours per week over 40 weeks for full-time trainees. This time must be on a pro-rata basis (minimum) for part-time trainees.

Protected education time includes a trainee's attendance at a Formal Education Course (FEC; where available) or time for self-directed learning.

#### **4.3.2 Formal education course (FEC)**

Generalist trainees are encouraged to attend an adult psychiatry FEC, if available.

Trainees in Certificate Programs may be required to attend an FEC for their area of subspecialty training as per the Certificate Program Regulations.

#### **4.3.3 Aboriginal and Torres Strait Islander and Māori mental health modules**

Trainees must log in to the Learn*it* system on [www.ranzcp.org](http://www.ranzcp.org) to complete each Māori mental health module (once developed) and the following three Aboriginal and Torres Strait Islander mental health modules as a requirement for Fellowship:

- Module 1: Interviewing an Aboriginal or Torres Strait Islander patient
- Module 2: Developing a mental health management plan for an Aboriginal or Torres Strait Islander patient
- Module 3: Formulation of a case involving an Aboriginal or Torres Strait Islander patient.

Completion of the Māori and the Aboriginal and Torres Strait Islander mental health modules is mandatory for all trainees, irrespective of whether they are located in Australia or New Zealand, or whether they have completed other specific Aboriginal or Torres Strait Islander or Māori training. The online modules are a requirement for Fellowship, and are recommended to be completed as early as possible during training.

The Learn*it* online system will automatically track a trainee's completion of the modules. Trainees must be logged in through Learn*it* for these modules to be tracked on their Training Record. Modules undertaken without logging in to Learn*it* on [www.ranzcp.org](http://www.ranzcp.org) will not be considered complete since this cannot be tracked or verified. An exception will be made for trainees who are able to undertake the specified modules as part of their RANZCP-accredited FEC or as scheduled teaching activities organised by their local

training program. Individual modules will be added to a trainee's Training Record if the relevant BTC/delegated body of the NZTC verifies the trainee's attendance and participation in a specific module and reports this information to the RANZCP head office.

This requirement is **mandatory for all trainees commencing the RANZCP Fellowship Program from rotation one, 2018** (December 2017 (NZ) and February 2018 (AUS)). It is recommended for all trainees who commenced the RANZCP Fellowship Program before rotation one, 2018.

#### 4.3.4 Leadership and management requirements

Leadership and management content forms part of the Stage 3 knowledge base. Each BTC approves the options for formal leadership and management training in their state/country. It may be satisfied in the following ways depending on local availability:

- completion of a BTC-approved module or e-module in leadership and management
- achieve any two Medical administration EPAs under appropriate supervision with experience in management, as approved in advance by the BTC
  - any Medical administration EPA that fulfils the trainee's Stage 3 leadership and management requirement must be in addition to the trainee's requirement to achieve 2 EPAs in any 6-month FTE rotation
- development, implementation and evaluation of a new policy or procedure in a team or service
- implementation and evaluation of a specific multidisciplinary clinical practice change such as a Clinical Practice Guideline or Clinical Pathway
- facilitation of a specific quality improvement cycle with a peer group, team or service, including elements of assessment, evaluation against external standards, implementing change, reassessment and evaluation
- development of a strategy for how a quality improvement activity might work in a service setting
- development of a program for increasing the engagement of people with mental health problems and mental illness in mental health services.

Other models may be acceptable, subject to local BTC approval.

Trainees can complete the Stage 3 Leadership and management requirement while on a break in training if prospectively approved by their Director of Training.

Trainees must use the *Stage 3 Leadership and Management form* accessed via InTrain to notify the RANZCP that they have completed this requirement, which will then be reflected on their Training Record.

