



THE ROYAL  
AUSTRALIAN AND NEW ZEALAND  
COLLEGE OF PSYCHIATRISTS  
ABN 68000439047

# REGULATIONS

## BASIC TRAINING AND ADVANCED TRAINING FOR FELLOWSHIP

**Regulations to be read in conjunction with the Curriculum and Logbook for Basic Training and Advanced Training for Fellowship**

# RANZCP TRAINING AND ASSESMENT REGULATIONS

NOVEMBER 2003

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<sup>1</sup> Where areas are shaded in 'yellow', further information is available from the Links and Forms page.

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# 1 INTRODUCTION

## 1.1 The College

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) works with and for the general community to achieve the best attainable quality of psychiatric care and mental health<sup>1</sup>.

The RANZCP is the principal body that represents the medical specialty of psychiatry in Australia and New Zealand. The Board of Education (BOE) is responsible for accreditation and assessment of training and recommendations to the College General Council for the award of Fellowship of the College (FRANZCP) and of certificates of advanced training. The Board carries out these responsibilities with the assistance of the Fellowship Attainment Committee (FAC), Committee for Training (CFT), the Subcommittees for Advanced Training (SAT), the Committee for Examinations (CFE) and the Committee for Specialist International Medical Graduates Education (CSIMGE). Administrative staff at College headquarters in Melbourne support these committees.

At a state level, and in New Zealand, Branch/Psychiatry Training Committees (BTC) coordinate training. At an individual service or hospital level, training is under the direction of a Director of Training and a local training committee, assisted by supervising Fellows and accredited non-College supervisors.

The Registrar Representative Committee (RRC) is a subcommittee of General Council which represents and advocates for psychiatric trainees. BOE recognises RRC as the principal representative organisation for trainees.

The Australian and New Zealand Association of Psychiatrists in Training (ANZAPT) is a separate organisation, which also represents and advocates for psychiatric trainees.

## 1.2 Training and Assessment Overview

The RANZCP Fellowship training program includes a minimum of 3 years basic training, followed by a minimum of 2 years advanced training. The process of training is described in this document and in the relevant advanced training regulations, and the goals of training are described in the relevant curricula. Throughout training, you are required to adhere to the College Code of Ethics. All components of basic training and assessment must be completed before commencing advanced training and no components of basic training can be accredited towards advanced training. Assessment is ongoing and includes summative assessments by your supervisors, case histories, written examinations and clinical vivas.

During the training process you will develop skills to treat mental illness and mental health problems and to decrease the level of distress experienced by people with mental health problems and mental illness, carers and communities, utilising a broad biopsychosociocultural model which acknowledges the diversity of each person's experience. The College places particular emphasis on you developing a sensitive awareness of the impact of mental health problems and mental illness on a person's quality of life and the meaning of recovery for that person, including the specific needs of Aboriginal and Torres Strait Island and Maori people with mental health problems and mental illness.

The BOE recognises that it is not possible to mandate training in all areas of psychiatry before completion of basic training. You are encouraged to develop skills in such other areas, such as psychiatry of intellectual disability and forensic psychiatry, when appropriate opportunities are available.

The College is committed to the development of effective training programs for specialists in psychiatry and is an active participant in the Australian Medical Council accreditation process for specialist medical colleges. As such, it supports the broad aims of all specialist training programs in developing the future specialist's expertise as a medical expert, communicator, collaborator, manager, health advocate, scholar and professional. These aims are discussed further in Appendix 1.

<sup>1</sup> The College acknowledges that language is contestable and contextual, and changes over time. It recognises the differences in language used between Australia and New Zealand and that mental health problems affect a wide range of people at different times in their lives. In an attempt to be as inclusive as possible, the College has chosen to use the term "people with mental health problems and mental illness" when referring to consumers, and those affected by mental health problems and mental illness at some stage in their lives, and "carers" to include family, significant others and whanau. It is acknowledged that this terminology will need to be periodically reviewed.

## 2 REQUIREMENTS WHICH APPLY TO BOTH BASIC AND ADVANCED TRAINING

### 2.1 Registration

To register as a trainee you must:

- Satisfy the entry criteria as outlined in 4.2 and 9.2 below
- Complete an application form and submit requisite documentation to **College headquarters** via BTCs
- Pay the prescribed **fees**

Upon payment of the prescribed fees, you will receive a start-up log book with directions for accessing documentation from the College website for completion as you progress through training.

### 2.2 Accreditation

In order to have the various training experiences outlined below accredited you must:

- Liaise with your **Director of Training**
- Register as a College trainee (see 4.2 and 9.3 below)
- Have each of your training rotations/experiences approved by your **Director of Training**
- Submit relevant log book documentation confirming satisfactory completion of each requirement. Non submission of appropriate Training Forms within 3 months of completing the relevant requirement may result in non accreditation of that requirement.
- Satisfy all other training requirements
- Pay the prescribed **fees** by the published annual closing date.

After registration as a trainee you may apply to the CFT/SAT for **retrospective accreditation** of training completed in an **approved training post** in an **approved training program** outside Australia or New Zealand. You may also seek retrospective accreditation for such training within Australia and New Zealand, if undertaken concurrently with the AMC examinations or NZREX examination and qualifying process. Generally no more than 12 months of such Australasian training will be accredited. However for candidates who have undertaken substantially equivalent to RANZCP basic training programs, up to 36 months of retrospective accreditation may be granted on a case-by-case basis.

Accreditation shall not be granted for experience gained in non-approved or short term locum posts.

To undertake part of your **training overseas** in an **approved training program**, you must apply prospectively to the CFT/SAT for consideration.

### 2.3 Interrupted Training

While you may interrupt your training at any stage, you are required to notify the College of this and continue to pay a 'break in training' fee to maintain your training record. Such breaks in training may have implications for maintaining the **currency** of your progress in the training and assessment process, as detailed in 4.3 and 9.3 below.

### 2.4 Part-time Training

In Basic Training and Advanced Training pre-Fellowship: If you train part-time, this must be at least a half-time FTE basis in order to be accredited. Part-time training may be undertaken on a 0.5, 0.6, 0.7, 0.75, 0.8 or 0.9 FTE basis, and must satisfy all of the requirements outlined in these regulations, over a proportionately longer period (see Regulation 4.3 below).

In Advanced Training post-Fellowship: In rare instances, part-time training at less than 0.5 FTE may be approved by the Sub-Committee where the trainee cannot obtain a post at 0.5 FTE. Currency issues must be carefully considered.

