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Training Provider Accreditation Program

A blueprint for pursuing training excellence in the workplace.

Pursuing Training Excellence



Acknowledgements

In 2016, the Royal Australasian College of Physicians (RACP) conducted a review of its Training Provider Accreditation Program. This process has produced a robust program that will accredit Training Programs, Settings and Networks offering physician training in Australia and New Zealand.

The RACP would like to acknowledge the Australian, New Zealand and international medical training accreditation agencies whose work and experiences have influenced the development of this accreditation program.

The RACP would also like to thank all collaborators in the development of the Training Provider Accreditation Program, in particular the Working Group Chair and members who made a significant contribution to the program's development.

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Introduction

Purpose

This document outlines the RACP's vision for its new accreditation program and is a blueprint for pursuing training excellence in the workplace.

The RACP has commenced delivery on this program and is developing and consulting on the various components. These include the accreditation standards, governance cycle and accreditation policy. Figure 1 summarises the work streams currently in development or to be developed for the pilot.

Background

The RACP has the authority to maintain standards for physician workplace training, delegated from the Medical Board of Australia (MBA) through the Australian Medical Council (AMC) and the Medical Council of New Zealand (MCNZ). The RACP accreditation program provides a framework for the assessment and recognition of Training Providers and has accredited Training Providers since the late 1980s.

Comprehensive and thorough training is essential for developing an effective, flexible and safe medical workforce, which can adapt to changes in medical science and practice. Training is delivered primarily through participation in supervised work-based activities with specialist physicians.

The RACP sets the standard of competence for each Training Program it offers through a curriculum. A Training Provider translates the curriculum content into a program of work-based learning. This enables each trainee to meet training requirements and complete the assessments. Accreditation assures the RACP, and the authorities that delegate the responsibility, that training is delivered to a standard that results in the development of competent physicians.

Accreditation Renewal commenced in 2015, to develop a comprehensive, RACP-wide strategy and program for accrediting Training Providers, that can:

- link explicitly to RACP curricula
- streamline and coordinate processes
- provide flexibility to accredit a range of settings
- assess Training Providers' capacity to train.

The Accreditation Renewal Working Group carried out an extensive review of the literature and accreditation practices nationally and internationally, which identified compelling reasons for the change. The Working Group subsequently developed an accreditation program, which is informed by the literature review and incorporates approaches and components of best practice.

Our 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.

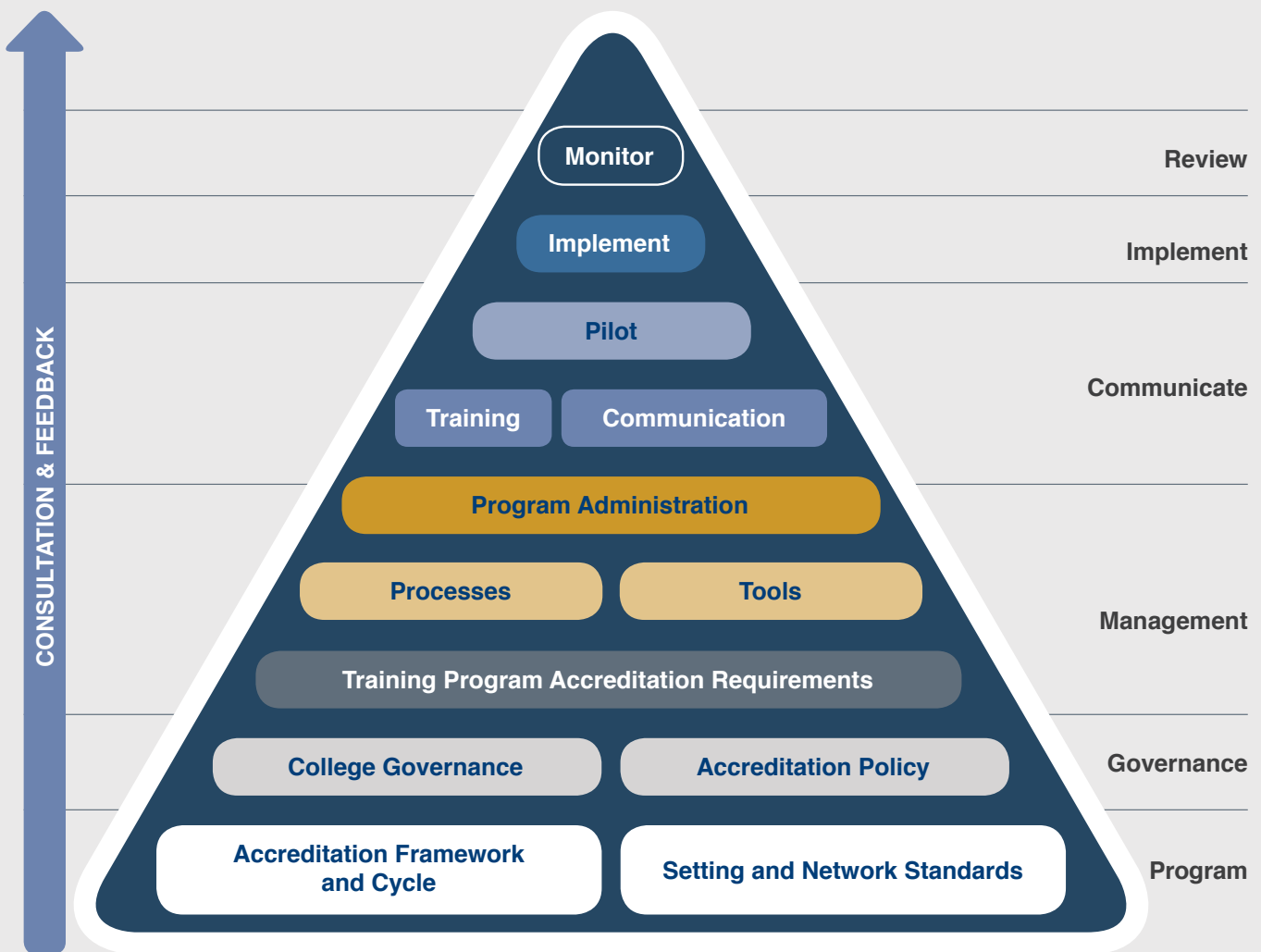


Figure 1. Accreditation renewal work streams

The Program

The Accreditation Program is illustrated in Figure 2. It captures the main components of the program and their relationships. It is applicable to all RACP Training Programs.