#### 4.3.5 Leadership and management training objectives

By the completion of Stage 3 training, a trainee shall be able to:

- understand the basic competencies required in management roles
- be aware of the national health policy framework within which psychiatry and mental health services are delivered
- articulate the opportunities and challenges within management roles for clinicians which differ from clinical roles
- demonstrate the capacity to engage in discussion around funding models for mental health and be able to debate more than one frame of reference

- demonstrate understanding of organisational change theory and how it can be applied to mental health services
- understand how a quality improvement activity might work in a service setting
- understand how to increase the engagement of people with mental health problems and mental illness in mental health services
- understand how to apply adult learning concepts to the management of career transitions and the stresses inherent in undertaking management and leadership roles for psychiatrists
- understand the practical aspects of running a private practice, where relevant.

#### **4.4 Stage 3 psychotherapy requirements**

Trainees must provide psychotherapy to a minimum of three patients for at least six sessions each during Stage 3 of training. These sessions must involve different patients than the person to whom the trainee has provided the 40+ sessions of psychotherapy related to the Psychotherapy Written Case summative assessment. Additionally, the therapy must be provided to patients other than those with whom the trainee has undertaken WBAs leading to the entrustment of any psychotherapy EPAs. The requirement to undertake psychotherapy training with a number of different patients is intended to further enhance the trainee's development of psychotherapy skills.

The therapy sessions should focus on an established psychotherapy treatment approach for an acceptable treatment indication, as well as involving all of the phases of therapy including: assessment and formulation, contracting and establishment of the treatment frame, review of progress, and working towards termination. There should be awareness of transference and countertransference, plans to deal with barriers to treatment and outcome measurement.

Trainees must receive individual or group supervision for these psychotherapeutic sessions by a RANZCP-accredited supervisor. The psychotherapeutic sessions for each patient must be recorded on a *Stage 3 Psychotherapy Sessions Form*, which must be signed by the supervisor. The form must be countersigned by the trainee's DOT and submitted to the RANZCP head office in order for the completion of the sessions to be entered on the trainee's Training Record.

Group psychotherapy is an acceptable modality provided that the above criteria can be met. Group sessions count as one session for one patient and cannot be claimed as more than one patient.

#### **4.5 Fellowship Competencies**

The RANZCP has adopted a set of Fellowship Competencies that map back to the CanMEDS roles underpinning the RANZCP Fellowship Program. Trainee progression through the stages of training is dependent on the attainment of competent performance across the Fellowship Competencies, demonstrated by the successful completion of all assessments.

##### **4.5.1 Developmental descriptors**

The Developmental Descriptors provide guidance on the skill level expected of trainees at the end of each stage of training as per the Developmental Trajectory (advanced standard for Stage 3). The Developmental Descriptors articulate how an advanced standard applies for each of the Fellowship Competencies and provide a reference point for defining performance standards.

#### **4.5.2 Learning outcomes**

The Learning Outcomes prescribe the minimum expectations of what trainees will need to attain in their rotations in order to meet the Fellowship Competency requirements across the stages of training.

The Stage 3 Learning Outcomes must be attained by trainees in order for them to be eligible for Fellowship.

The Learning Outcomes are tracked on the ITAs, described in point 4.13–4.15.

#### **4.6 Stage 3 supervision requirements**

As specified in the Policy and Procedure on Supervision (12.1), clinical supervision of trainees must be maintained at a minimum of 4 hours per week over 40 weeks for full-time trainees.

Of these hours, a minimum of 1 hour per week must be individual supervision of a trainee's current clinical work. While this hour is required in full for all trainees, the other 3 hours of supervision per week must be on a pro-rata basis (minimum) for part-time trainees.

#### **4.7 Forms**

Trainees must maintain a portfolio of their RANZCP Fellowship Program forms. This includes their Workplace-based Assessment (WBA) forms, Entrustable Professional Activity (EPA) forms, copies of their Observed Clinical Activity (OCA) forms and copies of all mid-rotation and end-of-rotation ITA forms. Trainees are required to provide this portfolio to their next supervisor for review at the start of each new rotation.

#### **4.8 Workplace-based assessments (WBAs)**

Workplace-based Assessments (WBAs) provide a mechanism for structured and effective feedback in the assessment of competence in typical work settings. Detailed information can be found in the Policy and Procedure on Workplace-based Assessments (15.1).

