



THE ROYAL  
AUSTRALIAN AND NEW ZEALAND  
COLLEGE OF PSYCHIATRISTS  
ABN 68000439047

# **CURRICULUM**

## **BASIC TRAINING**

### **PSYCHIATRY**

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

- The Australian and New Zealand College of Psychiatrists was incorporated on 28 October 1963.
- Its incorporation was procured by The Australasian Association of Psychiatrists (founded in October 1946) with a view to its continuing the work of the Association.
- The College was granted the prefix *Royal* on 9 May 1977.
- The first formal curriculum statement for Fellowship of The Royal Australian and New Zealand College of Psychiatrists was approved by General Council in May 1995.
- This was revised during 2002 as part of the overall review of the College training and assessment processes. The objectives of training are now described in the Curriculum for Basic Training and various Advanced Training Curricula.

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 and mental illness 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 reviewed periodically.

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# CURRICULUM FOR BASIC TRAINING

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## PREFACE

One of the key purposes of The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is to ensure high quality training in psychiatry in Australia and New Zealand. The key documents describing the College's training requirements are the Training Regulations, outlining the training process, and this document, which describes the Curriculum for Basic Training. Details of advanced training are described in the relevant companion documents.

This curriculum was developed as part of an overall review of the RANZCP training and assessment processes and replaces the first formal curriculum statement of the College, which was introduced in December 1995. It indicates the objectives to be met by College trainees during their first three years of training through a combination of supervised clinical experience, formal academic activities, self-directed learning and other educational activities. It also provides the basis on which academic programs can be developed and assessments will be based. It builds on skills developed during initial medical training and extends those aspects specifically relating to mental health and psychiatry.

This curriculum is intended to promote a consumer-focused approach in which the consumer is able to work towards management of their condition in active partnership with their psychiatrist and other mental health professionals. The RANZCP is grateful for the contribution of people with mental health problems and mental illness, and carers, to the development of these educational objectives.

In educational terms, the Curriculum for Basic Training is expressed in mid-level objectives. As such, trainees are encouraged to seek guidance from their supervisors and their academic teachers on more specific learning goals and the level of detail required in each section. Further information on some topics is issued from time to time by the Committee for Basic Training and is also available in various College position papers, practice guidelines and ethical guidelines. Clearly, some aspects of training will require further development in advanced training and throughout one's career. The College will require all Fellows to become actively involved in the Maintenance of Professional Standards program in the near future.

The College places particular emphasis on ethical practice and appropriate professional attitudes throughout training. As part of this, all trainees are required to adhere to The RANZCP *Code of Ethics*.

Any curriculum can only represent the state of educational expectations at a given time and will require periodic revision. All professionals are responsible for identifying relevant additional issues for study, reflection and skill development throughout their career.

Prof Pete Ellis  
**Chair**  
**Fellowships Board**

## ATTITUDES OBJECTIVES

The following attitudes objectives should be read in conjunction with the **RANZCP Code of Ethics** and any other codes of ethics published by The RANZCP. Trainees are expected to be familiar with and adhere to the **RANZCP Code of Ethics** and any other codes of ethics published by The RANZCP.

### **A1 ATTITUDES TO PEOPLE WITH MENTAL HEALTH PROBLEMS AND MENTAL ILLNESS, CARERS AND THE COMMUNITY**

**Trainees should develop an attitude of respect for the humanity and dignity of the individual.**

**Trainees will demonstrate this attitude by:**

- A1.1 Endeavouring to form partnerships with people with mental health problems and mental illness in regard to their assessment and treatment and evaluation of the quality of service provided, including a willingness to consult with appropriate cultural advisers.
- A1.2 Neither discriminating against nor exploiting people with mental health problems and mental illness or former patients, on any grounds particularly of age, gender, race, ethnicity, sexual orientation, creed, religion, or political affiliation or values.
- A1.3 Respecting the dignity and privacy of people with mental health problems and mental illness.
- A1.4 Endeavouring to minimise the stigma against people with mental health problems and mental illness.
- A1.5 Understanding that there is a differential power relationship between psychiatrists and people with mental health problems and mental illness and being particularly aware of the implications of this for people with mental health problems and mental illness.
- A1.6 Developing an awareness of the impact of illness on carers and the wider community, and striving to balance the needs of people with mental health problems and mental illness with those of carers and the wider community.
- A1.7 Developing an awareness of the need to elicit and incorporate the perspectives of people with mental health problems and mental illness and carers on psychiatric services delivery with a view to facilitating empowerment of people with mental health problems and mental illness and their carers.

