

# **SPECIFICATION FOR ADVANCED VOCATIONAL TRAINING IN PSYCHIATRY**

## **1.0 PREAMBLE**

This specification outlines the requirements for psychiatric registrar training. It is based on the Royal Australian and New Zealand College of Psychiatrists (RANZCP) Fellowship Board Training and Examination By-Laws and Explanatory Notes and the Fellowship Curriculum (which are issued to registrars on enrolment) and the Procedures Manual for Training Programmes. Additional information was provided by the 1995 National Working Party on Mental Health Workforce Development, the College, its members, and other information sources.

This specification includes both the formal teaching and clinical components of general psychiatric training.

In this specification, the term 'registrar' means a registrar in training as defined in Section 3.1.

## **2.0 DESCRIPTION OF SERVICE**

A five year (or part-time equivalent) clinically based psychiatric registrar training programme based on an apprenticeship model of training. A training year typically commences in December. Learning is facilitated through access to the clinical environment and the creation of a planned and managed learning environment achieved through interactions between the registrar and patients, interactions with other health professionals in a variety of clinical settings, attendance at the formal teaching programme, attendance at meetings, journal clubs, use of library facilities, direct supervision of the clinical service provided, and support and guidance to ensure that learning occurs and progress towards qualification is made. The programme should include preparation for health leadership and management, self-directed and lifelong learning skills, and the provision of culturally appropriate care.

### **2.1 LEARNING ENVIRONMENT**

Training occurs in approved posts in a facility approved by the RANZCP. There is service provider participation in an approved Regional Training Committee. Registrars shall be released from service to attend the formal teaching programme, and receive supervision and training as detailed below.

#### **2.1.1 Clinical Placements**

##### ***General Requirements***

Placement of registrars occurs in clinical settings such as wards, general hospital liaison settings, outpatient clinics, and community settings. Registrars should

have an opportunity to develop good skills in working as members of multidisciplinary clinical teams, and to acquire self-directed learning skills. These placements are to be planned and co-ordinated by the Co-ordinator of Training, in consultation with the registrar, to meet RANZCP requirements and should include:

?? A range of patient experience, role modelling by expert practitioners, exposure to different supervisors and therapy modalities and treatment settings.

?? Community and integrated psychiatric care.

?? Approved case studies, research activities and examinations within the five year training period.

### ***Specific Requirements***

#### ***Year One***

A probationary year providing at least the initial six months experience in an acute adult general psychiatric service. The second six months should be in general adult psychiatry.

#### ***Years Two and Three***

?? At least 18 months in adult general psychiatry (inclusive of Year 1 experience)  
Plus six months' experience in each of the following:

- a) Child and/or adolescent psychiatry
- b) Consultation and liaison psychiatric service
- c) A subspecialty of psychiatry as approved by the RANZCP Committee for Training.

#### ***Year Four***

Placement in a recognised post and access to experiences that ensure registrars have a variety and depth of experience, both clinical and educational. This will allow completion of the Section I examination.

#### ***Year Five***

Placement in an approved clinical placement for an elective year of experience as approved by the RANZCP Committee for Training, and completion of Section II dissertation.

### **2.1.2 Formal Teaching Programme**

#### ***General Requirements***

A formal teaching programme, delivered by appropriately skilled and experienced teaching staff, is provided. This should average four hours a week for

thirty weeks of the year throughout the training programme, and should meet the curriculum requirements of the RANZCP.

## ***Specific Requirements***

### **Year One**

The programme should provide a general overview and focus on the acquisition of psychiatric skills, attitudes, and knowledge.

### **Years Two and Three**

The programme should focus on the acquisition of psychiatric skills, attitudes and knowledge, covering a full range of psychiatric and relevant medical conditions, and mental health subspecialties.

### **Year Four**

The programme should include specific preparation for the Part 1 written and clinical examination.