##### **4.8.1 Formative assessments**

As described in the Regulation, Policy and Procedure on Workplace-based Assessments (15.1), the RANZCP Fellowship Program utilises WBAs as formative assessment tools; therefore, there is no particular rating that a trainee must achieve. WBAs assist a supervisor in assessing the overall competence attained by the trainee throughout a rotation, thereby informing the supervisor's best judgement in the assessment of Entrustable Professional Activities (EPAs) and ITAs.

WBAs are set and assessed at the standard expected by the end of the designated stage of training, as per the Developmental Trajectory.

##### **4.8.2 Approved WBA tools**

Five WBA tools have been approved for use within the RANZCP Fellowship Program. These are the following:

- Case-based Discussion (CbD)
- Mini-Clinical Evaluation Exercise
- Professional Presentation
- Direct Observation of Procedural Skills (DOPS)
- Observed Clinical Activity (OCA).

## **4.9 Required number of WBAs**

There is no limit to the number of WBAs that may be undertaken by a trainee and their supervisor.

### **4.9.1 Mandatory OCA per rotation**

A trainee must complete a mandatory minimum of one OCA during each 6-month FTE rotation as part of the successful completion of that rotation. The OCA is recorded on the ITA Report for each rotation. All OCA forms must be fully completed and attached to the end-of-rotation ITA form for the relevant rotation and submitted to the RANZCP for processing within the time required for that rotation.

The other four WBA tools do not have individual mandatory minimum requirements for completion; however, they must be undertaken to contribute to the evidence base necessary for a trainee to be entrusted with an EPA, as below.

### **4.9.2 WBAs and EPAs**

As detailed in the Policies on Workplace-based Assessments (15.1) and Entrustable Professional Activities (8.1), trainees must complete a minimum of three WBAs to contribute to the evidence base for each required EPA. However, the completion of three WBAs does not necessarily result in the achievement of an EPA. A supervisor considers a trainee's performance in the collection of three or more WBAs in addition to other evidence when assessing whether a trainee has achieved an EPA. The supervisor may determine that further WBAs are required before the trainee can be entrusted to complete the activity with distant supervision. Additional WBAs may also be beneficial to trainees who may need or want further feedback.

The WBAs must be assessed at the same standard as any EPAs for which they form the evidence base (i.e. WBAs linked to Stage 3 EPAs must be assessed at an advanced standard in Stage 3).

Any of the five WBA tools (including the OCA) can be used to fulfil the evidence base for an EPA.

The WBA tools used to support EPA attainment must be indicated on the end-of-rotation ITA form. With the exception of the OCA form(s), which must be forwarded to the Training Department at the RANZCP head office, WBA forms should be retained by the trainee. Further detail is available in the Workplace-based Assessment Policy and Procedure (15.1).

## **4.10 Entrustable professional activities (EPAs)**

EPAs are summative assessments that trainees are required to achieve in order to progress through their rotations and the stages of training.

### **4.10.1 Summative assessments**

As detailed in the Policy and Procedure on Entrustable Professional Activities (8.1), EPAs are set and assessed at the standard expected by the end of the designated stage of training. All Stage 3 EPAs will be assessed at the competence standard expected of Stage 3—an advanced level of competency as per the Developmental Trajectory.

A trainee's achievement of an EPA is confirmed on the Confirmation of Entrustment (COE) form for that specific EPA. In addition, an entrusted EPA must also be recorded on the trainee's end-of-rotation ITA form (described in point 4.15) in order for its achievement to be entered on the trainee's Training Record.

- EPAs achieved and noted on a previous end-of-rotation ITA form do not need to be re-recorded.

#### **4.10.2 No eligibility to undertake Stage 3 EPAs prior to Stage 3**

Trainees are not eligible to be entrusted with Stage 3 EPAs prior to entering Stage 3 of the RANZCP Fellowship Program.

#### **4.10.3 Achieved EPA prior to relevant rotation**

A trainee who has already achieved an EPA at the required standard (e.g. advanced standard) cannot achieve that EPA again.