## **A2 ATTITUDES TO CARE OF PEOPLE WITH MENTAL HEALTH PROBLEMS AND MENTAL ILLNESS**

**Trainees should develop an attitude whereby they seek the best possible care for people with mental health problems and mental illness.**

**Trainees will demonstrate this attitude by:**

- A2.1 Endeavouring to serve the best interests of people with mental health problems and mental illness by avoiding intentional or foreseeable harm.
- A2.2 Endeavouring to deliver the best possible assessment and treatment.
- A2.3 Recognising the limitations of their expertise and practising within these limitations.
- A2.4 Seeking and utilising appropriate supervision within the apprenticeship model.
- A2.5 Maintaining patient confidentiality, except in those instances involving legal compulsion or risk of serious harm to the person with mental health problems and mental illness or other parties.
- A2.6 Recognising the right of a person with mental health problems and mental illness for adequate information in order to give consent without pressure or coercion to any proposed procedure or treatment.
- A2.7 Endeavour to work in partnership with people with mental health problems and mental illness in order to encourage self-management of their illnesses and self-development.

## **A3 ATTITUDES TO THE PRACTICE OF PSYCHIATRY**

**The practice of psychiatry is based both on scientific principles and a long history of clinical precedent, each of which needs to be constantly reviewed by the psychiatrist in the light of new knowledge.**

**Trainees should demonstrate their acceptance of this need for constant critical review by:**

- A3.1 Developing an awareness of the relative benefits, risks and costs of different procedures and treatments.
- A3.2 Developing openness to change in their practice in the light of demonstrated advances in knowledge.
- A3.3 Striving to contribute to the knowledge base of psychiatry by methodologically sound endeavours.
- A3.4 Ensuring that research is conducted according to established ethical and scientific principles.

#### **A4 ATTITUDES TO THE PROFESSIONAL ROLE OF PSYCHIATRISTS**

**Trainees share the responsibility of upholding the integrity of the medical profession and should develop an attitude whereby they recognise the privileges accorded to them.**

**Trainees will demonstrate this attitude by:**

- A4.1 Recognising that their physical and mental health is necessary to enable them to undertake their professional responsibilities competently, and seeking appropriate assistance when necessary.
- A4.2 Developing respect for the knowledge and skills of their own psychiatric colleagues, other medical colleagues and other health professionals.
- A4.3 If aware of unprofessional conduct by or ill health in a colleague or other health professional, ensuring that appropriate action is taken following consultation with a respected senior colleague.
- A4.4 Striving to improve the quality of the wellbeing of the person with mental health problems and mental illness by promoting the just allocation of services, contributing to community education in mental health and trying to minimise stigma in society.
- A4.5 Acknowledging their responsibility to provide teaching and supervision to junior staff and students.

## KNOWLEDGE OBJECTIVES

### K1 MENTAL HEALTH PROMOTION

**By the completion of basic training, trainees should be knowledgeable about the principles and processes of mental health promotion and prevention of mental health problems and mental illness.**

**In particular trainees should be able to demonstrate knowledge of:**

- K1.1 The principles of preventative medicine in relation to psychiatry.
- K1.2 The use of universal, selected and indicative preventative strategies in clinical practice, including their effectiveness, efficiency and acceptability.
- K1.3 The influences of lifestyle, social, cultural and environmental factors in promoting health and preventing mental illness.
- K1.4 Possible roles for a psychiatrist in illness prevention and health promotion in both hospital and community settings.
- K1.5 Interventions shown to be effective in reducing the likelihood of mental disorders.

