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Training Network Principles

Pursuing Training Excellence



Acknowledgements

As part of the Education Renewal Program, the Royal Australasian College of Physicians (RACP) conducted a review of its curriculum process. This process has produced the Training Network Principles required for Integrated Training Programs and Networks in Australia and New Zealand.

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Introduction

The RACP's Education Renewal Program will change the design, structure, delivery, and evaluation of our education programs to a competency-based training and assessment model, which will be in alignment with best practices in countries such as the United Kingdom, Canada and the United States. It will involve a shift from trainees independently determining their own training pathway to participating in Integrated Training Programs.

This document outlines the RACP's Training Network Principles and represents the first step in the RACP's Integrated Training Program strategy. The strategy involves creating a pathway for a trainee through their Training Program, whereby delivery of the curriculum and training requirements is coordinated by a Network. Integrated training will facilitate measurement of trainees' skills and professional practice, which will inform judgements about their progress towards and preparedness for independent practice.

The use of Training Networks to deliver integrated training is already part of specialist training in Australia and New Zealand. Multiple colleges require training to be delivered using Networks. Although the RACP has just commenced formalising Training Network Principles, Training Networks are already in place and are being used to deliver Divisional, Faculty and Chapter Training Programs.

Integrating Training Programs involves incorporating 61 Training Programs and over 600 accredited Settings across Australia and New Zealand. The following factors are driving this significant development.

Diversity of training experiences

The Australian Medical Council (AMC) and Medical Council of New Zealand (MCNZ) require trainees to be exposed to an appropriate range of environments. Trainees need access to broad training experiences, which reflect the reality of their specialty practice profile. Over time, the delivery of medical services has diversified, therefore training needs to occur in a variety of Settings. A single Setting can no longer provide the training and work experience required for independent practice. Beneficial training experiences can now be provided by outer metropolitan, regional and rural Settings.

Competency-based training and integrated assessment

A competency-based training model means each trainee is measured and assessed regularly on their competence. Trainees are given an increasing degree of independent responsibility based on the learning outcomes achieved. The AMC and the MCNZ require development of a systematic, integrated approach to summative assessment that demonstrates validity and reliability in assessing trainee achievement.

The movement of trainees between Settings, whilst ensuring training diversity, reduces the ability to evaluate trainee progression, and readiness for independent practice. Training Networks, on the other hand, address this by monitoring trainees across multiple Settings and for the length of the Training Program. Networks can establish competence committees to calibrate and verify supervisor views, minimise assessment variation and review trainee progress.

Training gaps

Trainees currently create their own training pathway by locating positions and liaising with supervisors. This complicates trainee progression because it is fragmented across multiple unlinked Settings and can result in inconsistent experiences and training gaps. Feedback provided to the AMC indicates that some trainees do not feel ready for independent practice. The Preparedness for Independent Practice Survey indicates that new Fellows feel less prepared for establishing private practice and attending to business management and administrative duties. Inconsistent experiences and training gaps point to a need for Integrated Training Networks to provide competency-based training.

Trainee views¹

Trainees do not feel that Training Programs are well defined. They have a sense of drifting from one placement to another, with no upfront plan about which rotations to undertake and how to achieve the curriculum objectives. Trainees have expressed a desire for the development of Training Networks and ongoing employment throughout training.

Geographical maldistribution of trainees

The delivery of quality health services in both the public and private health sectors is reliant on well-trained physicians. Trainees seek employment in urban tertiary centres to facilitate completion of their training, progression to Fellowship and future competitiveness. This leads to a maldistribution of the workforce, which can impact the community's equitable access to high-quality care. Networks have been developed or are being developed to coordinate and improve trainee distribution by ensuring Training Settings provide appropriate learning experiences.

The RACP provides supervised training experiences in regional and remote areas to support and broaden trainee experiences.

¹ RACP. Physician Readiness for Expert Practice (PREP) Consultation 2011.

Integrated Training Programs and Training Networks

An Integrated Training Program:

- delivers the competency-based training curriculum
- aligns trainee development with the curriculum and training requirements
- offers a full range of high-quality training experiences
- offers a fair, positive, and supported training experience
- assesses trainee autonomy and preparedness for independent practice
- provides continuity in training.