### **Year Five**

The programme should include both the opportunity to further examine theoretical and clinical aspects of psychiatry, and preparation for mental health leadership and management. It is likely to include effective service delivery and resource management, the management and policy environment in the New Zealand health system (including some understanding of the concept of health economics), international models of mental health service delivery and some exploration of how multidisciplinary teams function. It should also include teaching of relevant research skills and methods, and supervision of the dissertation.

### **2.1.3 Access to Resources**

Ready access to a suitable library facility for current journals and texts, facilities for physical examinations, office space, clinical meetings, journal clubs, and other forums that provide interaction with other health professionals.

## **2.2 SUPERVISION**

### **2.2.1 Clinical Supervision**

#### ***General Requirements***

Provision of an RANZCP approved primary supervisor who has responsibility for the registrar's patients and who will:

- ?? Supervise not more than two registrars at any one time without the approval of the Co-ordinator of Training.
- ?? Provide guidance and advice regarding the development of attitudes, knowledge and skill objectives outlined in the RANZCP Fellowship Curriculum document.

- ?? Provide guidance and advice to trainees regarding the cultural appropriateness of the care they provide.
- ?? Provide one hour of uninterrupted individual supervision per week for not less than 40 weeks of the year. The content of this individual supervision is to be determined by both parties and may include academic discussion, examination preparation, observed interviewing and clinical supervision as appropriate.
- ?? Provide an additional three hours per week of general clinical supervision. It is expected that supervisors be made aware of all patients under their care.
- ?? Ensure a clear line of responsibility from patient through registrar to a designated vocationally registered psychiatrist during the time the registrar is on duty.

### ***Specific Requirements***

#### **Year One**

During the first year of training special attention to supervision shall be provided. The primary supervisor will:

- ?? Provide four hours of supervision per week, at least two hours to be outside ward rounds/case review meetings (includes the one hour of personal supervision referred to above).
- ?? Supervise most clinical work, including observation of patient interviews with an emphasis on assessment skills.
- ?? Assist registrars with preparation of their first year case study, Year 1 Clinical Viva, and Evaluation of Initial Training (EIT) assessment.

#### **Years Two and Three**

The primary supervisor will:

- ?? Provide four hours of supervision per week (inclusive of the one hour of personal supervision referred to above). Up to three hours may include ward rounds or case review meetings if targeted to the needs of the registrar.
- ?? Ensure registrars observe the conduct of therapeutic interviews by supervisors, and supervisors observe the registrars conduct such interviews during clinical supervision.
- ?? Provide feedback and guidance related to case studies and preparation for the general medical viva.
- ?? Complete Log Book Form C.

#### **Year Four**

The primary supervisor will:

?? Provide four hours of supervision per week as appropriate to the registrar's needs.

?? Assist the registrar to prepare for Section I examinations.

### **Year Five**

The extent and nature of supervision in the elective year shall be appropriate to the task and be approved at its commencement. The one hour per week of personal supervision should continue, and supervision of preparation of the dissertation will also be provided.

#### **2.2.2 Educational Supervision**

Provision of a Co-ordinator of Training designated by the RANZCP, and its Regional Training Committee, who will:

?? Meet with the Regional Training Committee at least every two months.

?? Co-ordinate the five year training programme to ensure all RANZCP requirements for clinical experience are met.

?? Direct the allocation of supervisors in consultation with the Regional Training Committee.

?? Ensure primary supervisors have the training and support to meet RANZCP requirements.

?? Regularly evaluate registrars' clinical training experience (six monthly) and keep records of their progress through training.

?? Ensure registrars whose progress does not match expected standards are given regular verbal and written feedback and are monitored through the Regional Training Committee, according to the RANZCP "Guidelines for Trainee Assessment" document, January 1995.

?? Ensure registrars receive assistance with their learning skills, including how to learn from clinical experience, use clinical and academic supervision time effectively, and direct their own learning.

?? Ensure access to the formal teaching programme.