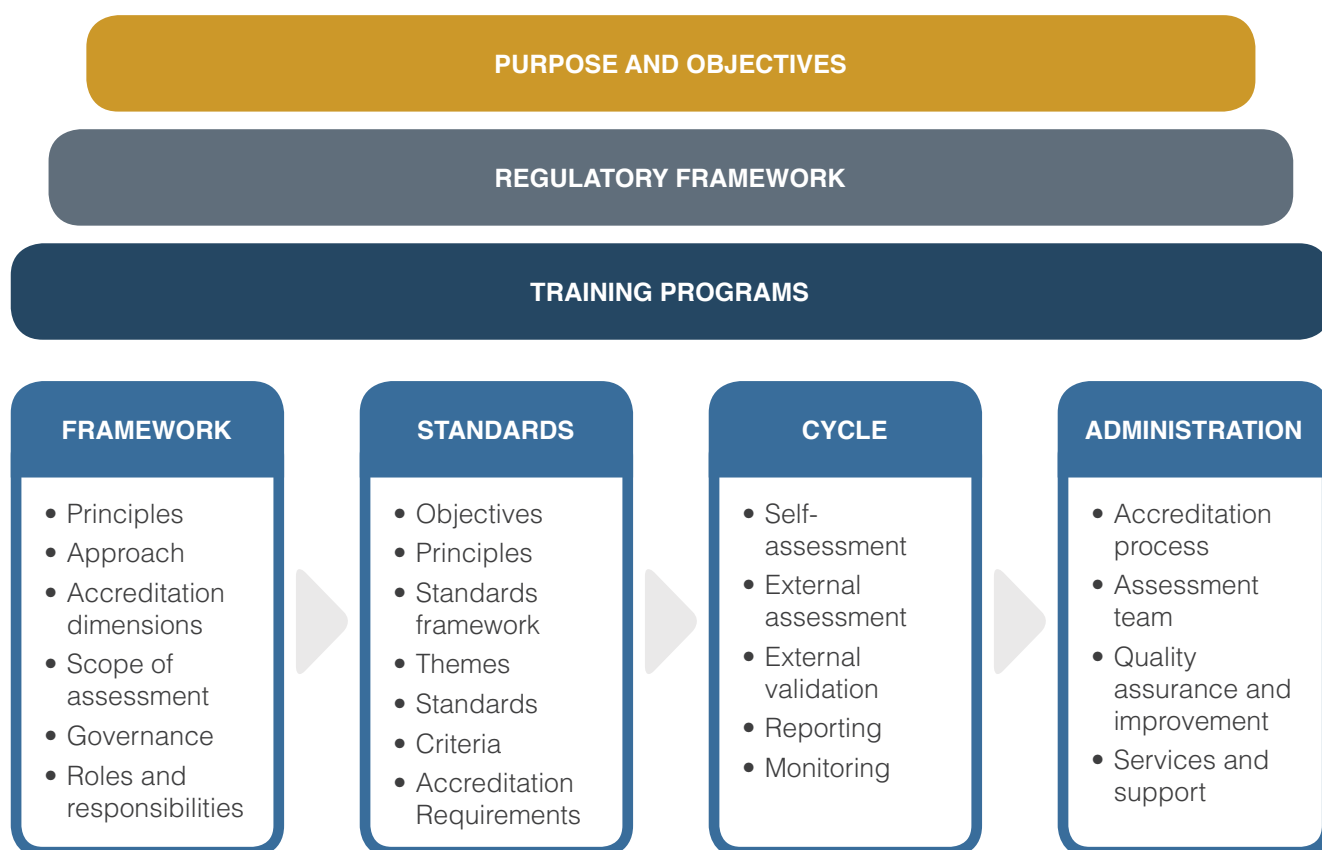


Figure 2. Accreditation Program

The Foundations

What is accreditation?

Accreditation is a cyclic, multi-staged evaluation process which uses an independent review to identify the level of congruence between practice and standards. Accreditation confirms that a Training Provider has met the standards and provides appropriate training.

What is the purpose of accreditation?

Accreditation promotes the delivery of high-quality training, which results in competent physicians who provide high-quality patient care.

What are the objectives of accreditation?

- to assess whether workplace training is likely to develop competent physicians who deliver safe and effective health care to patients, now and into the future
- safeguard trainees and trainee-delivered patient care
- promote high-quality learning that integrates medical practice, training and research in an optimal environment
- support quality teaching and supervision
- enable the medical profession to reflect on training practices and continuously improve
- provide transparent information to trainees that informs training choices.

What is the regulatory framework in Australia and New Zealand?

Australia

The *Health Practitioner Regulation National Law Act 2009* requires the Medical Board of Australia (MBA) to have a national registration and accreditation scheme. The MBA delegates its accreditation function to the Australian Medical Council (AMC). The RACP and its Training Programs are accredited by the AMC. Standard 8.2¹ sets the requirement for accreditation of workplace training by the RACP.

The RACP is required to have standards and a process to assess, accredit and recognise Training Providers and workplace training. The RACP is expected to outline the training requirements to Training Providers and assess whether they provide these experiences.

It can be argued that accreditation criteria can indirectly restrict the number of physicians able to practise, which can be seen as an anti-competitive action. The Australian Competition and Consumer Commission has indicated that the public benefit of accreditation outweighs the detriment when standards are defensible, not overly restrictive and support professional standards. The RACP can advise on the capacity to train by determining standards which assess the factors that support training.

New Zealand

The *Health Practitioners Competence Assurance Act 2003* requires the Medical Council of New Zealand (MCNZ) to certify that a physician is competent to practise. The MCNZ accredits the RACP and its Training Programs in conjunction with the AMC.

Anti-competitive action is described in the *New Zealand Commerce Act 1986* and like the *Australian Competition and Consumer Act 2010*, has avenues for granting exemptions when public benefit outweighs detriment.

¹ AMC 2015, Standards for Assessment and Accreditation of Specialist Medical Education Program and Professional Development Programs

The Framework

The framework captures the scope of the accreditation function. The current environment requires the RACP to be both accountable and innovative with respect to training.

Principles for accreditation

Focused on training

The RACP assesses workplace characteristics and training functions which influence the trainee's ability to achieve learning outcomes. Improvement, quality and best practice training are acknowledged. Less satisfactory practices are identified, and recommendations are made for improvement.

