The Royal Australasian
College of Physicians

2014 Accreditation submission

to the Australian Medical Council and
Medical Council of New Zealand seeking reaccreditation
for the Royal Australasian College of Physicians
and its education and training programs

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The Royal Australasian College of Physicians

College details

Name:	The Royal Australasian College of Physicians (RACP)
Address:	145 Macquarie Street, Sydney NSW 2000
Date of last AMC assessment	2008
Periodic reports since last AMC assessment:	2010 comprehensive report (mini-review) and subsequent annual reports
Reaccreditation due:	31 March 2015
This report due:	31 May 2014
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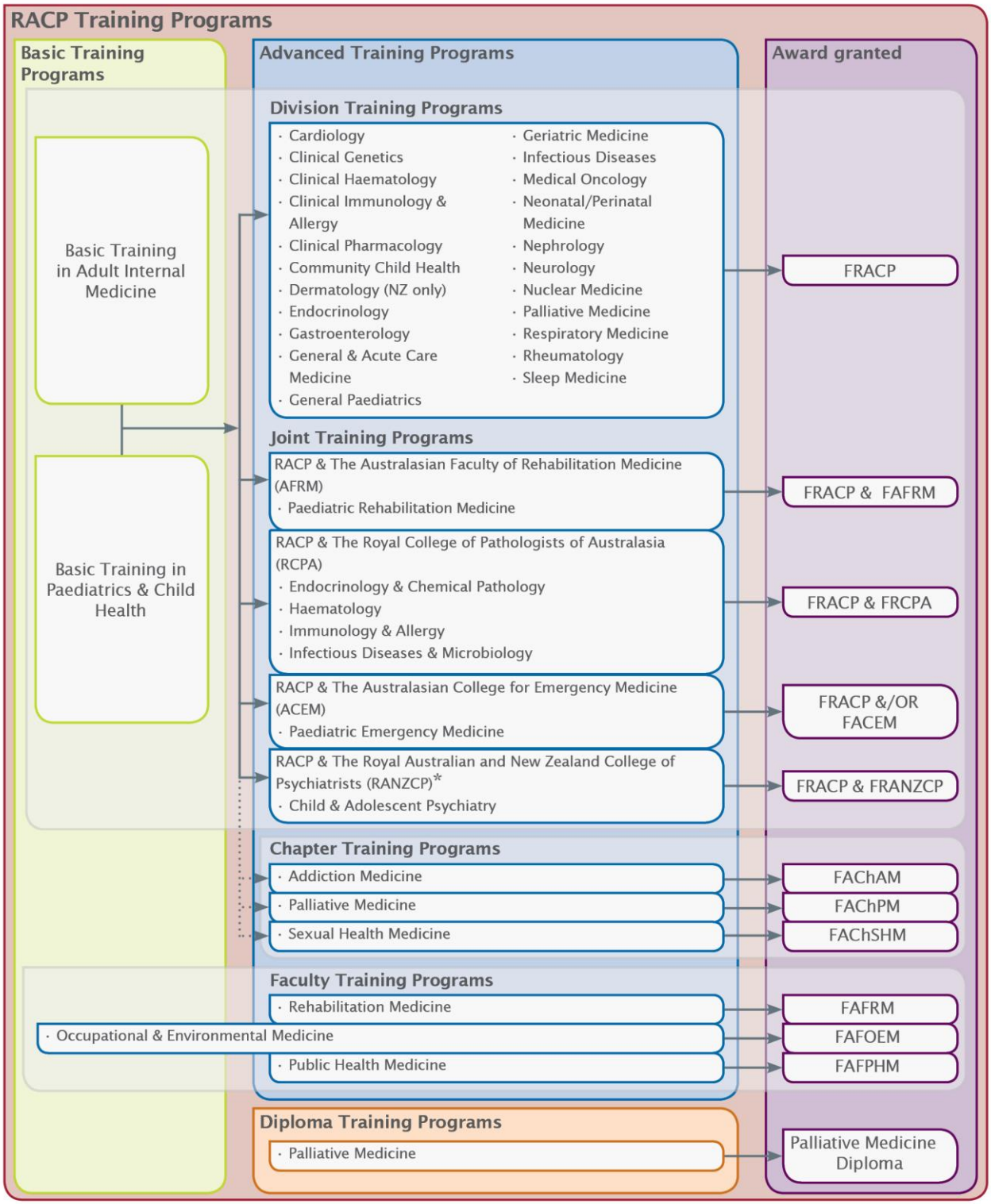


In addition, the College offers the following training programs which do not grant a formal award:

- Advanced Training in Nuclear Medicine (for RANZCR trainees)
- Positron Emission Tomography (PET) training for Nuclear Medicine trainees (a complementary short course).

The Medical Board of Australia has approved a time-limited pathway to FRACP without a field of specialty practice. This pathway is for trainees who commenced Advanced Training in Intensive Care Medicine prior to 1 July 2012, following successful completion of Basic Training in Adult Internal Medicine or Paediatrics & Child Health.

* The Child & Adolescent Psychiatry Joint Training Program with the Royal Australian and New Zealand College of Psychiatrists (RANZCP) is currently under review by the RACP and RANZCP and closed to new entrants at present.

Executive summary

The last comprehensive accreditation review of the education and training programs of the Royal Australasian College of Physicians occurred in 2008. Since that time the College has continued to progress its agenda of major education reform. Significant advances have been made in the areas of governance, program structure, content and delivery of physician training in Australia and New Zealand. The College has actively responded to recommendations from the Australian Medical Council (AMC) and Medical Council of New Zealand (MCNZ) satisfying 38 recommendations since 2008. The College has maintained its focus on renewal, by developing and implementing a number of key strategies, systems and processes designed to effectively manage and improve its education and training programs. Fellow led and professionally supported, these initiatives have been informed by best practice and underpinned by College principles.

Since the 2008 launch of the Physician Readiness for Expert Practice (PREP) framework for Basic Training, the 'one College' approach has strengthened with implementation of the PREP framework for all Advanced Training Programs in 2011. Curricula and work-based assessments have now been introduced for each Division, Faculty and Chapter program. Successful completion of this significant program of work has increased alignment and harmonisation of training programs enabling advances to be made in many areas. Some of these achievements are outlined below.

Governing better

- Substantial progress has been made in implementing an education governance reform plan which will reduce the number and size of education committees to improve efficiency and decision making. This has been a sizeable and complex task involving a large number of stakeholders. The Education Governance Implementation Working Group is overseeing this task.
- The College has developed Memoranda of Understanding with many specialty societies, clarifying the respective roles of the College and specialty societies in the delivery of education.
- Frameworks and College-wide strategies have been established by the College Education Committee; these have facilitated a major shift towards harmonisation of training program structures and requirements across the Divisions, Faculties and Chapters.
- A rigorous eight step education policy development process has been implemented with a focus on stakeholder participation, consultation and communication. Sixteen College-wide education policies have been developed, approved and implemented since 2008.
- Training program requirement handbooks have been produced for all programs and are reviewed annually by training committees.
- Implementation of an impact assessment framework has improved the rigour with which changes to program requirements are managed. There is a focus on educational rationale, stakeholder consultation and no disadvantage to trainees.
- Further to restructuring in 2011, Education Services and the Office of the Dean have continued to expand with recruitment of skilled professional education staff to support the high volume of development and operational work.

Looking outwards

- The College has actively fostered its relationship with the Royal College of Physicians and Surgeons of Canada and the Royal Australasian College of Surgeons through establishment of the Tripartite Alliance, and an annual Conjoint Medical Education Seminar.
- A number of external reviews have been commissioned by the College seeking input to College approaches from experts outside the RACP. These have led to the development and implementation of strategies to address opportunities for improvement.
- An active participant in the Committee of Presidents of Medical Colleges (CPMC) and the Network of College Medical Educators, the RACP has engaged in a range of collaborations and projects of mutual concern. For example the National Supervision Summit in 2013, a collaboration between the CPMC, the Committee of Postgraduate Medical Education Councils and the Medical Deans of Australia and New Zealand.
- Following establishment of the Australian Federal Government's Specialist Training Program in 2011, the College has worked closely with the Department of Health to administer physician training positions in expanded settings across Australia.
- The development and piloting of a General and Acute Care Medicine dual training program in New South Wales has been a successful collaboration between the College, the New South Wales Ministry of Health, and the Western Local Health District.
- The College has fostered an effective working relationship with the New Zealand Ministry of Health and other government agencies in New Zealand.

Moving towards competency based training

- In 2009 a process for curriculum development was approved by the College Education Committee and subsequently rolled out. Standardised curricula were developed for all College training programs and launched in 2011 for Advanced Training Programs in the Divisions, Faculties and Chapters.
- The first major review of the Basic Training Curricula in Adult Medicine and Paediatrics & Child Health commenced in 2013, an objective of the review being to integrate the Professional Qualities Curriculum. This review will be followed by a review of the 38 Advanced Training Curricula commencing in 2015.
- The Basic Training Curricula review has informed development of a proposed RACP Standards Framework outlining ten domains of physician competence. This is the subject of consultation with stakeholders and will inform the structure of the curricula.
- A key objective of the curricula reviews is to progress a shift towards a contemporary competency based approach.

Improving assessment and performance feedback

- Work-based assessments have been introduced for all College training programs with performance feedback routinely provided to trainees.
- A range of new assessment tools have been developed and implemented since 2008 including the mini Clinical Evaluation Exercise (mini-CEX), Direct Observation of Procedural Skills (DOPS), Professional Qualities Reflection (PQR) and Case-based Discussion (CbD).
- A review of the Divisional Clinical Examination was undertaken in 2008 which led to a range of process improvements being introduced to the current process, including allocation of Examination Panel members using a state-based system, introduction of barcodes for recording and entering candidate examination scores, as well as redesigning the clinical examination procedure manual.
- Implementation of a five year Written Examination Strategy (2013 – 2017) is in progress as the College moves to offer the Divisional Written Examination more frequently and efficiently.
- Draft RACP Standards for Assessment are being developed to facilitate the planning, implementation and evaluation of assessments in all training programs; also to promote alignment between learning activities and assessment. These are currently being reviewed by education and training committees.
- A range of improvements have been made to the Overseas Trained Physician assessment process in both Australia and New Zealand with a focus on increasing support for applicants, procedural fairness, timeliness of assessment, and regulatory compliance.
- An external review of assessment was undertaken in 2011, and has informed work in this area.

Supporting supervisors

- The College is continuing to actively progress implementation of its five year Supervision Strategy (2012-2016) with a focus on six key areas: engagement, policy, training, support, rewards and recognition, and research and evaluation.
- With an initial focus on training, the design, development and progressive rollout of the comprehensive Supervisor Professional Development Program (SPDP) has been well received by supervisors since the launch of Workshop 1 in 2012. A large majority (97%) of the 1,000 attendees of Workshop 1 have reported that the content ‘met their learning needs’ confirming that the College is ‘on the right track’ with this approach in terms of its relevance for supervisors.
- A College-wide policy on educational supervision which aims to foster a culture of quality supervision has been developed and is currently being consulted on with stakeholders.

Enhancing the learning environment

- Further to successful implementation of the first College-wide Accreditation of Training Settings Policy in 2009, the College has recently initiated a project to review and refine this approach to meet the College’s needs moving forward.

Embracing technological change

- Following launch of the Basic Training Portal in 2008, tailored online interactive Portals for Advanced Training in the Divisions, Faculties and Chapters were developed and launched in 2011. In 2012 the Training Handbooks for all programs were made available online and accessible with mobile devices.
- The new Online System for College Administration and Reporting, OSCAR, is currently in development and will introduce a range of benefits to members. Phase one of OSCAR will be focused on improving membership functions. Phase two will focus on education processes, facilitating improved administration of the training programs. To date, significant process mapping has been undertaken to streamline operations across the College.
- The College continues to offer the Physician Education Program (PEP) lecture series, with evaluative data indicating this resource is valued by trainees.
- Since 2008, the College has gained a better understanding of the learning environment of Fellows and trainees. A number of resources have been developed in this time, including self-directed learning modules, instructional videos, the eLearning@RACP platform, teaching and learning tools, and summative assessment tools.
- The College commissioned four reports to outline current and future trends in eLearning methodologies and technologies. These reports will inform which model the College adopts in developing robust eLearning resources for the future.

Focussing on the trainee experience

- Trainees are engaged at all levels in the governance of education at the College. At the highest level there are two College Trainee Committee representatives on the College Board. In 2012 the College amended its Constitution to recognise trainees as Members.
- There has been a conscious focus on the trainee experience in all education development work. Communication campaigns and transitional arrangements are a routine component of change implementation plans.
- A Training Support Unit has been established with a focus on supporting trainees who are experiencing difficulties in training, as well as those who are supervising them. With an Interim Trainee in Difficulty Pathway currently in place, the College expects to implement a new Supporting Trainees in Difficulty Policy in 2015.

Fostering lifelong learning

- Following successful launch of the MyCPD online program in 2009 and implementation of the first College-wide policy on Continuing Professional Development in 2011, participation in the program has increased significantly with 95% of Fellows actively participating (2012). A range of improvements and upgrades to the program have occurred to address user needs.
- The Supporting Physicians' Professionalism and Performance (SPPP) Guide implemented in 2012 outlines ten core domains, which together aim to describe what is means to be a good physician. Primarily a self-reflection tool, the Guide is aligned with the Professional Qualities Curriculum and facilitates the continuum of learning from Basic Training and Advanced Training through to Fellowship and life-long learning.

- Progress has been made in development of a peer practice review process in New Zealand. The College Education Committee has recently established a Peer Practice Review Working Group to further develop and promote practice reviews as part of CPD.

Maturing evaluation approaches

- Regular evaluations of Basic Trainees and Advanced Trainees continue to inform program improvements and developments.
- Outcome evaluations of new education initiatives are a routine component of project plans to measure whether objectives are being realised and to inform future developments.
- Active monitoring and evaluation of all current College policies, including collation of committee, trainee and supervisor feedback, informs the revisions of policies to enable the address of deficiencies, implementation issues and to meet changing needs.
- A significant evaluation initiative underway is the Preparedness for Independent Practice (PIPE) study which looks at new Fellow perceptions of the training program and how the transition to independent practice could be better supported by the College.