- This is inclusive of EPAs that were achieved during a previous area of practice rotation.

A trainee who has already achieved a specific EPA at the advanced standard is still required to fulfil the competency requirement to achieve two EPAs per 6-month FTE rotation. The Stage 3 EPAs used to fulfil this requirement shall be determined jointly by the trainee and their supervisor, and, where relevant, their DOT.

### **4.11 Stage 3 EPAs and rotations**

Each 6-month FTE rotation requires the achievement of two EPAs, as described by the Regulation on Rotations (17.2). This requirement must be achieved for trainees to be eligible to pass the end-of-rotation ITA form and the corresponding rotation.

Therefore, trainees must achieve a minimum of eight Stage 3 EPAs during 24 months FTE of accredited training.

As detailed further in the Entrustable Professional Activities Procedure (8.1), trainees must consider and plan for the number of EPAs that they must achieve in order to progress through the RANZCP Fellowship Program. Trainees should plan to achieve a maximum of six EPAs per 6 months of FTE accredited training, inclusive of rotation-based and other required EPAs. Trainees who would like to achieve more than six EPAs in a 6-month rotation should discuss this beforehand with their DOT and supervisor.

#### **4.11.1 EPAs for trainees with part-time or shortened rotations**

Trainees, whether training full time or part time, who complete less than 6 months of FTE training during a 6-month rotation (calendar time) must refer to the Leave and Interruptions to Training or Part-time Training Policy in relation to the number of Entrustable Professional Activities (EPAs) required to be eligible to pass the rotation.

Trainees who progress to a different stage of training during a rotation cycle (e.g. from Stage 2 to Stage 3) but who still complete more than 2 months of FTE training in total during the 6 calendar months must fulfil the requirement of two rotation-based EPAs per 6-month rotation (if they are training at full time) or a minimum of one rotation-based EPA per 6 calendar months (if they are training at less than full time).

#### **4.11.2 EPAs available for generalist trainees**

The EPAs are available on the RANZCP Website under EPA Forms. Where relevant and appropriate, most Subcommittees for Advanced Training (SATs) have made a number of EPAs from their subspecialty area of practice available for Stage 3 generalist trainees in any rotation. These are prefixed by 'FELL' in the EPA title. These EPAs may be achieved while the trainee is undertaking a rotation in a different area of practice. These EPAs are referred to as 'Fellowship EPAs'. EPAs that can only be achieved in their particular subspecialty area of practice are referred to as 'Area of Practice EPAs', prefixed by 'AOP'.

#### **4.11.3 Rules for EPA achievement (generalist)**

The following rules detail a generalist trainee's eligibility to achieve particular EPAs in their Stage 3 rotations:



- a) A generalist trainee is eligible to achieve **any** of the Stage 3 Fellowship EPAs made available by **any** area of practice (i.e. **FELL** EPAs).
  - For example, a generalist trainee in an Addiction Psychiatry rotation could achieve a Psychiatry of Old Age **FELL** EPA and an Adult **FELL** EPA, which would fulfil the requirement for two EPAs in a 6-month FTE rotation. Therefore, two Addiction Psychiatry EPAs would not be required.
    - A generalist trainee would **not** be eligible to achieve a Psychiatry of Old Age **AOP** EPA or an Adult **AOP** EPA in an Addiction Psychiatry rotation.
- b) A generalist trainee is eligible to achieve **any** of the Stage 3 EPAs offered for the area of practice **for which their rotation is accredited** (i.e. **FELL and AOP** EPAs).
  - For example, a generalist trainee undertaking a Forensic Psychiatry rotation is eligible to achieve **any** of the Stage 3 Forensic Psychiatry EPAs (i.e. both **FELL and AOP** EPAs).

#### 4.11.4 EPAs available for trainees in a Certificate Program

Trainees who have been selected to a program leading to a Certificate of Advanced Training must ensure they adhere to the requirements of that subspecialty program. These requirements may include specific EPAs (either FELL or AOP) mandated for the successful completion of a rotation and may require the EPAs to be achieved in a specific order. Trainees should refer to the regulations for their Certificate Program for further detail.

