



RACP
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Training Provider Standards

for Clinical Training Programs

Pursuing Training Excellence



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Introduction

The Australian Medical Council (AMC), on behalf of the Medical Board of Australia, and the Medical Council of New Zealand (MCNZ) use the AMC's *Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs 2015* to recognise and review education providers and their bi-national medical training programs.

The Royal Australasian College of Physicians (RACP) is recognised by the AMC and the MCNZ as an education provider and as such the RACP is responsible for developing and maintaining standards for physician workplace training in Australia and New Zealand.

Standards are central to an accreditation program. They articulate the expectations for workplace training and are used to measure the quality of training provided. Since the release of the 2010 *Standards for the Accreditation of Training Settings*, both the RACP and the training environment have undergone significant changes. In response, the standards have been expanded to incorporate the learning environment, training oversight, training support and curriculum implementation.

The Training Provider Standards (the Standards) are relevant, flexible and reflect the current training context.

They are designed to encourage high-performing Training Providers to innovate while continuing to improve the performance of other Training Providers.

The Standards are a first for the RACP as they acknowledge the role of Training Networks. A Training Network has a unique and important role to deliver an Integrated Training Program across a range of Settings. Consequently, how a Training Network functions impacts on training quality.

The RACP has completed an extensive development and consultation process to establish the Standards. They were developed by the RACP Accreditation Renewal Working Group after examination of national and international training standards and were finalised after extensive consultation with Fellows, trainees, jurisdictions, and accreditation experts. Specifically, the Standards have been aligned with the Australian Health Minister's Advisory Council and the Committee of Presidents of Medical Colleges Agreed Domains, Standards and Criteria.

The goal is to implement an accreditation program that promotes high quality workplace training which develops competent physicians that deliver safe and effective healthcare to patients, now and in the future.

Themes

The standards and criteria are organised under four themes:

- Environment and culture
- Training oversight
- Training support
- Curriculum implementation.

The themes represent workplace characteristics and training functions provided by an accredited Training Provider to enable a trainee's achievement of independent professional practice. Each theme describes the outcome expected.

Standards

Nine standards, each with criteria, set out the expectations of Training Networks and Settings responsible for physician training.

Training Network and Setting Criteria

The delivery of workplace training in Australia and New Zealand is complex. Training may be managed by a Setting and/or a Training Network:

- **Setting:**
separately constituted health service that is responsible for the governance, administration and financial management of a service unit(s) providing health care and training, or

- **Training Network:**
a collective of Settings, with a formal agreement, that work together to coordinate the delivery of an Integrated Training Program.

To accommodate this complexity, criteria are grouped into three categories based on which Training Provider (the Setting or the Training Network or both) needs to address the criteria. In the case of Settings participating in a Training Network, a determination will need to be made by the collective about which training functions will be performed by the Training Network and which will be performed by the Setting, or in some cases both.

Criteria Category	Training Provider
TRAINING PROVIDER CRITERIA	Training Network, Setting, or both
SETTING CRITERIA	Setting
TRAINING NETWORK CRITERIA	Training Network

Theme: Environment and Culture

Purpose

To provide a high-quality care environment and culture which meets the training needs of trainees and supports educators.

Outcome

The delivery of safe and high-quality medical practice. The environment:

- is safe
- values the work of trainees and Fellows
- emphasises the importance of learning
- embraces evidence-based patient and population-centred care
- employs culturally safe practices

Trainees and Fellows are engaged in quality and safety activities, leadership and management, research and health policy, systems, and advocacy.

Educators are well supported, respected, and appreciated. The Training Provider is committed to promoting excellence in training. Training is incorporated as an important focus of strategic planning and there is investment in trainee learning.

The environment exemplifies the 10 domains of the RACP's Professional Practice Framework:

- medical expertise
- ethical and professional behaviour
- judgement and decision making
- leadership and management

- health policy, systems, and advocacy
- communication
- quality and safety
- teaching and learning
- research
- cultural competence.

Responsibility

Leaders at an executive level or equivalent develop and maintain the environment and culture. They are

responsible for acting if concerns are raised about patient safety or training.

Fellows perform their duties in a manner which demonstrates the RACP's Professional Practice Framework.

Standard 1: Safety and Quality

The environment and culture encourage safety promoting behaviours and support the delivery of high-quality patient and population-centred care.

Setting Criteria

- 1.1 The Setting has a high standard of medical practice, evaluates its practices, and improves the quality of its service.
- 1.2 The Setting has a system and culture that enables issues to be raised about the standard of care without fear of consequence.
- 1.3 A trainee receives an orientation to each new Setting and rotation.
- 1.4 Trainee and educator work arrangements enables the delivery of high-quality care and optimises learning and wellbeing.
- 1.5 Handover occurs when there is a transition in care.

Notes

1.1 Training needs to take place where patients are safe, and the care of patients is of high quality. A Setting which values and prioritises high-quality care and safety has:

- *a formal system of clinical governance or quality assurance with clear lines of responsibility and accountability, which delivers high-quality medical practice*
- *applicable health and clinical service accreditation*
- *a process to regularly review practices and improve quality.*

Each patient is assigned an identifiable consultant or consultant-led team who is responsible for their care. A patient is treated by a trainee or consultant with the appropriate level of clinical experience.

A patient is informed about the role of the trainee(s) in the provision of care. A trainee manages patients, undertakes clinical activities and consent patients for procedure(s) which match their competence. A trainee understands the risks, benefits, costs, and options for any intervention proposed.

