

2/B7 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) Regulations for Training and Assessment. These Regulations were ratified in November 2002 and replace the 1992 RANZCP Training and Examination By-Laws. Key changes include a greater focus on supervision, the involvement in training of people with mental health problems and mental illness, carers and non-governmental and other community organisations, and mandatory training in addiction psychiatry, Electro Convulsive Therapy (ECT) and the psychiatry of old age.

This specification includes both the formal teaching and clinical components of Advanced Vocational Training in Psychiatry. In this specification, the term 'registrar' means a registrar in training as defined in Section 3.1.

Other terms are defined in the CTA Head Agreement and/or Service Agreement.

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. The training programme is comprised of a minimum of three years basic training, followed by a minimum of two years advanced 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, supervision, and support and guidance to ensure that learning occurs and progress towards qualification is made.

2.1 CLINICAL AND EXPERIMENTAL LEARNING

Training occurs in approved posts in a facility approved by the RANZCP. Registrars will be released from service to attend the formal teaching programme and receive supervision and training as detailed in this specification and the RANZCP regulations for training and assessment.

2.1.1 Clinical Placements

Registrar clinical placements occur in clinical settings such as wards, general hospital liaison settings, outpatient clinics, and community settings. Registrars will have an opportunity to develop good skills in working as members of multidisciplinary clinical teams and acquire self-directed learning skills. These placements are to be planned and coordinated by the Regional Coordinators/National Directors of Training, in consultation with the registrar, to meet RANZCP requirements.

Basic Training

By the completion of Basic Training, registrars will have completed RANZCP approved training in the following areas:

- Mental Health of Maori (a module of training approved by the NZ RANZCP Training Committee)
- Psychiatry of Old Age (as per detailed requirements in the 2002 RANZCP Training regulations)
- Addiction Psychiatry (as per detailed requirements in the 2002 RANZCP Training regulations)
- Psychotherapy (as per detailed requirements in the 2002 RANZCP Training regulations)
- ECT (as per detailed requirements in the 2002 RANZCP Training regulations)
- completion of two case histories (as per detailed requirements in the 2002 RANZCP Training regulations).

Specific Requirements

During each Year of Basic Training

- a minimum of one approved activity with people with mental health problems and mental illness
- a minimum of one approved activity involving carers
- a minimum of one activity involving non-governmental (NGO) or community organisations
- a minimum of one approved activity on ethical practice.

Basic Training - Year One

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

In the first year of training registrars must complete two six-month full time equivalent (FTE) rotations in adult psychiatry with at least six months FTE in an acute adult psychiatry service. Ten interviews observed by the primary supervisor must be satisfactorily completed during this year.

Basic Training - Year Two and Three

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

In the second and third years of training registrars must complete six months experience in each of the following:

- child and/or adolescent psychiatry in a service specialising in the treatment of children, adolescents and their families
- consultation and liaison psychiatric service of a general hospital and its associated services.

The final year of basic training may be undertaken in further adult general clinical attachments, or in subspecialty attachments, or the Committee for Basic Training may approve training in other medical specialties on a case-by-case basis, provided a psychiatric supervisor is available throughout the experience.

Advanced Training

Whilst an apprenticeship style of training continues during advanced training, the emphasis during these two years is on adult learning, self-directed learning and continuing medical education. The programme will include both the opportunity to further examine theoretical and clinical aspects of psychiatry, and the preparation for mental health leadership and management. It is expected that all advanced training will be informed by an eclectic approach taking into account the biological, psychological, social and cultural aspects of the individual and his or her mental illness or mental health problems.

Advanced training can be undertaken in one of two streams, the programme/stream chosen having been approved prospectively by the relevant Committee for Advanced Training (CAT) and satisfying that committee's requirements and curriculum.

Either:

- Registrars complete two years in general psychiatry. This must comprise 12 months in general psychiatry and a further 12 months in one or more areas of clinical psychiatry, which may include additional experience in adult psychiatry, another subspecialty or clinical research.

or:

- Registrars complete two years in an approved subspecialty training programme (e.g. child and adolescent, old age psychiatry, etc.). Up to 12 months of this may be spent in clinical research.