### K2 NORMAL DEVELOPMENT

**By the completion of basic training, trainees should be knowledgeable about normal biological, psychological and social development from infancy to old age.**

**In particular, trainees should be able to demonstrate knowledge of:**

- K2.1 The stages of normal development so as to determine whether an individual's style of thinking, coping, feeling or behaving is appropriate for that stage or may be indicative of illness.
- K2.2 How the stage of cognitive and emotional development may influence the aetiology, presentation and management of mental health problems and mental illness.
- K2.3 Factors which may be associated with vulnerability to mental health problems and mental illness and protective factors associated with resilience.
- K2.4 Developmental issues specific to indigenous peoples, including relevant historical and political factors, which have influenced their development, individually and as a group.

### **K3 BASIC SCIENCES**

**By the completion of basic training, trainees should be knowledgeable about aspects of those biomedical, social and psychological sciences, which underpin the practice of clinical psychiatry.**

**In particular, trainees should be able to demonstrate knowledge of:**

- K3.1 Those aspects of neuroanatomy, neurophysiology, neurochemistry, neuropharmacology, molecular genetics and other biological sciences which are relevant to understanding mental health problems and mental illness.
- K3.2 Those aspects of psychology, sociology, anthropology and other social sciences which are relevant to mental health problems and mental illness.
- K3.3 The theoretical underpinnings of the major treatment modalities for mental health problems and mental illness, including biological, psychotherapeutic and social interventions.

### **K4 MENTAL HEALTH PROBLEMS AND MENTAL ILLNESS.**

**By the completion of basic training, trainees should be knowledgeable about the epidemiology, aetiology, psychopathology, clinical features, and natural history of mental health problems and mental illness in people with mental health problems and mental illness and carers, including concepts of impairment, disability and handicap.**

**In particular, trainees should be able to demonstrate knowledge of:**

- K4.1 The incidence and prevalence of illnesses at different ages and in various populations.
- K4.2 The history of psychiatry.
- K4.3 The phenomenology of mental illnesses, including definitions of psychiatric symptoms and their significance.
- K4.4 Mental illnesses and the criteria on which these are based, within the framework of one of the widely accepted classification systems.
- K4.5 The aetiology of mental illnesses.
- K4.6 The natural history of the disorder process in mental illness which enables identification of:
  - (a) the severity of the illness;
  - (b) the urgency of the need for treatment;
  - (c) the stage of the illness; and
  - (d) the prognosis.

- K4.7 Appropriate management plans for mental health problems and mental illnesses including:
- (a) physical and psychological investigations and assessments;
  - (b) psychotherapeutic techniques;
  - (c) social interventions;
  - (d) psychopharmacological and other physical therapies;
  - (e) situations in which referral to, or consultation with, colleagues in psychiatry and other disciplines is appropriate;
  - (f) programs involving changes in lifestyle; and
  - (g) rehabilitation programs.
- K4.8 The influence of specific factors on assessment and care of mental health problems and mental illnesses, including:
- (a) age;
  - (b) intellectual capacity;
  - (c) medical illness;
  - (d) gender;
  - (e) culture;
  - (f) spiritual beliefs;
  - (g) socio-economic status; and
  - (h) drug use, including alcohol use.
- K4.9 The principles underlying the choice and integration of interventions in mental health problems and mental illnesses, including relative cost effectiveness.
- K4.10 The principles of legislation which relate to the practice of psychiatry, with particular emphasis on mental health legislation, including its local application.

## **K5 IMPACT OF MENTAL ILLNESS**

**By the completion of basic training, trainees should be knowledgeable about the impact of psychiatric disorders and their treatment on people with mental health problems and mental illness and carers.**

**In particular, trainees should be able to demonstrate knowledge of:**

- K5.1 The particular impact on people with mental health problems and mental illness and their carers of psychiatric disorder and its treatment.
- K5.2 The impact on the community of policies for the care and treatment of people with mental health problems and mental illness.

## **K6 MEDICINE IN RELATION TO PSYCHIATRY**

**By the completion of basic training, trainees should be knowledgeable about general medical and surgical conditions. Higher levels of knowledge, tempered by maturity and experience, are expected in those areas of general medicine, which particularly relate to psychiatric practice.**

**In particular, trainees should be able to demonstrate knowledge of:**

- K6.1 The presentation, investigation, diagnosis and treatment of medical conditions, particularly in those areas which relate to psychiatric practice.
- K6.2 Investigations which are necessary to confirm or reject a diagnosis of mental illness.
- K6.3 Investigations which aid the management of the person with mental health problems and mental illness.
- K6.4 The interaction between medical and psychiatric disorders.
- K6.5 The psychosocial and cultural aspects of medical illness and the significance of both the illness and its treatment to people with mental health problems and mental illness and their carers.