Looking to the future

The recent internal and external reviews of College approaches have been important drivers of the renewal process. The College has identified a number of priority areas it intends to focus on in the coming few years. Strategies are currently being progressed to realise improvements in these areas including:

- Finalising implementation of the new education governance arrangements and supporting committees during the transition.
- Confirming the RACP Standards Framework and revised curriculum model for Basic Training.
- Completing the revision, consultation, peer review, implementation and evaluation of the Basic Training Curricula.
- Commencing and progressing revision, consultation, peer review, implementation and evaluation of the Advanced Training Curricula.
- Progressing implementation of the Standards for Assessment in RACP training programs.
- Progressing development of the Selection Policy, consulting with stakeholders and supporting implementation of the final policy.
- Progressing plans for new directions in Continuing Professional Development.
- Continuing to implement major strategies in supervisor support and the written examinations.

The strategies, systems and processes that have been developed and implemented in recent years provide a sound platform upon which to meet emerging needs.

1 The context of education and training

1.1 The structure and organisation of the education provider

Accreditation standards

1.1.1 The education provider's governance structures and its education and training, assessment and continuing professional development functions are defined.

1.1.2 The governance structures describe the composition and terms of reference for each committee, and allow all relevant groups to be represented in decision-making.

1.1.3 The education provider's internal structures give priority to its educational role relative to other activities.

The Royal Australasian College of Physicians (RACP) was established in 1938. During its 76 year history the College has expanded considerably and today comprises two Divisions, three Faculties and three Chapters (see Table 1).

The RACP trains, educates and represents over 14,500 physicians and 6000 trainees across multiple specialties in Australia and New Zealand. College members come together with the objective of ensuring a high standard of medical care for the people of Australia and New Zealand.

Table 1. Fellowships of the Royal Australasian College of Physicians by Division, Faculty and Chapter

Number of Fellowships based on country of residence (as at 31 Dec 2013)				
Category of Fellowship		**Number**		
		Aus	**NZ**	**Other**
Division				
Adult Medicine	Fellowship of the Royal Australasian College of Physicians, Adult Medicine Division	7879	1084	768
Paediatrics & Child Health	Fellowship of the Royal Australasian College of Physicians, Paediatrics & Child Health Division	2207	369	244
Division (Not Recorded)	Fellowship of the Royal Australasian College of Physicians, Division (Not Recorded)	7	3	42
Faculty				
Public Health Medicine	Fellowship of the Australasian Faculty of Public Health Medicine	575	92	62
Rehabilitation Medicine	Fellowship of the Australasian Faculty of Rehabilitation Medicine	493	29	30
Occupational & Environmental Medicine	Fellowship of the Australasian Faculty of Occupational & Environmental Medicine	317	50	25
Chapter				
Addiction Medicine	Fellowship of the Australasian Chapter of Addiction Medicine	175	27	9
Palliative Medicine	Fellowship of the Australasian Chapter of Palliative Medicine	255	51	12
Sexual Health Medicine	Fellowship of the Australasian Chapter of Sexual Health Medicine	129	22	10
Number of Trainees based on Country of Residence (as at 31 Dec 2013)				
Trainees across all training programs		5359	641	78
Number of Post Fellowship Trainees based on Country of Residence (as at 31 Dec 2013)				
Post Fellowship trainees across all training programs		95	28	5

Note: Total Fellows as at 31 Dec 2013 was 14,535. Total Fellowships as at 31 Dec 2013 was 14,966. Variance is due to some Fellows holding Dual Fellowships. Because of the dual fellowship scenarios it is not possible to reflect Fellow numbers based on country of residence by division, faculty and/or chapter.

Source: Exports drawn from CAS and WhichDoctor Administration Systems when original 31 Dec 2013 figures were calculated by Fellowship Relations.

In 2008 changes to the College Constitution established a Board and a one-College structure. This change has resulted in a progressive alignment and harmonisation of the governance arrangements for the College's Divisions, Faculties and Chapters.

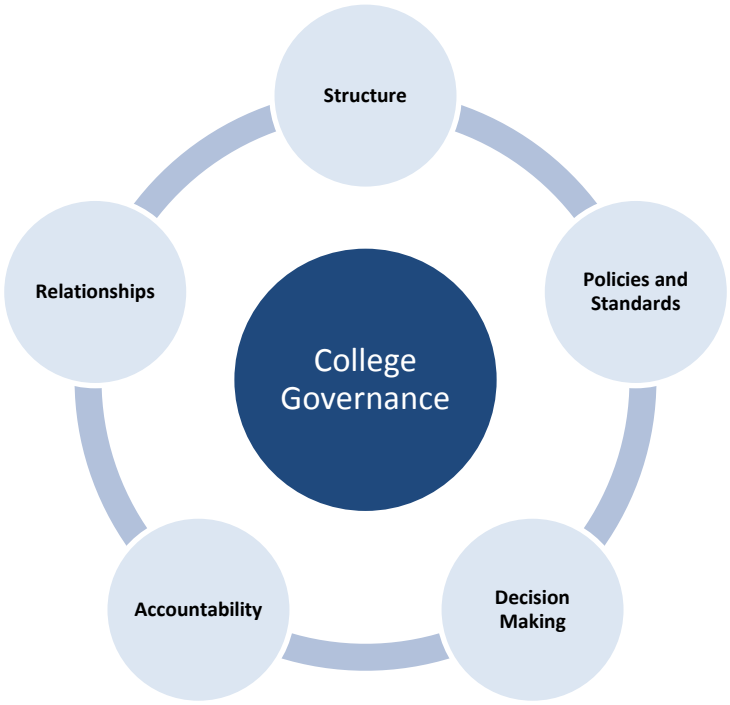
As outlined in the College constitution, the objects of the College are, in Australia and New Zealand, and such other places as the Board think appropriate, to:

- promote the highest quality health care and patient safety through education, training and assessment;
- educate and train future generations of physicians;
- maintain professional standards and ethics among physicians through continuing professional development and other activities;
- promote the study of science and the art of medicine;
- bring together physicians for their common benefit and for scientific discussions;
- increase the evidence and knowledge on which the practice of physicians is based through research and dissemination of new knowledge and innovation to the profession and the community;
- seek improved health for all people by developing and advocating health and social policy in partnership with health consumers and jurisdictions; and
- support and develop physicians as clinicians, public health practitioners, teachers and researchers.

College education governance

College education governance is concerned with how the organisation steers itself and the structures, policies and standards, and decision making used to achieve its goals (Figure 1). The way in which the College relates to its members, other bodies and external stakeholders is also of critical concern in the College's approach to governance. The College aims to reflect the elements of good governance: accountability, transparency, efficiency, equity, participation and effective decision making processes which deliver on objectives.

Figure 1 – College approach to governance

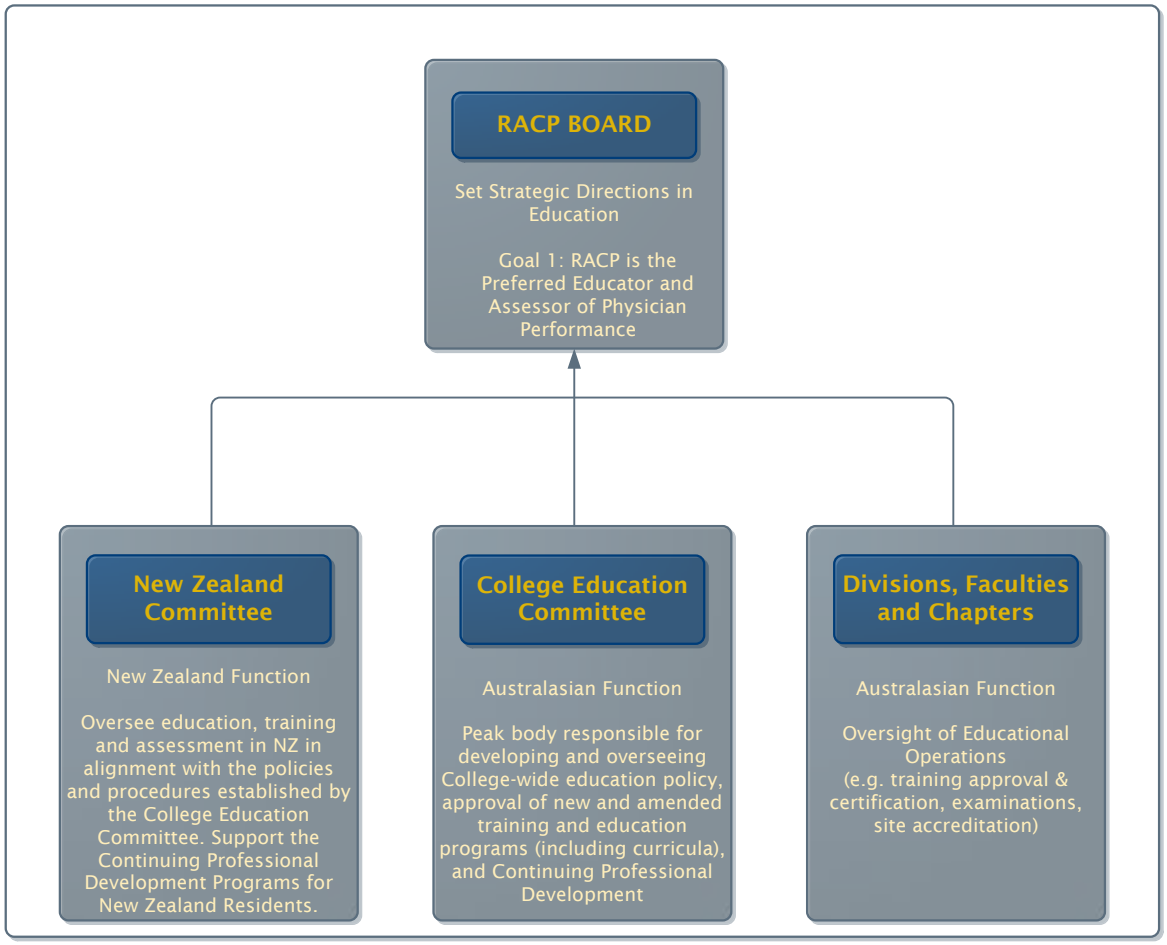


The core business of the RACP is education, as per the College constitution. The majority of internal structures and College committees are focused on education and training. A large and complex organisation with multiple training pathways, the College currently has over 100 committees supporting its educational activities.

The Board and its committees have by laws describing their purpose and authority to act, with a defined membership reflecting relevant stakeholder groups. By laws for key committees are publicly available on the College website.

Structure

Figure 2 – RACP organisational chart – high level



Education governance reform

The College's Education Governance Plan is included as attachment 1. Central to the education governance reform is:

- establishing an optimal number of committees to streamline decision making
- creating clear reporting lines and interactions between committees to reduce risk and improve efficiencies in decision making
- determining committee membership size by focusing on expertise rather than representation and by taking into consideration trainee numbers
- clarifying, standardising and documenting all roles and responsibilities of committees and their members in new terms of reference for all committees
- amalgamating New Zealand and Australian committees where possible and desirable to improve trans-Tasman alignment in decision making
- increasing operational support from College staff and through automation of routine administration of training programs to assist committees to manage workloads and focus on priority operational decision making, quality assurance and program review
- fostering strong working relationships with key stakeholder groups including other colleges and specialty societies
- simplifying nomenclature across all education committees, particularly in Advanced Training

Structural reform commenced in 2013 with the reduction in the size of the College Education Committee from over 40 members to a maximum of 14 members. The membership change has transitioned the group away from its former representational composition to act as an expert committee delegated by the Board to govern education matters. A new position on the College Education Committee has been created for a member with specialist skills in education and training. For more information on this position, please refer to *AMC Standard 1.3*.

In addition, the Advanced Training Forum, with membership comprised of all Advanced Training Chairs, had its inaugural meeting in December 2013 and a second meeting in May 2014, with further meetings planned for 2014. The College wide CPD Committee has also been established as part of the governance changes.

The remaining committee restructuring will continue throughout 2014. The change management process is being led by the Education Governance Implementation Working Group, a working group of the Board, chaired by the College Education Committee Chair who is also a member of the Board. The working group and a project team are working closely with committees as they navigate the process of change. A 'Change Support Kit' is being used by committee chairs to help them lead the changes required within their committee.

Key steps towards implementation of the new committee structure in 2014
The College has identified four key steps towards implementation of the Education Governance Reform:

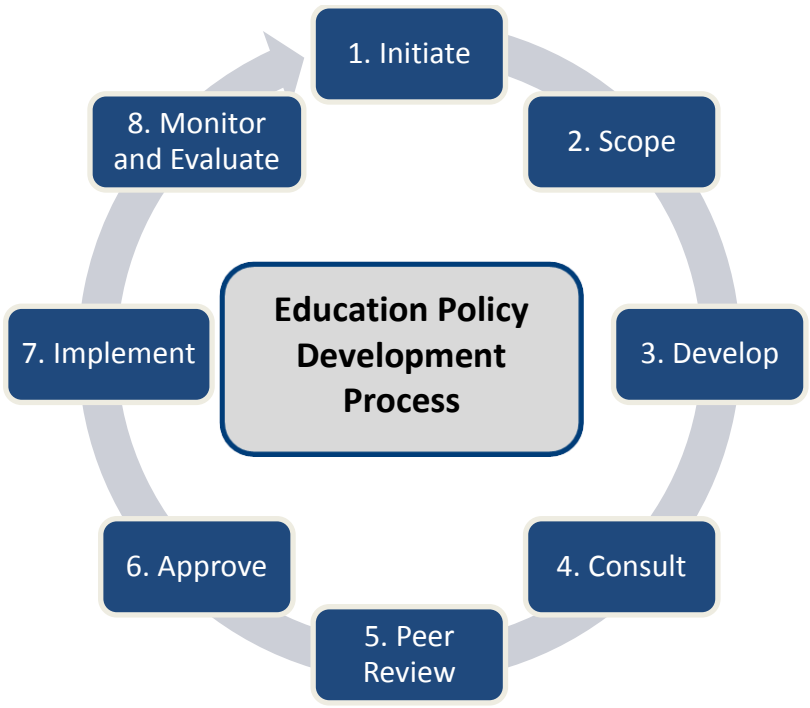
- Consultation and communication with committees
- Approval of all new Terms of Reference
- Transition to new Terms of Reference
- Monitoring and evaluation, and support

Policies and standards

In addition to structural reorganisation of committees, the education governance review plan includes key elements of policy and standards renewal.

Policies and standards are developed through the College Education Committee's eight stage education policy development process, as illustrated in Figure 3.