1.2 Trainees and supervisors communicate with patients about any errors or adverse outcomes.

Any concern about the standard of care can be raised openly and safely. A process is in place to capture and respond to concerns. The concern is investigated and dealt with promptly and effectively. Where the concern is about patient safety, it is addressed immediately. Trainees and supervisors are informed about this process and their responsibilities and are encouraged to participate in the process. Learning is facilitated through effective communication and reporting back to the trainees and supervisors.

1.3 Orientation takes place when a trainee starts working in a new Setting or rotation. During orientation, the Setting clearly sets out the trainee's duties, their role and responsibilities in the team, supervision, and reporting arrangements, and how they can gain support from an educator.

In addition, a trainee is informed about the local processes for clinical governance and protocols for clinical activities.

Orientation sets out workplace knowledge, practices, and processes to be followed, and how to access work and learning resources.

As part of orientation, the trainee meets their team and other health professionals with whom they will work.

1.4 Training Providers naturally focus on the delivery of service.

This needs to be balanced with training. Service is delivered in a way that optimises workplace learning opportunities.

Both trainee and educator workloads are safe and do not contribute to burnout. A trainee's workload enables them to learn effectively and complete Training Program requirements. An educator has a workload which enables them to fulfil their training roles and responsibilities. Training and supervision are not to be compromised by high workload and fatigue.

Both trainee and educator duties, hours of work, number of new and ongoing patients, work patterns (including on-call, overtime, and secondary employment) and leave are monitored so they are safe, reasonable, and equitable. Where an issue is identified, action is taken.

Trainees and doctors are fit for duty, effectively manage their time, and accurately report duty hours. They monitor their performance, recognise and report illness, fatigue and impairment in themselves and their peers.

1.5 A formal handover is organised and scheduled to provide continuity of care and maximise learning opportunities. Handover occurs between shifts, when responsibility for a patient changes between consultants, patients are transferred or discharged, and at the end of a rotation.

Standard 2: Learning Environment

The environment and culture value learning and support training.

Training Provider Criteria

- 2.1 Physicians embody the professional standards set out in the RACP Professional Practice Framework and are prepared to be involved in the training, education, and assessment of trainees.
- 2.2 The Training Provider seeks and responds to concerns about training from trainees and educators.

Setting Criteria

- 2.3 The Setting has a learning environment and culture which values, supports, and delivers equitable physician training.
- 2.4 The Setting provides a safe, respectful learning environment and addresses any behaviour that undermines self and/or professional confidence as soon as it is evident.
- 2.5 The Setting maximises the educational value of tasks assigned to a trainee.

Notes

- 2.1 *Trainee learning is greatly influenced by the way the doctors around them practise medicine. This impacts on the quality of their practice following graduation and throughout their career. Doctors, and particularly physicians, are role models for trainees and illustrate how to practise medicine professionally.*
 - 2.2 *Concerns, including grievances, about training can be raised openly and safely. A process is in place to seek and respond to training concerns. Trainees and educators are informed of this process and their responsibilities and are encouraged to raise concerns.*
- Concerns are investigated and dealt with effectively. A Training Provider acts to improve trainee experiences and support educators. The actions taken are reported back to trainees and educators. Effective action is taken immediately when an educator raises concern about an inability to deliver training.*

2.3 An effective learning environment is culturally safe. Cultural safety focuses on the patient experience to define and improve the quality of care.

The setting effectively delivers health care services that meet the social, cultural, and linguistic needs of patients.

It is a set of behaviours, attitude, policies and training which together enable the setting and its staff to work effectively in cross cultural situations.

An effective learning environment:

- values the work of trainees and Fellows*
- embraces evidence-based patient and population-centred care*
- has doctors who demonstrate what is outlined in Good Medical Practice demonstrates professionalism, teamwork, effective leadership, and communication*
- emphasises the importance of learning*
- supports learning for all professional groups*
- promotes and provides high-quality and accessible learning experiences*
- fosters an environment of inquiry, scholarship, and professional development*

- supports trainees and educators to engage in activity that improves training*
- values and recognises staff contributions to training.*

2.4 Supervision is conducted lawfully, professionally and in accordance with the RACP Code of Conduct.

The Setting has a process to address and prevent bullying, discrimination, harassment, and sexual harassment in accordance with the RACP Respectful Behaviour in College Training Programs. The process is publicised to trainees and educators.

2.5 The assignment of tasks is linked to the curriculum. Training should not be compromised by trainees regularly carrying out routine tasks which do not support patient care and have little educational value.

Theme: Training Oversight

Purpose

To deliver an effective system of governance and leadership which manages and improves physician training.

Outcome

The Training Provider meets the RACP Training Provider Standards, provides best practice training and continuously improves the quality of its training.

There is leadership, and effective training governance which:

- has a systematic and coordinated approach to both the delivery of physician training and the individual Training Programs
- has a training structure and processes which effectively support training
- has resources and effective relationships so everyone involved in training is supported to carry out their roles and knows where to seek advice
- collaborates with other Training Providers
- supports educators with demonstrable credibility and capability to lead, manage and deliver training
- provides a trainee with high-quality learning experiences that contribute to the achievement of curriculum learning goals and Training Program requirements.

Candidates are appointed to training positions based on merit. Trainees are satisfied with their employment arrangements, rotations, Setting allocations and rosters. Trainees can access flexible training.

Responsibility

The leader at an executive level or equivalent develops and maintains training governance and leadership. They are responsible for acting when a concern is raised about training governance or the management and delivery of training.

Standard 3: Governance

The Training Provider has a systematic approach to training responsibilities and relationships.