Supportive of patient safety and quality care

Patient safety and quality of care are paramount. The RACP will not support training in environments where safety and care are not adequately protected.

Flexible

The RACP takes into consideration training, Training Provider, environment and service diversity.

Proportionate

When requiring improvements, consideration will be given to the training environment, risk level and cost.

Independent and accountable

Accreditation decisions are independent of external and internal influence and consistent with assessment findings. They are based on evidence, clear, predictable, consistent, publicly available, equitable and fairly represented. Real or perceived conflicts of interest on the part of assessors and committee members are recognized and managed appropriately.

Transparent

Accreditation information is published. Written and verbal guidance is provided. The accreditation program is guided by principles, a code of conduct and conflict of interest policies.

Effective

The accreditation program has sound governance, sustainable resources and effective processes.

Relevant

Accreditation is responsive to changes in training. The RACP reviews its accreditation program regularly, and participates in accreditation projects, research and stakeholder consultation.

Collaborative

The RACP undertakes accreditation respectfully and collaboratively. Effective communication occurs between the RACP, Training Providers, jurisdictions and trainees. Trainees are central to the accreditation process, and their opinions are respected.

Coordinated

The accreditation program is streamlined and coordinated to reduce administrative burden.

Approach

A hybrid approach has been taken with accreditation to encourage high-performing Training Providers to innovate while continuing to raise the performance of other Training Providers. The approach improves accountability by investigating and enforcing delivery of quality training, and supports improvement through:

- a broad scope of assessment
- generic broad standards
- emphasis on self-reflection
- support for innovative ways to deliver training and meet the standards
- new approaches to data and information collection
- promoting and sharing good practice
- involving trainees and key stakeholders
- summarised accreditation reports on the RACP website

Accreditation dimensions

The *Training Provider Standards* describe the requirements for the workplace training system and Training Programs delivered by the Training Provider. The assessment of the training system reviews:

- the level of support the Training Provider gives to physician training, focused on
 - the learning environment and culture
 - training management
 - training support
- delivery of the Training Program, focused on
 - curriculum delivery
 - supervision
 - assessment

The accreditation program only considers aspects of service delivery or trainee employment that enhance and influence training or its outcomes.

Scope of assessment

The accreditation program assesses the training framework as described in Figure 3. In accordance with the *Training Provider Standards*, the program will accredit a:

- Network by assessing the coordination and management of an Integrated Training Program across Settings
- Setting by assessing the training system that supports the delivery of training
- Training Program by assessing the delivery of a Training Program and its rotation(s).

Training Providers have established governance frameworks that enable them to be accountable for workplace training. Training Programs and their rotations are not separately constituted entities, so settings are accountable for the training offered in Training Programs. When seeking accreditation, Networks and Settings enter into an agreement with the RACP that requires them to fulfil their roles and responsibilities.

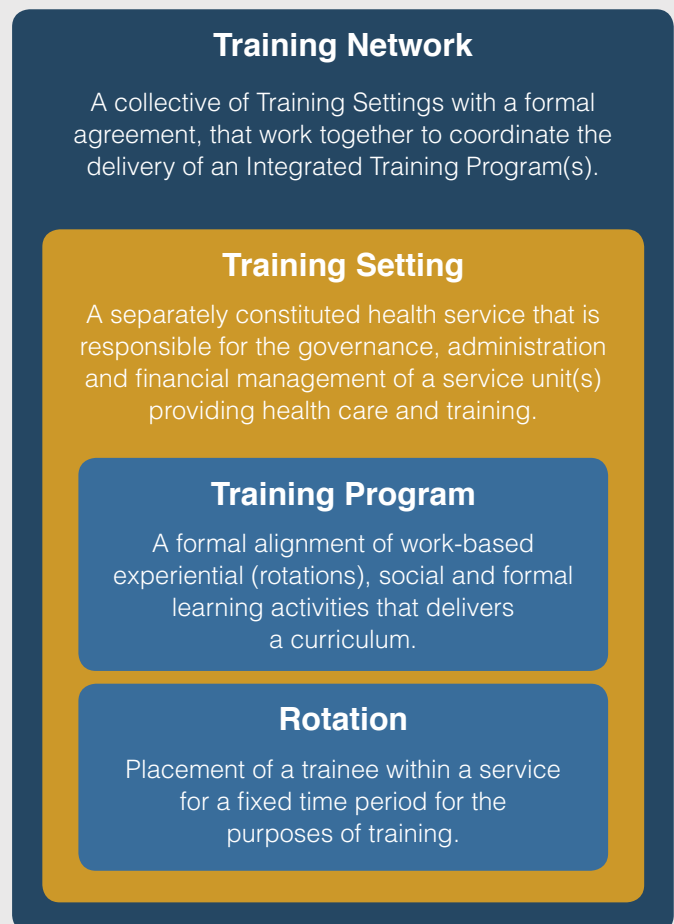


Figure 3. Components of the training framework

Governance

A single College Committee will oversee Accreditation, reporting to the College Education Committee.



Figure 4. Accreditation governance framework

The College Committee for Accreditation:

- makes training system accreditation decisions
- develops standards
- develops and monitors the accreditation program to maintain alignment with the curriculum
- develops the accreditation process and accompanying documentation
- selects, trains, and evaluates assessors
- evaluates and improves the accreditation program.

The College Committee for Accreditation predominantly contains Fellows. It can also include trainees, educationalists, and jurisdictions or medical administrators to capture relevant perspectives.

Decisions by the committee are subject to review and appeal².

Multiple Training Programs mean that each specialty has a role in accreditation. Specialty representatives review rotation descriptions and accreditation reports, and provide Training Program decisions to the College Committee for Accreditation. Figure 4 outlines the accreditation governance framework.

² via the RACP Reconsideration, Review and Appeal policy

Roles and responsibilities

The RACP determines the training standards and curriculum for each Training Program and supports these with resources and policies. The RACP uses accreditation to establish if training is being delivered effectively. The Training Provider must demonstrate a willingness to train and actively engage in accreditation. Figure 5 outlines the accreditation roles and responsibilities.