Figure 3 – Education Policy Development Process



Established in 2011, the College's Education Policy development process is designed to reflect the elements of good governance. The process demonstrates both accountability and transparency with broad consultation on the drafted policy to gain wide feedback from the relevant stakeholder groups. Additionally, the peer review step ensures the rigour of the policy and provides a robust method of resolving conflicts or differences in opinion among various stakeholder groups.

Education policy working groups comprise Fellow and trainee members from Australia and New Zealand, each of the Divisions, Faculties and Chapters. An expression of interest (EOI) process to select participants in the working groups ensures that all interested members have a fair chance to participate in education policy development activities. The process also provides an opportunity for members who have not been involved in College activities before to participate in the development process. The EOI process helps ensure that a wider range and a greater number of Fellows and Trainees participate in the process in addition to those already serving the College on education committees. In this way, the College ensures that the final policy has been collaboratively developed and shaped by key stakeholders.

Policy outcomes are subject to ongoing monitoring, evaluation and review. Please refer to attachment 2, RACP Education Policy Development Process.

Decision making

College policies and standards provide a framework for decision making by education committees. Among other functions these groups are tasked to implement College policies and standards within the context of their training programs.

It is important for all RACP committees to be aware of the principles of good governance and understand that any decisions they make are delegated from the RACP Board. With regard to training and trainee progress, only Committee members who hold Fellowship of the College can formally make decisions on the progression of trainees toward becoming a Fellow.

Within the College, sound decision making by committees is supported by:

- agenda setting and clear documentation of all issues in papers
- reference to relevant policies, standards and guidelines in making decisions
- minutes documenting all outcomes and decisions of the committee.

The College also supports sound decision making with the Conflicts of Interest Policy (attachment 3), the Governance of College Bodies By-Law (attachment 3), and the RACP Guidelines for Decision Making (attachment 3). The College's Governance Unit provides advice to committees in relation to governance matters.

Many education committee chairs and College staff participated in targeted 'good governance' training during 2013. The externally facilitated training was tailored to College needs with support materials developed. Consideration is being given to further rollout of this initiative.

The standardised terms of reference for College education committees resulting from the educational governance reform will contribute further to quality decision making. It is anticipated that improvements in role clarity, delegations and reporting lines will enable the workload to be better managed. Delegation of routine tasks to College staff members will enable committee members to focus on strategic issues and operational matters for decision.

A further priority is to improve business operation support. The Online System for College Administration & Reporting (OSCAR) Project is being developed to provide a membership database and administration and management functions to better serve the requirements of members and staff. Work on the OSCAR Project has enabled the College to perform detailed mapping of current processes to determine ways that processes can be streamlined and standardised.

Accountability

The accountability of each College body is defined within the relevant by-laws or terms of reference, with a purpose and responsibilities set out. The Board requires each of its committees to submit an annual Work Plan outlining the work proposed to be undertaken during the year as well as measures that will be used to determine achievement or success against the agreed Work Plan. The College Education Committee submitted its 2014 Work Plan to the College Board in March 2014. It is anticipated that the submission of an annual

Work Plan to the reporting committee will be progressively rolled out across all College committees to improve accountability.

Relationships

The RACP recognises and acknowledges the important relationships it has with the Specialty Societies and other specialist medical Colleges in the provision of specialist medical education programs. In addition, as a trans-Tasman organisation, the College focuses on ensuring its approaches are appropriate for both the Australian and New Zealand context.

Advanced Training and the relationship with Specialty Societies

In recent years, the College has collaborated with Specialty Societies on education development activities including the development of co-branded specialty specific curricula for Advanced Training Programs. The development of Advanced Training curricula (which were introduced in 2011 as part of the roll-out of the Physician Readiness for Expert Practice program in Advanced Training) is a significant achievement which would not have been possible without the contribution of the Specialty Societies. Refer to *AMC Standard 3*.

Specialty Societies are separate legal entities with their own organisational structure however they play an important role in Divisional Advanced Training. The majority of Advanced Training programs at the RACP could not function as effectively without ongoing collaboration with the relevant Speciality Society or Societies. Many Specialty Societies have signed a Memorandum of Understanding with the RACP. The Memorandum of Understanding outlines the key features of this relationship on issues such as education, continuing professional development, policy and advocacy and the importance of information sharing (see table 2 below).

Table 2 – Specialty Societies that have signed a memorandum of understanding with the RACP

1. Australasian Professional Society on Alcohol & other Drugs
2. Australian & New Zealand Society of Blood Transfusion
3. Australian & New Zealand Bone & Mineral Society
4. Australasian Society of Clinical and Experimental Pharmacologists and Toxicologists
5. Australian Diabetes Society
6. Endocrine Society of Australia
7. Australian and New Zealand Society for Geriatric Medicine
8. Haematology Society of Australia & New Zealand
9. Human Genetics Society of Australasia
10. Australasian Society of Clinical Immunology and Allergy
11. Internal Medicine Society of Australia and New Zealand
12. Australian and New Zealand Society Of Nephrology
13. Australian and New Zealand Association of Neurologists
14. Australian and New Zealand Society of Palliative Medicine
15. Australian Rheumatology Association
16. Australasian Sexual Health Alliance

The Adult Medicine Division Council membership includes representatives from Specialty Societies in Adult Medicine. The Paediatrics & Child Health Division has regular meetings with Specialty Societies in paediatrics. Specialty Society members are represented on a number of Advanced Training Committees. A list of Specialty Societies associated with the RACP is provided as attachment 4.

As the education governance changes are implemented, the RACP expects collaboration and mutual sharing of information to continue. The Speciality Societies will continue to have an important role in Advanced Training including representation on Advanced Training Committees (ATCs).

Advanced Training and the relationship with other specialist Colleges

The RACP also works collaboratively with a number of other specialist medical colleges, in particular, colleges with which the RACP has joint training programs. The College has four joint training programs with the Royal College of Pathologists of Australasia, and one joint training program with the Australasian College of Emergency Medicine and one joint training program with the Royal Australian and New Zealand College of Psychiatrists (currently under review and closed to new entrants).

Meetings will be held with specialist Colleges that have joint training programs with the RACP to ensure that all parties are clear on the education governance changes. Where changes to joint training programs are being considered, it is the College's practice to convene a working day to explore issues in depth. For example, in February 2014, the College together with the Royal Australian and New Zealand College of Psychiatrists held a joint working day to review the Joint Fellowship Program in Paediatrics and Child and Adolescent Psychiatry.

Trans-Tasman alignment of Advanced Training

A key area of focus throughout 2014 and beyond is trans-Tasman alignment of Advanced Training Committees for each specialty area. In shaping trans-Tasman alignment, particular focus is placed on ensuring that requirements meet the needs of both the Australian and New Zealand health context and regulatory requirements, as set out by the AMC, MCNZ, and respective health authorities.

It is envisioned that, over time, each specialty will have one governance committee with representation from Australia and New Zealand. Committees are responsible for:

- contributing to the development of cross-College standards within College approved College Education Committee frameworks
- developing and reviewing curricula within cross-College agreed frameworks and timeframes
- contributing to cross-College policy development and implementing approved policies
- recommending to the College Education Committee any changes to training requirements
- contributing to strategic planning (e.g. workforce, changing clinical needs) where required.

The process of trans-Tasman alignment will be undertaken over the next couple of years. In specialties where alignment is more challenging, the individual specialty will be invited to propose an alternative governance model for consideration by the Education Governance Implementation Working Group. For example, the establishment of local operational oversight sub-committees in Australia and New Zealand may be required for specialties with large numbers of trainees.

Summary of achievements since 2008

2009 – 2013
1.1 Governance
• Review of education governance completed with substantial progress implementing planned reform. The project involved detailed mapping current committees, their functions, terms of reference, membership and reporting lines as well as extensive consultation, negotiation and communication with stakeholder groups. Expected outcomes of the reform are a reduction in the number and size of education committees and improved decision making. • Memoranda of Understanding formalised between the College and Specialty Societies to strengthen governance and clarify the respective roles of the College and specialty societies in the delivery of education. • Maturation of the College Education Committee, development of its educational expertise and refinement of its approaches to policy development, and program management. • Devolution of operational matters to Divisional training committees. • Strengthening of horizontal links between education committees and harmonisation of College training program structures and requirements through College-wide working groups. • Significant progress in College-wide policy development with establishment of an eight step Education Policy Development Process developed to improve the rigour and clarity of College wide education policies. This process is underpinned by stakeholder input and consultation, and became effective from May 2011. • Standing Expert Advisory Groups of the College Education Committee superseded by task specific and time-limited working groups with appropriate stakeholder representation.

Future directions

With implementation of the education governance review plan in progress, the College will continue its work to support and manage the change process to ensure that the new structure functions effectively. It is anticipated that future efforts in governance will focus on consolidating the structural changes and quality of decision making through ongoing professional development for committees on issues such as best practice chairing of meetings, dealing with difficult committee members, and conflicts of interest.

The College will also explore how it can adopt more structured methods of building a consumer focus into education development.

The College will continue to develop its relationships with Specialty Societies to recognise complementary roles and responsibilities in the development and delivery of specialist physician education.

1.2 Program management

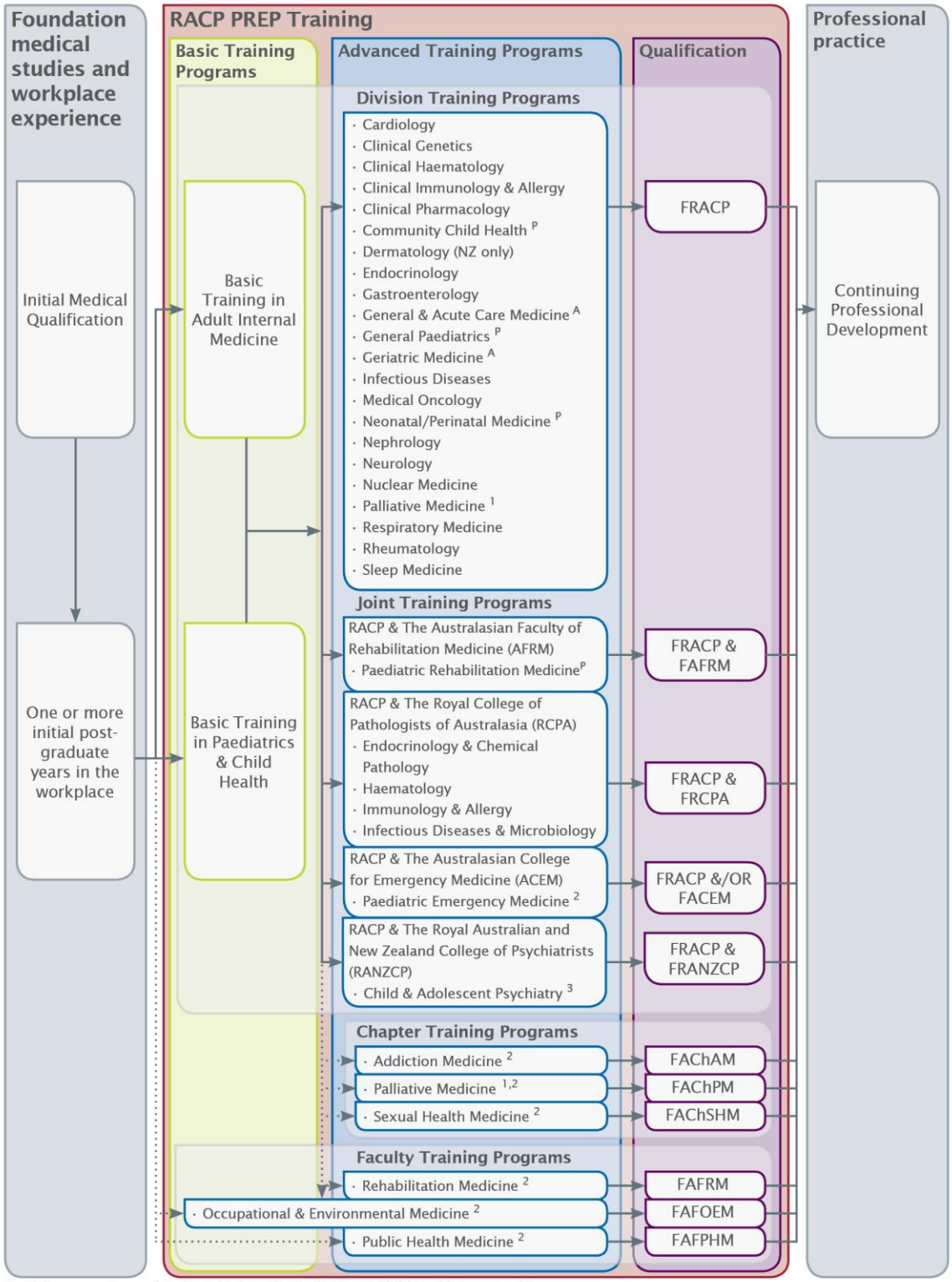
Accreditation standards

1.2.1 The education provider has established a committee or committees with the responsibility, authority and capacity to direct the following key functions:
- planning, implementing and reviewing the training program(s) and setting relevant policy and procedures
- setting and implementing policy and procedures relating to the assessment of overseas-trained specialists
- setting and implementing policy on continuing professional development and reviewing the effectiveness of continuing professional development activities.

1.2.2 The education provider's education and training activities are supported by appropriate resources including sufficient administrative and technical staff.

The College's training programs are outlined in the Figure 4.

Figure 4 – RACP training pathways



P Trainees must complete Basic Training in Paediatrics & Child Health to enter this program.
A Trainees must complete Basic Training in Adult Internal Medicine to enter this program.
1 Trainees who have entered Advanced Training in Palliative Medicine via a RACP Basic Training Program will be awarded FRACP upon completion and may subsequently be awarded FAChPM. Trainees who have NOT entered Advanced Training in Palliative Medicine via a RACP Basic Training Program will only be awarded FAChPM upon completion.
2 Alternative entry requirements exist for these training programs; please see the corresponding PREP Program Requirements Handbook for further information.
3 The Child & Adolescent Psychiatry Joint Training Program with the Royal Australian and New Zealand College of Psychiatrists (RANZCP) is currently under review by the RACP and RANZCP and closed to new entrants at present.
NB1: This diagram only depicts training programs that lead to Fellowship. Please see the RACP website for additional RACP training programs.
NB2: For further information on any of the above listed training programs, please see the corresponding PREP Program Requirements Handbook.
NB3: The Medical Board of Australia has approved a time-limited pathway to FRACP without a field of specialty practice. This pathway is for trainees who commenced Advanced Training in Intensive Care Medicine prior to 1 July 2012, following successful completion of Basic Training in Adult Internal Medicine or Paediatrics & Child Health.