### 2.5 Ethical Standards

You are required to adhere to the College Code of Ethics at all times and must participate in an approved activity on ethical practice for each calendar year of training. These activities should include the importance of professional boundaries and relationships with pharmaceutical companies.

## **2.6 Rural Mental Health**

You must complete significant experience in rural mental health service delivery. This may be completed in basic or advanced training. Wherever possible, this experience shall be completed as part of a residential rotation in a rural/regional service which is at least 3 month FTE, although a minimum of 15 days working directly with a supervisor in a rural/regional clinical service may be accepted locally (by BTC/DOT).

You may spend all of your training in rural areas, provided these experiences satisfy the requirements as set out in these Regulations.

See objectives for this training experience (Regulation 3.1 below).

## **2.7 Continuity of Care**

You must treat, under supervision, at least 6 people with mental health problems and mental illness over at least 9 months each, in addition to the individual(s) chosen to satisfy the psychotherapy case history requirement. These 6 people should be discussed with your principal supervisor and also with the consultant with primary clinical responsibility (if that person is not your principal supervisor).

See objectives for this training experience (Regulation 3.2 below).

# **3 TRAINING OBJECTIVES FOR BOTH BASIC AND ADVANCED TRAINING**

## **3.1 Rural Mental Health**

By the completion of training you shall have developed an understanding of the challenges of rural mental health service delivery and of rural mental health issues and be able to:

- (i) Appropriately utilise the available mental health service resources when making decisions about the assessment and treatment of people with mental health problems and mental illness presenting in rural/regional areas
- (ii) Liaise with appropriate local mental health and primary health workers to manage people with mental health problems and mental illness under your care in a rural/regional area within their own community
- (iii) Liaise with health professionals outside the rural/regional area to arrange appropriate care and safe transfer of rural/regional people with severe mental illness and mental health problems, when necessary
- (iv) Demonstrate familiarity with video-conferencing, as available
- (v) Demonstrate an awareness of the sociocultural influence of rural life on the common psychiatric disorders, in terms of the epidemiology, aetiology, presentation, management and prognosis
- (vi) Demonstrate an understanding of the special needs of members of minority groups who live in rural/regional areas
- (vii) Demonstrate an understanding of mental health issues which are unique to or especially prevalent in rural communities
- (viii) Demonstrate an understanding of the need to use different models of service delivery in different settings, appropriate to the specific community.

## **3.2 Continuity of Care**

By the completion of training you shall be able to:

- (i) Assess and manage people with a broad range of psychiatric conditions encountered in various clinical settings
- (ii) Work with general practitioners, other primary health care providers and other mental health professionals in the care of people with a broad range of psychiatric illness
- (iii) Demonstrate a knowledge and understanding of the longitudinal nature of psychiatric disorder
- (iv) Demonstrate an awareness of and skills in dealing with issues arising in doctor-patient relationships over a period of time
- (v) Demonstrate skills in the enhancement of treatment compliance.

## 4 BASIC TRAINING

### 4.1 Overview of Basic Training

Basic training involves completion of 3 years FTE clinical training in specified areas, as detailed below. It is based on a broad biopsychosociocultural model.

The focus in the first year is on the acquisition of knowledge and skills in phenomenology, interviewing, clinical assessment and the principles of management planning.

The focus in the second and third years of training is on the development of knowledge and skills in clinical management and teamwork.

### 4.2 Entry to Basic Training

To enter basic training in psychiatry you must:

- Have satisfactorily completed at least 1 year full time equivalent (FTE) general medical training
- Have **current general registration** as a medical practitioner in Australia, New Zealand or other approved country, state, territory or dependency and be in **good standing** with the relevant Medical Registration Board or **equivalent approved body**
- Be **selected** to enter an **approved basic training program**
- Be appointed to **an approved training post**.

### 4.3 Currency of Basic Training and Assessment

Each component of your basic training and assessment remains valid for eight years. Trainees who exceed this period will need to repeat and complete the training experienced lapsed. A number of flexible options are available to assist the trainee to achieve this. The Trainee must complete a minimum of either three months experience in a compulsory rotation or complete 10 Cases under appropriate supervision. Trainees must discuss Currency needs with their Training Directors well in advance to determine which of the options their services/employers can accommodate. It may be necessary for a number of trainees in some services to complete the entire 6 month rotation.

### 4.4 Required Training Experiences during Basic Training

During basic training, you must be provided with opportunities to be involved in the assessment and management of people with a broad range of psychiatric conditions in a variety of settings. You must provide evidence of satisfactory completion of the following:

- Approved training in involvement with people with mental health problems and mental illness
- Approved training in carer involvement
- Approved training in non-government and other community organisations
- Approved training in the mental health of Aboriginal and Torres Straits Island people or Maori
- 12 months FTE approved training in adult psychiatry. During this time you must complete a minimum of 10 observed interviews that are documented as satisfactory by your supervisor.
- 6 months FTE approved training in child and adolescent psychiatry
- 6 months FTE approved training in consultation-liaison psychiatry
- Approved training in the practice of psychiatry of old age
- Approved training in addiction psychiatry
- Approved training in psychotherapy
- Approved training in Electroconvulsive Therapy (ECT)

See below for the designated objectives for all of these training experiences.

## 5 MANDATORY TRAINING EXPERIENCES DURING BASIC TRAINING

### 5.1 Formal Education

During the first 3 years of training you must demonstrate satisfactory progress in a recognised **formal education course**.



## **5.2 Experience with People with Mental Health Problems and Mental Illness**

Your BTC shall, in consultation with local groups representing people with mental health problems and mental illness, ensure that each training program has significant input by people with mental health problems and mental illness during basic training. Also, during each year of basic training you must participate in at least 1 approved activity where the involvement of people with mental health problems and mental illness is central to the training experience.

See objectives for this training experience (Regulation 8.1 below).

## **5.3 Carer Experience**

Your BTC shall, in consultation with local carer groups, ensure that each training program has systematic and ongoing input by carers during basic training. Also, during each year of basic training you must participate in at least 1 approved activity, which is carer led and increases your understanding of the day to day living experience of carers.

See objectives for this training experience (Regulation 8.2 below).

## **5.4 Experience with Non-Government (NGO) and Other Community Organisations**

During each year of basic training you must participate in at least 1 approved activity that assists you to demonstrate an understanding of the role of, non-government sector and other community organisations in mental health service provision.

See objectives for this training experience (Regulation 8.3 below).

## **5.5 Mental Health of Aboriginal and Torres Strait Island People & Maori**

Where available, you should undertake during basic training approved training in the mental health of Aboriginal and Torres Strait Island people or Maori. The minimum requirement will be that you complete an approved training module on either Aboriginal and Torres Strait Island mental health or Maori mental health in basic training. See objectives for this training experience (Regulation 8.4 below).