## **K7 RESEARCH METHOD**

**By the completion of basic training, trainees should be knowledgeable about the principles of research methodology, including the scientific method and qualitative research in their practice and the use of this knowledge to evaluate developments in psychiatric research.**

**In particular, trainees should be able to demonstrate knowledge of:**

- K7.1 The history and philosophy of science as they relate to concepts of mental disorder.
- K7.2 Scientific analysis and interpretation of psychiatric literature.
- K7.3 The application of this approach to research, including clinical trial design, basic statistical techniques and outcome assessment.

## **K8 SERVICE ISSUES**

**By the completion of basic training, trainees should be knowledgeable about the organisation and delivery of mental health care including the ethical, economic, geographical and political constraints within which it is delivered.**

**In particular, trainees should be able to demonstrate knowledge of:**

- K8.1 The factors which influence the health care and social welfare systems.
- K8.2 National strategies for the delivery of mental health services and the RANZCP policies on mental health services.

- K8.3 The basic principles of health services management as they relate to the provision and management of psychiatric services, with specific knowledge of quality improvement programs and outcome measures in local mental health services.
- K8.4 The role of groups representing people with mental health problems and mental illness and other major mental health groups in relation to the delivery of mental health services.

## **K9 PROFESSIONAL RESPONSIBILITY**

**By the completion of basic training, trainees should 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.**

**In particular, trainees should be able to demonstrate knowledge of:**

- K9.1 The principles of medical ethics as applied to psychiatric practice, in particular the RANZCP *Code of Ethics*.
- K9.2 The critical role of peer review in the maintenance of professional standards.
- K9.3 The principles governing the maintenance of practice standards and quality improvement, including knowledge of relevant RANZCP position statements and other guidelines for clinical practice.

## SKILLS OBJECTIVES

### S1 HEALTH PROMOTION

**By the completion of basic training, trainees should be able to apply specific knowledge of the principles and processes of health promotion and illness prevention.**

**In particular, trainees should be able to:**

- S1.1 Utilise appropriately preventative approaches in clinical practice, particularly including universal, selective and indicated interventions, with due regard to their effectiveness, efficiency and acceptability.
- S1.2 Incorporate, as relevant, the influences of lifestyle, social, cultural and environmental factors in promoting health and preventing illness.
- S1.3 Recognise protective factors which contribute to psychological resilience in individuals or groups, and assist people with mental health problems and mental illness in the development of such factors.
- S1.4 Recognise and utilise appropriate opportunities for a psychiatrist to become involved in health promotion and illness prevention activities in hospital and community settings.
- S1.5 Recognise the relevance of the experience of illness by carers and use this information effectively in treatment and health promotion activities with these individuals.

### S2 ASSESSMENT OF PEOPLE WITH MENTAL HEALTH PROBLEMS AND MENTAL ILLNESS

**By the completion of basic training, trainees should possess the skills necessary for performing a comprehensive psychiatric assessment in people with mental health problems and mental illness of all ages.**

**In particular, trainees should be able to:**

- S2.1 Demonstrate an empathic approach to the assessment of all people with mental health problems and mental illness, which fosters the formation of a therapeutic alliance.
- S2.2 Elicit thorough and relevant histories from people with mental health problems and mental illness, perform comprehensive mental status examinations and document these accurately.
- S2.3 Assess accurately situations where the level of disturbance is severe and risk of adverse events, such as injury to self or others, may be high.
- S2.4 Assess the person's presentation in the context of his/her personality, developmental stage, resilience and coping mechanisms.
- S2.5 Take account of the person's indigenous or ethnic and cultural background.

- S2.6 Determine which further investigations are appropriate for achieving a comprehensive understanding of each person with mental health problems and mental illness.
- S2.7 Integrate the information obtained from people with mental health problems and mental illness and carers into a formulation of the case in which relevant predisposing as well as precipitating, perpetuating and protective factors are highlighted.
- S2.8 Utilise a widely accepted diagnostic system to assist in making the diagnosis (and differential diagnosis) in each case.
- S2.9 Recognise the specific issues in the assessment of people with mental health problems and mental illness related to the utilisation of the relevant mental health legislation.