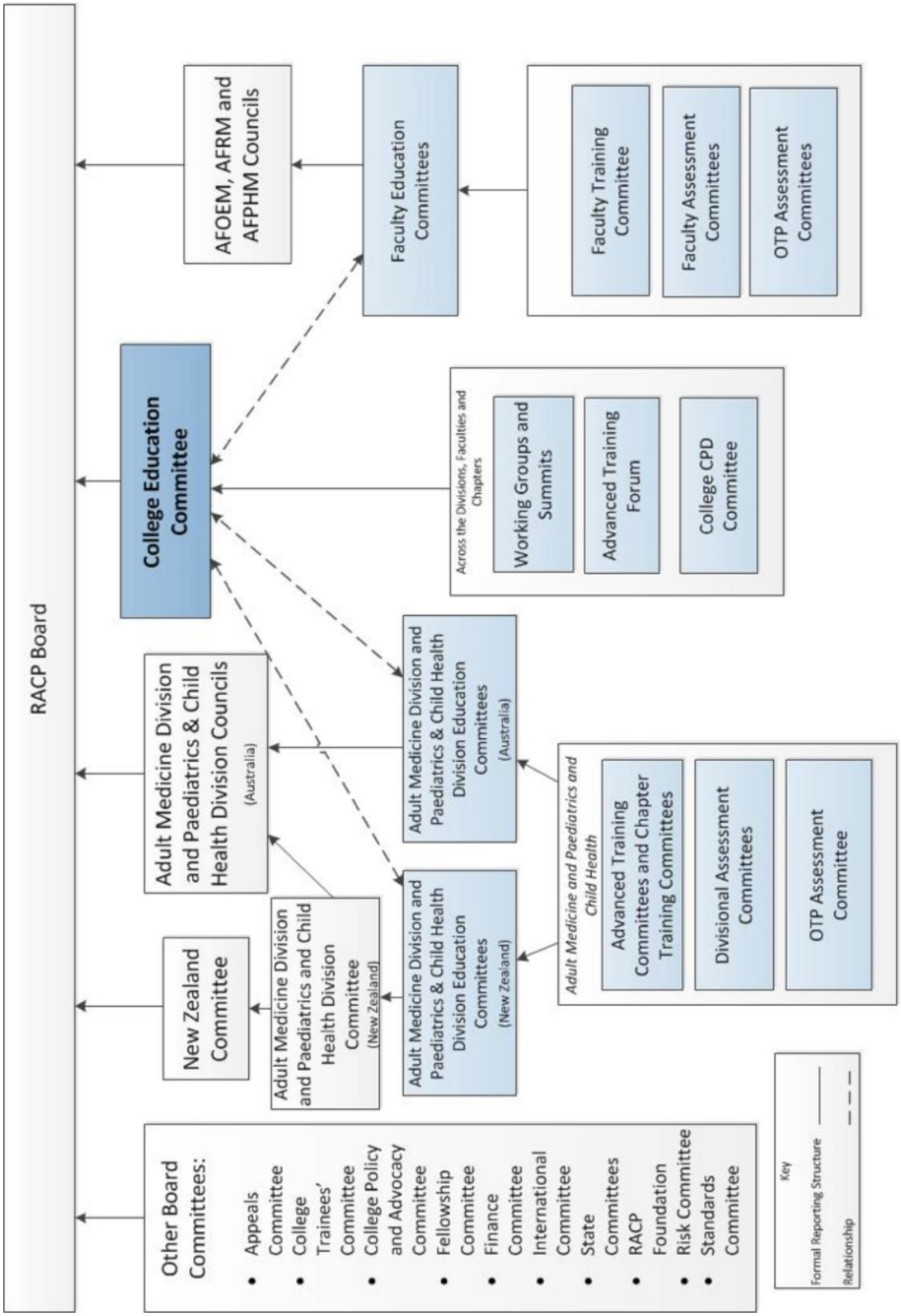
Planning, implementing and reviewing a large number of training programs demands the support of a framework of many education committees. It is through this expertise and commitment to education that the College is able to provide training across Australia and New Zealand. The College facilitates the work of education committees through a number of skilled and knowledgeable staff working in collaboration with Fellows.

Education governance

The peak Education body, which reports to the College Board, is the College Education Committee. It functions as a cross-College, governance entity and has a range of cross-College flexible structural groups which report to it, including working groups, the Advanced Training Forum and the Continuing Professional Development Committee. It is responsible for policy and program management. In addition, the College has the Adult Medicine Division, Paediatrics & Child Health Division and the Faculty Education Committees which report to the Board through their respective councils. These Committees are responsible for implementation of College Education Committee approved policy and training program standards and frameworks, and oversight of trainee progression and accreditation of training settings. This structure is depicted in Figure 5 and further outlined in the text below.

Figure 5 – Current RACP education governance, as at 9 May 2014

*Committees to be established as part of the governance review include Basic Training Committees for Adult Medicine and Paediatrics & Child Health



College Education Committee

The College Board has established the College Education Committee (CEC) as the peak body responsible for developing and overseeing College-wide education policy and approving both new and amended training and education programs. The purpose of the CEC is to ensure consistent quality of education and training across all RACP training programs in Australia and New Zealand. The Committee is chaired by a Board director, has overarching responsibility for education policy, philosophy and principles, as well as being tasked to ensure the College's strategic intent is implemented in education policy and program change.

The CEC approves all College education policies, training program requirements and curricula, assessment frameworks (including assessment of overseas trained physicians), supervisory frameworks, evaluation and research of the College's medical education programs, and continuing professional development programs.

Much of the policy and program development work occurs through task specific working groups of the College Education Committee which follow the approved process. The College Education Committee is also responsible for evaluation of the College's education activities.

The by-laws of the College Education Committee are provided as attachment 5.

Working groups

Cross College working groups are convened by the College Education Committee in consultation with relevant committees across the College. Working groups are non-standing committees that are established for a specific activity. For example, Education Policy Development Working Groups are established to determine appropriate policy and best practice for a particular policy, across the Divisions, Faculties and Chapters.

Advanced Training (AT) Forum

The CEC has established the AT Forum to harmonise all aspects of Advanced, Faculty and Chapter training program requirements and assessment across Australia and New Zealand. The AT Forum consider policy and program change from an operational perspective, and assist in ensuring standardisation of training delivery across all specialty areas. The AT Forum is comprised of the Chair of the CEC, and representatives of all Advanced Training Committees. It provides a further opportunity to understand and support the educational objectives of Specialty Societies, Faculties and Chapters. Terms of Reference for the AT Forum are provided as attachment 6.

Continuing Professional Development (CPD) Committee

The CPD Committee will be established in 2014, with the role of encouraging and promoting CPD participation, and ensuring that the College's CPD programs meet the needs of the Fellowship. The CPD Forum will consider and approve any changes to the MyCPD program, and make recommendations to the CEC. The CPD Committee will consider government regulation on CPD and revalidation and recommend policy change to the CEC where appropriate. Terms of Reference for the CPD Committee are provided as attachment 7.

Overseas trained physicians

Overseas trained physicians are represented on the College Education Committee through an OTP representative. OTP assessment is calibrated across the College's Divisions, Faculties and Chapters in Australia and New Zealand through committee structures that represent all specialties.

Division Education Committees

The College's Division Education Committees are the Adult Medicine Division Education Committee (AMDEC) and Paediatrics & Child Health Division Education Committee (PDEC) in Australia, and the New Zealand Adult Medicine Education Committee and New Zealand Paediatrics & Child Health Education Committee in New Zealand. Their primary responsibilities include ensuring College Education Committee education policy is implemented by reporting committees, and ensuring assessment is conducted fairly, efficiently, and in a transparent manner.

AMDEC and PDEC report to their respective Division Councils. AMDEC and PDEC have a number of subcommittees under the new Education Governance framework, including the Basic Training Committee and Advanced Training Committees.

Basic Training Committees (Australia)

Under the new Education Governance Structure, new Basic Training Committees will be formed for each Division. Primary responsibilities will be approval of trainee progression through Basic Training outside standard process, considering requests for special consideration, assessment of recognition of prior learning applications, and ensuring the New Zealand Division Education Committees are consulted regarding, and informed of, agreed changes. Currently, AMDEC and PDEC have oversight of Basic Training, and have various subcommittees to perform appropriate functions, such as an assessments subcommittee and a teaching & learning subcommittee.

Advanced Training Committees

Advanced Training Committees are responsible for the oversight of Advanced Trainees' progress through the training program and admission to Fellowship. ATCs undertake site accreditation activities for their specialty, assess applications for recognition of prior learning, and recommend program changes as appropriate. The governance changes will clarify terminology across all Advanced Training Committees. Advanced Training Committees are currently classified as Specialist Advisory Committees, Specialty Training Committees (STC), Joint Specialist Advisory Committees (Joint College Training Programs), and Chapter Education Committees. Specialist Advisory Committees (SAC) consist of a number of RACP Fellows. SACs report to AMDEC and PDEC, and the College Education Committee. SACs have an affiliation with their Specialty Society, however there is no direct reporting line. Specialty Training Committees report to AMDEC and PDEC, the College Education Committee, and the Council of the Specialty Society. A nominated representative of the specialty society sits on the STC. Joint Training Committees (JSAC) oversee programs jointly run by the RACP and another College, and have membership from both Colleges. Chapter Education Committees consist of Chapter Fellows, and report to the relevant Chapter, as well as the College Education Committee. The Chapter Committee reports to the Adult Medicine Division Council.

Advanced Training Committees are categorised into four groups which are outlined in Table 3.

Table 3 - Advanced Training Committees

Specialist Advisory Committees	Specialty Training Committees	Joint Specialist Advisory Committees	Chapter Education Committees
• Clinical Genetics • Community Child Health • Endocrinology • Gastroenterology • General and Acute Care Medicine • General Paediatrics • Infectious Diseases • Medical Oncology • Neonatal/ Perinatal Medicine • Nephrology	• Cardiology • Clinical Pharmacology • Geriatric Medicine • Neurology • Respiratory & Sleep Medicine • Rheumatology	• Endocrinology & Chemical Pathology • Haematology • Immunology/ Allergy • Infectious Diseases & Microbiology • Nuclear Medicine • Paediatric Emergency Medicine	• Addiction Medicine • Palliative Medicine • Sexual Health Medicine

Faculty Education Committees

Primary responsibilities of the Faculty Education Committees are implementation of Education Policy, approving minor program changes for Faculty training programs, and recommending major program and policy changes to the College Education Committee as appropriate. Each Faculty Education Committee has a number of subcommittees to work on matters such as assessment, CPD, training and OTP.

A register of all RACP training pathways and their supervising committees is included as attachment 8.

Specialty Societies

The College has affiliations with a number of Specialty Societies. Societies are integral to the implementation of educational programs through participation in Advanced Training Committees. Members of the societies (who are also RACP Fellows) have a major role in the development of educational material, and the provision of training, supervision and site accreditation of Advanced Training programs.

State Committees

The State Committees play a key role in state-based member support and have the following roles:

- Advance the interests of the College in the relevant state
- Facilitate the engagement of Fellows and trainees in the respective states in the activities of the College
- Support the professional careers of Fellows and trainees of the College in the operating state in conjunction with other College Bodies and College staff
- Work with appropriate College Bodies and staff in connection with: education, training and assessment of trainees, training and continuing professional development, and policy and advocacy.

The State Committees are committees of the Board, and report to the Board as required.

New Zealand

Key educational governance differences between Australia and New Zealand include separate Adult Medicine and Paediatrics & Child Health Division Education Committees, as well as Division Councils/Committees across the countries.

New Zealand has a standalone committee that reports directly to the Board: the New Zealand Committee. Rather than reporting directly to the Board as they do in Australia, the New Zealand Adult Medicine and Paediatrics & Child Health Division Committees report to the New Zealand Committee.

There are strong links and relationships between the two countries, with the majority of education committees being Australasian. Non-Australasian committees have an Australian or New Zealand representative as appropriate to foster relationship development and effective collaboration.

RACP staff

The College has six departments, each with a director reporting directly to the Chief Executive Officer. The departments are as follows: Office of the Dean, Education Services, Business and Finance, Fellowship Relations, Policy and Advocacy, and Governance. Each department has a key role in the College. A College-wide organisational chart is provided as attachment 9.

Education support staff

Educational function at the College is divided between two key portfolios: Education Services, overseen by the Director of Education, and the Office of the Dean, overseen by the Dean, as depicted in Figure 6.

Education Services is responsible for oversight of Trainee Education Programs, Accreditation, Examinations, Training Support, Supervisor's Learning Support, the Specialist Training Program, Educational Development, Research and Evaluation.