?? Ensure access to psychotherapy supervision and access to patients.

?? Monitor all approved posts and supervisors to ensure these provide the required training.

?? Approve the course outline of the formal teaching programme.

?? Monitor attendance at lectures and seminars, and registrars' academic progress.

## 2.3 EXPECTED YEARLY OUTCOMES AND KEY MILESTONES

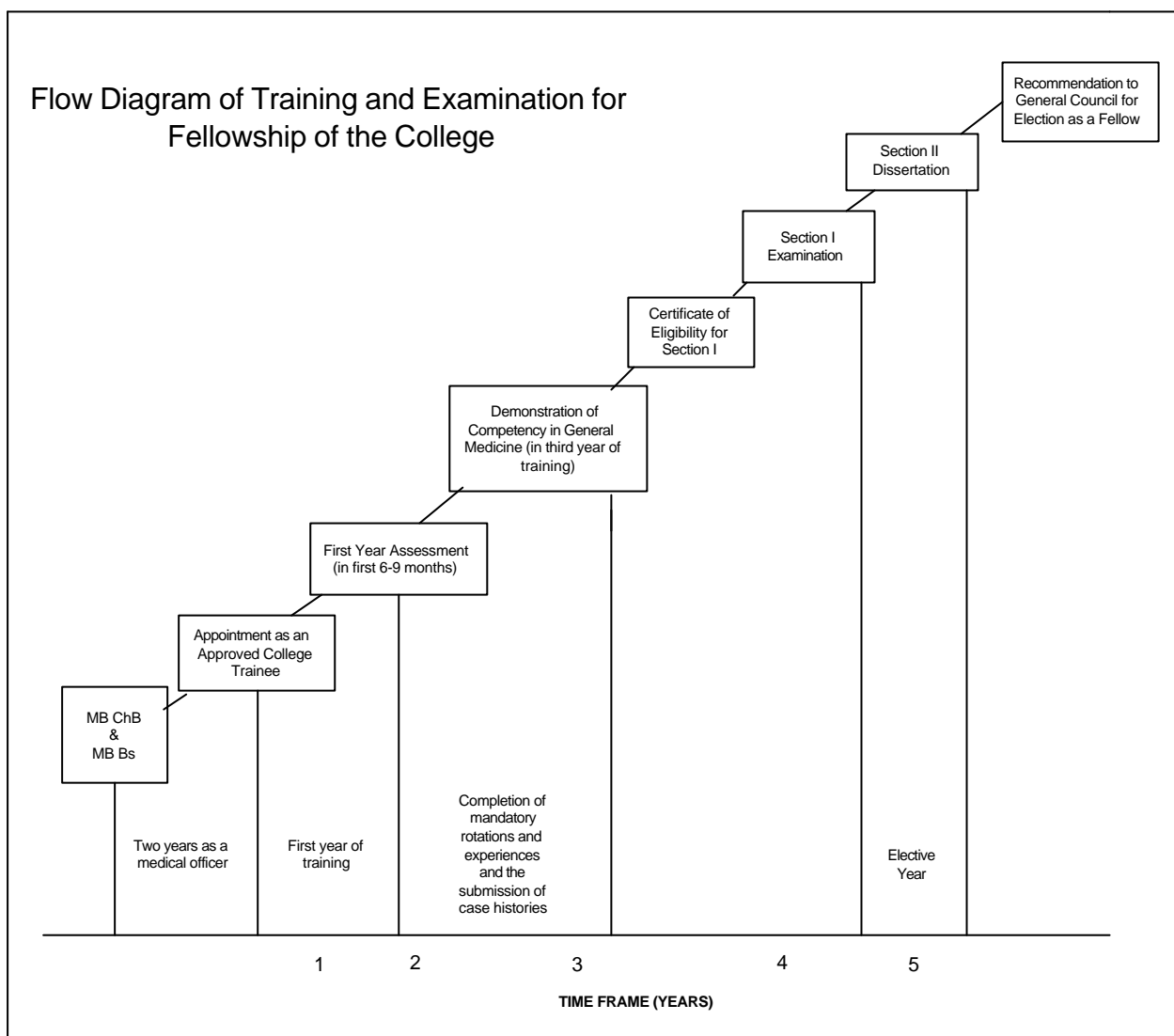
TRAINING YEAR	KEY MILESTONES
Year 1	<p>Successful completion of Year 1 Assessment (<i>normally undertaken after 8 months initial training</i>). It comprises:</p> <ul style="list-style-type: none"> <li>?? First Year Case History.</li> <li>?? Clinical Viva.</li> <li>?? Training Accreditation Forms satisfactorily completed (Log Book Forms B and C or local equivalent) at six months and at the end of Year 1.</li> <li>?? Evaluation of Initial Training (EIT) by the registrar and primary supervisor.</li> </ul>
Year 2	<p>Year 2 is a year of progress towards a Certificate of Eligibility awarded at the end of Year 3. The following milestones should be achieved:</p> <ul style="list-style-type: none"> <li>?? One case history completed, a second case history submitted or reasonable progress reported.</li> <li>?? Training Accreditation Forms satisfactorily completed.</li> </ul>
Year 3	<p>Certificate of Eligibility <sup>(1)</sup> marks the completion of Year 3 (<i>36 months training</i>).</p> <p>The following must be successfully completed:</p> <ul style="list-style-type: none"> <li>?? Five case studies successfully completed .<sup>(2)</sup></li> <li>?? All case studies submitted within two months of final placements being completed. <sup>(1)</sup></li> <li>?? Training Accreditation Forms satisfactorily completed.</li> <li>?? General Medicine Viva.<sup>(3)</sup></li> </ul>
Year 4	<p>Commences with the achievement of the Certificate of Eligibility. Concludes with the successful completion of Section 1 Examinations.</p> <ul style="list-style-type: none"> <li>?? Section I written examination in March or August.</li> <li>?? Both parts of Section I clinical examinations in July or October.</li> </ul>
Year 5	<p>Fellowship of the RANZCP awarded when:</p> <ul style="list-style-type: none"> <li>?? Dissertation is presented.</li> <li>?? Elective is completed.</li> <li>?? Five years minimum clinical experience obtained.</li> </ul>