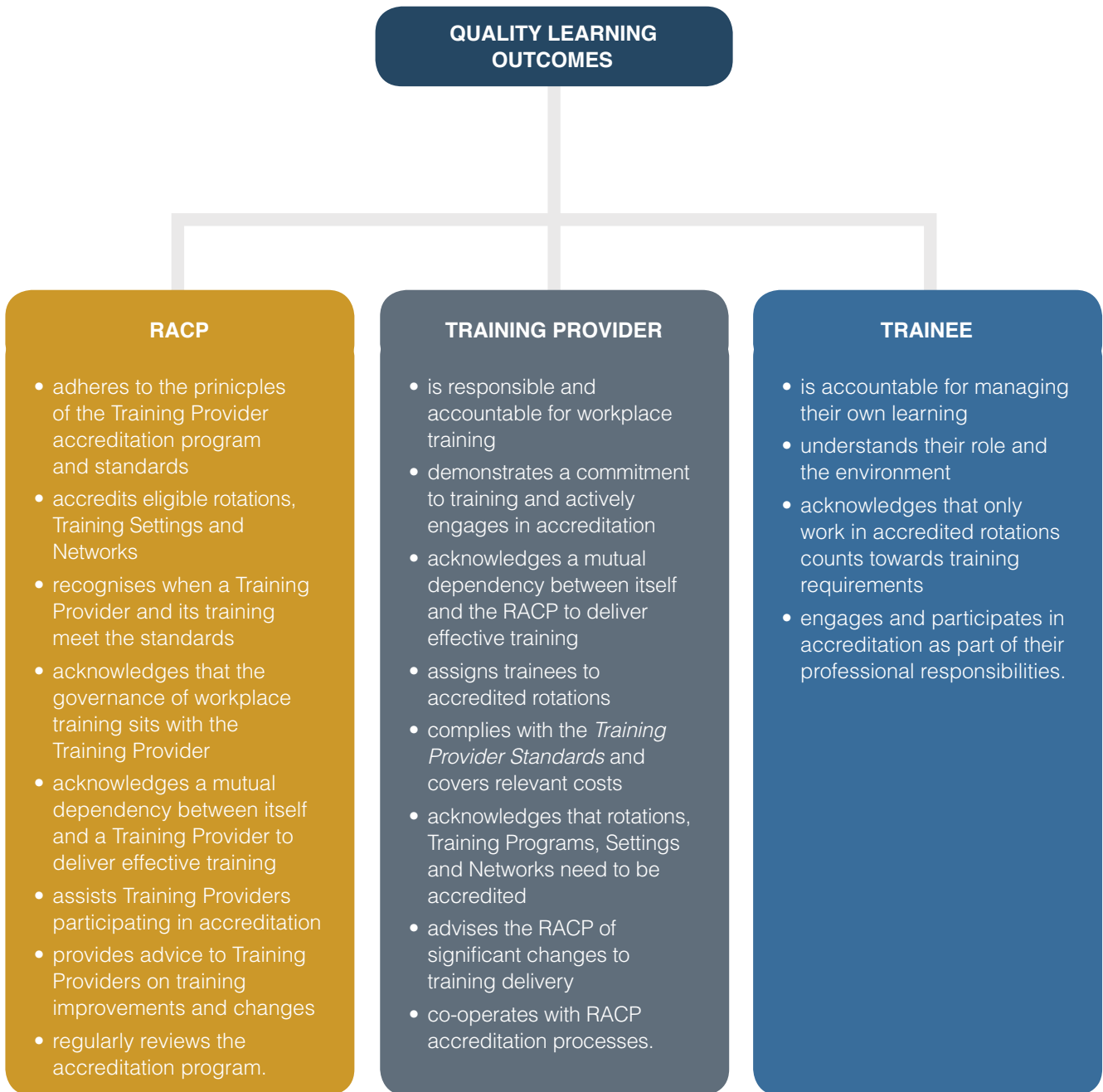


Figure 5. Roles and responsibilities

The Standards

Objectives

In alignment with the Australian Health Ministers' Advisory Council and the Committee of Presidents of Medical Colleges Agreed Domains, Standards and Criteria, the RACP standards address training functions considered important for training and quality patient care. The standards:

- link to the learning outcomes of Training Programs
- advocate for trainees to receive the supervision and opportunities to develop the appropriate knowledge, skills, and behaviours to deliver high-quality patient care
- support a wide range of training opportunities aligned to the curriculum requirements
- promote the health, wellbeing, and interests of trainees and supervisors.

Standard principles

Relevant

Standards align to training and support quality patient care.

Improve Quality

Standards promote quality improvement.

Flexible

Standards are sufficiently generic to accommodate most specialties, Training Providers and training opportunities.

Optimal

The standards are kept to the minimum number needed to deliver optimal outcomes.

Accountable

Standards are objective, measurable, justifiable and evidence-based where possible.

Current

Standards reflect training practice and are regularly reviewed.

Transparent

Standards are predetermined, understandable, agreed upon, achievable, and public.

Standards framework

The standards are broad statements which enable Training Provider autonomy, improvement and innovation. They are reviewed every four years and can be modified during the accreditation cycle.

The standards are presented in a framework to guide a Training Provider, and provide the foundations and organisational arrangements of quality training.

The standards set out the level of quality expected from Training Networks and Settings responsible for physician training. Standards are common across Training Programs and apply to Basic Training, Advanced Training, and clinically focused Faculties and Chapters. This acknowledges that training is based on the same foundation.

The standards - comprising program and system standards - are grouped into themes that represent training functions. Each standard contains criteria, requirements, notes and evidence. Figure 6 illustrates the relationship between the components of the standards framework.

A Training Committee can elect to define and assign accreditation requirements, evidence and data to the standards to capture training components unique to their Training Program.

Some criteria and requirements may be less or not applicable. These differences will primarily be addressed through Training Program classification which reviews what opportunities an individual Training Program offers and determines the type of training a Setting can provide, and/or the maximum duration for which a trainee can be in the Setting. Training Providers can apply to have requirements deemed 'not applicable' to their Training system or Program.