Training Provider Criteria

- 3.1 The Training Provider is committed to and responsible for supporting and delivering physician training.
- 3.2 The Training Provider has a training governance system which guides and oversees physician training.
- 3.3 The Training Provider has determined the number of trainees it has in relation to its capacity to resource training and ability to deliver work and training experiences that align with the curricula.
- 3.4 The Training Provider collaborates and has effective relationships with trainees, educators, other Training Providers and the RACP.
- 3.5 The Training Provider has an agreement with the RACP and other Training Providers with whom they work with to deliver training.

Setting Criteria

- 3.6 The Setting assesses the impact service change will have on training and engages with educators and trainees on the change process.

Notes

3.1 Good governance provides the required conditions to deliver high-quality training, which enables a trainee to succeed. The Training Provider is accountable for delivering training in accordance with the Standards.

A strategic approach is taken to physician training, with training being embedded into strategic statements and strategic and operational plans. The Training Provider invests financially in training and takes measures to support and deliver training.

The Training Provider complies with all relevant legislation and regulations.

The Training Provider has clear lines of accountability for staffing and management of the trainee workforce. This is coordinated across Settings and Training Networks.

The Training Provider has the capacity, and supports trainees and educators, to contribute to RACP committees, accreditation, and activities relating to trainee education, assessment, and examination.

3.2 Training governance is based on the principle of equity; it supports trainees and educators and is transparent and effective. Its processes align to RACP policies, and are clear, rigorous, accessible, and followed effectively. Trainees and educators understand training governance and its processes.

An executive staff member, with a background in medical training, is accountable for physician training and meeting the Standards.

A Training Program Director ¹ (or equivalent) manages a Training Program at a Setting or Training Network level and provides training leadership and oversight.

Educators and trainees are adequately represented in the training structures and/or committees.

3.3 The Training Provider determines its capacity to train and provides evidence to validate its trainee numbers.

Trainee capacity and any change in capacity is reported to, reviewed, and approved by the RACP.

¹ Directors of Physician/Paediatric Education or Directors of Advanced Training

3.4 *The Training Provider has the means to contact and communicate with trainees and educators and to engage with them actively and meaningfully.*

Effective liaison exists between a Training Provider, the other Training Providers with whom they work with and the RACP.

3.5 *Settings that are separately constituted health services but deliver training together have an agreement which specifies:*

- *their formal commitment to the arrangement, including resources*
- *the training arrangements*
- *each setting's roles, responsibilities, and reporting lines*
- *a dispute resolution process.*

Agreements are created when a Training Network is formed or when a smaller Setting affiliates with a larger Setting to access training support functions.

3.6 *Settings making a service change:*

- *assess the impact on physician training, trainees, and educators*
- *involve trainees and educators in the design and implementation of the change*
- *communicate early and effectively*
- *socialise the change.*

The RACP is notified when a decision is taken to modify services, as the RACP is required to assess the impact on training.

Standard 4: Training Management

The Training Provider manages staff, resources, and structures to deliver best practice training.

Training Provider Criteria

- 4.1 The Training Provider has a physician-led structure with the authority, time, funding, and staff to plan, administer and deliver physician training.
- 4.2 The Training Provider has educational resources to support training.
- 4.3 The Training Provider monitors and evaluates training to meet the Standards and improve training quality.
- 4.4 The Training Provider communicates its clinical services and training opportunities.
- 4.5 The Training Provider ensures trainee recruitment, selection and appointment is fair, rigorous, documented, and transparent.

Setting Criteria

- 4.6 Trainee rosters are accurate, fair, flexible, and timely.
- 4.7 A trainee has a designated workspace, secure space for personal items and a space to relax and study.
- 4.8 A trainee is provided with clean, safe, and private accommodation.

Notes

4.1 The training structure that manages physician training functions links to the corporate governance structure and reports to the executive staff member accountable for physician training. The Training Provider allocates funding, time, administrative staff, and staff with educational expertise to support training and Director of Physician/Paediatric Education to complete their responsibility for delivery of the Training Program.

A Training Network is managed and led by a Network Management Committee which links into the corporate governance structure of the Settings in the Training Network. Representation includes Training Program Directors, supervisors, and trainees.

The Setting and Network Training Program Director have the authority to identify and deliver strategic initiatives, develop, and approve training processes, expend funds, and develop plans for the administration and operationalisation of Training Programs.

Training is delivered by assistant, rotation, educational and advanced training supervisors under the leadership of the Training Program Director. The training addresses the curriculum. A supervisor(s) works with a trainee(s) to meet curriculum learning goals and complete training requirements.

Staff, known as Training Program Coordinators, support the delivery and improvement of the training program. In addition to administrative skills, it is desirable for the staff appointed to have educational expertise. The time allocated to a Director of Physician/Paediatric Education and required hours for staff support is outlined in [Appendix 1](#).

A coordinated approach is taken to physician training, where physicians across specialties and/or Settings collaborate to provide a consistent approach to training locally and across specialties and Settings. Common elements of training, access to and use of resources, are coordinated. In addition, there is collaboration, advocacy for physician training, and sharing of training improvements and innovations.

The RACP is informed of all Fellows with

educator roles.

4.2 Educational infrastructure including teaching rooms, clinical skills and wet laboratories, simulation environments, meeting rooms, computers with internet access, technology, visual aids, and specialty-specific literature and databases which support work and training.

4.3 Every trainee receives high-quality training. The quality of training, including supervision, is regularly monitored, and evaluated to make sure the Standards are always met and to improve the quality, equity and outcome of training

The Training Provider monitors supervision to ensure:

- safe practice and delivery of training*
- a safe learning environment is provided*
- ethical and professional behaviour is modelled*
- difficulties, concerns, and issues are addressed in a timely and appropriate manner.*

Trainees and educators have opportunities to feedback about training and to be involved in the development and improvement of Training Programs. The Training Provider responds to feedback, and in situations where a criterion is not being met and/or a concern is raised the matter is rectified immediately.