A trainee who is training in a Certificate Program while concurrently undertaking Stage 3 of the Fellowship Program is **also** eligible to achieve the following as part of their Fellowship Program training.

- a) In addition to their Certificate Program minimum requirements, a Stage 3 trainee may elect to achieve any of the Stage 3 Fellowship EPAs offered outside of the area of practice for which their rotation is accredited (i.e. same as scenario 'a' above: **FELL EPAs**).

#### 4.12 Stage 2 psychotherapy EPAs

As detailed in the Stage 2 Mandatory Requirements Policy, trainees must be entrusted with two of three Stage 2 Psychotherapy EPAs in order to successfully complete Stage 2 and progress through the stages of the RANZCP Fellowship Program. A trainee who has one of the three Stage 2 Psychotherapy EPAs remaining must achieve this EPA in Stage 3 (although the EPA will still be assessed at the standard of Stage 2—a proficient level of competency).

The Stage 2 Psychotherapy EPA cannot be counted towards one of the two EPAs required per rotation in Stage 3.

The Stage 2 Psychotherapy EPAs are the following:

- a) Psychodynamically informed patient encounters and managing the therapeutic alliance (ST2-PSY-EPA2).
- b) Supportive psychotherapy (ST2-PSY-EPA3).
- c) Cognitive-behavioural therapy (CBT) for management of anxiety (ST2-PSY-EPA4).

Trainees must undertake their WBAs leading to the Psychotherapy EPAs on patients other than the patient on which their Psychotherapy Written Case is based and the patients with whom they complete their Stage 3 psychotherapy requirements.

### **4.13 In-training assessments (ITAs)**

Each trainee will be assessed on their progress throughout each rotation on two In-Training Assessments.

Each stage of training will utilise a specific formative mid-rotation ITA form and a summative end-of-rotation ITA form. A trainee's mid-rotation ITA forms shall be held by the trainee's DOT, and will be forwarded to the RANZCP as required, while their end-of-rotation ITA forms must be sent to the RANZCP upon the completion of each rotation (see point 4.15.1). The ITAs will be made available to subsequent supervisors in order to facilitate ongoing support throughout a trainee's progression through training.

### **4.14 Mid-rotation ITA form**

The mid-rotation ITA form is the formative assessment for each rotation. The mid-rotation ITA form is used to provide feedback to the trainee on their progress in the rotation and to highlight any potential progress concerns and/or identified issues, as well as to document supportive plans required to address these concerns. A successful mid-rotation ITA form does not automatically result in a successfully completed rotation and end-of-rotation ITA form.

#### **4.14.1 Completion of the mid-rotation ITA form**

At the discretion of the supervisor, the mid-rotation ITA form may be commenced prior to the mid-rotation point if the supervisor has concerns regarding the trainee's competence and/or progress in the rotation. If the mid-rotation ITA form was not fully completed prior to the mid-rotation point, it must be fully completed at the midpoint of the rotation. Additional mid-rotation ITA forms may be completed after the mid-rotation point, at the discretion of the supervisor.

A trainee's mid-rotation ITA forms must be held by the trainee's DOT, and will be forwarded to the RANZCP as required.

#### **4.14.2 Supportive plan to meet requirements of rotation**

Should a training issue be identified that causes the supervisor to be concerned that the trainee is not meeting the required standards of the rotation, a supportive plan must be documented on the mid-rotation ITA form and commenced immediately.

The documentation should include the competencies identified which require attention and the action to be undertaken to support the trainee in achieving the standard required prior to the end of the rotation.

As part of a supportive plan, the supervisor must:

- discuss their concerns with the trainee
- discuss their concerns with the DOT or their delegate
- try to identify factors affecting the trainee's performance
- review progress towards the identified goals with the trainee within 3 months or prior to the end of the rotation, whichever comes first.

As part of a supportive plan, the DOT must ensure that timely (for example, within four weeks) and adequate feedback and support is provided to the trainee by the principal supervisor to enable the trainee to identify and correct any perceived difficulties.