### Notes:

1. Certificates of Eligibility are awarded in March following completion of 36 months clinical experience and completion of the 5 case histories undertaken during Years 2 & 3. Delays in completion of case histories may occur due to patient related factors.
2. The Year 2/3 case histories are in addition to the first year case history.
3. Subject to otherwise satisfactory progress, completion of the General Medicine Viva may be deferred until Year 4.

### 2.3.1 Long Term Outcome

A Fellow of the RANZCP



The RANZCP Fellowship Board Training and Examinations By-Laws with explanatory Notes, page 3, August 1992

## 3.0 ELIGIBILITY

### 3.1 REGISTRAR ELIGIBILITY

Registrars must:

- ?? Be accepted by the RANZCP into the training programme; and
- ?? Be a graduate in Medicine and Surgery of a Medical School recognised by the Medical Council of New Zealand; and
- ?? Be formally registered as a trainee with the RANZCP; and

?? Have general registration as a medical practitioner from the Medical Council of New Zealand.

Medical graduates who do not meet the above criteria may be considered on a case by case basis.

### **Year One**

Registrars must have had at least two years experience as a Medical Officer (unless special approval is obtained by the Regional Training Committee) and must be formally registered with the RANZCP, in an RANZCP approved post, before sitting the First Year Clinical Examination.

### **Years Two & Three**

Registrars must have successfully completed the EIT assessment First Year Case History and Clinical Examination to be classified as Year Two registrars.