4.4 Training Providers communicate regularly with trainees. Training information is comprehensive, current, and accessible. It includes clinical and training resources and services, training opportunities, training policy and processes, and descriptions of the rotations, Training Program and Setting, including its accreditation status.

4.5 Recruitment satisfies the [RACP's Selection into Training Policy](#) and Recruitment Practices statement. Where a Training Network exists, recruitment is undertaken by the Training Network. The Settings participating in a Training Network do not recruit trainees separately.

Trainee appointment to employers and rotations is based on a published process that is transparent, rigorous, and fair. Trainees receive timely, accurate and comprehensive information about their rotations.

4.6 The rostering process is flexible and allows a trainee to negotiate changes. The roster is designed to maximise training opportunities and minimise stress, fatigue, and transitions in care.

4.7 A trainee workspace is available when required, is located near the delivery of service, provides a space to write and has privacy and easy access to information technology and telecommunications.

4.8 Quiet overnight accommodation or transport home is provided when a trainee is required to be on site or on call after hours. Longer term accommodation is provided when a trainee undertakes a rotation at a Setting that is geographically remote.

Theme: Training Support

Purpose

To establish that:

- educators have the necessary knowledge and skills for their role and are given the support and resources they need to deliver effective training and maintain their wellbeing
- trainees receive effective training and pastoral support.

Outcome

Educators are engaged in training. They actively seek to develop the skills, attitudes, and practices of trainees by supporting learning, offering feedback, supervising trainees, and leading Training Programs.

Educators maintain and develop their training knowledge, skills and behaviours. They participate in relevant professional development, appraisal processes and training improvement activities. Educators have a high level of satisfaction with the delivery of training.

Trainees feel challenged and are thriving and achieving success in various aspects of their professional life.

Trainees and educators maintain their health and wellbeing and are aware of how to access advice and services in relation to career and health issues.

Trainees and educators describe the learning environment as safe and supportive. Trainees believe Fellows and staff support them through their achievements and any setbacks.

Responsibility

A Training Provider's educators know their roles and have the skills to complete their educational duties.

Settings monitor trainee and educator health and wellbeing and provide resources to support them when health or wellbeing is compromised.

Trainees and educators are responsible for their health and wellbeing and act when these are jeopardised.

Standard 5: Educator Leadership, Support and Wellbeing

Educators are skilled and supported in their teaching and leadership roles.

Training Provider Criteria

- 5.1 An educator is selected, inducted, trained, appraised and recognised.
- 5.2 An educator has the capacity to train and lead.
- 5.3 An educator is supported to maintain health and wellbeing and seek help if needed.
- 5.4 The Training Provider ensures Educators have completed all the RACP Supervisor Professional Development Program Modules.

Notes

5.1 Selection criteria, roles and responsibilities, and competencies for RACP educators are outlined in the RACP Standards for Educational Leadership and Supervision and the Competency Framework for Medical Educators. A position description exists for each educator role.

A Fellow selected to be an RACP educator meets the selection criteria and has the qualifications, knowledge, and clinical skills and experiences and supervision competencies to undertake the role. Their role in training is incorporated into their position description and/or contract. The educator is inducted into the role, so they understand their Training Program curriculum and requirements. Educator responsibilities are clearly defined and communicated.

Educators participate in professional development and training to improve their knowledge and skills.

The appraisal of an educator is undertaken by a Training Program Director and follows the RACP process. It considers their teaching and assessment abilities, professionalism, and ability to plan, implement and manage training. The appraisal process acknowledges challenges, celebrates success, and encourages the educator to aspire to quality. Support is provided to assist educators with challenges.

5.2 Educators have a workload, trainee number, time and resources which enable them to fulfil their training roles and responsibilities. An educator is expected to deliver training which:

- *promotes high-quality care*
- *provides a positive learning experience*

- *contributes to the trainee's achievement of the curriculum learning goals and training requirements.*

A Training Provider is expected to support an educator to achieve their responsibilities. This includes monitoring their capacity to train and lead, providing appropriate training, addressing any concerns they raise about their responsibilities, ensuring a supportive environment and helping them to manage difficult trainees.

A supervisor has time allocated to complete their training and assessment responsibilities. They are supported by a Training Program Director who works with them to deliver and improve training and assessment, and to manage a trainee in difficulty.

A Training Program Director is compensated for their time and has the authority and resources, including staff, to fulfil their Training Program leadership and management responsibilities.

An educator requires office space, administrative support, and access to educational expertise to undertake their duties.

5.3 An educator works in a safe environment which supports their wellbeing and health. The Training Provider supports an educator by:

- *encouraging work-life balance, social support, and community in the workplace*
- *encouraging them to take responsibility for their own health and wellbeing*
- *supporting prevention and recovery.*

An educator has access to resources to support their health and wellbeing. The resources include access to opportunities for professional debriefing, support and mentorship, educator forums, assistance with resolution of difficulties in trainee– educator relationships, time out (when required), confidential counselling and occupational health services.

A clear process, which is resourced, exists to identify, manage, and support an educator where there is a health or wellbeing concern.

5.4 Consultants and Fellows who have not been Educators previously have twelve months to complete the RACP Supervisor Professional Development Program Modules.

Standard 6: Trainee Support and Wellbeing

Trainees receive a fair, positive, and supportive training experience.

