How competent is our competency training?
Evaluation of the RANZCP Training Program

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Overview

- Background
- Evaluation methods
- Response data
- Highlights
- Challenges
- Next steps
- Questions
Fellowship program

• Competency-based Fellowship Program introduced in 2012
  – Developed to better reflect the complexity of contemporary professional practice of specialist psychiatrists
  – Provides a broad range of clinical experience during training

• Three stages of training
  – Stage 1: Basic, 12 months FTE
  – Stage 2: Proficient, 24 months FTE
  – Stage 3: Advanced, 24 months FTE

• Stage competency levels reflect the developmental trajectory
  – Move from low independence/high supervision → high independence/low supervision levels
Program elements

- **Fellowship Competencies based on CanMEDS roles**
  - Identifies endpoint/goal of training

- **Workplace-based activities align to, and help assess, the development of competencies**
  - Workplace-Based Assessments (WBAs)
  - Entrustable Professional Activities (EPAs)

- **Summative assessments**
  - OSCE
  - Written examinations (x2)
  - Scholarly Project
  - Psychotherapy Written Case

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First intake of trainees in 2012 Fellowship program

- December 2012 in New Zealand
- February 2013 in Australia

800 trainees still training under the previous training program

All transitioned to 2012 program by February 2016
• Training program evaluations conducted 2013, 2014 and 2015

• 2013 Focus groups: 44 trainees, 33 supervisors, 12 Directors of Training interviewed

• 2014 trainees and supervisors surveyed. 36% trainees and 37.5% supervisors responded

• 2015 trainees and supervisors surveyed. 39% of trainees and 38% of supervisors responded
Outcomes of 2013 – 2015 evaluations

Education Committee agreed to:

• Combine and retire some Stage 1 and 2 EPAs
• Assess Stage 2 workload including number of EPAs and WBAs
• Monitor trainee welfare and workloads
• Provide resources to support trainees and supervisors to understand assessment requirements and standards
• Support supervisors in their role as assessors
• Develop an online trainee management system (InTrain – go live November 2018)
Training program surveys conducted in 2017

Trainees and supervisors surveyed

Online surveys (using survey monkey) were sent out to all active trainees and accredited supervisors in November 2017

The surveys were closed at the end of December 2017

24% of trainees and 12% of supervisors responded to the surveys.
Trainees were mostly satisfied with:

- Communication from the college
- Resources provided by the college
- Supervision: good feedback, learning opportunities, support, appropriate for training needs
- WBAs: contributed to skills and knowledge development
- EPAs: useful, good range
Results - Trainees

• Mixed views on being able to achieve a balance between training and service delivery

• Trainees were divided about the ease of completing paperwork.

• About half the trainees indicated they were satisfied overall with the 2012 Fellowship program
Results - Supervisors

- 33% are satisfied with the 2012 Fellowship Program – Stage 1
- 37% are satisfied with the 2012 Fellowship Program – Stage 2
- 34% are satisfied with the 2012 Fellowship Program – Stage 3
- Only 49% agreed that they receive feedback on the quality of supervision they provide to their trainees
- 76% agreed that a greater time commitment is required from supervisors in the competency based Fellowship Program
When asked to identify highlights and challenges of the training program (free text):

- 22% highlighted the continuous assessment
- 22% thought the structure of the training program was better
- 20% liked the clear description of training objectives
- time constraints (47%) was the most frequently mentioned challenge followed by the volume of paperwork and workload (43%)
- supervision requirements (38%) and the assessment burden (32%) were considered substantial challenges
Highlights - Trainees

- The insistence of **regular supervision and regular assessments**. This is valuable and gives the trainee a lot of feedback and gives the big picture of things to come in terms of becoming a psychiatrist.

- The most valuable aspects have been the exposure to a diverse range of **clinical settings** and quality supervision with **feedback processes** being formalised through assessment opportunities.

- The program appears fairly **structured**. The idea of having close supervision and providing support to trainees is good. The **assessments** being summative is a good move as it **helps with the learning**.
Highlights – Supervisors

- **Formalising assessments** through WBA face-to-face encounters improves the contact clinical supervisors have with their trainees to ensure they are progressing with their professional development appropriately.

- Providing greater **structure to the supervision process**; EPA’s which give trainees a clearer indication of the core skills and competencies; introduction of the scholarly project.

- Structured supervision sessions with **adult learning model** requiring more responsibility on trainee to complete training goals. These regulations focus on learning in the workplace and assist in facilitating conversations about the work of a psychiatrist.
Challenges – Trainees

- **Burden of assessments** in Stage 3 (trainees able to leave multiple assessments until final year of training)

- Achieving the supposed *work-life balance* while simultaneously being expected to complete onerous and overwhelming Fellowship requirements outside of work

- **Lack of informal supervision**, and balancing greater training requirements with workforce requirements

- Too much paperwork in stage 2 - far **too many EPAs** to do

- The sheer **amount of paperwork and requirements** for WBA's, EPA's taking up all of the supervision time I have available
Challenges – Supervisors

- Profoundly **alters supervisor-trainee relationship** as you are now their examiner rather than mentor.

- **Finding time** to complete EPAs, WBAs, OCAs etc. Finding time to discuss/deal with issues not covered in the formal fellowship program.

- **Having enough time to ensure that training requirements are met** - while it is good that this is all (and should be) trainee driven, it is harder when trainees are less organised with getting their requirements done.

- **Burden of assessments** creating high ongoing anxiety for registrars - WBAs/EPAs on balance interfere with good supervision rather than help - **removal of summative OCI** significant negative impact on trainees ability to learn how to interview/formulate and present comprehensive action plans.
Recommendations

• Improve communication from the College and College website

• Assess Stage 2 workload including number of EPAs and WBAs

• Provide resources to support trainees and supervisors to understand assessment requirements and standards

• Implementation of an online trainee management system (reduce paperwork)

• Increased support, training and resources for supervisors (changing role, providing feedback etc)
Next steps

• Following RANZCP Board approval, recommendations will form part of Education workplan for 2019.

• Evaluation of training program outcomes to commence 2019
QUESTIONS?