All advanced trainees are required to complete mandatory core training as detailed in the RANZCP Training and Assessment Regulations, October 2002. Areas include:

- formal leadership and management in a multidisciplinary mental health team setting, including:
- knowledge and application of national health policy framework and funding models
- knowledge and skills required in a management role and how they differ from those skills used in a clinical role
- the application of specific management tools such as organisational change theory and quality improvement systems in the mental health setting
- proactive approaches to increase the engagement of people with mental health problems and mental illness in the development of mental health services
- at least 12 one-hour interactions per year with general practitioners or other non-psychiatric health professionals.
- formal psychotherapy (of any modality). A minimum of one hour per week for at least 40 weeks of each training year
- biological, social and cultural aspects of management in psychiatry. Three learning goals must be achieved in each area. Minimum of 60 hours within two years
- knowledge and application of the RANZCP Code of Ethics including: professional boundaries, pharmaceutical company relationships, recent clinical issue or a societal issue that is of professional relevance to psychiatry, patient confidentiality and privacy, ethical aspects or research
- Continuing Medical Education (CME) activities. At least 100 hours over two years (a maximum of 30 hours relating to the above learning experiences may be credited).

**Experiences required Prior to Completion of Advanced Training
(can be undertaken in Basic or Advanced training)**

- Rural Psychiatry experience (as detailed in the 2002 RANZCP Training regulations)
- Continuity of Care experience (as detailed in the 2002 RANZCP Training regulations).

2.1.2 Formal Teaching Programme

A recognised formal teaching programme accredited by the RANZCP Committee for Training, delivered by appropriately skilled and experienced teaching staff, is provided. This will average four hours a week for 32 weeks of the year (or equivalent time annually) throughout the training programme and meet the curriculum requirements of the RANZCP.

Formal Teaching for Basic Training

The formal teaching programme will include (but not be limited to):

- the RANZCP code of ethics and integration into clinical practise and clinical research
- the impact of psychiatric disorders and their treatment on people with mental illness and carers
- critical appraisal of clinical practice and clinical research
- the skills and roles of other mental health team members
- the principles and processes of mental health promotion and psychiatric disorder prevention
- the normal biological, psychological and social development from infancy to old age
- the aspects of those biomedical, social and psychological sciences that underpin the practice of clinical psychiatry
- epidemiology, aetiology, psychopathology, clinical features, natural history and treatment of psychiatric disorders and psychological reactions in people with mental illness and carers, including concepts of impairment and disability
- general medical and surgical conditions, which particularly relate to psychiatric practice
- principles of the scientific method for conducting and evaluating psychiatric research
- organisation and delivery of mental health care including the ethical, economic, geographical and political constraints within which it operates
- issues relating to the care of Maori and Pacific peoples and their families.

In addition, the academic programme needs to provide in each year of basic training:

- a minimum of one approved session annually with people with mental health problems and mental illness
- a minimum of one approved session annually involving carers
- a minimum of one session annually involving non-governmental or community organisations
- a minimum of one session activity annually on ethical practice.

Formal Teaching for Advanced Training

Trainees must meet all knowledge, attitude and skill requirements of the curriculum set for their chosen subspecialty/programme. This will be achieved through clinical experience, self-directed learning, and a formal didactic teaching programme. Appropriately skilled and experienced teaching staff will deliver the didactic teaching programme.

2.1.3 Access to Resources

Ready access to a suitable library facility for current journals and texts; facilities for physical examinations; office space; internet access and/or access to on-line databases; access to clinical meetings, journal clubs and other forums that provide interaction with other health professionals will be provided.

2.2 SUPERVISION

2.2.1 Individual (Primary) Supervision

There will be provision of an RANZCP approved and accredited primary supervisor who will:

- supervise not more than two registrars at any one time without the approval of the Regional Coordinator/National Director of Training
- provide guidance and advice regarding the development of attitudes, knowledge and skill objectives outlined in the RANZCP Fellowship Curriculum document
- provide one hour of uninterrupted individual supervision per week for not less than 40 weeks of each year. This applies whether the registrar is full or half time. 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 guidance and advice to registrars regarding the cultural appropriateness of the care they provide
- schedule individual supervision sessions
- ensure a clear line of responsibility from patient through registrar to a designated consultant psychiatrist during the time the registrar is on duty
- in general, work in the same clinical setting as the registrar for at least three half days per week
- review training objectives with the registrar at the start of each rotation, provide formative feedback regarding progress halfway through each rotation and complete a summative assessment at the end of each rotation
- create a suitable learning environment that ensures a wide range of opportunities is available to enable registrars to develop their clinical skills.