### **Year Four**

Registrars must obtain the Provisional Certificate of Eligibility for Section I issued by the RANZCP Committee for Training to be classified as Year Four registrars.

### **Year Five**

Registrars are classified as Year Five when they have successfully completed all Section I examinations and commenced their elective. Year Five eligibility ends with acceptance of the dissertation by the RANZCP.

## **3.2 PROVIDER ELIGIBILITY**

Training occurs in an approved post in a facility approved by the RANZCP. Providers are expected to comply with, or be working towards compliance with, the National Mental Health Standards (Ministry of Health, June 1997).

## **4.0 LOCATION AND SETTING**

Any subcontracting of the formal teaching programme and/or some of the approved posts can only occur with our prior written consent (see CTA contract clause 4.1.(d) in Part 1). When approved posts are subcontracted to other providers to ensure appropriate rotation schemes, the posts must be approved by the RANZCP and approved supervisors must be available to provide primary supervision.

## **5.0 ASSOCIATED LINKAGES**

You will have established linkages with the following:

- ?? RANZCP (including the New Zealand Branch Training Committee and RANZCP Regional Training Committee).
- ?? The provider of the relevant formal teaching component (e.g. a Medical School).
- ?? Other relevant mental health training programmes.
- ?? Patient advocates for Code of Health and Disability Services, Consumer Rights and Privacy Issues.
- ?? Consumer, family/whanau group Maori.
- ?? Maori Mental Health Providers.

## **6.0 PURCHASE UNIT AND REPORTING UNIT**

### **6.1 PURCHASE UNIT**

A named eligible registrar in a RANZCP post for psychiatric training.

The purchase units are as follows:

- ?? Milestone Year 1
- ?? Milestone Years 2, 3, 4 combined
- ?? Milestone Year 5 (elective year).

(Please refer to Section 2.3 – Expected Outcomes, for classification of the above).

Part-time registrars who are funded under this contract will be funded on a pro rata FTE basis.

### **6.2 REPORTING UNIT**

(See also Clause 2.0 (Part 4) in the CTA contract document).

Status of contracted trainees:

- a) By Chronological Year of Training (or date of commencement);
- b) By Milestone Year of Training (refer to Section 2.3 - Expected Outcomes);
- c) By progress towards next milestone; and
- d) Six monthly completion of Schedule Two by Regional Co-ordinator of Training.

## **7.0 QUALITY STANDARDS: PROGRAMME SPECIFIC**

*This should be read in conjunction with Part 5 of the CTA contract document which specifies generic quality standards for all programmes provided under the contract.*

- 7.1** Each HHS providing training for psychiatric registrars will demonstrate their commitment to training by:
- ?? Providing placements appropriate to the training year of the registrars as described in 2.1.1, in particular placements that provide experiences needed to complete RANZCP requirements for case studies and log book experiences.
  - ?? Providing supervision of Year One to Year Four registrars that includes planned and directed observation and role modelling of patient interviews by a psychiatrist with an emphasis on patient assessment skills and prompt and specific feedback on the registrar's own assessment skills.
  - ?? Ensuring that a signed record of actual supervision is able to be produced on request.
  - ?? Ensuring that primary supervisors receive training and support.
- 7.1** Clinical programmes are administered and organised by the Co-ordinator of Training to ensure:
- ?? There are links into a formal teaching programme which includes specific preparation for examinations.
  - ?? Registrars receive assistance with their learning skills, including how to learn from clinical experience, use supervision time effectively, and direct their own learning so as to develop life long learning skills.
  - ?? Protocols and procedures for working with registrars and supervisors who require additional support are utilised.

## **8.0 REPORTING REQUIREMENTS: PROGRAMME SPECIFIC**

*This should be read in conjunction with Part 4 of the CTA contract document which specifies generic reporting requirements for all programmes provided under the contract.*

## **8.1 QUALITY**

Reports as described in Part 4 of the contract document require a summary of the programme. Part 5 of the contract requires that you have a quality plan in place for the ongoing monitoring of the training provided. The summary should refer to the outcomes of this internal quality management and make reference to the programme specific quality standards in 7.0 above, particularly supervision.