## **5.6 Adult Psychiatry**

You must complete two 6 month FTE rotations in adult psychiatry with at least 6 months FTE in an acute adult psychiatry service.

These two 6 month FTE rotations should occur within the first year of training however may be completed within 18 months FTE of commencement of training, at the discretion of your Director of Training.

See objectives for this training experience (Regulation 8.5 below).

## **5.7 Child and Adolescent Psychiatry**

During basic training you must undertake your training in child and/or adolescent psychiatry in a service specialising in the treatment of children, adolescents and their families.

See objectives for this training experience (Regulation 8.6 below).

## **5.8 Consultation-Liaison Psychiatry**

During basic training you must undertake your training in this area in a consultation-liaison psychiatry service of a general hospital and its associated services.

See objectives for this training experience (Regulation 8.7 below).

## **5.9 Psychiatry of Old Age**

During basic training you must complete approved training in psychiatry of old age (POA). The minimum requirement is evidence of the assessment and/or management of at least 10 people with mental health problems and mental illness over the age of 65 years, formally discussed with an appropriate RANZCP and Faculty of Psychiatry of Old Age approved supervisor. Wherever possible this experience shall be completed as part of a training rotation in a POA service.

See objectives for this training experience (Regulation 8.8 below).

### 5.10 **Addiction Psychiatry**

During basic training you must complete approved training in addiction psychiatry. When this is not possible, you must have evidence of the management of:

- (i) at least 9 people with substance abuse or dependence, meeting the following criteria:
  - the management of the substance use disorder is a major focus of your treatment
  - supervision of the management of these people is by an appropriately qualified supervisorOf these 9 people, there must be at least 1 with opiate dependence and a further 5 with problems of substance dependence.
- (ii) at least 1 person with pathological gambling.

See objectives for this training experience (Regulation 8.9 below).

### 5.11 **Psychotherapy Experience**

During basic training you must complete supervised experience with a range of psychological therapies, including each of the following:

- (i) Therapy informed by psychodynamic principles of a person for at least 40 hours for a minimum of 6 months with at least 1 session weekly
- (ii) Brief psychologically-based therapy of 2 people, each requiring at least 10 sessions of such therapy
- (iii) Cognitive and/or behavioural psychotherapy of at least 2 people for at least 5 sessions each
- (iv) A minimum of 5 sessions of marital or family or group therapy.

See objectives for this training experience (Regulation 8.10 below).

### 5.12 **ECT Experience**

During basic training you must attend and participate in the delivery of a minimum of 10 ECT treatments under the direct supervision of an appropriately trained psychiatrist. At least one of these treatments must be the first received by a person who has not previously been treated with ECT. At least three of the 10 people treated should be directly managed by you under appropriate supervision throughout their course of ECT.

See objectives for this training experience (Regulation 8.11 below).

### 5.13 **Experience in Other Medical Specialities**

Training in other medical specialties may be approved by the Committee for Training on a case by case basis, provided a psychiatric supervisor is available throughout the experience.

## 6 **ASSESSMENT OF BASIC TRAINING**

### 6.1 **Overview of Assessment of Basic Training**

Assessment of your basic training shall occur as you progress through the first 3 years of the College training program. You shall be regularly assessed by your supervisors, you shall submit 2 case histories, and you shall complete a written examination and two clinical examinations.

### 6.2 **Assessment of Basic Training**

Your basic training is assessed as follows:

- (i) **Summative Assessments** by your supervisor
- (ii) 2 **Case Histories** of people managed under supervision as outlined below:
  - a) A person presenting for the first time to the mental health service, whom you have personally managed.
  - b) A person(s) in whom the predominant mode of intervention has been psychological
- (iii) **A Written Examination**, which may be attempted at any point in basic training. This examination assesses your knowledge of the theoretical and scientific underpinnings of psychiatry, and clinical and ethical issues in psychiatry. A critical appraisal question will be included
- (iv) **A Clinical Examination** with assessment based on an Observed Clinical Interview (OCI) and presentation plus an Objective Structured Clinical Examination (OSCE). This examination assesses your clinical skills across a range of psychiatric disorders including components where integration of general medical skills

and knowledge are central to the case

(v) **Eligibility to sit** the Clinical Examination

You are eligible to apply to sit this examination if at the time of application you have:

- Completed a minimum of 30 months FTE accredited basic training
- Completed all mandatory basic training experiences (see 2.5 and 4.4)
- Passed the required case histories
- Passed the written examination

(vi) **Remediation** for Multiple Failures of Assessment

Before applying to sit the written or clinical examination or to submit a case history for the third and every second subsequent attempt thereafter, you must complete a remediation program of duration as outlined in the remediation policy (see link 83), to the satisfaction of the CFT. In the case of the clinical examinations, this will result in you being ineligible to apply for the next scheduled examination.

## 7 SUPERVISION DURING BASIC TRAINING

### 7.1 **Supervision** of your clinical work

Supervision of your clinical work during basic training will be a vital part of the assessment of your professional competence. Your training is based on an apprenticeship model. The level and form of supervision provided shall vary as you progress through the training program, but the following must apply:

- (i) Clinical supervision shall be for not less than 4 hours per week for not less than 40 weeks in each year of training. At least 1 of these 4 hours per week shall include individual supervision of your current clinical work; this applies whether you are part-time or full-time. The other 3 hours of supervision must be at least on a pro-rata basis if you are part-time.
- (ii) During the first year of training you shall receive closer supervision, with at least 2 of the 4 hours per week supervision provided outside ward rounds/case review meetings. Your supervisor should focus on interviewing skills and mental state examination. Supervision shall also address diagnosis, formulation and principles of management.
- (iii) Supervision of the biological, social, psychological and cultural aspects of assessment and treatment shall be provided throughout basic training as a component of the 4 hours basic supervision. 1 of the 4 hours required supervision (apart from the individual hour of supervision of current clinical work) should be devoted specifically to this type of supervision.
- (iv) Supervision sessions shall be scheduled.
- (v) You shall observe your supervisors conducting diagnostic and therapeutic interviews. Your supervisors shall observe you conducting interviews in each year of basic training.
- (vi) Supervision must cover all aspects of your work, including after-hours work.
- (vii) Whenever you are on duty, there must be a clear line of responsibility from the person with mental health problems and mental illness through you to a particular psychiatrist. This will most appropriately occur when the psychiatrist responsible for the care of your patients is also your primary clinical supervisor. This psychiatrist is the most appropriate supervisor to provide the one hour of individual supervision.
- (viii) In general, your principal supervisor will be working in the same clinical setting as you for at least three half days per week.