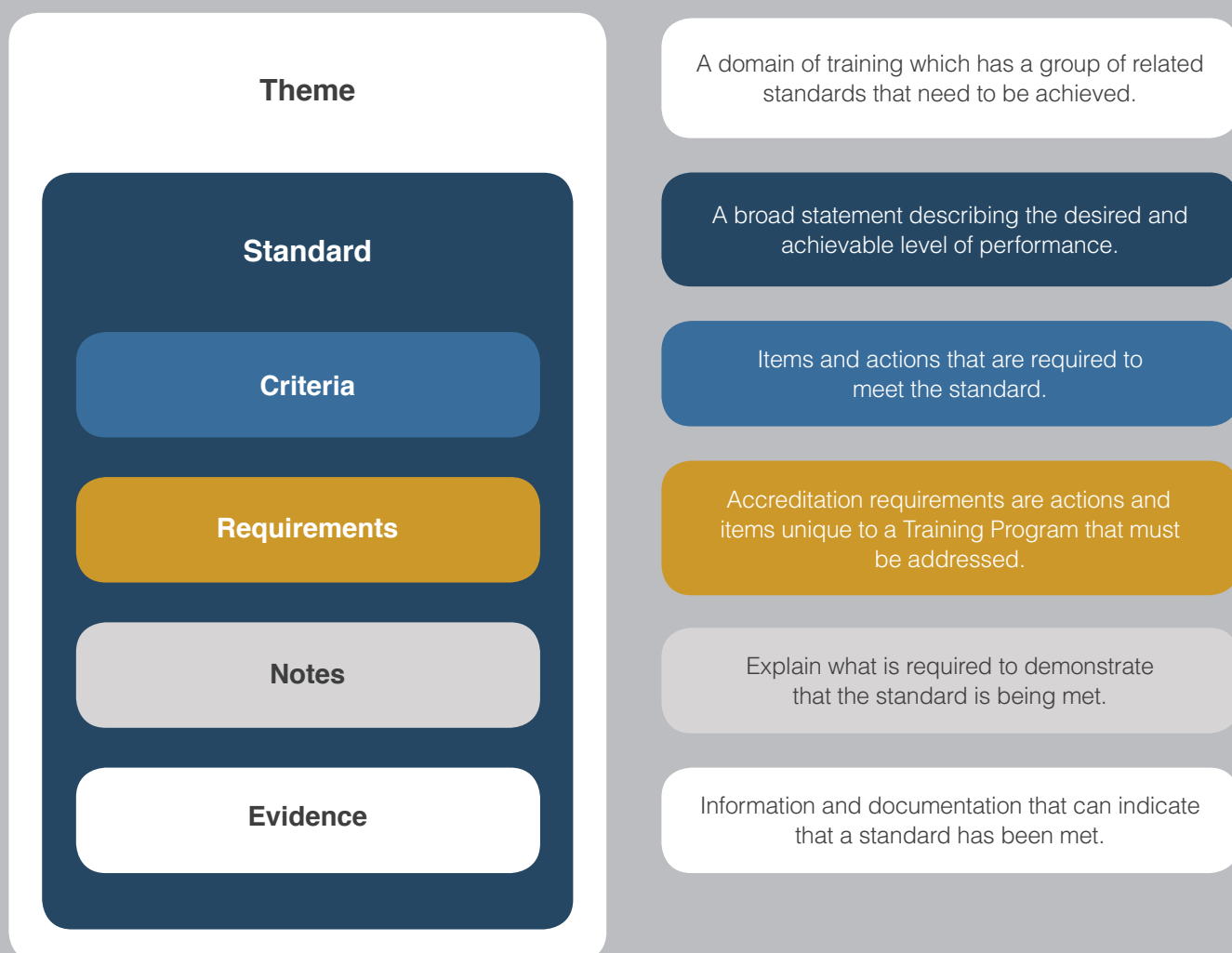


Figure 6. Accreditation standards framework

Themes

There are four themes that cover the distinct domains of training. Under each theme, there are several standards that capture the training functions of each domain.

Environment and Culture

The environment and culture supports the delivery of high quality care, trainee learning and educator leadership and supervision.

The environment exemplifies the RACP's Professional Practice Framework. The Training Provider delivers safe and high-quality medical practice, and is committed to training excellence.

Standards

SAFETY AND QUALITY

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

LEARNING ENVIRONMENT

The environment and culture value learning and support training.

Training Oversight

The Training Provider has effective leadership and training governance, which manages and improves physician training. A systematic and coordinated approach is used to deliver physician training. The training system, its structure and processes are effective and support training.

GOVERNANCE

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

TRAINING MANAGEMENT

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

Training Support

Educators involved in training have the necessary knowledge and skills for their role, are adequately resourced, receive help and have a high level of satisfaction with the training provided.

Trainees have a high-quality training experience and maintain their health and wellbeing.

EDUCATOR LEADERSHIP, SUPPORT AND WELLBEING

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

TRAINEE SUPPORT AND WELLBEING

Trainees receive a fair, positive and supportive training experience.

Curriculum Implementation

The Training Provider successfully delivers the RACP's Curricula. This involves implementing the curricula, delivering appropriate high-quality assessments, ensuring trainees receive relevant work experience and that only those who demonstrate achievement of curriculum objectives graduate from the Training Program.

CURRICULUM DELIVERY

The curriculum is implemented so that Trainees achieve the learning outcomes and become independent, skilled physicians.

SUPERVISION

A high standard of supervision is provided to Trainees at all times.

FEEDBACK AND ASSESSMENT

Trainees receive effective feedback and robust assessment.

The Cycle

Accreditation involves an initial program of accreditation and is followed by cycles of accreditation. The cycle length is four years. The Cycle complies with Australian and New Zealand Medical Council requirements and consists of five stages. It is shown in Figure 7.



Figure 7. The accreditation cycle

What does self-assessment involve?

The Training Provider reflects on its compliance with the standards, prepares a written response to describe this compliance, rates its performance, and provides evidence and data to substantiate the response.

What does external assessment involve?

The RACP assesses a Training Provider's compliance with the standards by conducting visits or document reviews. Assessment teams visit the Training Provider to undertake accreditation of Training Programs, Settings and Networks. Document reviews are used for initial accreditation of rotations in accredited Training Programs and changes to previously accredited rotations.

A visit involves interviews, tours, reviews of training documents, trainee observations and external stakeholder feedback. A document review involves an assessment team reviewing the self-assessment tool and evidence. It can include interviews with relevant stakeholders via tele or video conference.

The external assessment involving a visit concludes with:

- communication of preliminary findings to the Training Provider at the end of the visit
- provision of a draft assessment report to the Training Provider to check for factual errors and/or provide additional information
- finalisation of the assessment report by the assessment team.

What does external validation involve?

External validation is the decision-making stage of accreditation. Depending on the accreditation being sought external validation can involve:

- Training Program accreditation decisions by a training committee
- a Training Provider accreditation decision by the College Committee for Accreditation based on the assessment report and the training committees' accreditation decisions.

What does reporting involve?

An accreditation report, including the decision and certificate, is provided to the Training Provider on satisfactory demonstration of compliance with the RACP *Training Provider Standards*. A list of accredited Training Providers and a summary report is available to trainees and Fellows on the RACP's website.