### **4.15 End-of-rotation ITA form**

The end-of-rotation ITA form is the summative assessment that indicates to the RANZCP Training Department what information should be recorded on the trainee's Training Record for each rotation.

The end-of-rotation ITA form indicates whether or not the required EPAs have been entrusted and which WBAs were used to inform them, provides a record of the supervisor's assessment of the trainee's performance for each Stage 3 Learning Outcome, and indicates whether the trainee has passed or failed the overarching summative assessment for that rotation.

#### **4.15.1 Timely receipt of an end-of-rotation ITA form**

The end-of-rotation ITA form for each rotation must be fully completed, signed by the trainee's DOT and received by the RANZCP Training Department within 60 days of the completion of a rotation. The trainee is responsible for ensuring that it is signed by the DOT and for ensuring its submission. Trainees must attach the forms for all OCAs completed during a rotation to their end-of-rotation ITA form for submission to the RANZCP; therefore, at least one signed and fully completed OCA Form must be attached to the end-of-rotation ITA form for each 6-month FTE rotation. An incomplete end-of-rotation ITA form or end-of-rotation ITA form without the required fully completed OCA Form will not be accepted by the RANZCP and will be returned to the trainee.

- The non-receipt of a signed, fully completed end-of-rotation ITA form with a minimum of one fully completed and signed OCA Form attached within 60 days of the completion of a rotation will result in the delay being noted on the trainee's Training Record. The trainee will be sent correspondence noting the late end-of-rotation ITA form and reminding the trainee that its continued non-receipt by 30 days from the date on which the correspondence is sent will result in a failed end-of-rotation ITA form and rotation unless exceptional circumstances have been accepted by the RANZCP on a case-by-case basis. Exceptional circumstances are detailed further in the Progression through Training Policy (6.1).
- Trainees are responsible for knowing the requirements of the RANZCP Fellowship Program and of this policy. Non-receipt of correspondence from the RANZCP does not invalidate the trainee's obligation to adhere to the requirements it presents.

#### **4.15.2 Failed ITA form**

A failed end-of-rotation ITA form, which indicates a failed rotation, will require the trainee to complete a targeted learning plan developed by the trainee's DOT in conjunction with the trainee. Further detail can be found in the Policy and Procedure on Targeted Learning Plans (6.2) and in the Policy and Procedure on Progression through Training (6.1).

Time spent in a failed rotation does not count towards a trainee's minimum required 60 months of FTE accredited training time.

- Therefore, time spent in a failed Stage 3 rotation does not count towards a trainee's minimum required 24 months of FTE accredited training in Stage 3.
- Time spent during the successful completion of a rotational targeted learning plan is credited towards a trainee's Training Record and is included in the minimum required 60 months of FTE accredited training time (and 24 months of FTE accredited training in Stage 3 where applicable).

#### **4.16 Non-clinical training**

Stage 3 trainees are able to undertake non-clinical training for a maximum of 12 months FTE. A Stage 3 generalist trainee must apply to their BTC for prospective approval in order to undertake non-clinical training for 3 months FTE or more. A Stage 3 Certificate trainee must apply both to their BTC and then to their SAT for prospective approval in order to undertake non-clinical training for any length of time.

Non-clinical training includes training in posts that are accredited for research, medical education or medical administration.

Trainees undertaking non-clinical training are encouraged to maintain their clinical currency by spending at least 0.2 FTE or 1 day per week in direct clinical work (in an accredited training post); however, the RANZCP acknowledges that this is not always feasible.

#### **4.16.1 End-of-rotation ITA form**

A trainee undertaking non-clinical training must submit an end-of-rotation ITA form for their non-clinical rotation. A trainee who concurrently undertakes any clinical training must also submit a separate end-of-rotation ITA form for this portion of the rotation, so that the clinical training time can be accredited to their Training Record. Therefore, a trainee would be required to submit two end-of-rotation ITA forms for the rotation as the principle supervisors differ, where relevant.