#### Responsibilities of Supervisors

Clinical supervision of your basic training shall be by **supervisors** approved by your BTC. Clinical supervisors shall generally have no more than 2 trainees under their supervision at one time. The responsibilities of your clinical supervisors are to:

- (ix) Review with you at the beginning of each rotation the training objectives for that rotation
- (x) Provide **formative feedback** on your progress, half-way through each rotation, which shall be used to identify your strengths and weaknesses as well as your progress towards the training objectives for the rotation
- (xi) Complete a **summative assessment** at the end of your rotation based on the relevant training objectives. This assessment shall take into account your progress in those areas identified in the formative appraisal and further development of your areas of competence.
- (xii) Create a suitable learning environment for you while under supervision
- (xiii) Ensure a wide range of opportunities is available for you to develop your clinical skills.

## 8 TRAINING OBJECTIVES FOR BASIC TRAINING

### 8.1 Experience with People with Mental Health Problems and Mental Illness

By the completion of basic training you shall be able to:

- (i) Demonstrate an understanding of the need for information about all aspects of mental health care to be available in a useable form to all people with mental health problems and mental illness
- (ii) Demonstrate an understanding of the need for people with mental health problems and mental illness to be appropriately involved in decision-making about all aspects of mental health care
- (iii) Demonstrate an understanding of the principles of the participation of people with mental health problems and mental illness in planning, delivery, monitoring and evaluating mental health services. In particular, that the participation of people with mental health problems and mental illness must be appropriate, must be adequately resourced, must be supported at senior management level and must be a continuous, working partnership
- (iv) Demonstrate an understanding of the challenges which may adversely affect the involvement of people with mental health problems and mental illness in mental health services, such as time, money, cultural issues, language, gender, housing and occupational status
- (v) Demonstrate skills in working with groups representing people with mental health problems and mental illness, specifically the facilitation of open and constructive communication between people with mental health problems and mental illness, carers and service providers
- (vi) Demonstrate an understanding of the involvement of people with mental health problems and mental illness in mental health services within an ethical framework which stresses the need for service providers to respect individual autonomy and self-determination
- (vii) Recognise the continuum of the participation of people with mental health problems and mental illness in mental health services, which ranges from receiving information, to being consulted, giving advice, jointly planning, having a role in decision-making, being part of mental health services and having complete control
- (viii) Demonstrate a familiarity with the most recent government and non-government policy in relation to the participation of people with mental health problems and mental illness in mental health services
- (ix) Demonstrate an understanding of the varying relationships between people with mental health problems and mental illness, carers and providers in mental health services and the processes of the promotion of mental health
- (x) Demonstrate an understanding of the importance of the prevention of mental illness and mental health problems, early and timely intervention, and the achievement of recovery (the ability to live well in the presence or absence of mental illness and mental health problems)
- (xi) Demonstrate an understanding of the specific issues faced by people with mental health problems and mental illness who are Aboriginal and Torres Strait Island or Maori, as well as other minority marginalised groups.

### 8.2 Carer Experience

By the completion of basic training you shall be able to:

- (i) Demonstrate an understanding of the impact of mental illness and mental health problems on carers, and the need for emotional support
- (ii) Demonstrate an ability to understand the need for, and how to impart information about mental illness, treatment and care, and mental health systems to carers
- (iii) Demonstrate an ability to combine the "lived experiences" of carers with the professional knowledge of the clinician in decision-making about relevant aspects of mental health care
- (iv) Recognise the value of involving carers in planning, delivery, monitoring and evaluation of mental health services
- (v) Demonstrate an understanding of barriers to carer participation, including time, money, emotional distress, cultural issues, language, gender and socio-economic status.

### 8.3 Experience with Non-Government and Other Community Organisations

By the completion of basic training you shall be able to:

- (i) Understand the role of non-government and other community organisations in providing care and support for people with mental illness and mental health problems and their carers
- (ii) Understand the relationships of these organisations within the health and social welfare sectors and

- mechanisms to achieve integrated care
- (iii) Understand some of the range of philosophies of care provided by these organisations and how these may differ from publicly funded secondary mental health services.

#### **8.4 Mental Health of Aboriginal and Torres Strait Island People and Maori**

By the completion of basic training you shall have an understanding of the mental health issues facing Aboriginal and Torres Strait Island People or Maori and the problems in providing indigenous mental health care, and shall be able to:

- (i) Demonstrate a knowledge and understanding of the epidemiology of mental health problems facing indigenous people in Australia or New Zealand
- (ii) Conduct an assessment and provide treatment of an indigenous person and their family
- (iii) Utilise and adapt the available mental health resources for the assessment and treatment of indigenous peoples
- (iv) Liaise with appropriate local indigenous mental health and health workers to facilitate treatment for indigenous people with mental health problems as close to their families as possible
- (v) Demonstrate an awareness of and sensitivity to the mental health issues relating to persons of Aboriginal and Torres Strait Island origin or persons of Maori origin, as appropriate.

#### **8.5 Adult Psychiatry**

By the end of your first year of training you shall be able to:

- (i) Conduct a competent clinical interview (both initial and follow-up) with a wide range of people with mental health problems and mental illness
- (ii) Perform a mental status examination and acquire a thorough understanding of the phenomenology of psychiatric illness
- (iii) Perform a risk assessment of self-harm/suicide and dangerousness to others
- (iv) Demonstrate an understanding of the importance of the maintenance of professional boundaries in the practice of psychiatry
- (v) Demonstrate an understanding of the locally relevant mental health act and its application
- (vi) Present a diagnostic formulation of a range of disorders taking into account biomedical, psychosocial and cultural factors in the person's presentation and illness
- (vii) Propose a management plan that demonstrates an awareness of the place of biomedical and psychosocial interventions in the investigation and treatment of the person's illness
- (viii) Implement a management plan under the supervision of a consultant psychiatrist
- (ix) Understand clinical practice guidelines for the more common psychiatric disorders and apply them where appropriate
- (x) Work as a member of a multidisciplinary mental health team, showing an awareness of the contribution of various members of that team
- (xi) Demonstrate an ability to involve and inform people with mental health problems and mental illness and their carers in the assessment, diagnosis and management process
- (xii) Demonstrate a basic understanding of critical appraisal in the evaluation of published psychiatric research
- (xiii) Demonstrate basic competence in psychopharmacology.