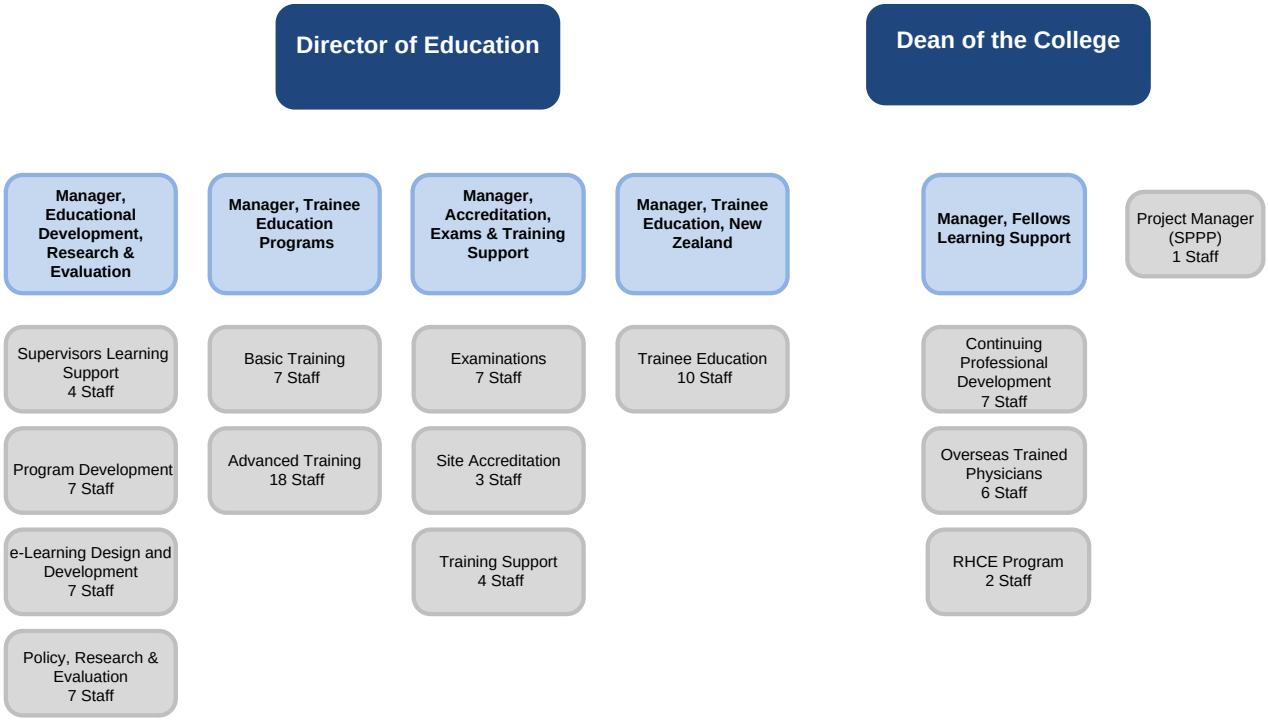
The Office of the Dean is responsible for the Continuing Professional Development programs, assessment of Overseas Trained Physicians, the RACP Foundation, and the Supporting Physicians' Professionalism and Performance project. The Dean also has responsibility for strategic workforce initiatives and the College Research Committee.

During the last decade the College has continued to make considerable investment in professional staff with expertise in education to support its education activities. In 2011 the former Education Deanery was restructured to establish the Education Services Department and the Office of the Dean under the leadership of the Director of Education and Dean respectively. This change and a continued expansion of support staff reflect the high volume of initiatives underway in operational and development work.

Figure 6 shows College staff primarily supporting education activity at the College. Program management is undertaken by Fellow led committees and supported by professional staff with expertise in education, secretariat services, e-learning technology, case management, and other relevant fields of practice. Each education committee and working group is supported by a dedicated College staff member.

Skilled and knowledgeable staff work in a collaborative environment with Fellows and trainees in operational educational activities, as well in the planning, development and implementation of policies, assessments and resources. Brief biographies for the portfolio managers involved in education are included as attachment 10.

Figure 6 – Organisational chart of staff directly involved in education and training at 28 May 2014



Development of new specialties and vocational scopes of practice

Since 2010 the College has been working on the development of a training program in Adolescent and Young Adult Medicine (AYAM). Discussions have commenced with the Medical Board of Australia and the AMC regarding recognition of AYAM as a field of specialty practice and as an accredited training pathway. Work has begun on a submission to the AMC, which will detail the international context, public health needs, and the rationale for establishment of AYAM as a specialty.

Building on the Addiction Medicine training program in Australia, the College is in the process of seeking recognition of Addiction Medicine as a vocational scope of practice in New Zealand. The Medical Council of New Zealand has approved the Stage 1 application regarding the workforce and public health need for this specialty. The Stage 2 application is regarding the education program, and will be submitted shortly.

Time-limited intensive care medicine pathway to FRACP

The College continues to manage the transitional arrangements for trainees who may have been affected by the College's decision to cease awarding FRACP for Intensive Care Medicine training in July 2012. To date, eight trainees have progressed through the time-limited pathway and have been awarded FRACP. A further twenty trainees are currently undertaking the pathway.

At the time of the decision to cease awarding FRACP for Intensive Care Medicine from July 2012, there were a number of College of Intensive Care Medicine advanced trainees who had come through the RACP Basic Training pathway. The College established a review process for trainees who had commenced Advanced Training in Intensive Care Medicine prior to 1 July 2012 and obtained approval from the AMC and Medical Board of Australia for a transitional, time-limited pathway to FRACP without a field of specialty practice specified. The College also developed guidelines for monitoring trainee progression through the time-limited pathway under the supervision of the Adult Medicine or Paediatrics & Child Health Division Education Committee. The guidelines are available to College members via the Intensive Care Medicine webpage.

The College has reviewed its processes and ensured that it has a formal pathway and process in place to consider the effect of any future changes to training program requirements on trainees and other stakeholders. In February 2013 the College Education Committee approved and introduced a Guide to Assessing and Implementing Changes to RACP Training Program Requirements. Please see *AMC Standard 1.5* for further details about managing changes to program requirements.

Summary of achievements since 2008

2009 – 2013
1.2 Program Management
• Robust College Education Committee as the peak educational body which reports to the Board and has oversight of the College's training programs, including policy, training requirements, accreditation, research and evaluation, and continuing professional development. • Management of education through a combination of standing committees with a strategic and operational role, as well as flexible working groups which are formed for a finite period to work on priority educational projects. • Investment in professional staff with expertise in education. • Clear mapping of all training programs at the College and their status, which provides increased transparency and oversight over all training programs at the College.

Future directions

The College will continue to manage its educational programs guided by Fellow led and professionally supported committees, supported by ad hoc working groups.

The future focus of the governance review is to continue progressive implementation of the education governance plan as approved by the Board. This implementation will involve consideration of change management principles, including targeted communication, clear roles and responsibilities for committee members and College staff. Implementation will focus on the professional development of new committee members and College staff to ensure smooth transition to new structural arrangements. Particular issues for further work include trans-Tasman alignment and improved strategies for managing high committee workloads.

The College will continue its comprehensive program of developing and reviewing policies and focus on consolidating relationships with specialty societies and other Colleges, particularly with those with which it has joint training programs.

1.3 Educational expertise

Accreditation standards

1.3.1 The education provider uses educational expertise in the development, management and continuous improvement of its education, training, assessment and continuing professional development activities.

1.3.2 The education provider collaborates with other educational institutions and compares its curriculum, training program and assessment with that of other relevant programs.

The College has considerable internal expertise in education. It draws on the expertise of Fellows, trainees and College staff in the planning, design, development, implementation and evaluation of educational approaches. The College also draws upon external educational expertise to ensure that the approaches it adopts are benchmarked nationally and internationally.

The process for development, management and continuous renewal of RACP education programs by design incorporates reference to the latest available evidence in medical education, and review of best practice of other educational institutions.

The College continues to build and strengthen relationships with other medical colleges and educational institutions across Australia and New Zealand.

College Education Committee member with educational expertise

The College Education Committee By-laws were formally amended in 2013 to include a member with specialist skills in education and training. The educational expert does not need to be College member. The creation of this position seeks to further build the educational expertise of the College Education Committee strengthening the educational development work of the College. In March 2014 the Board appointed the College Education Committee member with educational expertise.

Collaboration with other colleges and Specialty Societies

The College is involved in the Committee of Presidents of Medical Colleges (CPMC) which provides a forum for College presidents and CEOs to meet and discuss key issues pertaining to medical colleges across Australia and New Zealand. Recent topics have included: trainee numbers, trainees in difficulty, comparison of fees across the colleges, Health Workforce Australia's Leadership Framework, registration processes for overseas trained doctors[1] , and collaboration with the Australian Indigenous Doctors' Association.

[1] Including the House of Representatives' "Lost in the Labyrinth" report

The College actively participates in a number of other inter-college networks which facilitate collaboration between medical colleges on educational matters and provide opportunities for colleges to share and compare elements of their training programs. Throughout 2014 the College will participate in meetings with the following groups:

- The Network of Medical College Educators
- The Medical Education eLearning Network
- The Intercollegiate Continuing Professional Development Managers Network
- The Network of College International Medical Graduate Managers
- The Network of Specialist Training Program Managers.

The College has had a number of recent collaborations with other Colleges, including:

- **Royal Australian and New Zealand College of Psychiatrists:** Representatives of the Royal Australian and New Zealand College of Psychiatrists gave a presentation on competency based medical education and Entrustable Professional Activities at a Basic Training Curriculum Review Working Day. The RACP intends to pursue development of Entrustable Professional Activities, and is appreciative of this useful collaboration.
- **Royal Australasian College of Surgeons:** In 2013 the College collaborated with the Royal Australasian College of Surgeons (RACS) on development of a series of Intercultural Learning Modules for rural and remote physicians, and establishment of an eLearning portal to increase access to Indigenous health resources for rural and remote physicians. The RACP was one of 14 medical colleges involved. The RACP also collaborates with RACS through the tripartite alliance. See *international collaborations* below for more information.
- **College of Intensive Care Medicine of Australia and New Zealand:** The RACP and College of Intensive Care Medicine (CICM) have established a working group to examine the feasibility of options for joint training arrangements, including reciprocal training arrangements. The working group considered two models for joint training arrangements: an integrated joint training program, and agreed reciprocal training arrangements. Agreed reciprocal training arrangements is the preferred model for joint training. Further work will be done in this area.
- **Royal College of Pathologists of Australasia:** Changes to education governance are being implemented across all training programs, including the joint training programs with the Royal College of Pathologists of Australasia (RCPA). The RACP and RCPA held meetings in January and May 2014 to discuss future governance of the joint training programs. After consultation with each joint training committee, an options paper will be prepared that suggests a future model of governance for that joint training program. Further meetings will be held. The RACP and RCPA are also discussing a proposed joint training pathway in Clinical Genetics and Genetic Pathology.
- **Royal College of Physicians and Surgeons of Canada:** The tripartite alliance including the RACS has seen progressive alignment with internationally accepted training and re-validation principles. Further bi-annual meetings will see development of joint activities (see section titled *international collaborations* below).

Furthermore, the College has been working with specialty societies. The College has strong ties with a number of specialty societies who have an interest in education. In 2013 the College developed a memorandum of understanding with the specialty societies to further cement the relationships. For a list of all specialty societies, please refer to attachment 4. The College has collaborated with the specialty societies to develop Advanced Training

curricula, published in 2010 and cobranded by the RACP and the specialty society. The College has also presented supervisor workshops at Annual Scientific Meetings for a wide range of specialty societies

Successful recent collaborations on eLearning resource development initiatives include the Indigenous Cardiology modules developed with the Cardiac Society of Australia and New Zealand.

In relation to building a culturally competent workforce the New Zealand Office works closely with Te ORA (The Māori Medical Practitioners of Aotearoa), Mauri Ora Associates and the Māori Faculty of the Royal New Zealand College of General Practitioners.

The New Zealand Office has built a strong relationship with the New Zealand Rehabilitation Association and in a conjoint effort is working with this organisation to develop a New Zealand Rehabilitation Strategy.

External reviews related to education

The College has worked with a range of external experts on priority projects, such as:

- International and national experts reviewed RACP assessment through the External Review of Assessment which took place in 2011, and involved detailed exploration into College assessment practices. For further information, please refer to *AMC Standard 5.1*.
- An eLearning consultancy company was engaged to assist the College in undertaking research into the key needs of the membership and building a framework to consolidate the College's capacity for eLearning resource development.
- In 2011, Ernst and Young were engaged by the College to conduct a review of the Trainee in Difficulty and the trainee grievance process. The review recommended an approach to managing trainees in difficulty which early detection, early remediation and effective monitoring and measurement to resolution. These findings have informed development of the draft Supporting Trainees in Difficulty Policy.

Expert input and advice into College education activities

The College has sought expert input into a number of educational development activities, such as:

- The Supervisor Professional Development Program (SPDP) was developed in collaboration with a number of experts in medical education. Workshop 1, Practical Skills for Supervisors, was created in conjunction with the TELL (Teach, Educate, Learn, Lead) Centre, and experts from the Faculty of Medicine at University Western Australia. Workshop 2, Teaching and Learning in Health Settings, was developed in conjunction with an expert from Bond University. Workshop 3, Work-based Assessment and Learning, has involved collaboration with an expert in medical education at Flinders University Rural Clinical School. For more information on the SPDP, please refer to *AMC Standard 8.1*.
- Expertise in examinations was sought when the College ran recent Multiple Choice Question (MCQ) and Extended Matching Question (EMQ) workshops in 2012 and 2013. Workshops were run by an expert in MCQ design from the University of Melbourne. The objective of the workshop was to cover the principles of MCQ and EMG writing, and how to test knowledge using this question format.
- The College's Draft Assessment Standards were developed in consultation with experts in assessment who provided feedback on both the terminology and content of the Assessment standards. Their advice was taken to refine the draft standards before they were circulated for consultation with key College stakeholders.

International collaborations

Tripartite alliance with the Royal Australasian College of Surgeons and the Royal College of Physicians and Surgeons of Canada

The College has continued to foster its relationship with the Royal Australasian College of Surgeons (RACS) and the Royal College of Physicians & Surgeons of Canada (RCPSC) through the tripartite alliance. Table 4 summarises key discussion topics since 2011.

Table 4 – Activities and achievements of the Tri-partite Alliance 2011 - 2014

2011 Sydney	2012 Melbourne	2013 Sydney	2014 Melbourne
Workshops:			
• Professionalism consensus statement	• Development of a Learning Management Strategy Design	• Revalidation and Assessing Physician Performance	• Launch of the workplace-based assessment guide
• Workplace-based assessment	• Competency-based Medical Education	• Clinical Decision Making – next steps	• Faculty development
• Clinical judgement and decision-making	• Professionalism	• Workplace Based Assessment	• e-portfolios
• Challenges and opportunities for collaboration	• Workplace-based assessment	• Implementation of the Learning Management Strategy	• Continuing professional development
Public seminars:			
	• The Medical Professional in the 21st Century: Competent, Fit and Safe	• Serving the Community: Training Generalists and Extending Specialists	
			• Revalidation
Key Achievements:			
• Consensus statement on professionalism released in February 2012	Paper on the Learning Management Strategy developed to discuss the lifelong learning of specialists. This paper informs future collaborative work such as research and pilot projects	• Strategic paper titled *Demonstrating professional performance* developed to discuss strategies to better assess specialist performance and assure the community of specialist competence	• Developed an implementation guide on Workplace-based assessment

Memoranda of understanding with international colleges

The College's Paediatrics & Child Health Division signed a Memorandum of Understanding (MOU) with the Indonesian College of Pediatrics and the Indonesian Pediatric Society in October 2013. This MOU provides a valuable link where important knowledge and learning can be shared for the mutual benefit of both organisations. Indonesian delegates participated in College activities in 2013, including the National Examination Calibration and the RACP Clinical Examination. This experience has led to significant changes to the Indonesian clinical exams, including the introduction of a formal exam calibration process for examiners and addition of a clinical component to the Indonesian exam.