Training Provider Criteria

- 6.1 A trainee is supported to maintain health and wellbeing and seek help if needed.
- 6.2 A trainee receives pastoral care, career advice, and information and support to transition between training stages, and to return to training following a career break.
- 6.3 The Training Provider facilitates identification of mentors for trainees.
- 6.4 A trainee has access to flexible work arrangements in accordance with the RACP's *Flexible Training Policy*.

Notes

- 6.1 *Doctors are more vulnerable to mental health and wellbeing issues than the general population. Within this group, one of the more vulnerable groups are trainees.*

A trainee works in a safe environment which supports their wellbeing and health. The Training Provider supports a trainee by:

- *clearly defining and then establishing trainee roles and responsibilities*
- *encouraging work-life balance, social support, and community in the workplace*
- *encouraging them to take responsibility for their own health and wellbeing*
- *supporting prevention and recovery.*

There is a forum for trainees to communicate and exchange information. It provides opportunities to discuss the Training Program and learning environment with a Training Program Director.

Support is relevant and appropriate for a diverse trainee cohort.

A trainee's wellbeing is monitored regularly through face-to-face meetings with their Training Program Director and supervisor(s). Steps are taken by the Training Provider to identify and resolve trainee job quality which impact negatively on the trainee's health and wellbeing.

A trainee has access to resources to support their health and wellbeing. The resources include access to opportunities for professional debriefing, support and mentorship, educator forums, assistance with resolution of difficulties in trainee– educator relationships, time out (when required), confidential counselling and occupational health services.

A clear process, which is resourced, exists to identify, manage, and support a trainee where there is a health or wellbeing concern.

6.4 Information on flexible work arrangements and their accessibility is available to a trainee. Reasonable steps are taken to accommodate a trainee request to work flexibly.

Theme: Curriculum Implementation

Purpose

To establish the RACP's curricula are delivered.

Outcome

Trainees successfully complete training and are prepared for independent practice as skilled physicians.

Responsibility

The RACP sets the professional standards, curriculum learning goals and Training requirements.

Training Providers are required to:

- implement the curricula and deliver relevant high- quality feedback and assessments
- establish that trainees receive relevant work experiences and learning opportunities
- provide appropriate clinical and educational supervision
- recommend only those trainees who have demonstrated the professional standards, curriculum learning goals and Training requirements for independent practice.

Trainees are:

- responsible for their own learning and achieving the learning goals required by the Training Program
- expected to engage in the work experiences offered, take part in structured learning opportunities and assessments, and undertake self-directed learning.

Standard 7

Curriculum Delivery

The curriculum is implemented so trainees can achieve the learning goals and become independent, skilled physicians.

Training Provider Criteria

- 7.1 The Training Program delivers clinical experience, social, and formal learning which provides a trainee with opportunities to increase their professional responsibility and achieve curriculum learning goals.
- 7.2 A trainee receives an induction to the Training Program which explains the curriculum, training requirements, rotations, and the formal learning program.
- 7.3 A trainee is offered training experiences including technology enhanced training, supervisory responsibilities, quality and safety activities, projects, research, and teaching.
- 7.4 A trainee receives cultural safety training.

Setting Criteria

- 7.5 A rotation has a workload, profile of work, access to clinical services and supervision to enable a trainee to receive a breadth and depth of learning opportunities consistent with the curriculum.
- 7.6 Patient rounds and appointments are undertaken at times that facilitate patient-based teaching, completion of trainee duties and attendance at formal learning.
- 7.7 A trainee has protected time for formal learning.

Training Network Criteria

- 7.8 The Training Network delivers an Integrated Training Program which provides a trainee with the necessary work experiences and learning opportunities required to successfully complete the Training Program.

Notes

7.1 A trainee has an opportunity to learn, the training is aligned to their learning plan and they are taught using a breadth of learning methods.

The 70:20:10 framework is a learning and development reference model used by the RACP to describe the three types of workplace learning that are provided to a trainee: clinical experience (70%), social (20%) and formal (10%) learning.

A Training Provider identifies the parts of the curriculum which a trainee can partially or completely achieve by working in the Setting. The Setting demonstrates:

- what the clinical experience, social and formal learning opportunities offered in a rotation are and how they map to the curriculum*
- how the formal learning program, across a Setting or Training Network, links to the curriculum learning goals and enhances clinical experience and social learning*

- how a rotation's formal learning program links to the curriculum learning goals being delivered in the rotation.*

Training rotations are coordinated. A trainee receives a group of rotations, which provides a breadth and depth of work experience to address the curriculum learning goals. The rotations are sequenced to increase a trainee's level of professional responsibility.

Work experiences are supported with social learning. In a rotation, a trainee receives patient-based teaching experiences; patient, family and supervisor interactions; bedside teaching; and access to current diagnostic and therapeutic evidence-based practice.

A trainee has opportunities to learn from and collaborate with colleagues, multidisciplinary teams, and other medical disciplines.

Formal learning is accessible, aligned to the curriculum and adjustable for different levels of trainee competence. Formal learning for the Training Program is planned, structured, and regularly delivered with a flexible format that maximises attendance, participation, and effectiveness.

A trainee is encouraged and provided with opportunities to attend external conferences and courses relevant to their training. Study leave entitlements, including the application process, are transparent, equitable and understood by the trainee.

There is a distance education strategy and communication infrastructure to deliver learning. Where a Training Network exists, they are responsible for delivering a network-wide formal learning program that is accessible by all trainees across Settings.

- 7.3 *There are Fellows to facilitate broader learning experiences, and a trainee is informed of the available activities and given guidance on how to participate.*

Where a trainee performs clinical and educational supervisory roles for less experienced trainees, there needs to be a clinical and educational supervisor overseeing this learning.