#### **8.6 Child and Adolescent Psychiatry**

By the end of the child and adolescent psychiatry rotation you shall be able to:

- (i) Demonstrate knowledge of developmental trajectories and their importance in the assessment of children and adolescents.
- (ii) Demonstrate a knowledge and understanding of the impact of psychiatric disorders and behavioural and emotional problems on the development of children and adolescents
- (iii) Demonstrate an awareness of the impact of family, school and cultural factors on children and adolescents
- (iv) Conduct a clinical interview with children and adolescents of different ages and their families. This requires comprehensive assessment of a minimum of five pre-pubertal children and five adolescents during the term.
- (v) Demonstrate an understanding of the nature and specific manifestations of mental health problems in the young
- (vi) Demonstrate (a) an understanding of the role of psychological, cognitive, behavioural and academic skills assessment in the evaluation of children and adolescents, (b) an ability to perform an appropriate physical examination, organise investigations and (c) an ability to interpret the results of such assessments and investigations
- (vii) Present a diagnostic formulation taking into account developmental, psychological, educational, socio-cultural and biological factors



- (viii) Formulate a management plan based on the above formulation
- (ix) Implement treatment using psychosocial and biomedical approaches as appropriate, under supervision
- (x) Identify and work with a range of other services involved in a young person's life, such as schools, general practitioners, protective services, foster care agencies etc
- (xi) Demonstrate an understanding of the role of psychiatrists in the prevention of mental health problems.

## **8.7 Consultation-Liaison Psychiatry**

By the end of the consultation-liaison psychiatry rotation you shall be able to:

- (i) Demonstrate an understanding of the impact of medical illness and the system in which it is treated and how this affects the presentation, experience, and impact of psychiatric and psychosocial morbidity
- (ii) Demonstrate the skills needed to conduct a biopsychosociocultural assessment, create a formulation, and implement appropriate treatment in the context of the general hospital including effective communication with the rest of the treatment team
- (iii) Demonstrate the ability to assess reactions to illness, and to differentiate the presentation of depression and anxiety in the medical setting
- (iv) Demonstrate an understanding of the combined trajectories of illness and the developmental issues of the person with mental health problems and mental illness
- (v) Demonstrate an understanding of and ability to assess and treat somatisation and somatoform disorders
- (vi) Demonstrate an understanding of and ability to assess and manage common neuropsychiatric disorders, with a particular emphasis on delirium
- (vii) Demonstrate an understanding of the particular needs of special populations with psychiatric and psychosocial morbidity in the medical settings, including the young, the old, the indigenous and those with intellectual disability
- (viii) Demonstrate an ability to assess and manage acute and emergency presentations of psychiatric morbidity in the general medical setting
- (ix) Demonstrate an ability to formulate the key ethical dimensions that arise in providing psychiatric care in a medical setting.

## **8.8 Psychiatry of Old Age**

By the completion of basic training you shall be able to:

- (i) Demonstrate a knowledge and understanding of the importance of developmental issues in the assessment and management of older people
- (ii) Perform an assessment of the mental state of older persons, in hospital, community and long term residential care settings. This should include an appreciation of the differences between young and old
- (iii) Demonstrate a knowledge and understanding of the significance of underlying medical conditions and pharmacological treatment in the presentation of older people
- (iv) Assess the competence of an older person to care for themselves and manage their own affairs and evaluate their testamentary capacity
- (v) Participate in the assessment and management of older persons by a multidisciplinary team
- (vi) Demonstrate knowledge of community resources including government programs, voluntary agencies, self-help groups and private facilities that are available to meet the needs of older people
- (vii) Demonstrate an understanding of the key role of family members and other carers in the care of older people
- (viii) Demonstrate knowledge and skills in assessment and management of issues facing some older people, including elder abuse, suicide, euthanasia and ageist attitudes.

## **8.9 Addiction Psychiatry**

By the completion of basic training you shall be able to:

- (i) Conduct a detailed assessment for problems and disorders related to the area of addictions such as substance use, abuse and dependence and gambling.
- (ii) Demonstrate knowledge and skills in the assessment and management of people with combined substance use disorders and other mental illnesses.
- (iii) Display knowledge of the theory of addictions, actions of psychoactive substances of abuse, as well as their psychiatric and their medical complications
- (iv) Demonstrate knowledge of harm minimisation strategies, prevention strategies and other public health approaches to substance use disorders

- (v) Formulate and carry out an appropriately tailored management plan for people with a substance use disorder and individuals with pathological gambling
- (vi) Explain the mechanisms of action of the psychological and biological treatments available for addictions
- (vii) Participate in interdisciplinary management of people with disorders of addiction.

## 8.10 **Psychotherapy**

By the completion of basic training you shall be able to:

- (i) Formulate an individual's psychological issues in terms of basic developmental principles
- (ii) Assess and describe an individual's personality functioning, relationship style, adaptive and maladaptive or defensive behaviours
- (iii) Recognise the transgenerational transmission of relationship difficulties and psychological problems
- (iv) Select an appropriate psychological therapy
- (v) Integrate appropriately the psychological therapies with biological and social therapies
- (vi) Demonstrate an understanding of the psychotherapies in terms of their historical development, theoretical underpinnings, research base and outcomes, including
  - Normal human development across the lifespan
  - The infant-carer relationship
  - Developmental psychopathology
  - Attachment and other psychoanalytic theories
  - Families and couples therapies
  - Group psychotherapies
  - Individual dynamic psychotherapies
  - Structured therapies, including cognitive behavioural therapies.

## 8.11 **ECT**

By the completion of basic training you shall be able to:

- (i) Demonstrate an awareness of prevailing societal attitudes to ECT, and how these might require particular sensitivity in preparing people and their families for this treatment
- (ii) Demonstrate an understanding of the process of obtaining informed consent for ECT and the relevant sections of your local Mental Health Legislation
- (iii) Demonstrate an understanding of the accepted indications and relative/absolute contraindications for ECT
- (iv) Demonstrate an understanding of medical/anaesthetic aspects of ECT including pre-ECT assessment, post-ECT complications (and their management) and potential effects of medication
- (v) Demonstrate competence in the following aspects of administration of ECT: electrode placement; stimulus dosing; seizure monitoring using EEG or "isolated limb" technique; recognition and management of missed, inadequate or prolonged seizures
- (vi) Demonstrate an understanding of the criteria for reaching a decision to terminate a course of ECT
- (vii) Demonstrate an understanding of management following a course of ECT, including relapse prevention using psychological or pharmacological strategies as well as maintenance ECT
- (viii) Demonstrate an adequate knowledge base in relation to ECT, including evidence of efficacy, hypothesised mechanisms of action, physiological responses and the significance of the electrical parameters utilised in ECT.