A Training Network is a group of Training Settings delivering one or more Integrated Training Programs in multiple workplaces that:

- provides a training governance framework
- delivers appropriately diverse training experiences
- coordinates the training offered by each Training Setting
- supports the delivery of a Network-wide formal learning program
- provides trainees with continuity of training
- engages with the Training Settings, supervisors and trainees.

The Training Network delivers the experiences and assessments required to achieve the curriculum learning outcomes and program requirements of a Training Program. This is achieved through a program of planned rotations and learning activities. Trainee assessments undertaken by Settings are reviewed to establish the learning outcomes achieved and encourage progress towards training completion. The Network provides support to supervisors, continuity to trainees and facilitates the timely completion of Fellowship.

The benefits of Training Networks include:

- facilitating training in diverse Settings
- offering broader learning opportunities and greater access to professional development
- encouraging collaboration between Settings
- supporting the development and sharing of adequate training infrastructure
- preparedness to implement and manage new training priorities
- supporting the delivery of high quality patient care.

Training Network Principles

Training Networks aim to provide high quality training and patient care. The following five principles provide a foundation for the development of a Network and support the actions and decisions taken. The RACP has used these principles to develop the Training Provider Standards, which will be used to accredit Training Networks.

Training committees can further define how the principles will apply to their specialty, to enable the implementation of continuous improvement in Training Networks.

1. Effective governance

- 1.1 Integrated Training Programs are physician led.
- 1.2 Training Networks are based on the principle of equity and have a transparent, effective governance system which oversees and supports training.
- 1.3 Training Networks are managed by an effective Network Management Committee, which brings together key participants to coordinate and deliver Integrated Training Programs. Committee representation is to include trainees and Training Program Directorss (or equivalent) from each Setting.
- 1.4 Training Networks have the authority and capacity (funding, infrastructure, time and staffing) to coordinate and enhance Integrated Training Programs.
- 1.5 Agreements describe the governance and management arrangements between the participating Settings.

2. Quality training management

- 2.1 Training Networks are committed to and support training.
- 2.2 Training Networks provide appropriate support and oversight of all Settings.
- 2.3 Training Settings are committed to the Training Network and have the capacity to train and effectively contribute to the delivery of the curriculum learning outcomes.
- 2.4 The Network Management Committee plans, coordinates and reports on the delivery and management of Integrated Training Programs.
- 2.5 Training Networks have processes which guide physician training.
- 2.6 Information about Integrated Training Programs, Training Settings and Networks is communicated to the relevant committees and stakeholders.
- 2.7 Educators understand their roles and responsibilities.
- 2.8 Each Training Network has a Network Training Program Directors and each Setting has a Setting Training Program Directors (or equivalent).
- 2.9 Training rotations, Settings and Networks are accredited by the RACP.
- 2.10 Training Networks regularly seek and respond to feedback from trainees and supervisors.

3. Training support

- 3.1 Training Networks are committed to their trainees and tailor training to fit the trainees' learning needs.
- 3.2 Trainees receive effective training and pastoral support.
- 3.3 Educators are skilled and supported in their teaching and leadership roles.

4. Integrated Training Program

- 4.1 Training Networks provide sufficient experiential, social and formal learning opportunities to enable trainees to successfully address the curriculum learning outcomes and training requirements of the specialist Training Program.
- 4.2 Training Networks take multiple measures of a trainee's skills and professional qualities and synthesise them to inform judgements about trainee progress and preparedness for graduation from a Training Program.
- 4.3 Trainees receive diversified learning opportunities and teaching formats in a variety of Settings which reflect the diversity of medical practice within the specialty.
- 4.4 Each Training Network has a formal learning program which aligns with the curriculum learning outcomes and is accessible by trainees.

- 4.5 Trainees have accessible and effective supervision across the Training Network which fits their needs at all times.
- 4.6 Training Networks take remedial action when issues with trainee performance and progress are identified.
- 4.7 Training Networks provide protected time² for training activities and formal preparation for exams.
- 4.8 Where required, Training Networks provide clinical exam places for trainees wishing to take RACP exams.
- 4.9 Training offered by Training Networks is regularly evaluated to improve training quality.