- 7.4 *Cultural safety training involves a doctor:*

- *reflecting on their own views and biases and how these could affect their decision-making and health outcomes for the patient.*

- *recognizing that they inherently hold the power in a doctor patient relationship and should consider how this affects their engagement with the patient and the way the patient received their care.*

- *Developing the attitudes, skills, and knowledge to function effectively and respectfully when working with and treating people of different cultural backgrounds.*

- 7.5 *The work experiences within a rotation encompass a diversity of illnesses and patient populations, various stages of disease and patient continuity of care. Rotations offer the opportunity for acute, inpatient, ambulatory, and/or longitudinal care.*

A Setting has accessible and suitable administrative, diagnostic, investigative, interventional, operative, consultative, and therapeutic services so a trainee can manage their patients' safely, complete their work responsibilities and learn.

A Setting provides a rotation description (using the RACP template) for each rotation, which outlines the team structure, trainee work experiences and learning opportunities, supervision, and assessments.

A rotation's duration enables the trainee to integrate into the team, achieve the learning goals and complete the required assessments; and allows the supervisor to make reliable judgements about the trainee's abilities, performance, and progress.

7.7 A trainee attending formal learning is not interrupted by service delivery demands unless there is an exceptional and unanticipated need to maintain patient safety.

7.8 A Training Network plans, coordinates, and implements the delivery of an Integrated Training Program(s). The Training Network demonstrates:

- how the curriculum and training requirements are delivered to each trainee*
- how the curriculum is mapped to the rotations and formal learning*
- each setting's role in curriculum delivery*
- how it addresses any training gaps in the Integrated Training Program*
- how it effectively shares and distributes resources across the Training Network.*

Standard 8: Supervision

A high standard of supervision is always provided to trainees.

Training Provider Criteria

8.1 The Training Provider establishes a trainee has accessible, timely and supportive supervision for all aspects of training whilst recognising the principle of increasing professional responsibility.

Setting Criteria

8.2 Supervision arrangements are outlined to the trainee.

8.3 Supervision is provided by a sufficient number of qualified and skilled medical staff with an appropriate level of training and experience.

8.4 The supervisor determines the trainee's level of competence and confidence and provides the trainee with responsibilities and supervision appropriate to their level.

Notes

8.1 Supervision includes establishing and maintaining a learning environment, clinical and educational supervision. Both clinical and educational supervision guide a trainee's professional development. Clinical supervision supports safe, high-quality patient care and involves provision of timely point-of-care assistance, regular communication, feedback, and patient-based teaching. Educational supervision is the provision of oversight, including guidance, assessment, feedback, and support, of a trainee's learning experience, so the trainee successfully completes the Training Program.

Supervision involves maintaining a balance between closely supervising and providing sufficient autonomy to trainees.

A trainee receives supervision from a named supervisor(s) who observes and oversees:

- *the trainee's work at the point of care*
- *individual trainee learning, teaching and assessment within a rotation*
- *training requirements, trajectory of learning and longitudinal progression.*

A trainee is monitored by a named Training Program Director who reviews the trainee's performance and decides whether they can progress.

A trainee:

- can access the supervision they require*
- has supervision when learning a new skill*
- can identify the supervisors providing supervision*
- knows their responsibilities and the supervisors' responsibilities*
- knows the direct and indirect supervision arrangements*
- knows from whom to seek assistance*
- knows the circumstances under which supervisors are consulted about care.*

There is regular communication and collaboration between educators to support the trainee's achievement of learning goals and completion of the Training Program.

8.2A Training Provider has a written supervision process and arrangements. The process needs to recognise and incorporate the principle of increasing professional responsibility. This is communicated to and enacted by the trainee and their supervisor(s).

8.3 The doctors providing supervision deliver high quality patient care and trainee learning opportunities. They have appropriate clinical skills and experiences and supervision competencies. Supervisors are accessible, have good communication and teaching skills, utilise learning opportunities effectively and are responsive to trainee queries.

8.4 A trainee is assessed at the commencement of each rotation to establish whether they have the required knowledge and skills to fulfil their work responsibilities. Training deficiencies are rectified.

A trainee knows their scope of authority and only manages situations where they are deemed competent.

Standard 9: Feedback and Assessment

Trainees receive effective feedback and robust assessment.

Training Provider Criteria

- 9.1 The Training Provider establishes that a trainee's learning plan maps to the curriculum and delivers trainee work-based assessments.
- 9.2 The Training Provider supports trainees to successfully complete their RACP assessments.
- 9.3 The Training Provider regularly monitors a trainee's performance and assesses their longitudinal progression by observing their patient care, taking account of work-based assessments, and obtaining informal and formal feedback from supervisors.
- 9.4 The Training Provider has a clear process to identify, manage and support a trainee where there is a concern about their performance, progression, professionalism, or conduct.

Setting Criteria

- 9.5 A trainee receives constructive informal and formal feedback on their performance and is supported to act on it.
- 9.6 A supervisor providing feedback or performing an assessment has expertise in delivering feedback, the area being assessed and the assessment tool, acts honestly, and can justify their statements and decision.

Notes

9.1 Learning plans are completed in accordance with Training Program requirements. While the trainee is responsible for their learning plan, the Training Provider provides time for a trainee and a supervisor(s) to develop and complete the plan. During this process, the supervisor establishes the learning identified by the trainee maps to curriculum and the learning activities described within the rotation description.

The Training Provider establishes work-based assessments are consistent with the training requirements and are mapped to the curriculum. Assessment occurs in a timely manner, aligns with the Training Program requirements, and assesses the trainee's performance. Where applicable, RACP assessment tools are used.