# 9 **ADVANCED TRAINING**

## 9.1 **Overview of Advanced Training**

Advanced training involves 2 years FTE supervised experience in: general clinical psychiatry - Generalist Stream Advanced Training (GSAT) OR an Approved Program Advanced Training (APAT) OR a combination of these two.

Advanced training also requires completion of seven core advanced training experiences. Whilst an apprenticeship style of training continues, the emphasis during these 2 years FTE training is on adult learning, self-directed learning and the processes used in continuing medical education. It is expected that all advanced training will be informed by an eclectic approach, which takes account of the biological, psychological, social and cultural aspects of the individual and his or her mental illness or mental health problems.

Fellows of the College may do further advanced training. Post Fellowship advanced trainees are not required to complete the core advanced training experiences although you may choose to do so.

## 9.2 Entry to Advanced Training

### 9.2.1 Entry to **Generalist Stream Advanced Training** (GSAT)

To enter Generalist Stream Advanced Training you must have completed:

- 36 months FTE of basic training with satisfactory supervisor reports
- The 2 required case histories
- All basic training required experiences listed (see 2.5 and 4.4)
- Passed the Written Examination
- Have **current general registration** as a medical practitioner in Australia, New Zealand or other approved country, state, territory or dependency and be in good standing with the relevant Medical Registration Board or equivalent approved body
- Be selected to enter Generalist Stream Advanced Training, with selection ratified by your Director of Advanced Training (or, where there is conflict of interest, to the assigned Selection Panel)
- Be appointed to an appropriate approved GSAT training post.

### 9.2.2 Entry to **Approved Program Advanced Training** (APAT)

To enter Approved Program Advanced Training you must have completed:

- 36 months FTE of basic training with satisfactory supervisor reports
- The 2 required case histories
- All basic training required experiences listed (see 2.5 and 4.4)
- Passed the Written Examination
- Passed the Clinical Examination
- Have current registration as a medical practitioner in Australia, New Zealand or other approved country, state, territory or dependency and be in good standing with the relevant Medical Registration Board or equivalent approved body
- Be selected to enter Approved Program Advanced Training with selection ratified by your Director of Advanced Training (or, where there is conflict of interest, to the assigned Selection Panel)
- Be appointed to an appropriate approved APAT training post.

Note: Confidential information may be received about the applicants as part of the entry process. The applicant however has the opportunity to respond to any adverse comments before the formal interview.

## 9.3 **Currency** of Advanced Training and Assessment

Advanced training and assessment must be completed within 6 years of completion of basic training and assessment. If not, the CFT/FAC will review your overall training and assessment.

## 9.4 Duration and Content of Advanced Training

Advanced training can be undertaken in one of three ways, as follows:

### 9.4.1 **Generalist Stream Advanced Training**

2 years FTE in general clinical psychiatry. This training shall comprise 12 months FTE in clinical psychiatry and a further 12 months FTE in one or more areas of psychiatry or clinically relevant research, which is approved prospectively by your Branch Training Committee. At least 12 months FTE must be undertaken following successful completion of the clinical examination.

### 9.4.2 **Approved Program Advanced Training**

2 years FTE in an approved advanced training program.

### 9.4.3 Combined GSAT/ APAT

A period of time in GSAT combined with a period of time in APAT (the latter after successful completion of the clinical examination) to a total of 24 months FTE. At least 12 months FTE must be undertaken following successful completion of the clinical examination.

For advanced training to be accredited in any of the above 3 options, you must satisfactorily complete and document the following seven core experiences:



- (i) Experience in psychological aspects of management in psychiatry
- (ii) Experience in biological aspects of management in psychiatry
- (iii) Experience in aspects of social management in psychiatry
- (iv) Experience in cultural aspects of management in psychiatry
- (v) Experience in the application of consultative skills in psychiatry
- (vi) CME activities
- (vii) Skills development in leadership and management in psychiatry

In any of the 3 options, up to 12 months FTE may be spent in **clinical research**.

#### 9.4.4 **Awarding of Fellowship and Advanced Training Certificate**

On completion of two years FTE advanced training in any of the above three options you will be eligible for nomination to the CFT/FAC for admission to Fellowship of the College.

On completion of two years FTE of an Approved Program Advanced Training, you will be eligible for nomination by the Subcommittee of that approved program CFT and FAC for the award of a Certificate of Advanced Training in that discipline. Completion of all requirements for the award of Fellowship is necessary for eligibility to receive the Certificate.

## 10 **MANDATORY TRAINING EXPERIENCES DURING ADVANCED TRAINING**

### 10.1 **Experience in Psychological Aspects of Management in Psychiatry**

During advanced training you are required to further develop and integrate psychological aspects of management into your clinical practice. Therefore you must spend at least 1 hour per week throughout the 2 years, for at least 40 weeks of each year of advanced training, devoted to the provision of formal psychotherapy (of any modality) to a number of different people. At least 1 hour per month must be spent in individual or group supervision of these psychotherapeutic experiences.

### 10.2 **Experience in Biological Aspects of Management in Psychiatry**

Early in your advanced training, you must identify 3 specific learning goals in biological psychiatry to increase your knowledge of biological treatments relevant to your chosen subspecialty, and propose an approach to achieving each of these goals.

### 10.3 **Experience in Social Aspects of Management in Psychiatry**

Early in your advanced training, you must identify 3 specific learning goals in social psychiatry to increase your knowledge of social aspects of management as relevant to your chosen subspecialty, and propose an approach to achieving each of these goals.

### 10.4 **Experience in Cultural Aspects of Management in Psychiatry**

Early in your advanced training, you must identify 3 specific learning goals in cultural psychiatry to enhance your awareness of the part cultural beliefs play in mental illness, and propose an approach to achieving each of these goals.

### 10.5 **Experience in the Application of Consultative Skills in Psychiatry**

During advanced training you must learn how to clearly communicate your assessment and management plans and how to provide expert consultation to other health professionals, including general practitioners. You must also learn how to provide leadership in a multidisciplinary mental health team setting. To achieve this you must demonstrate significant interaction with general practitioners and other non-psychiatric health professionals. You must also attend (as part of the 4 hours required supervision) individual or group supervision to reflect on interactions with general practitioners and other non-psychiatric health professionals on at least 8 occasions each year.

### 10.6 **CME Activities**

To introduce you to a CPD style approach to CME, you must undertake and document during advanced training at

least 50 hours of CME activities over 2 years. These activities will involve a mix of educational experiences, quality assurance tasks, self-directed learning, teaching and supervision. 15 hours can be gained from the experiences defined in Regulations 10.2 to 10.4 above.