### **S3 CARE AND TREATMENT OF PEOPLE WITH MENTAL HEALTH PROBLEMS AND MENTAL ILLNESS**

**By the completion of basic training, trainees should possess the skills to care for people with mental health problems and mental illness from early childhood to old age.**

**In particular, trainees should be able to:**

- S3.1 Develop and implement a clear, competent care plan, informed by research and current best practice, integrating biological, psychological, social and cultural interventions according to the needs of each person with mental health problems and mental illness.
- S3.2 Take particular account of the issues relating to the care of indigenous peoples.
- S3.3 Routinely re-evaluate diagnostic and management decisions to monitor their appropriateness and thus ensure optimal care.
- S3.4 Appropriately obtain and document informed consent for treatment whenever possible.
- S3.5 Offer treatment in the most appropriate setting for the individual concerned, utilising the least restrictive option for that person.
- S3.6 Use humanely the provisions for involuntary hospitalisation and treatment, mindful of the major implications of such hospitalisation for the person with mental health problems and mental illness and his/her carers.
- S3.7 Develop skills in establishing and maintaining a therapeutic alliance.
- S3.8 Recognise and apply the principles of long-term care and rehabilitation for those people with chronic mental health problems.
- S3.9 Use knowledge of the implications of co-existing medical illness to modify treatment appropriately.

- S3.10 Recognise and utilise the contributions of non-medical professionals in the care of people with mental health problems and mental illness, and collaborate effectively with these professionals to provide optimal care.
- S3.11 Demonstrate a finely developed ability to communicate clearly, considerately and sensitively with people with mental health problems and mental illness, carers, other health professionals and members of the general public, in a wide variety of settings.
- S3.12 Use professional interpreters appropriately.
- S3.13 Keep adequate records of the history and mental status of each person with mental health problems and mental illness, as well as of significant interactions with people with mental health problems and mental illness, carers, and other professionals.
- S3.14 Where possible, work with people with mental health problems and mental illness, and carers, to develop a collaborative management plan.

#### **S4 ROLES OF A PSYCHIATRIST**

**By the completion of basic training, trainees should have developed skills appropriate to their level of training related to the roles of a psychiatrist in a health setting and the community.**

**In particular, trainees should be able to:**

- S4.1 Demonstrate leadership skills in settings where clinical direction is required.
- S4.2 Demonstrate skills appropriate for taking on a supervisory role with students, junior colleagues or other professionals seeking supervision in psychiatry.
- S4.3 Develop skills necessary to elicit and assess the perspectives of people with mental health problems and mental illness and carers on psychiatric services delivery, including, where appropriate, skills facilitating empowerment of people with mental health problems and mental illness.
- S4.4 Develop skills necessary to work in a multidisciplinary environment.
- S4.5 Develop skills necessary to liaise with non-psychiatrist doctors and other health care professionals in the management of physical/psychiatric comorbidity.

## **S5 MEDICINE IN PSYCHIATRY**

**By the completion of basic training, trainees should be able to competently assess people with mental health problems and mental illness for the presence of medical illnesses.**

**In particular, trainees should be able to:**

- S5.1 Elicit a thorough, accurate and organised medical history.
- S5.2 Perform a relevant and competent physical examination.
- S5.3 Formulate an appropriate differential diagnosis.
- S5.4 Specify and interpret laboratory, radiological and other further investigations.
- S5.5 Recognise the interrelation between physical illness and psychiatric disorder in both assessment and management.

## **S6 RESEARCH IN PSYCHIATRY**

**By the completion of basic training, trainees should have the skills necessary to design a research or evaluation study and to critically appraise published research relevant to psychiatry.**

**In particular, trainees should be able to:**

- S6.1 Apply evidence-based principles to interpret new knowledge and critically analyse research reports relevant to psychiatry.
- S6.2 Critically appraise the methodology of published research in psychiatry, including addressing problems in study design, measurement and statistical analysis.
- S6.3 Manage information technology to effectively and efficiently utilise quality information from relevant sources.