What does monitoring involve?

Monitoring includes assessment of:

- Training Providers with conditions on their accreditation
- issues identified between external assessments
- Training Providers to annually maintain compliance with the standards.

Monitoring compliance includes Trainee and supervisor surveys, feedback to the RACP, progress reports and data collection. Identification of risks will result in further investigation.

The Administration

Accreditation Process

Training Provider accreditation

The RACP accredits each separately constituted health Service (Setting) and Training Programs. If a health service has multiple campuses, they are accredited together. A health service located outside Australia or New Zealand is suitable for specialty training if it is accredited by a medical training accreditation agency recognised by the RACP. Training Networks, where they exist, are accredited.

The intensity of accreditation reflects the level of training offered by a Setting. Health services offering training opportunities that are limited both in scope and to a couple of Training Programs, can associate with a health service offering an expanded range of training and be accredited as a single Setting. The Primary Setting expands its training system to coordinate and manage training in the Affiliated Training Setting. While the Affiliated Setting focuses on the delivery of Training Programs and their rotations. A memorandum of understanding exists between the Primary and Affiliated Settings which defines the roles and responsibilities. Following RACP approval of the arrangement, the RACP will determine what will be assessed in each Setting. Primary and Affiliated Settings will be accredited at a single point in time.

Primary Settings form Networks. A memorandum of understanding exists between Primary Settings in a Network. A Network identifies which Primary Setting is responsible for the Network. This is illustrated below in Figure 9.

Time of assessment

Training Provider accreditation will occur every four years unless College Committee for Accreditation decide otherwise. All the training offered by a Setting will be accredited at the time. A Training Network is accredited at the same time as the Primary Setting responsible for its management.

Where a Primary Setting is in an adult and/or paediatric Basic Training Network, assessment occurs at a time close to the other Primary Settings in the Network.

Length of external assessment

Visits may take half a day to several days, depending on the number of trainees, Training Programs offered and Networks being accredited. In most circumstances the assessment team travels to relevant locations. Occasionally the team is based at a primary location and telephone and video conferencing are used to assess locations that are geographically separate.

Assessment report

The assessment report contains ratings and a narrative. The assessment team rates a Training Provider's performance against each standard. The narrative:

- describes the Training Setting and/or Network
- conveys progress, achievements and positive aspects of training
- highlights successful efforts to improve and innovate
- captures areas of non-compliance
- identifies opportunities for improvement
- provides recommendations about the accreditation decision.

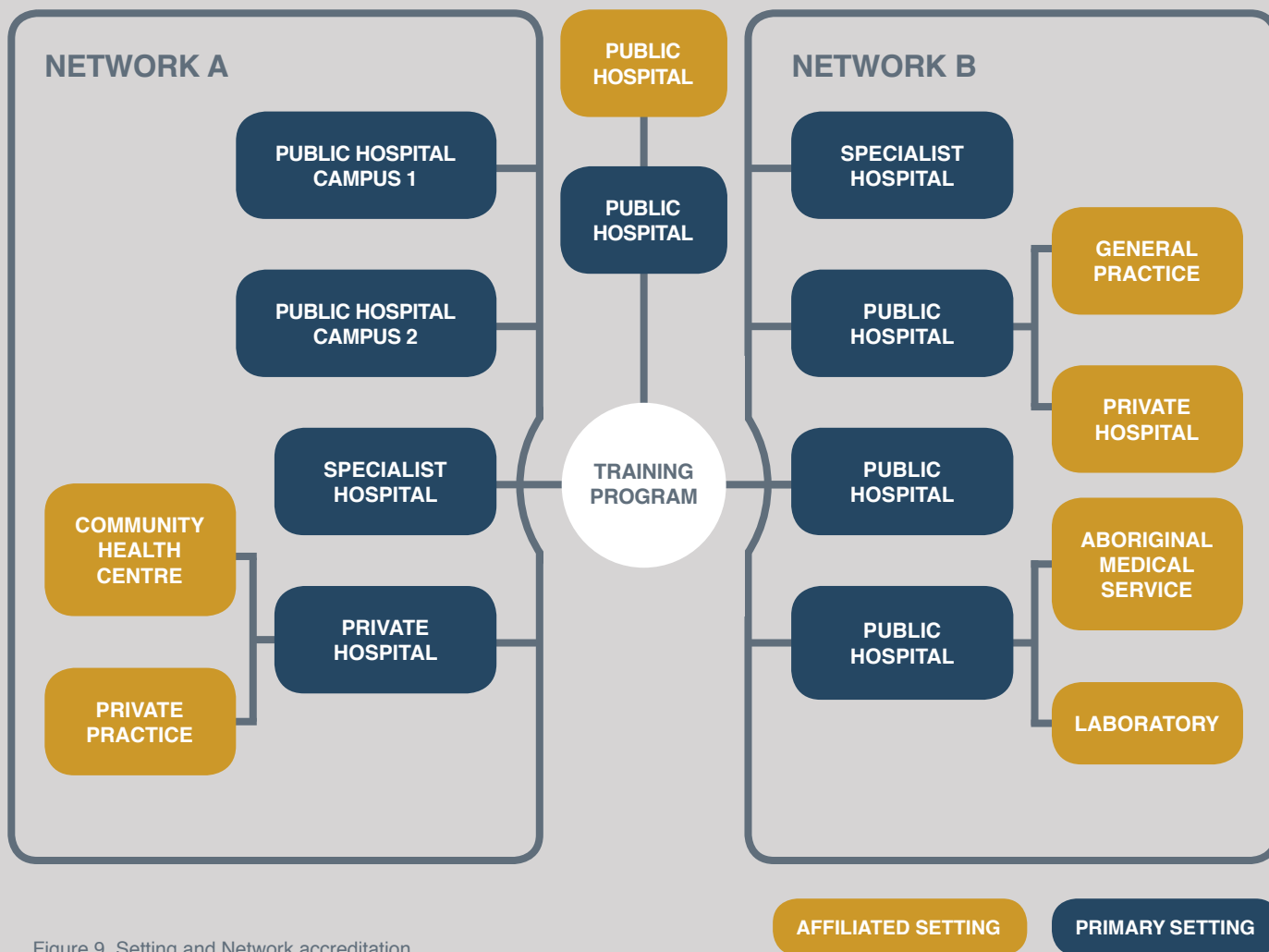


Figure 9. Setting and Network accreditation

Accreditation status

There are accreditation decisions for rotations, Training Programs, Settings and Networks. The categories of decisions are outlined in Figure 10. Each decision can include recommendations, conditions and commendations.

