RACP Recommended Guidance to the AMC Model Standards for Basic Training

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RACP recommended guidance for time allocation for educational leadership and support roles

AMC Model Standard - 2.2.4 A designated person is responsible for overseeing the training program and is provided with the time and resources necessary for the role.
Intent

RACP Guidance to 2.2.4

The RACP recommends the suggested FTE below as best practice to ensure that training is appropriately resourced across Settings in Australia and Aotearoa New Zealand. These figures represent recommended rather than mandated FTE allocations. Settings with alternative models that achieve the same outcome, ensuring educational leadership and support roles have the time and resources required to fulfil their responsibilities, will also be accepted. Where a setting has a full-time equivalency (FTE) greater than outlined in these tables, the RACP recommends it to be maintained.

Basic Training Director of Physician/Paediatric Education (no network)

Basic Trainees per setting	Recommended FTE — Director of Physician/Paediatric Education
Greater than 105	0.8 (may be a shared role)
90 to 105	0.7 (may be a shared role)
75 to 90	0.6 (may be a shared role)
50 to 74	0.5 (may be a shared role)
30 to 49	0.4
Less than 30	0.2

Basic Training Director of Physician/Paediatric Education (part of a network)

Basic Trainees per setting	Recommended FTE — Director of Physician/Paediatric Education

Greater than 105	0.5 (may be a shared role)
90 to 105	0.4
75 to 90	0.3
50 to 74	0.25
30 to 49	0.2
Less than 30	0.1

Basic Training Network Director of Physician/Paediatric Education

Basic Trainees per setting	Recommended FTE — Network Director of Physician/Paediatric Education
Greater than 105	0.8 (may be a shared role)
90 to 105	0.7 (may be a shared role)
75 to 90	0.6 (may be a shared role)
50 to 74	0.5 (may be a shared role)
30 to 49	0.4
Less than 30	0.2

Training Program Coordinator (no network)

A Training Program Coordinator who provides administrative support exclusively to the Basic Training Program at an individual training setting.
They are not part of a broader network and therefore carry full administrative responsibility for all trainees at that setting.

Key distinction: Full administrative load sits with the individual setting; no sharing of resources across a network.

Basic Trainees per setting	Recommended FTE —Training Program Coordinator
Greater than 90	1.0
75 to 90	0.8
50 to 74	0.6
30 to 49	0.4
Less than 30	0.2

Training Program Coordinator (part of network)

A Training Program Coordinator who provides administrative support to the Basic Training Program at a setting that is part of an accredited network.
Some administrative functions may be centralised or shared across the network, reducing the per-setting workload.
Key distinction: Reduced FTE because some responsibilities are supported or supplemented by the Network Training Program Coordinator or shared systems.

Basic Trainees per setting	FTE — Recommended Training Program Coordinator
Greater than 90	0.5
75 to 90	0.4
50 to 74	0.3
30 to 49	0.2
Less than 30	0.1

Network Training Program Coordinator

A Training Program Coordinator who provides administrative coordination for the entire network, supporting multiple settings delivering the Basic Training Program.
Key distinction: Focuses on network-wide coordination, not individual setting oversight.

Basic Trainees per setting	FTE — Recommended Training Program Coordinator
Greater than 90	1.0
75 to 90	0.8
50 to 74	0.6
30 to 49	0.4
Less than 30	0.2

Key contact person at Secondment Settings

As Secondment Settings do not have a Director of Physician/Paediatric Education (DPE) onsite, the RACP recommends that the designated key contact at these Settings, particularly in paediatric contexts, is provided with adequate non-clinical time within their working hours to fulfil their educational and administrative responsibilities. These responsibilities may include:

- Acting as the local contact for trainees, including providing support and escalation pathways for concerns
- Liaising with the DPE and other supervisors regarding trainee progress and training requirements
- Contributing to, or completing, accreditation documentation on behalf of the DPE, noting their on-site knowledge of the Setting
- Participating in supervision-related meetings and local educational governance processes

RACP recommended guidance for protected teaching time for trainees

AMC Model Standard - 3.1.2 Trainees have the opportunity to engage in structured and unstructured learning activities to achieve the training program outcomes.

RACP Guidance to 3.1.2:

As a matter of best practice, the Setting should aim to provide an average of 4 hours of structured (formal) learning per week to FTE trainees, spread evenly across the clinical year, with pro rata requirements for part-time trainees.

It is recommended that at least 2 hours of this time is protected, during which trainees should be free from clinical duties, unless there is an urgent and unanticipated need to maintain patient safety.

For a Setting where this is a contractual or award requirement in the nature of protected time for training, teaching or similar, it is expected that the setting will compare the contract/industrial requirement with the RACP requirement and provide the trainee with structured (formal) learning that is of the greatest benefit to the trainee.