National and international conferences in medical education

Key representatives of the College have participated and presented at a range of national and international conferences, strengthening the College's outward looking focus as well as connecting with and sharing best practice approaches to medical education. Recent examples include:

- **The Australian & New Zealand Association for Health Professional Educators** (ANZAHPE) is the peak organisation for practitioners involved in the education and training of health professionals in Australia and New Zealand. ANZAHPE is comprised of clinicians, academic educators and students, and supports and advances education in the health care professions. The Association facilitates communication between educators in the health care professions by providing a network and database of expertise, and collaboration. A College representative presented at the 2013 ANZAPHE conference on the Supervisors Professional Development Program: Supporting physician educators to be better supervisors.
- **The Association for Medical Education in Europe** (AMEE) is a worldwide organisation with members in 90 countries on five continents. Members include teachers, educators, researchers, administrators, curriculum developers, deans, assessors, students and trainees in medicine and the healthcare professions. AMEE supports teachers and institutions in their educational activities and in the development of new approaches to curriculum planning, teaching and learning methods, assessment techniques and educational management, in response to advances in medicine, changes in healthcare delivery and patient demands and new educational thinking and techniques. In 2013, the Director of Education was a panellist in a dynamic discussion on the challenges of Postgraduate Medical Education, emerging trends in design and conduct of Postgraduate Medical Education, and the impact of globalisation.
- **The World Federation of Medical Managers International Medical Leaders Forum** is an international network of organisations representing the interests of medical leaders and managers and with a commitment to enhancing medical leadership through support to develop leading practices that affect change in the quality of medical engagement in health services management. In October 2012, the College's CEO presented at this forum on revalidation.

Non-government organisations

The College has worked with a number of non-government organisations:

- **Supervision:** Participation in the Clinical Supervision Support Partnership Program, a joint initiative of the Medical Deans Australia and New Zealand, the Confederation of Postgraduate Medical Education Councils, and the Committee of Presidents of Medical Colleges. The program aims to promote supervisory best practice in the provision of clinical oversight and educational supervision of medical students, pre-vocational and vocational trainees in clinical environments. The program hosted a National Supervision Summit that was attended by representatives of the College on 20 March 2013.
- **Rural training:** The Queensland State Committee have engaged with the University of Queensland in looking into issues related to attracting, training and retaining a specialist medical workforce outside of metropolitan areas. A comprehensive report was published in 2012, titled *Strategic basic research on medical workforce in regional/rural public hospitals for the Royal Australasian College of Physicians (Queensland) – Workforce survey and qualitative interviews.*

Summary of achievements since 2008

2009 – 2013
1.3 Educational expertise and exchange
• Participation in the Committee of Presidents of Medical Colleges and the Network of College Medical Educators has provided the College with opportunities for collaboration and information sharing. • Partnership with the Royal College of Physicians and Surgeons of Canada (RCPSC) and the Royal Australasian College of Surgeons (RACS), and establishment of a formal tripartite alliance. • External Review of Assessments was conducted with an international expert panel. • Use of a range of medical experts with expertise in medical education and e-learning.

Future directions

The College will continue to extend its internal capability and work collaboratively with a wide range of experts external to the organisation from diverse fields and backgrounds to ensure that robust educational approaches to its training programs are planned, designed, developed, implemented and evaluated.

1.4 Interaction with the health sector

Accreditation standards

1.4.1 The education provider seeks to maintain constructive working relationships with relevant health departments and government, non-government and community agencies to promote the education, training and ongoing professional development of medical specialists.

1.4.2 The education provider works with healthcare institutions to enable clinicians employed by them to contribute to high quality teaching and supervision, and to foster peer review and professional development.

RACP Fellows and trainees make up a large proportion of the medical workforce throughout Australia and New Zealand. The College acknowledges the inherent tension in the role of doctors as learners and service providers. It is committed to working closely with relevant health departments and governments, non-government and community agencies to promote and enable the education, training and ongoing professional development of medical specialists balanced with quality care for patients and their carers.

Fostering effective relationships with government agencies and health departments continues to be a focus for the College. Key activities since 2008 are summarised under the following headings:

- Health Workforce Australia (HWA), Health Workforce New Zealand (HWNZ) and the Department of Health (DoH)
- Australian and New Zealand regulatory bodies
- Australian state and territory health departments
- New Zealand health sector

Health Workforce Australia (HWA), Health Workforce New Zealand (HWNZ) and the Department of Health (DoH)

- **Consultation:** Contribution to a number of HWA projects, including the *HWA Report, Volume 3, 2025,* the Australian Health Leadership Framework and the proposed National Medical Training Advisory Network.
- **Expanded Training Settings:** The Specialist Training Program (STP) is an Australian Federal Government initiative to increase training posts for specialists outside traditional public teaching hospitals, providing an annual trainee salary contribution of $100,000 per post. The STP initiative aims to increase the capacity within the health workforce to train physicians with education that matches the nature of demand and reflects the way health services are delivered. The College administers 376 STP physician posts in settings including private hospitals, rural and remote hospitals and community health.

- **General Medicine and Dual Training:** The College advocates for building a General Medicine and dual-trained workforce to increase the capacity of rural areas to manage more complex diseases and treatments, as well as increase the capacity of rural hospitals to train junior doctors. This engagement resulted in General Medicine and dual-training being prioritised in the 2013 and 2014 Specialist Training Program (STP) application rounds.
- **Workforce and Cultural Competence:** The College has regular meetings with Health Workforce New Zealand (HWNZ) to discuss health innovations, workforce projections, Māori Health practitioners and the funding of training. There is an annual Health Workforce Summit attended by College staff.
- **National Medical Training Advisory Network:** The College has been an active contributor to the establishment of the National Medical Training Advisory Group in Australia, and has standing membership on the network executive committee.
- **Australian Human Rights Commission:** The College provided information to the Australian Human Rights Commission to contribute to research on prevalence of discrimination in the workplace related to pregnancy, parental leave and return to work following parental leave. The College was able to provide quantitative data regarding numbers of trainees undertaking part time training, as well as qualitative data regarding flexible work practices from various trainee surveys.

Australian and New Zealand regulatory bodies

- **Regulation:** The College has regular meetings with the Medical Council of New Zealand. A Vocational Education Advisory Board (VEAB) meeting is held annually to discuss key issues relating to regulation and developments within the wider health sector, e.g. cultural competence, ethical issues and clinical audit have been discussed at previous meetings
- **Prevocational:** The College has provided comment on the Medical Council of New Zealand's document A Review of Prevocational Training Requirements for Doctors in New Zealand: Stage 2. The College supported the Council's intention to improve the learning experience and outcomes of prevocational training in New Zealand by shifting towards a competence-based approach to prevocational medical education.
- **Continuing Professional Development:** College staff and the New Zealand CPD Committee engage with the MCNZ to discuss issues relating to recertification, cultural competence and scopes of practice.
- **Revalidation and Recertification:** Participation in the Medical Board of Australia's (MBA) Forum on the issue of revalidation and recertification in Australia held in March 2013. A dedicated session was held as part of the Tripartite College Seminar on revalidation in the week before the MBA Forum.
- **Overseas Trained Specialists (OTP):** Active engagement with the Medical Board of Australia regarding a review of the Overseas Trained Physicians (OTP) assessment process and pathways for International Medical Graduate (IMG) medical registration in Australia.

Australian state and territory health departments

New South Wales and the Australian Capital Territory

- **Coordination of training:** Since late 2012, key stakeholders from the NSW Health Education and Training Institute (HETI) and the College have met regularly with the aim of establishing ways to manage the shared training space between post-graduate year two (PGY2) and the College's Basic Training program. Initiatives under consideration include the use of HETI prevocational report forms for College Basic Training, and exploration of a coordinated application process.
- **Joint supervisor training:** The College co-hosted a successful supervisor's workshop with HETI targeted at the cohort of supervisors in NSW who will be supervising trainees undertaking their first year of Basic Physician Training (BPT1) in their second post-graduate year (PGY2). The working relationship between the College and HETI has been enhanced through this workshop and other related meetings.
- **General Medicine and regional dual training:** The RACP has partnered with the Western NSW Local Health District to trial new dual training pathways. With additional funding from the NSW Ministry of Health, two positions commenced in February 2014 in Orange and Dubbo Base Hospitals. The training positions offer training in the following specialties (to be completed over a four year period): 1) General and Acute Care Medicine and Respiratory Medicine, 2) General and Acute Care Medicine and Endocrinology. Recruitment and selection for the two NSW dual training positions took place in late 2013.

These are examples of how the College has worked together with the health sector to address challenges in relation to training and the workforce.

Victoria and Tasmania

- **Expanded training settings:** Training More Specialist Doctors in Tasmania is an initiative under the $325 million Tasmanian Health Assistance Package announced by the Federal Minister for Health in June 2012, to ease immediate pressures across the Tasmanian health system and to fund clinical innovation and system improvement. The Department of Health has provided funding for this initiative and the College is administering funding to 14 specialist training positions in Tasmanian public hospitals from 2014 onwards.
- **Paediatric training network:** The RACP is working with the Victorian Department of Health (VDoH) to assist in the establishment of a Victorian Paediatric Training Network. The College is assisting the VDoH to set up a committee which will support and evaluate the quality and delivery of Basic Paediatric Physician Training; equity in access to the Basic Paediatric Physician Training workforce across the State; provide an avenue for grievance resolution and will encourage state-wide cooperation between training sites.
- **Regional dual training:** The College intends to adapt the NSW dual training pilot model to the Victorian context and assist the VDoH to identify a site (or sites) for a pilot program and identify appropriate sub-specialties in 2014-15.

Queensland and the Northern Territory

- **State government engagement:** Since 2008, the College's Queensland State Office and Committee have actively sought engagement with government, the Queensland Medical Education and Training (QMET) section of Queensland Health, institutions and other non-government groups. This engagement has focused on education, training and professional development as areas of key importance to the College and on the underlying supporters of these endeavours, workforce and training capacity.
- **Vocational pathways for Basic Training:** The College has contributed to the establishment of two vocational pathways for Basic Trainees in Queensland: the Queensland Basic Training Network for Paediatrics, and the Queensland Basic Physician Training Pathway for Adult Medicine. These pathways aim to ensure equity of access to training and education across Queensland, as well as broaden the clinical experience available to trainees.

South Australia

- **Recruitment and retention of physicians:** The SA State Committee is engaging the state government in initiatives for service planning and recruitment and retention of physicians to regional and remote SA.
- **Relationship with general practitioners:** As part of the ongoing policy commitment to ensuring the health of doctors the South Australian State Committee is working with a general practice service in South Australia, Doctors Health SA (DHSA), to encourage doctors to develop a professional relationship with a general practitioner and to access the services of DHSA. Fellows are encouraged to be part of a referral network that can assess, treat and advise medical colleagues.

Western Australia

- **Networking accredited sites:** The new Fiona Stanley Hospital (FSH) has been established within the South Metropolitan Health Service (SMHS) in Western Australia, and will commence operations in October 2014. A number of services currently at existing hospitals are to be relocated to FSH, which will have implications on the RACP accreditation status of hospitals within the health service. The restructure of SMHS has presented the College with a unique opportunity to trial a different approach to accreditation and to collaborate with a state health jurisdiction.
- **Development of a generalist workforce and regional dual training:** The College has participated in discussions with the Western Australian Health Department about development of a model to promote general/dual trained physicians in Western Australia. It was agreed that a modified dual training program would be appropriate for Western Australia due to the geographical rural/remoteness of the state.

New Zealand

Over the last five years the New Zealand office has actively represented the College's views and priorities with key players in the New Zealand health sector.

- **College health priorities:** College representatives have held meetings with the Ministers of Health and Social Development to discuss key College health priorities. New Zealand Fellows met with the Minster for Social Development in 2013 to discuss the Vulnerable Children Bill and Children's Action Plan.
- **Parliamentary engagement:** Fellows have presented oral submissions before four Parliamentary Select Committees enabling apt articulation of the College's perspectives and directly engaging with members of parliament. On the 12 July 2012, New Zealand Fellows presented an oral submission before the Health Select Committee. The submission was in response to the Select Committee's inquiry into "Preventing child abuse and improving children's health outcomes".
- **Correspondence with government:** The College has proactively written formal letters to government officials asserting the College's position on a range of pertinent issues. For example, on 13 February 2013 the NZ Committees sent a letter to the Minister of Local Government affirming College support for water fluoridation in New Zealand.
- **Policy and legislation:** From 2009-2013 the New Zealand office of the College has completed 118 written submissions, formally representing the College's position and influencing the policy and legislative process on matters such as health practitioners' competence and patient safety, to child poverty and abuse. On the 26 October 2012, the New Zealand Committees made a comprehensive submission to Health Workforce New Zealand (HWNZ) in response the government's review of the Health Practitioners Competence Assurance Act 2003.
- **Relationships with national health agencies:** the New Zealand office continues to facilitate and nurture external relationships through meeting with representatives from a range of national health agencies, including: the National Health Committee, the National Health Board, Health Workforce New Zealand, the Health Quality and Safety Commission and the national Pharmaceutical Management Agency (PHARMAC). For example, the New Zealand Adult Medicine Division Committee invited National Health Committee officials to a Committee meeting in 2013 to discuss the Committee's prioritization models for health service delivery in New Zealand.
- **Inter-college collaboration:** The College's NZ Committees continue to work closely with other colleges in New Zealand including the Nursing Council of New Zealand and the Royal New Zealand College of General Practitioners. The New Zealand Committee made a submission on 30 October 2009 to the New Zealand Law Commission in response to the Commission's report on "Alcohol in Our Lives". In developing this submission the College worked closely with the New Zealand College of Public Health Medicine (NZCPHM) and The Royal Australian and New Zealand College of Psychiatrists.

Community agencies

The College's interactions with community agencies extends to discussions with the Human Rights Commission regarding asylum seeker health, participating as a foundational member on the Australian Human Rights Commission's Close the Gap campaign group, and flexible work and learning arrangements for trainees. The College is also committed to cooperating with the community to promote the education, training and ongoing professional development of medical specialists through engaging community representatives on a number of its committees, including the Aboriginal and Torres Strait Islander Health Advisory Committee and the Paediatrics Policy and Advocacy Committee.