### **10.7 Skills Development in Leadership and Management in Psychiatry**

During advanced training, you must complete appropriate formal leadership and management training approved by your BTC, to prepare you for your role as a consultant psychiatrist.

See objectives for this training experience (Regulation 11.2 below).

### **10.8 Assessment of Advanced Training**

Assessment of advanced training shall include:

- (i) **Summative assessments** by your supervisor
- (ii) Review of your training documentation and reports by the relevant SAT
- (iii) **Research project** (depending on advanced training program)
- (iv) **Final report.**

### **10.9 Supervision during Advanced Training**

Supervision of advanced training shall occur as follows:

- (i) Training experiences shall include at least four hours of clinical supervision per week, of which one hour shall be individual supervision, for at least 40 weeks of the year.
- (ii) Supervision shall be specifically related to the chosen program/stream of training and clinical work. Supervision shall include a focus on aspects of the assessment and treatment of people under your care and under the care of your supervisor, and other supervision related to psychotherapy (Regulation 10.1), biological skills (Regulation 10.2), social skills (Regulation 10.3), cultural skills (Regulation 10.4), and consultative skills (Regulation 10.5). It shall include regular direct supervision of your clinical work by the responsible psychiatrist.
- (iii) Discussion of other relevant aspects of work in the chosen program/stream shall be included as appropriate. Clinical and staff meetings must be specifically organised for the purpose of advanced training in order to count as part of the four hours clinical supervision
- (iv) Supervision shall be undertaken by supervisors approved by your SAT.

## **11 TRAINING OBJECTIVES FOR ADVANCED TRAINING**

### **11.1 Clinical**

By the completion of advanced training within your chosen subspecialty, you shall be able to:

- (i) Perform a comprehensive assessment of people with a range of psychiatric disorders. The assessment should demonstrate a consultant standard sophistication in integrating biological, psychological and socio-cultural aspects.
- (ii) Develop a comprehensive, practical management plan on the basis of (i) above, and demonstrate the capacity to anticipate potential difficulties that may arise during implementation
- (iii) Competently utilise a range of psychotherapeutic interventions, and select the most appropriate one for an individual's circumstances.

### **11.2 Leadership and Management in Psychiatry**

By the completion of advanced training within your chosen subspecialty, you shall be able to:

- (i) Understand the basic competencies required in management roles
- (ii) Understand the national health policy framework within which psychiatry and mental health services are delivered
- (iii) Articulate the opportunities and challenges within management roles for clinicians which differ from clinical roles
- (iv) Demonstrate the capacity to engage in discussion around funding models for mental health and be able to debate more than one frame of reference
- (v) Demonstrate understanding of organisational change theory and how it can be applied to mental health services

- (vi) Understand how a Quality Improvement activity might work in a service setting
- (vii) Understand how to increase the engagement of people with mental health problems and mental illness in mental health services
- (viii) 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.

## 12 ADMINISTRATIVE STRUCTURE

### 12.1 Approval of Training Programs

Approval of an existing training program, a new training program or a new component of an existing program is undertaken by the CFT/SAT, following receipt of a completed application form. The committee may hold a site visit to the program before granting approval.

The CFT/SAT conducts a site visit to each approved training program at intervals of approximately three years for the purpose of assessing conformity with the training regulations. Following such visits, the committee determines continuing approval of the program. Official reports of the site visits and the recommendations of the committee are provided to the relevant training program after consideration by the committee. In addition, the committee may authorise a site visit and review ongoing approval of any program at any time it deems necessary.

#### Training Programs

Each training program must have the following:

- A comprehensive rotational training program providing all the necessary experiences to enable training for all trainees
- A Director of Training formally designated by the CFT/SAT
- An appropriate administrative structure with appropriate committees overseeing the administration of the training program
- A register of approved institutions, services and posts used for training within the training program
- Assured access to a **recognised formal education course**
- Adequate procedures for the monitoring of standards of formal educational courses/learning modules

#### Supervisors

The following must be in place:

- Appropriate selection, training and appointment procedures
- Adequate procedures for monitoring the performance of supervisors, and providing formal and informal feedback
- Appropriate procedures for dealing with unsatisfactory supervisors

#### Trainees

The following must be in place:

- Appropriate **selection** and appointment procedures
- Adequate **procedures for monitoring the training and performance of trainees**, and providing formal and informal feedback
- Appropriate procedures for dealing with unsatisfactory trainees.

#### Role of Director of Training

There shall be an agreement (preferably in writing) between the Director of Training and the heads of the relevant clinical services regarding the aims and goals of training.

The Director of Training shall:

- Be aware of the functioning of the clinical facilities involved in the program and maintain a relationship with them such that modifications can be made if these are deemed necessary for a trainee's training experience
- Ensure that training centres take responsibility for the trainees' development, including the provision of appropriate clinical experience and supervision of the quality of the trainees' work, and opportunities to make formal presentations of their work in clinical meetings
- Approve each of the trainee's rotations/training experiences
- Ensure that consultant responsibility is taken for each trainee (that is, that there are clear lines of clinical responsibility from the trainee to the consultant at all times) and that the required level of supervision is provided
- Be responsible for a process of evaluation of the training program.

Each program should be clear about the goals, objectives, form and content of the program, and the system of evaluation and ongoing review of the trainees, the supervisors and the program.

#### Approved Institutions and Services

A psychiatric service shall meet the following requirements in order to be eligible for approval for training purposes:

- Adequate clinical facilities to provide the relevant approved training and a suitable range of clinical experiences
- Adequate numbers of consultant staff to provide clinical support to trainees at all times, as well as the required

- supervision from approved supervisors
- Clear lines of clinical responsibility extending from the trainee to the responsible consultant
- Ready access to suitable library facilities. Minimum requirements are basic psychiatry texts and a representative range of journals
- Adequate teaching sessions encompassing a variety of topics. These sessions may include seminars, journal clubs and tutorials.
- Ready access to information systems, for example the Internet
- Adequate facilities for trainees to conduct their clinical work. These shall include office facilities for confidential interviews and necessary clerical work, and adequate facilities for conducting physical examinations and for the appropriate medical care of people with mental health problems and mental illness
- Appropriate medical audit procedures and quality assurance programs.

#### Approved Training Posts

A psychiatric training post shall meet the following requirements in order to be eligible for approval for training purposes:

- Provide appropriate clinical experience
- Fulfil the requirements of consultant availability and supervision
- Be part of an approved training program.