5. Recruitment and trainee distribution

- 5.1 Training Networks recruit trainees centrally in collaboration with employers.
- 5.2 Trainees are appointed for the length of the Training Program subject to satisfactory progression through training.
- 5.3 Trainees are distributed to Training Settings in an equitable manner.
- 5.4 Training Networks have processes to manage trainee shortages.

² Time away from duties for training activities taken by trainees, supervisors and Training Program Directors. The time is used for formal learning activities, research, examination preparation and training administration. It requires work responsibilities to be covered by peers or senior colleagues.

Definitions

Assessment	A systematic process for measuring learner progression or level of achievement against the curriculum learning outcomes.
Capacity to train	The ability of training providers to deliver a breadth and depth of high quality training which ensures trainees, on entry to the profession, are competent independent practitioners who perform their duties to a high standard.
Competence	A holistic understanding of practice and an all-round ability to perform as an independent medical practitioner.
Curriculum	A statement of expected learning outcomes which identifies the knowledge and skills to be acquired to achieve competence. It includes a description of the structure and expected methods of learning, teaching, feedback and supervision.
Educator	A collective term for supervisors and Training Program Directorss. In the vast majority of cases, educators are Fellows of the RACP.
Experiential Learning	Learning and developing through real experience, including day-to-day tasks, new and challenging experiences, helping to solve problems and reflective practice. Also known as experience.
Formal Learning	Learning and developing through structured courses and programs. Also known as education.
Governance	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 which determine how an organisation is directed and administered. Governance arrangements provide the structure through which the corporate objectives such as training are set and how the objectives are to be achieved. It specifies the mechanisms for monitoring performance.
Health service	A health service is responsible for the governance, administration and financial management of one or more service unit(s) providing healthcare and training.
Learning	Acquisition of knowledge, skills and behaviour through experience or being taught.
Learning Outcomes	Statements of what a trainee is to accomplish or acquire at the end of a period of training.
Network	A group of Settings, with a formal agreement, working together to manage and deliver an Integrated Training Program.
Network Director	A Fellow who provides educational leadership and oversight of Integrated Training Programs across a Training Network.

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	Time away from clinical duties for training activities taken by trainees, supervisors and Training Program Directors. It is used for formal learning activities, research, examination preparation and training administration, and requires clinical responsibilities to be covered by peers or senior colleagues.
Quality improvement	A formal approach to analysing performance and systematic efforts to improve quality.
Rotation	Placement of a trainee with a service for a fixed period of time for the purposes of training.
Setting	A separately constituted health service which is responsible for the governance, administration and financial management of a service unit(s) providing healthcare and training.
Setting Training Program Director	Provides educational leadership and oversight for one or more Training Programs within a Setting and/or across multiple Settings.
Social Learning	Learning and developing with and through others. It includes sharing, coaching, mentoring and feedback, utilising communities and personal networks and other collaborative and cooperative actions. Also known as exposure.
Standard	A broad statement describing the desired and achievable level of performance
Specialty	A specialty is an area of medicine which requires a defined set of knowledge, skills and experience.
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	Includes Advanced Training, Education, Rotation, Clinical and Assistant Supervisors. Their combined function is to directly observe, support and oversee individual trainee teaching, learning, assessment and progression.
Trainee	A doctor registered with the RACP to undertake training in one of its training pathways.
Training	Workplace-based experiential, social and formal learning activities and assessments which align to the Training Program's curriculum and requirements.

Training Program Director

Provides educational leadership and oversight for one or more Training Programs within a Setting and/or across multiple Settings or a Network. There are Setting and Network Training Program Directors.

Training Program Requirements

Refers to all the training components which must be satisfactorily completed prior to completion of the Training Program.

Training Provider

A Setting or Training Network which delivers workplace training.

About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of more than 16,000 physicians and 7,500 trainee physicians across Australia and New Zealand. The College represents a broad range of medical specialties including general medicine, paediatrics and 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 College 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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