The College's constitution lists as an object the need to 'seek improved health for all people by developing and advocating health and social policy in partnership with health consumers and jurisdictions'.

Summary of achievements since 2008

2009 – 2013
1.4 Interaction with the health sector
• Following establishment of the Australian Federal Government's Specialist Training Program in 2011, the College has worked closely with the Department of Health to administer contracts for 376 physician training positions across Australia. • The College participated in national meetings and fora on medical training and workforce initiatives. • The College has worked closely with NSW Health to enable a dual training physician pathway to increase the generalist workforce capacity in rural areas to manage complex diseases. • Active engagement with Queensland Medical Education and Training (QMET) to discuss Basic Training and supervisor support. • The College contributed to HWA's Implementation Plan for the National Health Workforce Innovation and Reform Strategic Framework for Action 2011-2015. • A meeting was held to discuss rural workforce strategies with the NSW Ministry of Health. This meeting has led to an ongoing relationship with a focus on sustainable workforce outcomes. • The New Zealand Office has built strong networks with other healthcare organisations. Working relationships have been developed with both governmental and non-governmental organisations.

Future directions

The College will continue to foster productive relationships with key stakeholders in health, including Health Departments, jurisdictions, other colleges and universities. The College is currently exploring ways in which it can strengthen collaborations and consultation with community agencies and consumer groups.

The New Zealand Committees will continue to advocate and maintain constructive working relationships with key government agencies and are currently developing work plans that will formalise timelines and identify key issues for future discussions.

The College will undertake consultation on the Basic Training Curricula review (refer *AMC Standard 3*).

1.5 Continuous renewal

Accreditation standards

1.5.1 The education provider reviews and updates structures, functions and policies relating to education, training and continuing professional development to rectify deficiencies and to meet changing needs.

The College is committed to ensuring that its educational programs enable trainees, supervisors, assessors and the wider Fellowship to continuously adapt to changes in scientific, educational and health practices worldwide as well as changing community needs. To meet these challenges the College has robust, dynamic and evidence-based procedures for reviewing, modifying and renewing its fundamental structures and activities. Consultation with all stakeholders, including trainees, is an integral part of the College's approach to education development activities.

Renewal of structures

Education governance reform

In May 2011 the RACP commenced a review of its governance structure for education and in December 2012, following a period of consultation across the College, the RACP Board approved a new education governance plan. Some of the key outcomes that will result from the changes to education governance include: streamlining and reducing the number of education committees, standardisation of all committee terms of reference, and the combining, re-naming and amalgamation of some education committees throughout the College.

The governance reform will ensure that College governance is adaptable and able to meet changing needs.

Education functional alignment project

In March 2013 the RACP Board agreed that all College staff supporting the education functions of the Faculties and New Zealand should integrate with the Education Services Department as part of the Education Governance structure alignment. Until now education at the RACP has been decentralised and managed by different areas across the College including: Education Services, Fellowship Relations, the New Zealand Office and the Faculties.

An integrated staffing model will better support the College's training programs, provide a more consistent approach to basic education policies, standards and principles, while allowing Faculties to continue to offer special services as required.

Since July 2013, Education Services and the Faculties have been working on the Educational Functional Alignment Project which will result in the transfer of all staff supported trainee education functions to Education Services during 2014.

Renewing education approaches

The College regularly reviews training program requirements and education policies to ensure that changing needs are met.

The College's processes for developing and renewing education approaches, including policies, share the following key features:

- **Evidence-based:** the College conducts research which includes a literature review, local and international practices, and evaluative feedback, which informs a working group from the beginning of the process.
- **Consultation:** the College consults widely with stakeholders to ensure that changes are achievable and implemented smoothly without unintended consequences. A review group is then convened which considers how to shape the product in response to consultation feedback.
- **Evaluation:** once implemented, products are regularly monitored and evaluated to ensure they remain fit for purpose and quality improvement through ongoing renewal.
- **Change management:** the College has adopted the ADKAR[2] change management model to effectively manage changes to its education products.

Training programs

In 2011 the College adopted the following principles for all training program requirements:

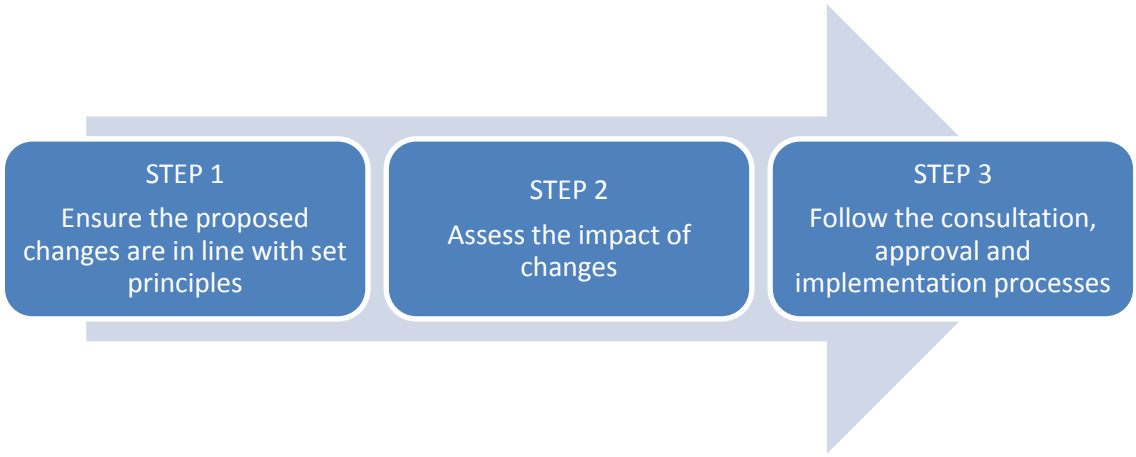
- **Desirable:** requirements have clear rationale, are aligned to curriculum standards and provide benefits to the public by delivering higher quality healthcare.
- **Doable:** requirements are able to be achieved in Australian and New Zealand training environments.
- **Defensible:** requirements are clear, fair, equitable and flexible, introduced with reasonable notice periods and compliant with other policies and regulatory standards.

These principles can be found in full in attachment 11.

A guide to changing training program requirements (see attachment 11) sets out a 3-step process for making changes to training programs (see Figure 7).

[2] *ADKAR (Awareness, Desire, Knowledge, Ability and Reinforcement). A model for change in business, government and out community, Jeffrey M. Hiatt, 2006, Prosci Learning Center Publications, Loveland, Colorado.*

Figure 7 – Changes to training programs



Additionally, the College has adopted a process for developing new training pathways (attachment 11).

Review of training program requirements occurs annually, and revised program requirements are published in Program Requirements Handbooks for each training program with six months' notice to trainees and supervisors. When changing training programs, the College conducts impact assessments to determine the degree of impact. Low impact changes can be implemented with six months' notice as part of the annual cycle of revising program requirements. Moderate- and high-impact changes require longer notice periods and additional support to implement, such as training for supervisors or education resources. Before approving and implementing changes, the College seeks comment and feedback from supervisors, trainees, and other stakeholders as required.

Education policies

Policies and standards at the College are developed through the College Education Committee approved eight stage policy development process; refer to *AMC Standard 1.1* for further information regarding the process. The Education Policy Development Process is published on the College website, accessible by all members (attachment 2). Periodic scheduled revisions of education policies are informed by re-scoping of the policy issue as well as feedback received during the monitoring and evaluation phase; this enables deficiencies to be rectified and changing needs to be addressed.

Education resources

Education resource development follows a similar process to Education Policy Development, with a number of additional steps to cater for the development and testing of online products. The process includes the following stages: Propose > Initiate > Plan > Design > Develop > Test > Implement > Evaluate.

Monitoring and evaluation

Evaluation and Research is a further mechanism to ensure continuous renewal of College approaches. Please refer to *AMC Standard 6.1* for further information.

Major reviews and reports

Since 2008, the College has undertaken the following major reviews and reports focussed on continuous renewal. These are summarised in Table 5.

Table 5 – Major Reviews and reports on College training programs 2009 – 2014.

Report	Summary
BT Trainee evaluations (2009)	A qualitative study to gain an insight into the levels of awareness and engagement of second year Basic Trainees with the PREP Program introduced in 2008.
PREP Consultation (2011) (attachment 12)	A broad consultation with the membership to evaluate the PREP training program, and gather an understanding on perceptions and awareness of the training program.
BT Divisional exam evaluation (2011)	A mixed methods evaluation exploring trainee and examiner views of the Divisional Written and Clinical examinations to inform future development of these assessments.
External Review of Assessment (2011)	A review and appraisal of the College's assessment strategy by a number of internationally respected medical education leaders to identify priority areas and inform future directions in assessment.
Written Examinations Strategy (2012-2016) (attachment 13)	A five year strategy to progress towards a more flexible model of delivery of the Divisional Written Examination.
Supervision Support Strategy (2012-2016) (attachment 14)	A five year strategy to guide and underpin development of an effective supervision program with six focus areas: engagement, policy, training, support, rewards and recognition, and monitoring and evaluation.
AT Trainee Survey (2012)	An evaluation exploring first and second year Advanced Trainees views on their training experiences, perceptions of PREP, and preferences for future training program developments.
eLearning Futures Project (2013-2014) (attachment 15)	An evidence-based study involving review of the best practice in eLearning, rapid ethnography and consultation activities to determine the current and future states of eLearning at the RACP. The recommendations in this report are pending College Education Committee and RACP Board approval.

Summary of achievements since 2008

2009 – 2013
1.5 Continuous renewal
• Focus on renewal of all structures, functions and policies relating to education, training and CPD. • Introduction of a rigorous review and development process for College Education Policy. • Introduction of principles to guide program development, and guidelines for the management of College training programs. • A systematic approach to development work at the College. • Regular review of program requirements through the annual Program Handbook review process. • Implementation of changes are planned and monitored since 2013.

Future directions

In 2015, the College is planning to develop a policy on training programs. This will include the development of training program quality principles and standards, definitions of types of training programs (single, dual, joint), outline of processes related to changes to training programs and the development of new programs, and guidelines for monitoring and evaluating training programs.

The College is currently exploring options to adopt a more formalised approach to project management of initiatives. This is important given that the College is growing in size and the need to manage multiple concurrent initiatives drawing on College resources.

Success Factors for Standard 1: The context of education and training

The College has undertaken a critical self-assessment of its progress towards meeting this standard. The following points summarise factors that will influence the achievement of the College's goals over the next five years:

- Governance changes are complex and involve careful negotiations – balancing individual needs with organisational needs for increased efficiency and streamlining of its structures, processes and decision making.
- The proposed changes to College education governance involve a commitment of committees and College staff to undertake some professional development and willingness to adopt new ways of working and interacting with the College and other stakeholders.
- Success depends on the College adopting more outward looking approaches to governance and renewal with respect to key stakeholders including specialty societies, other Colleges and government and non-government agencies.
- The time commitment which quality training required is a challenge with a largely pro-bono workforce. The College will need to continue its efforts to address capacity to train by working collaboratively with key stakeholders and through refining its own approaches to training.
- Clear, comprehensive and consistent communication across a large and diverse organisation is required.

Recommendations related to AMC Standard 1

	AMC Recommendation
	Continue to formalise agreements between the College and each specialty engaged in advanced training to describe the relationship, responsibilities and accountabilities of each STC for education and training. *Comments in 2013:* This recommendation is about the internal agreements with the specialty societies not external agreements and more work is to be done. The PREP forms the basis of the training program and is now the centre piece of the educational strategy for trainees for Fellowship. The exception is the work to be completed with the Royal Australian and New Zealand College of Psychiatrists and the finalising transition for Intensive Care Medicine. The latter is tracking well but the AMC should seek an update on progress on the former matter particularly with the societal needs for access to trained specialists in the domain of children and young people with behavioural, developmental and psychological disorders and disease.
	RACP Update for 2014
	The Dual Fellowship Training Program in Paediatrics and Child and Adolescent Psychiatry was established in the late 1990s between the RACP and the Royal Australian and New Zealand College of Psychiatrists (RANZCP). Program requirements were last updated in 2006, before the introduction of the PREP program. The RACP and Royal Australian and New Zealand College of Psychiatrists (RANZCP) agreed to suspend new entries into the Dual Fellowship Training Program in Paediatrics and Child and Adolescent Psychiatry pending a review of the program. A review of the joint training program in Paediatrics and Child and Adolescent Psychiatry has been initiated. A joint working group was established in mid-2013, and the first meeting held in early 2014. The discussion was productive and focused on developing new models for training. The working group considered and reviewed a number of models. Further work will be done in this area.

2 Organisational purpose and training program outcomes

2.1 Organisational purpose

Accreditation standards

2.1.1 The purpose of the education provider includes setting and promoting high standards of medical practice, training, research, continuing professional development, and social and community responsibilities.

2.1.2 In defining its purpose, the education provider has consulted fellows and trainees, and relevant groups of interest.

Since its founding in 1938 the purpose of the RACP continues to be training, educating and representing physicians and paediatricians in Australia and New Zealand.

Vision

The Vision of the College is:

'Striving for excellence in health and medical care through lifelong learning, quality performance and advocacy'

Purpose

The purpose of the College, as outlined in its constitution, is to:

- promote the highest quality medical care and patient safety through education, training and assessment
- educate and train future generations of physicians
- maintain professional standards and ethics among physicians through continuing professional development and other activities
- promote the study of science and the art of medicine
- benefit the common good and scientific discussions through collaboration of physicians
- increase the evidence and knowledge of specialist medical practice through research, dissemination and innovation, in the profession and community
- improve health for all people, including advocating health and social policy
- support and develop physicians as clinicians, public health practitioners, teachers and researchers.

Strategic directions 2012 – 2015

The College Board holds an annual strategic forum where the College's strategic directions are reviewed and renewed.

A key initiative of the Board has been to conduct their meetings in different cities throughout Australia and New Zealand. Prior to each meeting, Board members conduct a question and answer open invitation forum to gain insight into local issues and concerns, as well as to seek feedback to help shape the College's broad strategic directions.

The College's overarching strategic goals are summarised below:

1. RACP is the preferred educator and assessor of physician performance
2. RACP shapes the medical workforce strategy
3. RACP is a respected supporter of research
4. Provide value for members
5. RACP is able to shape the health policy agenda
6. A robust and effective College

The College's Statement of Strategic Direction 2012-2015 is available on the College website.

Definition of a physician

The College definitions of the different disciplines related to its specialty training programs are published in the specialty training curriculum documents which are available on the College website.