The type and time of work-based assessments (including formal feedback) is outlined to a trainee at the commencement of the Training Program and each rotation. This outline includes who is responsible for the assessment and how information will be gathered.

The assessment and process of assessment are transparent, clear, and understood by both trainee and supervisor.

9.3 Trainees are supported to complete RACP assessments including exams, projects, and research. This support includes study leave and provision of advice from Fellows, exam preparation courses, study groups, trial exams and facilitation of clinical exams

9.4 The Training Provider has a clear, equitable process by which a trainee's progression is assessed. The process requires action is taken when a gap is identified.

The Training Provider(s) has a discreet process for sharing information between educators about the performance and progression of a trainee. The process is applied equitably and is transparent to the trainee.

A trainee always has a clear understanding of their performance and progression

9.5 *An educator(s) identifies a trainee with a difficulty early and participates in their remediation. A trainee in difficulty is managed in accordance with the RACP Trainee in Difficulty Support Policy. The trainee knows what the concern is, and the support and action to be taken for remediation. This is documented and action is undertaken.*

A trainee is not to progress if they fail to meet the curriculum's learning goals. When the concern cannot be resolved, support services are provided, and advice needs to be given on alternative career options.

9.6 *The trainee's supervisor(s) provides regular constructive informal and formal feedback. Trainee feedback discussion includes a conversation about their wellbeing, performance, and progress. Feedback identifies success, strengths, and areas for development.*

Where an area for development is identified, advice is provided on how to develop. A range of health professionals contribute to the feedback being provided to the trainee.

9.7 *A supervisor understands the assessment process and has the skills, time, and resources to provide regular feedback and undertake an assessment. Professional development opportunities are provided to enhance a supervisor's skills.*

Appendix 1: Time allocation for educational leadership and support roles²

Adult Internal Medicine and Paediatric & Child Health Basic Training Director of Physician/Paediatric Education (no network)

Basic Trainees Per Setting	FTE – Director of Physician Education
>105	0.8 (may be a shared role)
90 -105	0.7 (may be a shared role)
75-90	0.6 (may be a shared role)
50-74	0.5 (may be a shared role)
30-49	0.4
<30	0.2

Adult Internal Medicine and Paediatric & Child Health Basic Training Director of Physician/Paediatric Education (part of a network)

Basic Trainees Per Setting	FTE – Director of Physician Education
>105	0.5 (may be a shared role)
90 -105	0.4
75-90	0.3
50-74	0.25
30-49	0.2
<30	0.1

Adult Internal Medicine and Paediatric & Child Health Basic Training Network Director of Physician/Paediatric Education

Basic Trainees Per Network	FTE – Network Director of Physician Education
>105	0.8 (may be a shared role)
90 -105	0.7 (may be a shared role)
75-90	0.6 (may be a shared role)
50-74	0.5 (may be a shared role)
30-49	0.4
<30	0.2

Training Program Coordinator (no network)

Basic Trainees Per Setting	FTE – Training Program Coordinator
>90	1.0
75-85	0.8
50-74	0.6
30-49	0.4
<29	0.2

² Where a setting has a Full Time Equivalency greater than outlined in these tables, the RACP expects it to be maintained. The tables represent a transitional arrangement to support setting with Full Time Equivalency lower than outlined in the tables.

Training Program Coordinator (part of network)

<i>Basic Trainees Per Network</i>	<i>FTE – Training Program Coordinator</i>
>90	0.5
75-85	0.4
50-74	0.3
30-49	0.2
<29	0.1

Network Training Program Coordinator

<i>Basic Trainees Per Network</i>	<i>FTE – Training Program Coordinator</i>
>90	1.0
75-85	0.8
50-74	0.6
30-49	0.4
<29	0.2

Definitions

Accreditation	Accreditation is a cyclic system-wide, multi-staged evaluation process, which uses a set of standards and an independent review to identify the level of congruence between practice and standards. Accreditation provides assurance that the Training Provider has met the Standards and provides quality training.
Assessment	The systematic process for measuring and providing feedback on the trainees' progress or level of achievement, against defined criteria.
Bullying	Bullying is repeated and unreasonable behaviour, by a person or people whether intentional or unintentional, directed towards a worker or workers that creates a risk to health or safety.
Burnout	A feeling of exhaustion and/or fatigue that can be caused by work stressors. Common symptoms include exhaustion (physical/mental/emotional), depersonalisation (loss of empathy or connection to work) and reduced feelings of personal accomplishment.
Capacity to train	The ability of Training Providers to deliver a breadth and depth of high-quality training so trainees, on entry to the profession, are competent and independent practitioners who perform their duties to a high standard.
Clinical experience	Learning and development through experience, including day-to-day tasks, new and challenging experiences, problem-solving and reflective practice.
Clinical governance	A system in place which is accountable for maintaining and improving the reliability, safety, and quality of health care so high standards of care are safeguarded.
Competence	A holistic understanding of practice and an all-round ability to perform as an independent medical practitioner.
Consultant	An independently practicing doctor who has Fellowship with a specialist medical college accredited by the Australian and/or New Zealand Medical Council.