Conditional accreditation is applied to Training Providers that do not comply with one or more standards and remediation is required. Provisional accreditation is applied to Training Providers without trainees seeking the opportunity to train. Provisional accreditation enables the provider to commence training and the College Committee for Accreditation to assess the provider's ability to deliver training.

A Training Network and Setting receive an accreditation status which includes an accreditation decision, length of accreditation and capacity to train. Each Training Program receives an accreditation decision, rotation accreditation decisions which include the capacity to train, and the type of trainee that can train. Each Training Program at a Setting is classified and the maximum training duration determined. Table 1 identifies the accreditation status components.

Commendations

The College Committee for Accreditation acknowledges innovative and quality training practices.

Recommendations

A Training Provider receives a recommendation when there is substantial compliance with a standard, but improvements are required. Unlike a condition, a recommendation does not require immediate remediation. A provider addresses the recommendation and provides feedback on progress through the monitoring process. Compliance with a recommendation is assessed at the next visit.

If a recommendation is not addressed by the next visit, the College Committee for Accreditation can convert it to a condition.

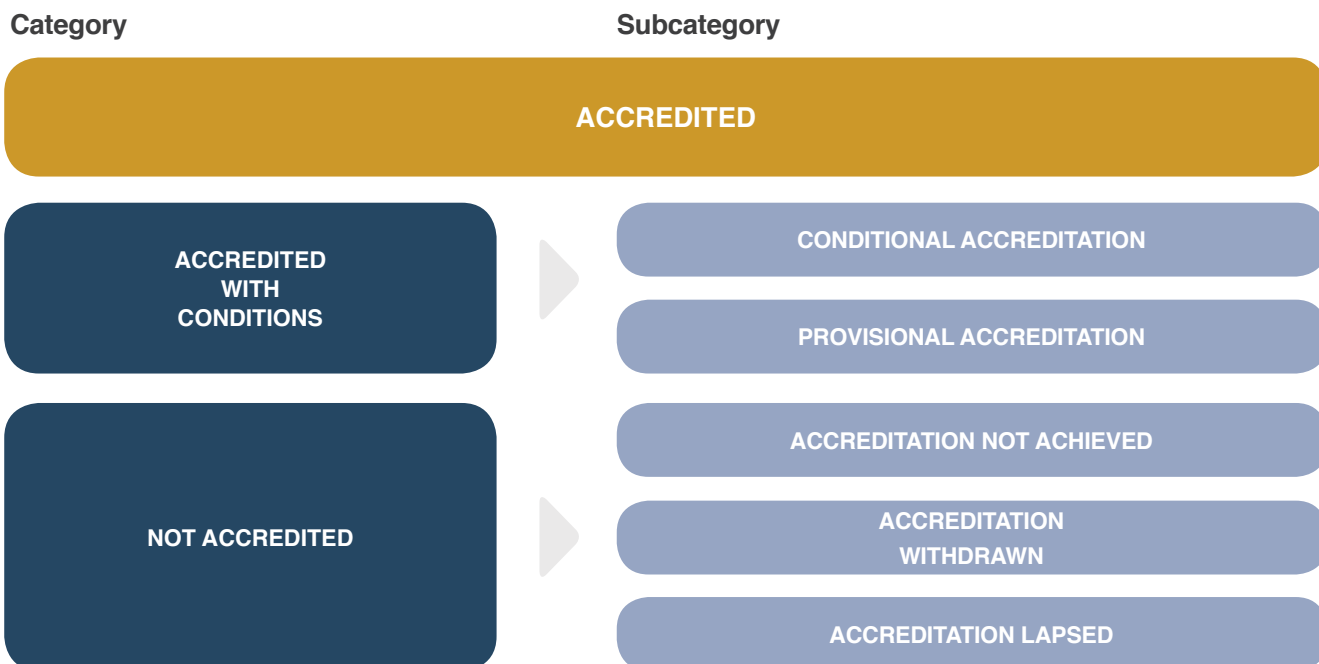


Figure 10. Accreditation decision categories

| Category | Training Program | Training Setting | Training Network |
|-------------------------|------------------|------------------|------------------|
| DECISION | • | • | • |
| LENGTH OF ACCREDITATION | | • | • |
| CAPACITY TO TRAIN* | • | • | • |
| CLASSIFICATION | • | • | |
| DURATION OF TRAINING | • | • | |
| TYPES OF TRAINEES | • | | |

*Number of trainees

Table 1. Accreditation status components

Conditions

Non-compliant Training Providers will be issued with conditions that detail the changes required to achieve compliance. Conditions are action-oriented, detail the evidence that must be provided, and outline how the College Committee for Accreditation will assess the action taken by the provider.

The severity of a condition is determined by the impact non-compliance will have on patient or trainee safety, and the ability of the trainee to achieve their learning objectives.

The RACP may:

- define a time by which the condition must be met
- reduce the accreditation cycle length
- modify or limit trainee work activity

- change the training duration length or Training Setting classification
- limit trainee numbers and/or trainee type
- refuse or remove accreditation.

The College Committee for Accreditation assesses conditions using document reviews and visits.

Quality assurance and improvement

The RACP monitors the accreditation program and makes improvements as required.

Assessment team

An assessment team primarily consists of part-time assessors. All assessors have their expenses reimbursed and access to continuing professional development points.

At a minimum, the assessment team contains Fellows and trainees with expertise in the Training Programs. Other members can include medical administrators, educationalists and accreditation staff.

The RACP uses established criteria to select and recruit assessors. Assessors are given initial training, are mentored by a senior assessor for their first accreditation, and receive ongoing training and professional development. Assessors must meet the requirements of the role and complete a set number of assessments and professional development activities to continue in their position.

Services and support

RACP Management

The accreditation program is supported by a single accreditation unit which is responsible for coordinating the accreditation program and implementing the features below in Figure 8.

Information technology

The RACP will manage an online system that supports accreditation and is accessible to the Training Provider.

The system will have modules for self-assessment, rotation descriptions, visits, assessment, progress reports and condition tracking.

Training data is collected to capture information on key training parameters, facilitate trainee and supervisor feedback, provide training information to trainees and enable Training Provider benchmarking.