Specific Requirements in Basic Training

- Registrars shall observe their supervisors conducting diagnostic and therapeutic interviews, and their supervisors shall in turn observe registrars conducting interviews, during each year of basic training.
- During the first year of training, the primary supervisor will supervise most clinical work, including observation of patient interviews with an emphasis on assessment skills.

2.2.2 Clinical Supervision in Basic Training

- Wherever possible, clinical supervision will be provided by the Primary Supervisor. There should not be more than two supervisors allocated to any registrar in training during any rotation.
- During the first year of training registrars will receive closer supervision, with at least two of the four hours per week (total supervision) provided outside ward rounds/case review meetings. The supervisor will focus on interviewing skills and mental state examination and also address diagnosis, formulation and principles of management.
- The supervisor will provide an additional three hours per week for not less than 40 weeks in each year of general clinical supervision. It is expected that supervisors will be made aware of all patients under the registrar's care. If the registrar is part-time this will be on a pro rata basis.
- One of the three hours of general clinical supervision will be devoted to the biological, social, psychological and cultural aspects of assessment and treatment.

Clinical Supervision in Advanced Training

- There will be at least four hours of clinical supervision per week, of which one hour will be individual supervision, for at least 40 weeks of the year. Supervision will be undertaken by supervisors approved by the relevant CAT.
- Supervision shall be specifically related to the chosen programme/stream of training and clinical work. It will include regular direct supervision of the registrar's clinical work by the responsible psychiatrist. Supervision will focus on:
 - aspects of the assessment and treatment of people in the registrar's care and under the care of the supervisor
 - psychotherapy experience
 - biological skills
 - social skills
 - cultural skills
 - consultative skills.

Supervision will include discussion of other relevant aspects of work in the chosen programme/stream 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.

2.2.4 Education Supervision

Education Supervision may be carried out as part of individual (primary) supervision and includes assisting the registrar to:

- plan their study programme by identifying gaps in knowledge that need more work
- critique the literature and prepare academic presentations at local meetings.
- select patients for the two case histories and critique these in draft form.

2.3 PROGRAMME COORDINATION

Basic Training and Advanced Psychiatry (excluding sub-specialties)

(For all other advanced training subspecialties see Schedule 1 of this specification.)

There will be provision of a Regional Coordinator of Training designated by the RANZCP and the Regional Training Committee (RTC), who will:

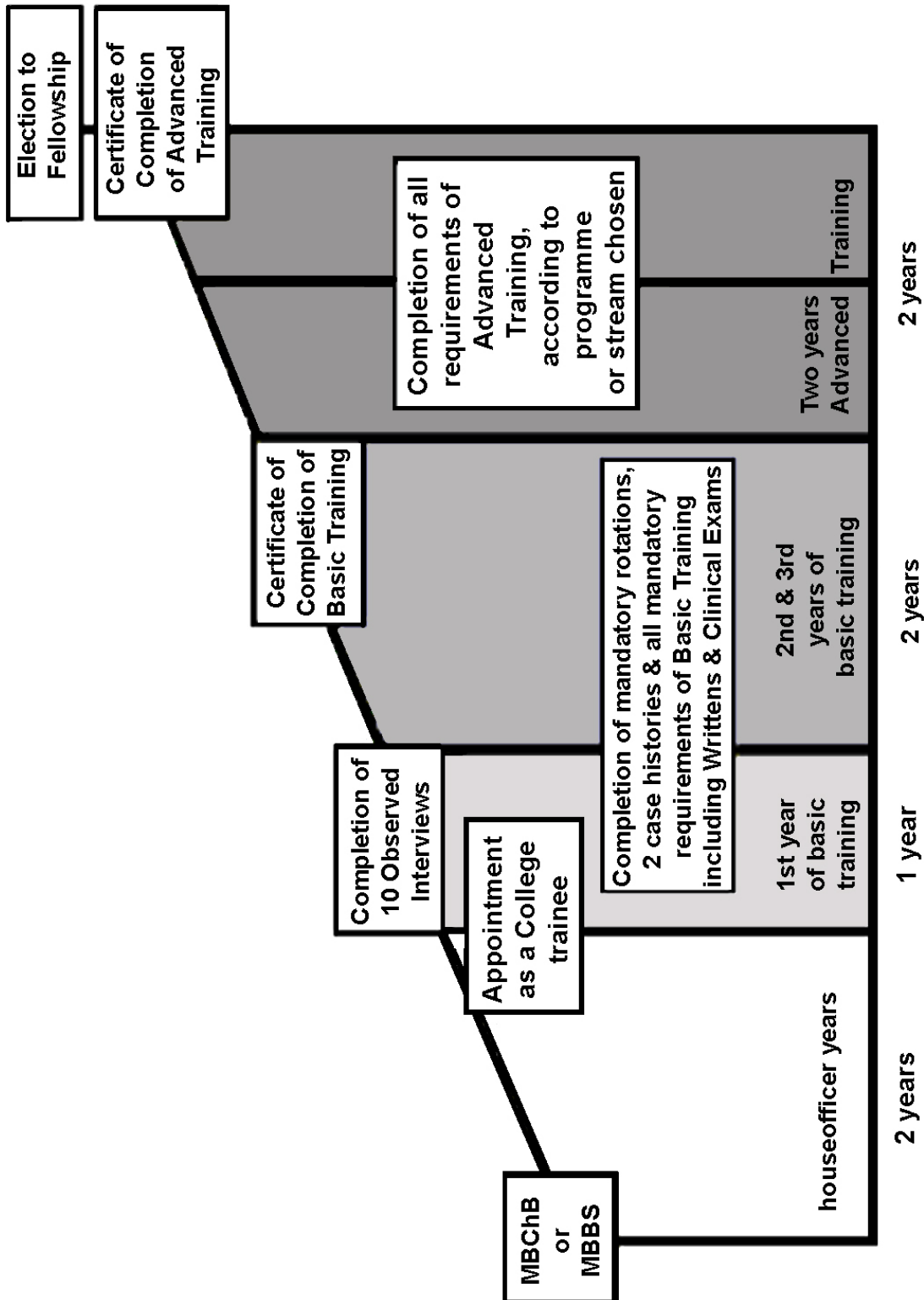
- meet with the RTC at least every two months
- coordinate the five-year training programme to ensure all RANZCP training requirements are met
- approve the allocation of registrars to appropriate posts and supervisors in consultation with the RTC
- ensure all supervisors have the training and support to meet RANZCP requirements to be accredited, supervisor performance is monitored and remedial steps taken if needed. Provide an annual report to the RANZCP on the accreditation status of supervisors
- arrange three monthly evaluations of registrar clinical training experience and maintain progress records throughout training. Registrars, whose progress does not match expected standards, will be given regular verbal and written feedback and their progress will be monitored through the RTC/CAT
- take responsibility for the registrar's development, including the provision of appropriate clinical experience and supervision of the quality of the registrar's work, and opportunities to make formal presentations of their work in clinical meetings. Monitor all approved posts to ensure that the required training experience is provided
- ensure 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

- 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 registrars have access to an approved and coordinated formal teaching programme, monitor attendance at lectures and seminars and monitor registrars' academic progress
- ensure a process of access to psychotherapy supervision and experience and location of suitable patients
- be responsible for process evaluation of the training programme and for annual reports to the CTA and RANZCP
- liaise with Directors of Advanced Training and with relevant CATs regarding coordination of training for advanced trainees.