#### **4.16.2 EPA requirements**

A trainee undertaking non-clinical training must fulfil the requirement to achieve a minimum of two EPAS for each 6-month FTE rotation.

There are EPAs available that are specifically focussed for research posts, teaching posts and medical administration posts. A trainee may achieve the EPAs related to their post or, where they are concurrently undertaking training in a clinical post, they may choose to achieve the EPAs in that setting.

#### **4.16.3 OCA requirements**

A trainee undertaking non-clinical training must fulfil the requirement to achieve a minimum of one OCA per 6-month FTE rotation.

### **4.17 Final qualitative report**

All trainees, including those who are also enrolled in Certificate Programs, must submit a final qualitative report to their DOT upon completion of their final requirements for Fellowship. The final report must be a 500 – 750 word qualitative personal overview of their Stage 3 training experience. It should include an evaluation of the trainee's own experience including their development during Stage 3, perceived strengths and weaknesses of their Stage 3 training experience and feedback regarding their supervision. The report will be held in confidence by the DOT.

The final report must be completed in order for a trainee to be eligible for nomination to Fellowship.

Note: Trainees who are undertaking training in a Certificate Program concurrently with Stage 3 training may be required to submit an additional or updated final qualitative report to the relevant SAT upon completion of their Certificate training, depending on their Certificate Program Regulations.

### **4.18 Further Certificate Program requirements**

Trainees who are training in Certificate Programs while simultaneously undertaking Stage 3 of the RANZCP Fellowship Program are responsible for ensuring they adhere to the requirements and regulations of the relevant Certificate Program as well as the RANZCP Fellowship Program regulations. Additional Certificate Program requirements may include, but are not limited to, logbooks and research projects.

### **4.19 Review of decisions**

Any request by a trainee for review of a decision in relation to an unsuccessful rotation or other element of Stage 3 should follow the education review process (X.X).

## **5. Monitoring, evaluation and review**

The Education Committee shall implement, monitor and review this policy and report on anomalies and issues as these arise.

This policy will be reviewed biennially and updated as required.

