

Applying for registration within the provisional vocational scope of psychiatry

Guidance on providing information about your qualifications, training and experience

As part of the process of assessing your application for provisional vocational registration, the Royal Australian and New Zealand College of Psychiatrists (the RANZCP) will evaluate information you provide about your postgraduate qualifications, training and experience in psychiatry.

The RANZCP will advise the MCNZ on whether your qualifications, training and experience are “equivalent”, “as satisfactory as”, or “neither equivalent to nor as satisfactory as”, those of a New Zealand-trained psychiatrist.

This document gives guidance on the detail required about your qualifications, training and experience. It is *additional* to the standard requirements from the MCNZ.

It is vital that you provide all relevant information about your particular qualifications, training and experience for this evaluation. If you would like to include generic information about your training program, such as the academic curriculum or the institutions at which you trained, include this as an appendix and explain in a covering note, what aspects of it you feel are important.

Arrange the information about your training and experience in a chronological sequence from the date you obtained your basic medical qualification, until the date of your application.

Provide a single document with the following headings, and include page numbers in this document.

1. Pre-vocational medical experience
2. Basic component of specialist training
3. Advanced component of specialist training
4. Description of formal or didactic education program
5. Description of supervision arrangements in training
6. ECT training
7. Other significant learning activities
8. Psychotherapy training
9. Clinical exams
10. Other examinations

11. In-training assessments
12. Workplace-based assessments
13. Publications, audits, significant presentations or projects
14. Professional experiences since gaining specialist qualification
15. Continuing professional development since gaining specialist qualification

You may also wish to include:

16. Additional specialist qualifications (for example, subspecialty qualifications)
17. Logbook if available
18. Supplementary material, for example, generic curriculum.

Guidance on specific sections

Did you proceed directly from medical school into psychiatry training? Y/N

If not, please provide details of your prevocational medical experience for each rotation:

- a. Start/end dates
- b. Employment level (house officer, medical officer etc)
- c. Specialty/subspecialty
- d. Hospital/unit
- e. Country

Please give an overall description of your psychiatry training program, including:

- a. Name of the program/university to which it was affiliated
- b. Accreditation of training program
- c. Entry process
- d. Usual expected duration of training
- e. Number of trainees in your cohort
- f. Arrangements for and details of the didactic teaching program
- g. Psychotherapy training, supervision and practice (for each different modality, number of cases, number of sessions per case, psychotherapy supervision arrangements, whether any were written up and internally or externally marked)
- h. Other learning activities, such as grand rounds, journal clubs, mortality meetings, etc

For each training rotation, please describe:

- a. Dates of rotation
- b. Title/discipline (adult, child and adolescent, forensic, neurology etc)
- c. Hospital(s) where you completed the rotation
- d. If you completed rotations that concurrently covered several disciplines or roles/jobs, please provide a schedule of the typical week, showing what you were doing in each session
- e. Supervision arrangements (including multidisciplinary team)
- f. Describe team in which the applicant worked, including multidisciplinary team
- g. A description of your clinical experience, including:

- a. typical number of patients seen per session and number of patients for whom you had responsibility
- b. Diagnostic groups and approximate breakdown (eg 45% psychoses, 20% mood disorder, 10% delirium/dementia)
- c. Demographic characteristics including age ranges of people treated and approximate breakdown (eg 15% under 5 years, 25% 12-18 years, 40% over 65 years)
- d. Legal status (eg voluntary/involuntary etc)
- e. Private/public/insurance funded
- h. Specific training experience completed during role (eg long psychotherapy case, ECT experience)
- i. On call frequency and responsibilities

In-training assessments:

- a. Please describe these – documented or undocumented
- b. What form did supervisor feedback take
- c. What body had oversight of the in-training or progress assessments
- d. What were the procedures for trainees who had difficulties
- e. Assessments that the trainees were expected to take during training (eg PRITE, CSV)
- f. At the conclusion of training, was there any form of certification of successful completion of training requirements? (please include certificate if awarded)

Workplace based assessments:

- a. type of WBA
- b. frequency per rotation
- c. number required per rotation

Examinations:

Please describe the examinations you were required to take, and at what stage of training, including:

- a. Details of clinical examinations – format, nature of patient/actor, time allowed, was the assessment observed, were the examiners internal, external or both, what were you required to do – present findings/formulation/diagnosis and differential diagnosis/management plan
- b. Other oral/viva voce/OSCE examinations and details
- c. Written examinations – long or short essay/MCQ

Details of any additional non-training jobs/roles prior to qualification as a specialist:

Post-specialist qualification experience:

Please describe the positions including:

- a. Name of institution/hospital

- b. Job title
- c. Brief job description
- d. Key responsibilities in the role
- e. Significant relationships – team, colleagues, trainee supervision etc.
- f. Description of the patients for whom you were responsible
- g. Non-clinical duties – teaching, management, leadership, service development

Please describe the structure of your continuous professional development program:

- a. Organization overseeing the program
- b. Requirements for certification of participation or completion
- c. Any requirements for recertification or revalidation
- d. Any requirements for audit/reflective practice
- e. Any requirements for peer review groups or supervision
- f. Please list CPD activities you completed