2.4 EXPECTED YEARLY OUTCOMES AND ASSESSMENT

TRAINING YEAR	OUTCOMES
Throughout Training programme	<ul style="list-style-type: none"> • At least one approved activity on ethical practice annually. • At least one three-month rotation in a rural setting or a minimum of 15 days working directly with a supervisor in a rural clinical service. • Continuity of care for six people over a nine-month period for each person. • Satisfactory attendance at a formal academic programme.
In Basic Training	<ul style="list-style-type: none"> • In the first year: two six-month rotations in adult psychiatry - one rotation being in an acute adult psychiatry service. • In the first year: 10 interviews or other assessments or meetings observed by their primary supervisor. • One six-month rotation in child and adolescent psychiatry. • One six-month rotation in consultation-liaison psychiatry. • A further year of Basic Training clinical rotations. • Satisfactory summative assessments by supervisors. • Two case histories: one being a person presenting for the first time to a mental health service and the other being a person for whom the predominant mode of intervention has been psychological. • A pass in the written examinations – usually sat in the third year of basic training. • A pass in the clinical examinations – usually sat in the third year of basic training. • Completion of training in the mental health of Maori. • Completion of training in the Psychiatry of Old Age. • Completion of training in Addiction Psychiatry. • Completion of training in Psychotherapy • Completion of ECT training. • Completion of one approved activity annually with people with mental health problems and mental illness. • Completion of one approved activity annually involving carers • Completion of one activity annually involving NGOs or community organisations.
Advanced Training	<ul style="list-style-type: none"> • Satisfactory summative assessments by supervisors. • Completion of skills development in leadership and management, CME activities, cultural, social, biological and psychological aspects of management. • Satisfactory review of training documents and reports by the relevant CAT. • Completion of a research project if this is required by the relevant CAT. • Completion of a final report. • Completion of all required and core training experiences as outlined in the RANZCP Training Regulations 2002.

2.4.1 Long Term Outcome



3.0 ELIGIBILITY

3.1 REGISTRAR ELIGIBILITY

Registrars must:

- Hold a Medical Degree from a Medical School recognised by the Medical Council of New Zealand and have general (or probationary) registration as a medical practitioner from the Medical Council of New Zealand.
- Be accepted by the RANZCP into the training programme and be formally registered as a trainee with the RANZCP.
- Medical graduates who do not meet the above criteria may be considered on a case-by-case basis.
- Be a New Zealand resident or, in the case of probationary registrants, provide evidence of an application for residency from the New Zealand Immigration Service.

Specific Requirements

Entry to Basic Training - Year One

Registrars must have had at least two years' experience as a Medical Officer following graduation from Medical School, and must be employed in an RANZCP approved training programme and post.

Entry to Basic Training - Years Two and Three

Before entry into years two and three of basic training registrars must have successfully completed two six-month rotations in adult psychiatry with at least six months in an acute adult psychiatry service. During this time the registrar must have completed a minimum of 10 observed interviews that are documented as satisfactory by their supervisor.

Entry to Advanced Training

Registrars must have completed and passed all the required components and assessments of Basic Training, and must be employed in an approved advanced training post as determined by the relevant CAT.

3.2 PROVIDER ELIGIBILITY

- Training occurs in an approved post in a facility approved by the RANZCP.
- Providers are expected to comply with the Ministry of Health's *National Mental Health Sector Standards*, 2001.

4.0 LOCATION AND SETTING

Any subcontracting of the formal teaching programme and/or some of the approved posts can only occur with CTA's prior written consent. 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

The Provider will have established linkages with the following:

- the RANZCP (including the New Zealand Branch Training Committee and the RANZCP Binational Committee for Training)
- 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
- local Consumer groups/representatives
- local family/whanau/carer groups
- local NGOs or community organisations
- Maori Mental Health service providers and representatives.

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:

- Basic Training – Year One
- Basic Training – Year Two and Three
- Advanced Training – General
- Advanced Training – Addictions
- Advanced Training – Adult Subspecialty
- Advanced Training – Child and Adolescent Subspecialty
- Advanced Training – Consult-Liaison Subspecialty
- Advanced Training – Forensic Subspecialty
- Advanced Training – Old Age Subspecialty
- Advanced Training – Psychotherapy Subspecialty

(Please refer to Section 2.4—Expected Yearly Outcomes and Assessments—for classification of the above.)

Part-time registrars who are funded under this contract will be funded on a pro rata training unit (40 hours per week for 52 weeks per registrar) basis. Under RANZCP regulations registrars must be employed at a minimum of half time (0.5FTE) to be accepted into the training programme.