## **8.2 PROGRESS TOWARDS FRANZCP**

Section 2.3 of the specification details expected outcomes and milestones to be achieved in each year of training. Co-ordinators of Training should report six monthly on registrar progress toward these milestones on the attached summary form.

## **8.3 THE PROGRAMME**

Co-ordinators of Training should provide a six monthly report on the clinical programme and the formal teaching programme. This will include:

?? An overview of the programme provided.

?? Average attendance at the formal teaching programme.

**SCHEDULE ONE: SUMMARY REPORT OF REGISTRARS BY KEY MILESTONES**

Due dates : July & November

Co-ordinator of Training: \_\_\_\_\_

REGION: \_\_\_\_\_

DATE: \_\_\_\_\_

	MILESTONE ACHIEVED:								
Year:	ONE	TWO & THREE			FOUR Section 1 Examinations:			FIVE	
	EIT Assessment	Working Towards Certificate of Eligibility	Provisional Certificate of Eligibility <sup>1</sup>	General Medicine Viva	Written & Clinical	Partial: Written	Partial: Clinical	Elective	Dissertation
Unique IDs Or names	Unique ID	>>	>>	>>	>>	>>	>>	>>	>>

<sup>1</sup> Verified in March



<b>SCHEDULE 2: INTERIM CHILD AND ADOLESCENT PSYCHIATRY - SUB-SPECIALTY</b>
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***Preamble***

The Clinical Training Agency (CTA) notes the recommendations of the National Working Party on Mental Health Workforce Development, 1996, the *Report Inquiry Under Section 47 Of The Health & Disability Services Act 1993 In Respect of Certain Mental Health Services*, May 1996, and the report written by Dr. Peter McGeorge for the Ministry of Health, entitled *Child, Youth and Family Mental Health Services*, January 1995.

This description outlines the requirements for Child and Adolescent Psychiatry (C&A Psychiatry) training. It is based on the RANZCP Fellowships Board Training and Examination By-laws and the *Guidelines for Training for the Certificate of Satisfactory Completion of training in Child and Adolescent Psychiatry*

This description outlines the requirements for additional training in Child and Adolescent Psychiatry. It is recognised that there is an alternative pathway. This schedule refers to the training pathway described in Table 1 below. Under this pathway, the trainee commences Child and Adolescent Psychiatry training following completion of Section 1 of the general psychiatry training programme (refer Section 2.3 of the specification)

**SUB SPECIALTY:** Child and Adolescent Psychiatry

**SPECIALIST FACULTY:** RANZCP, Faculty of Child and Adolescent Psychiatry

**DURATION:** 2 Years (*via Pathway 1 described in Table 1 below*)

**CONTENT:**

**Learning Environment** (refer also to Section 2.1 of the specification)

Experience gained by the trainee should be extended in Part II of training to include the following as additions to those outcomes described in Section 2.1:

- ?? An appreciation of, and empathy for, the needs of children/tamaiti and youth as patients with psychiatric illness and consumers of mental health services.
- ?? Applied knowledge of developmental issues in children/tamariki and youth mental health.
- ?? An ability to co-ordinate the care, and promote the mental well being of the child/tamaiti and youth through Inter-Agency liaison.
- ?? Understanding of social and legal issues that impact on the psychiatric care of children/tamariki and youths.
- ?? Application of cultural safety principles in the practice of child/tamaiti and youth mental health.

## ***Formal Teaching Programme (refer also to Section 2.1.2 of the specification)***

### ***General Requirements***

A formal teaching programme, delivered by appropriately skilled and experienced teaching staff, is provided. This should average four hours a week for thirty weeks of the year throughout the training programme, and should meet the curriculum requirements of the RANZCP *Guidelines for Training in Child and Adolescent Psychiatry*.