## **6. Associated documents**

**6.1 Regulation:** 9.2 Stage 3 Achievement of Competent Performance Education Training Regulation

6.1 Progression through the Stages of Training Education Training Regulation

8.1 Entrustable Professional Activities Education Training Regulation

12.1 Supervision in Training Posts Education Training Regulation

15.1 Workplace-based Assessments Education Training Regulation

16.1 In-Training Assessment Report Education Training Regulation  
Certificate Program Regulations

**6.2 Policy:** 8.1 Entrustable Professional Activities Education Training Policy and Procedure

6.1 Progression through Training Education Training Policy

12.1 Supervision in Training Posts Education Training Policy

15.1 Workplace-based Assessments Education Training Policy and Procedure

6.2 Targeted Learning Education Training Policy and Procedure

19.2 Failure to Progress Education Training Policy

**6.3 Forms :** Stage 3 mid-rotation In-Training Assessment form

Stage 3 end-of-rotation In-Training Assessment form

Stage 3 Leadership and Management Form

Stage 3 Psychotherapy Sessions Form

Workplace-based Assessment (WBA) Forms

Entrustable Professional Activity (EPA) COE Forms

**6.4 Other:** Trainee Progress Trajectory

Fellowship Competencies

Developmental Descriptors

Learning Outcomes

EPA Handbook

## **7. References** N/A

## REVISION RECORD

Contact:		Project Officer, Education and Training	
Date	Version	Approver	Description
03/05/15	v.1.0	RANZCP Board	New draft policy. Reviewed by Stage 3 working party 19/2/15, reviewed at February 2015 DOT/CFT f2f, reviewed by TRC 23/2/15, reviewed in principle by EC 27/2/15. Approved by CFT 12/3/15. Approved by EC 10/4/15. Reviewed by CGRC 16/4/15. Approved by RANZCP Board B2015/3 RX.
16/11/15	v.1.1	N/A	Minor amendment to clarify that policy describes what Stage 3 Generalist and Stage 3 Certificate trainees need to complete in order to be eligible for Fellowship.
11/02/16	v.1.2	N/A	<b>Clarification</b> added in Leadership & Management objectives that trainee must use the Stage 3 Leadership and Management form to advise the College of the successful completion of this requirement. Stage 3 Psychotherapy paragraph (was 4.12) repositioned to be earlier in the Policy (now 4.4). Clarification provided regarding Group psychotherapy acceptability. Approved CFT 11/02/2016, EC 26/02/16.
20/04/16	v.1.3	N/A	<b>Clarification</b> of Leadership & Management Requirements of the BTC-approved module or e-module
21/07/16	v.1.4	RANZCP Board	Revised to reflect targeted learning/targeted learning plan (formally remediation/remediation plan) and standard expected at End of stage 3 (formally junior consultant standard) terminology changes. EC approved 29/04/2016. CGRC reviewed 28/04/2016. RANZCP Board approved B2016/4. Minor amendment to update ITA Form to mid-rotation ITA form and ITA Report to end-of-rotation ITA form.
11/02/17	v.1.5	Minor amendment	Updated to include Direct observation of procedural skills (DOPS) as a formative WBA assessment tool. Approved by CFT 08/12/16. Approved by CGRC 19/11/17, EC 27/01/17, RANZCP Board 11/02/17.
23/09/17	v.2.0	RANZCP Board	Adding new requirement for trainees to complete three specified Aboriginal and Torres Strait Islander modules and Māori mental health modules through <i>Learnit</i> as a pre-requisite for Fellowship. This new requirement was approved in principle at DOT/CFT f2f Feb 2017, EC in March 2017, and Board in May 2017 for implementation for trainees commencing from rotation 1, 2018 only. Wording approved through the Stage 2 Mandatory Requirements Policy by CFT 10/08/17, EC 1/09/17. Reviewed by CGRC 31/08/17. Approved by Board 23/09/17 B2017/6 RX. Approved wording to be added to each of Stage Mandatory Requirements Policies.
18/11/17	v.3.0	RANZCP Board	Reference to Leave & Interruptions to Training Policy or Part-time training Policy for trainees who complete less than 6 months of FTE training during 6 calendar months (these policies state 0 EPAs required if less than 2 months FTE training, but 1 EPA required if between 2-less than 6 months FTE training). Clarification that an EPA cannot be achieved again after it has already been entrusted at that standard. Policy changes approved in Stage 2 Mandatory Requirements Policy & aligned per 18/11/17 B2017/7 R27: (changes reviewed by DOT Advisory Group 21/09/17, Approved by CFT 28/9/17, Reviewed by CGRC 26/10/17,

Approved by EC 27/10/17, RANZCP Board 18/11/17 B2017/7 R26).

24/11/17	v.3.1	Education Committee	Minor process change to include completion of Aboriginal & Torres Strait Islander and Māori mental health modules (mandatory for trainees who commence in rotation 1, 2018 or later) can be completed as part of the FEC or scheduled teaching activities organised by their local training program if the BTC verifies the trainee's attendance & participation in specific modules & reports this to the College head office. Approved CFT 26/10/17, reviewed by DOT Advisory Group 16/11/17, Approved EC 24/11/17.
11/03/2020	v.3.2	Committee for Training	Change of terminology to from 'Show Cause' to 'Training Review' (CFT approved, 12/12/2019).
05/03/2021	v.3.3	RANZCP Board	Amendments of the policy as a result of decoupling the previous Essay-style Examination into two independent examinations: Modified Essay Questions (MEQ) Examination and Critical Essay Questions (CEQ) Examination. (EC approved 23/04/2021)
23/03/2023	V3.4	Education Committee	Amendment of the policy to clarify that the Leadership and Management requirement can be completed on a break with Director of Training approval. (EC approved 17/02/2023)
22/02/2024	v.3.5	RANZCP Board	The OSCE has been replaced by the CCA-MPR assessment.

**November 2025**

**NEXT REVIEW**