6.2 REPORTING UNIT

Status of contracted trainees by:

- named trainee
- number of trainee FTEs per purchase unit
- progress towards next training outcome.

7.0 QUALITY STANDARDS: PROGRAMME SPECIFIC

This section should be read in conjunction with Section 1 Part 3 of the CTA Head Agreement, which specifies generic quality standards for all programmes provided under the contract.

Each District Health Board (DHB) providing training for psychiatric registrars will demonstrate their commitment to training by:

- ensuring clinical placements, appropriate to the training year of the registrar as described in 2.1.1, provide experiences required to complete mandatory RANZCP training requirements for case studies and log book experiences
- providing supervision of registrars that includes planned and directed observation and role-modelling of patient interviews with 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 available upon request
- ensuring that all supervisors receive training and support.

Clinical programmes are administered and organised by the Regional Coordinator of Training to ensure:

- there are links into a formal teaching programme, which include 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 developed and utilised.

8.0 REPORTING REQUIREMENTS: PROGRAMME SPECIFIC

This section should be read in conjunction with Section 1 Part 1 of the CTA Head Agreement, which specifies generic reporting requirements for all programmes provided under the contract.

8.1 QUALITY REPORTING

Reports as described in Section 1 Part 1 of the Head Agreement require a summary of the programme. Section 1 Part 3 of the Head Agreement requires that a quality plan is in place for the ongoing monitoring of the training provided. The summary will 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 2.4 of the specification details expected outcomes to be achieved in each year of training. Regional Coordinators of Training will report annually on progress toward these outcomes.

SCHEDULE 1: INTERIM ADVANCED SUBSPECIALTY TRAINING IN PSYCHIATRY

1.0 PREAMBLE

This description outlines the requirements for Advanced Subspecialty Training in Psychiatry. It is based on the RANZCP *Training and Assessment Regulations*, October 2002.

This description outlines the requirements for the two-year advanced training programme. There will be some mandatory training experiences across all subspecialty areas. Training will be delivered through a mix of formal teaching, project based work, therapy based work and clinical experiences.

2.0 SUBSPECIALTIES

Addictions
Adult
Child and Adolescent
Consult-Liaison
Forensic
Old Age
Psychotherapy

3.0 DURATION

2 years

4.0 CONTENT

FORMAL TEACHING FOR SUBSPECIALITIES

As detailed in 2.1.2.

CLINICAL PLACEMENTS FOR SUBSPECIALITIES

Clinical placements will provide adequate physical facilities, employment conditions and caseload to enable trainees to meet all knowledge, attitude and skill requirements of the curriculum set for their chosen subspecialty. Placements will be in posts approved by the CAT.

PROGRAMME COORDINATION FOR SUBSPECIALITIES

There will be the provision of a National Director of Training for each subspecialty area designated by the RANZCP, who will:

- liaise with the Regional Training Committee at least every four months
- coordinate the national subspecialty training programme to ensure all RANZCP training requirements are met
- arrange supervisors in consultation with the CAT
- approve accredited supervisors who will usually be Fellows of the RANZCP or approved allied-College supervisors
- ensure that registrar progress in the subspecialty area is monitored and that records are kept of progress through training
- ensure registrars, whose progress do not match expected standards, are given regular verbal and written feedback and are monitored through the CAT
- ensure access to a formal teaching programme and approve the course outline of the teaching programme in each subspecialty programme
- monitor all approved posts and supervisors involved in subspecialty training to ensure that RANZCP training requirements are met
- provide reports to CTA and CAT regarding the national subspecialty training programme.

5.0 ELIGIBILITY

(refer also to Section 3.0)

In addition to the requirements outlined in Section 3.1, trainees must be accepted onto the subspecialty programme by the National Director of the Training for the subspecialty and the CAT.

6.0 EXPECTED OUTCOME

(refer also to Section 2.4)

At completion of the training programme the trainee will be eligible for nomination for election to the Fellowship of the RANZCP and receive a Certificate in subspecialty area, e.g. FRANZCP with Certificate in Child and Adolescent Psychiatry.