### ***Clinical Placements***

In addition to meeting the general requirements and Year Five requirements set out in section 2.1.1 clinical placements are expected to provide a wide a range of experience, including:

- ?? Specialised outpatient/community care, predominantly with children (Child and Family Speciality Services –CFSS)
- ?? Specialised outpatient/community care, predominantly with adolescents (Youth Speciality Services -YSS)
- ?? Specialised inpatient care (Child and Family Inpatient Units -CFIU)
- ?? Specialised day programmes (CFIU and YSS)
- ?? Liaison with other services and agencies including other health services, welfare, education and general medical practitioners is expected during all placements.
- ?? Participation in a C&A Psychiatry related research project is an option but at least one half of the trainees overall experience must involve C&A Psychiatry clinical work outside the research project.

**Note:** It is expected that the trainee will be exempt from clinical responsibilities to participate in the formal training programme and undertake their dissertation.

## ***SPECIAL REQUIREMENTS FOR C&A PSYCHIATRY***

### ***Supervision (refer also to Section 2.2)***

#### ***Placement Supervisors***

There is ongoing assessment at each placement between the trainee and the primary supervisor. The primary supervisor is normally a Fellow of the RANZCP, and should be on site and available. (Refer also to Section 2.2.1).

#### ***Dissertation Supervisor***

A separate suitable supervisor will be appointed whenever the trainee undertakes a dissertation covering a Child and Adolescent related topic.

### Educational Supervision (*refer also to Section 2.2.2*)

Provision of a Director of Training designated by the RANZCP, and its Regional Training Committee, who will:

- ?? Meet with the Regional Training Committee at least every four months.
- ?? Co-ordinate the C&A psychiatry training programme to ensure all RANZCP requirements for clinical experience are met.
- ?? Arrange supervisors, in consultation with the Regional Training Committee.
- ?? Approve supervisors, who will usually be Fellows of the RANZCP.
- ?? Regularly evaluate registrars' clinical training experience (six monthly) and keep records of their progress through training.
- ?? Ensure registrars whose progress does not match expected standards are given regular verbal and written feedback and are monitored through the Regional Training Committee, according to the RANZCP "*Guidelines for Trainee Assessment*" document, January 1995.
- ?? Ensure registrars receive assistance with their learning skills, including how to learn from clinical experience, use clinical and academic supervision time effectively, and direct their own learning.
- ?? Ensure access to the formal teaching programme.
- ?? Monitor all approved posts and supervisors to ensure these provide the required training.
- ?? Approve the Course Outline of the formal teaching programme.

### ***Eligibility*** (*refer also to Section 3.0*)

In addition to the requirements outlined in Section 3.1, trainees need to apply to and be accepted by the Programme Director of Training/Training Committee then accredited by the Committee for Training in Child and Adolescent Psychiatry (of the Fellowships Board).

### **Expected Outcome** (*refer also to Section 2.3 of the specification*)

Table 1: Schematic Diagram of Pathway One for Training in Child and Adolescent Psychiatry

	<b>Milestone Year of Training</b>	<b>Role</b>	<b>Key milestones achieved</b>	<b>Outcome</b>
<i>Child and Family Psychiatry training</i>	MY6	Senior Registrar Year 2	Some may obtain FRANZCP in adult psychiatry then complete MY6 in Child & Adolescent (C&A) Psychiatry	<b>Certificate in Child and Adolescent Psychiatry</b>
	MY5	Senior Registrar Year 1	Dissertation Part II - Normally 1 year in general adult psychiatry - CA trainees are strongly encouraged to choose a CA related topic for their dissertation, which can be completed in either MY5 or MY6	<b>FRANZCP (General)</b>
<i>General Psychiatry</i>	MY4	↑	↑ Part I	↑
	MY3			
	MY2			
	MY1			