Education services and facilitation

Training Providers can seek support from the RACP to prepare for accreditation. Educational sessions are available to orientate committee members, educate providers, and upskill assessors.

Documentation

Processes, tools and guides covering the main processes in the accreditation program are available on the RACP website.

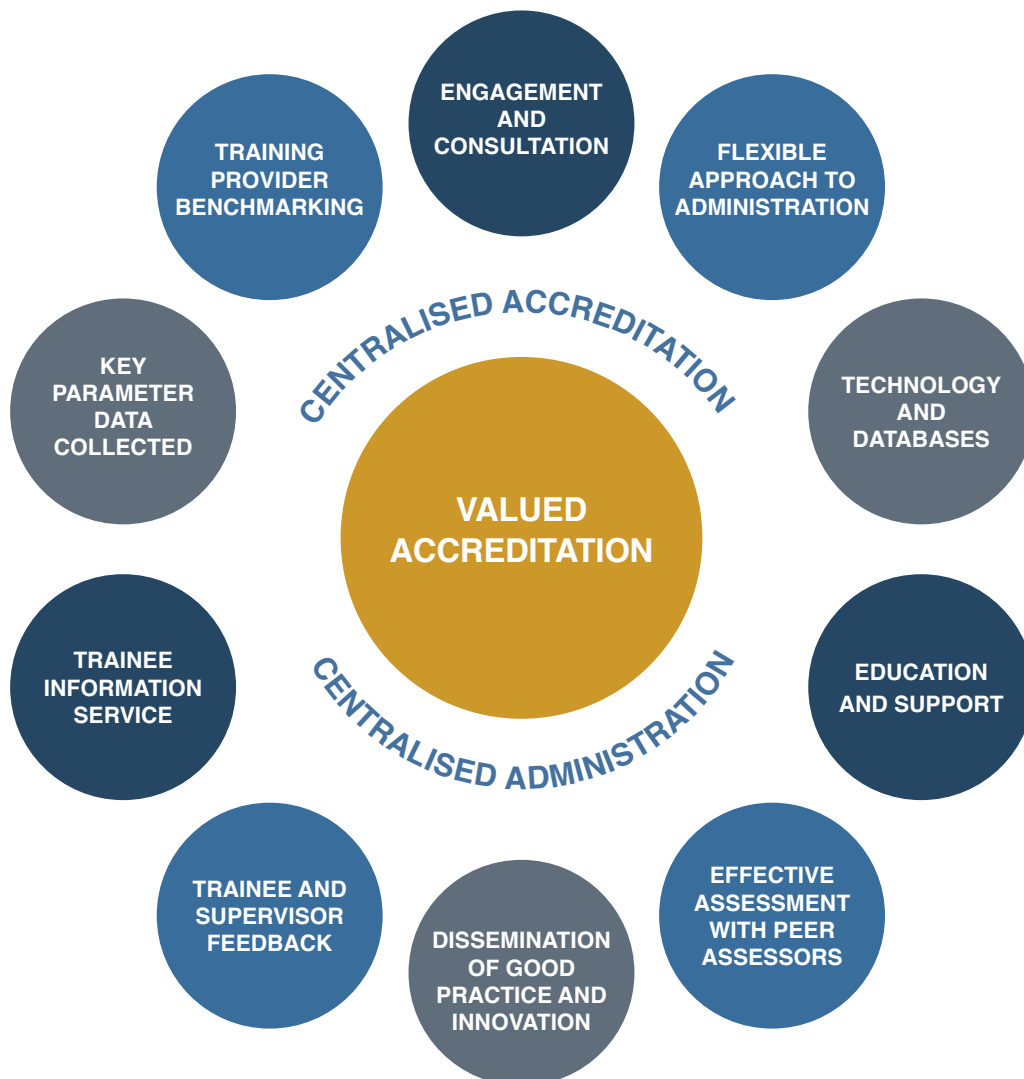


Figure 8. Elements of best practice accreditation process

Definitions

| | |
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| Affiliated Training Setting | A health service which offers limited training and is affiliated with a Setting that provides more extensive training through a memorandum of understanding. |
| 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 and 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. |
| 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 | A statement of the intended aims and objectives, content, assessment, experiences, outcomes and processes of a Training Program, including a description of the structure and expected methods of learning, teaching, feedback and supervision. |
| Educators | A collective term for supervisors and Training Program Directors. 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 | <p>The set of relationships and responsibilities established by a health service between its executive and workforce. Governance incorporates laws, directives, policies, processes, customs and conventions that determine how an organisation is directed and administered.</p> <p>Governance arrangements provide the structure through which the organisational objectives, such as training, are set and how the objectives are to be achieved and the mechanisms for monitoring performance.</p> |
| 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. |

| | |
|------------------------------------|---|
| Integrated Training Program | A Training Program offered by a Training Network which delivers the entire workplace based curriculum, and a full range of training experiences, and assesses trainees increasing independence and preparedness for independent practice. |
| Learning | Acquisition of knowledge, skills and behaviour through experience or being taught. |
| Learning environment | Physical locations, context and culture in which trainees learn. |
| Learning outcomes | Statements of what the trainee is to accomplish or acquire at the end of a period of training. |
| Network | A group of Settings, with a formal agreement, that work together to manage and deliver an Integrated Training Program. |
| 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. Protected time used for formal learning activities, research, examination preparation and training administration, and requires that clinical responsibilities to be covered by peers or senior colleagues. |
| 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 with a service for a fixed period for the purposes of training. |
| Setting | A separately constituted health service that is responsible for the governance, administration and financial management of a service unit(s) providing health care and training. |
| 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. |

Definitions

| | |
|--------------------------------------|--|
| Specialty | An area of medicine that requires particular sets 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 and assistant supervisors. Their combined function is to directly observe, support and oversee individual trainee teaching, learning, assessment and progression. |
| Theme | A domain of training which has a group of related standards that need to be achieved. |
| Trainee | A doctor registered with The Royal Australasian College of Physicians to undertake training in one of its Training Programs. |
| Training | Workplace-based experiential, social, formal learning activities and assessment which align to a Training Program's curriculum and requirements. |
| Training Program | A formal alignment of work-based experiential (rotations), social and formal learning activities and assessment that delivers a curriculum. |
| Training Program requirements | The training components that must be satisfactorily completed prior to the completion of the Training Program. |
| Training Provider | A Training Setting or Training Network that coordinates and delivers workplace components of a Training Program. |





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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