Criteria	Items or actions that are required to meet the Standards.
Culture	The social and physical environment of a workplace, which includes the approach to management, communication styles, cultural safety and implementation of health and safety.
Curriculum	<p>A statement of the intended aims and objectives, content, assessment, experiences, outcomes, and processes of a program, including a description of the structure and expected methods of learning, teaching, feedback, and supervision.</p> <p>The curriculum sets out the knowledge, skills, and professional qualities the trainee is to achieve. This is distinguished from a syllabus which is a statement of content to be taught and learnt.</p>
Doctor	A person who has completed a medical degree and is registered with the Australian Medical Board or Medical Council of New Zealand.
Educator	A collective term used for supervisors, Directors of Physicians/Paediatric Education and Training Program Directors who are actively involved in physician education and training.
Fellow	A registered medical practitioner in Australia or New Zealand that is eligible and admitted to membership of a medical specialist college due to satisfactory completion of their specialty qualification.
Formal Learning	Learning and developing through structured courses and programs.

Governance	<p>The set of relationships and responsibilities established by a health service between its executive and workforce. Governance incorporates laws, directives, policy, processes, customs, and conventions that determine how an organisation is directed and administered.</p> <p>Governance arrangements provide the structure through which the corporate objectives, such as training, are set and how the objectives are to be achieved. They also specify the mechanisms for monitoring performance.</p>
Handover	<p>The transfer of professional responsibility and accountability for care of a patient, or group of patients, to another person or professional group on a temporary or permanent basis.</p>
Harassment	<p>Harassment is any type of behaviour that:</p> <ul style="list-style-type: none"> • is unwelcome and unsolicited; and • the person considers the behaviour to be offensive, intimidating, humiliating, or threatening; and • is based on an attribute listed in anti-discrimination legislation; and • a reasonable person would consider the behaviour to be offensive, intimidating, humiliating, or threatening <p>A single incident can amount to harassment. It does not have to be repeated. Intent or motive is irrelevant. It is the impact and nature of the behaviour that is assessed. Harassment is also prohibited in relation to a person's disability or the disability of an associate.</p>
Health service	<p>A health service led by a senior management team which is responsible for the governance, administration, and financial management of one or more service unit(s) providing healthcare and training. Its service units can be in one or more physical locations.</p>

Integrated Training Program	A training program which delivers all the learning, teaching and assessment programs of the curriculum. It supports and provides continuity of training to physician trainees.
Learning	Acquisition of knowledge, skills and behaviour through experience or being taught.
Learning environment	Physical locations, context and culture in which trainees learn.
Learning goals	A summarised form of the curricula standards that set the expected standard for trainees and guide learning, teaching, and assessment in training programs.
Mentor	A trusted counsellor or guide who advises and supports a trainee throughout physician training.
Network Management Committee	A committee established by a Training Network to plan, deliver, and manage an integrated Training Program.
Network Training Program Director	A collective term for a RACP Fellow who provides educational leadership and oversight to a training Program across a Training Network.
Notes	Explain what is required to demonstrate a Standard is being met.
Orientation	A formal introductory session that familiarises a new trainee with their rotation (department) and or setting.

Pastoral Care	Provision of a range of support to an individual to deal with issues, within and outside the workforce, which may impact on their capacity to work and learn.
Physician	A doctor who has completed further training in a medical specialty to diagnose and manage complex medical problems. A paediatrician is a physician who specialises in the treatment of infants, children, and adolescents.
Protected time	<p>Time taken by trainees for education and training where their clinical responsibilities are managed by their peers or senior colleagues.</p> <p>The time is used for formal learning, research, projects, and examination preparation.</p>
Quality Assurance	The maintenance of a desired level of quality.
Quality improvement	A formal approach to analyse performance and systematic efforts to improve quality.
Rotation	Placement of a trainee within or across a service unit for a fixed period for the purposes of training.
Scholarship	Serious formal study of a subject.
Setting	A separately constituted health service that is accountable for the coordination and delivery of physician workplace training for one or more RACP Training Programs.
Sexual harassment	Sexual harassment is any form of unwelcome sexual attention. It involves humiliation or offence to the victim.
Social learning	Learning through interactions with others. It includes sharing, coaching, mentoring and feedback, utilising communities and personal networks and other collaborative and cooperative actions.

Specialty	A specialty is an area of medicine that requires a defined set of knowledge, skills, and experience.
Standard	A broad statement describing the desired and achievable level of performance.
Supervision	An active relationship between a supervisor and a trainee. In the context of patient care, the trainee is provided with monitoring, guidance, and feedback on their professional development. The supervisor engages with the trainee, assesses the trainee's strengths and weaknesses, and responds to their needs to maintain patient safety and to enable the trainee to progress and take on more responsibility.
Supervisor	A collective term which includes assistant, rotation, education, and advanced training supervisors.
Theme	A domain of training which has a group of related standards that need to be achieved.
Trainee	A Member who is registered with the RACP to undertake one or more Training Programs in the Adult Internal Medicine or Paediatrics & Child Health Division; Faculty and/or Chapter.
Training	This is ongoing, workplace-based experiences which link to the Curricula standards and its learning, teaching and assessment programs.
Training Network	A collective of Settings, with a formal agreement, that work together to manage and deliver an Integrated Training Program.
Training Program Director	A collective term for RACP Fellows who provide leadership and oversight to a Training Program at a Setting.

Training Provider

A collective term for a Setting and a Training Network.

Training Requirements

The components of a training program that a trainee must satisfactorily complete to progress through training. Mandatory program requirements are linked to certification of training, progression through training, and program completion.

Workplace

The place where work is carried out for a health service and includes any place where a trainee goes or is likely to go, while at work.

About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of more than 15,000 physicians and 7,500 trainee physicians across Australia and New Zealand. The RACP represents a broad range of medical specialties including general medicine, paediatrics & child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine.

Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients.

The RACP offers 61 training pathways. These lead to the award of one of seven qualifications that align with 45 specialist titles recognised by the Medical Board of Australia or allow for registration in nine vocational scopes with the Medical Council of New Zealand.



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