## 13 ASSESSMENT OF SPECIALIST INTERNATIONAL MEDICAL GRADUATES

### 13.1 Assessment of Specialist International Medical Graduates

Assessment of Specialist International Medical Graduates (SIMGs) who HAVE been granted category I or II exemption status by the Committee for Specialist International Medical Graduate Education and exempt up to 12 months Advanced Training.

You will be assessed as follows:

- (i) Summative Assessments by your supervisor
- (ii) Two **Case Histories**, unless granted exemptions by the Committee for Specialist International Medical Graduate Education. The **Case Histories** are of people managed under supervision as outlined below:
  - a) A person presenting for the first time to the mental health service, whom you have personally managed
  - b) A person(s) in whom the predominant mode of intervention has been psychological.
- (iii) A **Written Examination**, unless granted exemptions by the Committee for Specialist International Medical Graduates Education. This examination assesses your knowledge of the theoretical and scientific underpinnings of psychiatry, and clinical and ethical issues in psychiatry. A critical analysis question will be included.
- (iv) A **Clinical Examination** (the Exemption Candidate Examination, ECE) with assessment based on a modified-Observed Clinical Interview (M-OCI) and presentation, plus a modified-Objective Structure Clinical Examination (M-OSCE). This examination assesses your clinical skills across a range of psychiatric disorders, including components where integration of general medical skills and knowledge are central to the case.
- (v) **Eligibility to sit** the Clinical Examination (the Exemption Candidate Examination, ECE). You are eligible to apply to sit this examination if at the time of application you have:
  - Current Exemptions status
  - Completed all mandatory training experiences (from which you have not been granted exemptions)
  - Passed the required case histories, unless you have been granted exemption
  - Passed the written examination, unless you have been granted exemption
  - Attended an ECE Preparation Workshop or approved equivalent.
- (vi) **Remediation** for Multiple Failures of Assessments  
 Before applying to sit the written or clinical examination or to submit a case history for the third and every second subsequent attempt thereafter, you must complete a remediation program of duration as outlined in the remediation policy (see **Link 83a**), to the satisfaction of the CSIMGE. In the case of the clinical examinations, this will result in your being ineligible to apply for the next scheduled examination.

## 14 GENERAL

### 14.1 Exemption

The FAC/BOE may exempt you from any or all aspects of the training and assessment requirements as outlined above.

### 14.2 Exclusion

The FAC/BOE, on advice from its committees, may exclude you from the training and/or assessment program at any stage.

### 14.3 Review and Appeals

You may request a review of a decision affecting you in relation to training and assessment. The relevant committee and/or the BOE will consider such requests.

If you are adversely affected by a decision in relation to training or assessment you may appeal to the Appeals Committee of the College in accordance with the relevant College By-laws.

### 14.4 Admission to Fellowship

On completion of all training and assessment requirements, you will be eligible for nomination to the FAC for admission to Fellowship of the College.

### 14.5 Re-entry to Training

Applicants wishing to re-join the training program are required to satisfy current entry criteria. Non-specialist International Medical Graduates require appropriate registration, as detailed in [Link 5](#).

**Goals of RANZCP Training and Assessment**

<p>Medical expert/ Clinical decision-maker</p>	<p>To be knowledgeable about:</p> <ul style="list-style-type: none"> <li>• normal biological, psychological and social development from infancy to old age</li> <li>• aspects of those biomedical, social and psychological sciences which underpin the practice of clinical psychiatry</li> <li>• the epidemiology, aetiology, psychopathology, clinical features, and natural history of psychiatric disorders and psychological reactions in people with mental health problems and mental illness and carers, including concepts of impairment, disability and handicap</li> <li>• general medical and surgical conditions, particularly in those areas of general medicine which relate to psychiatric practice</li> <li>• the impact of psychiatric disorders and their treatment on people with mental health problems and mental illness and carers.</li> </ul> <p>To be able to:</p> <ul style="list-style-type: none"> <li>• perform a comprehensive psychiatric assessment in people with mental health problems and mental illness of all ages</li> <li>• care for mental health problems in people with mental health problems and mental illness from infancy to old age</li> <li>• competently assessing people with mental health problems and mental illness for the presence of medical illnesses.</li> </ul>
<p>Communicator</p>	<p>To be able to clearly, considerately and sensitively communicate with people with mental health problems and mental illness, carers, other health professionals and members of the general public in a variety of settings.</p>
<p>Collaborator</p>	<p>To be able to collaborate effectively with people with mental health problems and mental illness, carers, other health professionals and members of the general public in a variety of settings.</p>
<p>Manager</p>	<p>To be knowledgeable about the organisation and delivery of mental health care including the ethical, economic, geographical and political constraints within which it is delivered. To be able to "manage" effectively in a health setting and the community.</p>
<p>Health Advocate</p>	<p>To be knowledgeable about and be able to apply the principles and processes of (mental) health promotion and (psychiatric disorder) illness prevention.</p>
<p>Scholar</p>	<p>To be involved in constant critical review of scientific principles and clinical precedent. To be knowledgeable about the principles of scientific method in practice and the use of this knowledge to evaluate developments in psychiatric research. To be able to undertake a research or evaluation study and critically appraise published research relevant to psychiatry.</p>
<p>Professional</p>	<p>To uphold the integrity of the medical profession and recognise the privileges accorded them. To be knowledgeable about the principles of medical ethics, the development of professional attitudes and mechanisms for the development and maintenance of clinical competence, acknowledging the need for professional and public accountability</p>

**Glossary of Acronyms**

AMC	Australian Medical Council
ANZAPT	Australian and New Zealand Association of Psychiatrists in Training
APAT	Approved Program Advanced Training
BOE	Board of Education
BTC	Branch/Psychiatry Training Committee
CEX	Committee for Exemptions
CFE	Committee for Examinations
CFT	Committee For Training
CME	Continuing Medical Education
CPD	Continuing Professional Development
DOT	Director of Training
ECE	Exemptions Candidate Examination
ECT	Electroconvulsive Therapy
FAC	Fellowship Attainment Committee
FRANZCP	Fellowship of the Royal Australian and New Zealand College of Psychiatrists
FTE	Full Time Equivalent
GC	General Council
GSAT	Generalist Stream Advanced Training
IMG	International Medical Graduate
M-OCI	Modified - Observed Clinical Interview
M-OSCE	Modified - Observed Structured Clinical Examination
NGO	Non Government Organisation
NZREX	New Zealand Medical Registration Examination
OCI	Observed Clinical Interview
OSCE	Observed Structured Clinical Examination
POA	Psychiatry of Old Age
RANZCP	Royal Australian and New Zealand College of Psychiatrists
SAT	Subcommittee Advanced Training