These definitions have been developed by the College in partnership with the relevant specialty society. In developing the definitions input was sought from Fellows, trainees and other stakeholders.

Examples of specialty definitions for general medicine, sexual health medicine and general paediatrics are included in the table below.

Table 6 - Examples of discipline definitions

General and Acute Care Medicine
General physicians are specialty physicians with expertise in the diagnosis and management of complex, chronic and multisystem disorders in adult patients. They undertake a comprehensive assessment of a patient's problems and needs, both biomedical and psychosocial, and provide and coordinate patient care with the assistance of multidisciplinary teams to optimise health outcomes. General physicians have a breadth of expertise which enables them to deal with undifferentiated and ambiguous presentations and to diagnose and manage illnesses affecting more than one organ system. The work of a general physician is not limited by patient age, diagnostic category, stage of disease, treatment intent, or clinical setting. The practice of general physicians extends across acute hospital and ambulatory settings and involves interactions with other specialists from a variety of disciplines, as well as primary care providers and allied health professionals. General physicians adopt a scientific, evidence-based approach to the patient as a whole person,

notwithstanding an interest and some level of training in another specialty. This approach includes detailed knowledge of the pathophysiology, diagnostics and therapeutics of a broad range of diseases.

This breadth and depth of knowledge and experience make general physicians ideally suited to providing high quality consultant services across a spectrum of health and illness. These capacities place general physicians in an important and responsible position as clinicians, teachers and researchers, particularly where clinical problems affect multiple organ systems, involve issues which do not fall within the domains of single organ-system subspecialties, and where integration of multidisciplinary expertise may be required.

Sexual Health Medicine

Sexual health medicine is the specialised area of medical practice concerned with healthy sexual relations, including freedom from sexually transmissible infections (STIs), unplanned pregnancy, coercion, and physical or psychological discomfort associated with sexuality. Its practice encompasses the individual, population, social, cultural, interpersonal, microbial and immunological factors that contribute to STIs, sexual assault, sexual dysfunction and fertility regulation.

Sexual health medicine is concerned with the promotion of the sexual health of the community by identifying and minimising the impact of the above problems through education, behaviour change, advocacy, targeted medical and laboratory screening, diagnostic testing, clinical service provision, surveillance, and research.

The practice of sexual health medicine embraces two perspectives: a clinical perspective and a public health approach to sexual health problems. The treatment of individuals and the contact tracing and treatment of their sexual partner(s) is an essential part of the role of the specialist in sexual health medicine.

General Paediatrics

General paediatrics is a broad based multidisciplinary specialty which, on referral from primary care providers, provides expert diagnosis, treatment and care for infants, children and young people aged from 0 to 19 years.

General paediatricians provide a comprehensive level of leadership, management and advocacy, as they work in close collaboration with other medical professionals including general practitioners, subspecialists paediatric nurses, allied health professionals, and associated community organisations within this multidisciplinary field.

General paediatricians have a breadth and depth of knowledge and experience that makes them ideally suited to provide high quality specialist services and a comprehensive package of care across a broad spectrum of common acute and chronic disorders, disease, illness and associated health issues of a developmental and psychosocial nature.

These capacities place general paediatricians in an important and responsible position as clinicians, teachers and researchers particularly where: problems are undifferentiated and

complex; there are issues which do not fall within the range of one subspecialty and the integration of interdisciplinary expertise may be required.

For those infants, children and young people requiring subspecialty care, the general paediatric team is essential to provide a comprehensive coordination of services. For these reasons general paediatrics is a service which underpins the care of infants, children, young people and their families.

Consultation in defining new fields of practice / vocational scopes

The College has established a definition for the specialty of Adolescent and Young Adult Medicine and continues to progress an application for recognition of this field of practice and accreditation of the associated training program via the Australian Medical Council.

Progress is also being made towards recognition of Addiction Medicine as a vocational scope of practice in New Zealand. Please refer to *AMC Standard 1.1* for more information.

Extensive consultation has occurred with Fellows, trainees and stakeholder groups in preparing these definitions and submissions.

AFOEM Consensus Statement on the Health Benefits of Work

An example of collaboration with stakeholder groups to achieve the College purpose was the release of the Australasian Faculty of Occupational and Environmental Medicine (AFOEM) Consensus Statement on the Health Benefits of Work in 2011.

Realising the Health Benefits of Work presents compelling international and Australasian evidence that work is generally good for health and wellbeing, and that long term work absence, work disability and unemployment generally have a negative impact on health and wellbeing.

The purpose of the consensus statement is to bring together a wide range of stakeholder signatories, who each affirm the importance of work as a determinant of health and commit to:

- promoting awareness of the health benefits of work
- offering support and encouragement to those attempting to access the health benefits of work
- encouraging employers' continuing support of workers' occupational health
- advocating for continuous improvement in public policy around work and health, in line with the principles articulated in the consensus statement.

To date, the consensus statement has accrued 51 signatories in New Zealand and 51 signatories in Australia.

2.2 Graduate outcomes

Accreditation standards

2.2.1 The education provider has defined graduate outcomes for each training program including any sub-specialty programs. These outcomes are based on the nature of the discipline and the practitioners' role in the delivery of health care. The outcomes are related to community need.

2.2.2 The outcomes address the broad roles of practitioners in the discipline as well as technical and clinical expertise.

2.2.3 The education provider makes information on graduate outcomes publicly available.

Graduate outcomes describe the knowledge and capabilities trainees of the College have acquired and have demonstrated at completion of their respective training program. They consist of outcomes specific to a particular specialty as well as transferable generic outcomes, largely focusing on the professional domains of physician practice that all graduates should acquire irrespective of their chosen specialty. These outcomes acknowledge the skills and experience that trainees have gained in earlier stages of the medical education continuum including from medical school and the pre-vocational years. It is also recognised that this learning will be ongoing as enabled through the College's Continuing Professional Development program and commitment to lifelong learning.

Outcomes for each specialty training program have been defined in the curriculum for each training program, under heading of future domains of competence. Discipline specific examples of graduate outcomes for Basic Training (Adult Internal Medicine), Advanced Training in General and Acute Care Medicine, and Advanced Training in General Paediatrics are included in the table 7 below.

Graduate outcomes have been defined for a proposed new Advanced Training Program in Adolescent and Young Adult Medicine. This has involved development of a curriculum, with training program requirements developed to support and monitor achievement of these outcomes.

Table 7 - Examples of graduate outcomes for training programs

Basic Training – Adult Internal Medicine

At the completion of Basic Training, it is expected that trainees will have:

- built on the knowledge and skills acquired during medical school and the pre-vocational post-graduate years
- gained experience in, and had the opportunity to develop and demonstrate competency in, a comprehensive range of 'core' generic and discipline-specific knowledge, clinical skills and attitudes
- had a broad-based exposure to, and clinical experience within, each of the discipline areas that will be further developed and focussed during the subsequent Advanced Training program
- acquired a 'breadth of competence' that will be further developed into a 'depth of competence' within their Advanced Training program
- rotated through a series of training opportunities
- gained a background knowledge and understanding of the full range of discipline areas which will facilitate cross referral/multi-specialty teamwork etc.
- demonstrated the ability to communicate effectively and sensitively with patients and their families, colleagues and other allied health professionals
- gained an initial understanding of, and be able to acknowledge the importance of, the various socioeconomic factors that contribute to illness and vulnerability
- acquired an awareness of, and sensitivity to, the special needs of patients from culturally and linguistically diverse backgrounds
- acquired the skills to be able to work within, and fully utilise, multidisciplinary team-based approaches to the assessment, management and care of their patients implemented their future career-planning and decision making processes based on a more informed level of knowledge and understanding.

Advanced Training - General and Acute Care Medicine

Graduates from this training program will be equipped to function effectively within the current and emerging professional, medical and societal contexts. At the completion of the Advanced Training Program in General Medicine, as defined by this curriculum, it is expected that a new Fellow will have developed the clinical skills and have acquired the theoretical knowledge for competent practice as a general physician. It is expected that a new Fellow will be a medical expert/clinical decision maker, with the ability to:

- undertake timely, comprehensive and systematic clinical assessments
- efficiently formulate diagnosis and management plans in partnership with patients and other health professionals
- provide a learned, comprehensive, rational, evidence-based consultant opinion
- prioritise care according to clinical circumstances and treatment goals
- care for patients at all stages of life from adolescence onwards
- care for complex patients with multiple problems and comorbidities
- care for acute, undifferentiated illness and well defined clinical syndromes
- care for common chronic diseases including end-of-life care
- integrate research evidence and clinical expertise in providing optimal care
- show willingness and capability to manage a diverse spectrum of clinical problems and

patient case mix in a variety of clinical settings
- demonstrate rational, cost-effective and appropriate use of interventions, investigations and medication
- competently perform procedures according to current and future practice settings, patient needs, and credentialing requirements
- manage patients in spite of clinical uncertainty.

Advanced Training - General Paediatrics

Graduates from this training program will be equipped to function effectively within the current and emerging professional, medical and societal contexts. At the completion of the Advanced Training Program in General Paediatrics, as defined by this curriculum, it is expected that a new Fellow will have developed the clinical skills and have acquired the theoretical knowledge for competent general paediatrics practice. It is expected that a new Fellow will be able to:

- take organised, relevant and complete medical histories
- perform thorough physical examinations
- use diagnostic studies and technical procedures, including understanding indications, performing the studies and procedures, and interpreting results
- exercise a comprehensive level of clinical judgement when making diagnostic and therapeutic decisions
- demonstrate the ability to integrate medical knowledge and clinical skills
- consider diagnostic and therapeutic alternatives
- act as an independent paediatrician consultant with an understanding of their own limitations of knowledge and experience
- understand scientific and technological developments in paediatrics and to apply these appropriately to care of infants, children and young people
- possess a sound knowledge of community resources and an understanding of the principles of preventive care
- possess a basic knowledge of research methodology, including hypothesis generation and testing and the principles of statistical analysis essential for a paediatrician
- demonstrate integrity, respect and compassion in the care of patients and their families
- possess the skills required to acquire and process new knowledge, and have the desire to promote and maintain excellence through actively supporting or participating in research or quality assurance activities
- foster and develop peer relationships to support one’s professional practice
- contribute to the education of colleagues, students, junior medical officers and other health care workers
- demonstrate high standards of moral and ethical behaviour towards infants, children, young people, their families and co-workers define the role of a general paediatrician as an advocate for infants, children, young people and their families.

Common components of specialist training that address broad professional responsibilities are defined in the Professional Qualities Curriculum, which is used by all RACP training programs.

At the completion of their overall training program, it is expected that a new Fellow will:

- have demonstrated their knowledge of, and ability to competently utilise the range of common or generic knowledge, skills, attitudes and behaviours required by all physicians/paediatricians, regardless of their area of specialty
- be able to communicate effectively and sensitively with patients and their families, colleagues and other allied health professionals
- understand and acknowledge the importance of the various socio-economic factors that contribute to illness and vulnerability
- be aware of, and sensitive to, the special needs of patients from culturally and linguistically diverse backgrounds
- be able to work within, lead and fully utilise multidisciplinary team-based approaches to the assessment, management and care of their patients
- recognise the need for, develop, and be able to apply appropriate patient advocacy skills
- have the skills required to process new knowledge and the desire to promote and maintain excellence through actively supporting or participating in research and an active program of continuing professional development
- be able to contribute to the education of patients, colleagues, Trainees, junior medical officers and other health care workers.

Summary of achievements since 2008

2009 – 2013
2.2 Graduate outcomes
• Basic Training now defined in Adult Medicine and Paediatrics & Child Health curricula. • Advanced Training, Chapters and Faculty training programs now defined in program specific curricula. • Professional Qualities defined in the Professional Qualities Curriculum. • Proposed RACP Standards Framework outlining ten domains of physician competence developed and circulated for consultation with College committees. • Graduate outcomes developed for proposed new Advanced Training Program in Adolescent and Young Adult Medicine.

Future directions

The College is in the process of developing the RACP Standards Framework (Figure 8), already in consultation phase. The Standards Framework aims to establish one overarching set of domains of competence which underpin the professional practice and ongoing learning of the entire membership (Basic Training and Advanced Training trainees - including Divisions, Chapters and Faculties and Fellows).

It will provide a common framework for all the broad domains of competence that underpin the work and learning of a physician irrespective of their specific training program. This framework will inform the development of a set of College-wide graduate outcomes as well as the review of curriculum standards for all College training programs.

The proposed RACP Standards Framework has been developed in reference to existing standards frameworks, including CanMEDS, the AMC's and MCNZ's Good Medical Practice frameworks, and has evolved from the domains of the College's:

- Professional Qualities Curriculum (PQC), published in 2007
- Supporting Physicians' Professionalism and Performance (SPPP) framework, published in 2012, which extended the domains of the PQC and outlined markers for good and poor behaviour for Fellows against each domain
- program-specific training curricula, published between 2008–2011, which outline the specialty-specific medical expertise required.

As part of the development process for the proposed RACP Standards Framework, the content of the Australian Curriculum Framework (ACF) for Junior Doctors has been mapped against the framework's domains, which will allow the College to outline the development of physicians' knowledge, skills and attitudes from the prevocational years into Basic and Advanced physician training.

The draft RACP Standards Framework is summarised in Figure 8.

Figure 8 – RACP Draft Standards Framework

Over the next two years, the College will review teaching, learning and assessing professionalism in RACP training programs. Consultation on the RACP Standards Framework and graduate outcomes for each domain of competence within this framework is currently being conducted with internal groups. This will be extended to groups external to the College, including national and international colleges, Specialty Societies, jurisdictions, external health agencies and consumer groups.

Following widespread consultation, the College will confirm the RACP Standards Framework and the graduate outcomes this defines, and use this framework to guide the review of curricula for each program. Program specific outcomes will be developed in addition to the broad set of graduate outcomes for all physicians and paediatricians.

Confirmed graduate outcomes will be published on the RACP website.

A background paper on professionalism has been drafted, and will underpin the formation of a working group to plan how professionalism can best be taught, learned and assessed in RACP training programs, including consideration around appropriate assessment methods such as MSF and patient feedback surveys. The formation of the working group on professionalism has been approved by the College Education Committee in early 2014, to be formed through an expression of interest process.

Success Factors for Standard 2: Organisational purpose and program outcomes

The College has undertaken a critical self-assessment of its progress towards meeting this standard. The following points summarise factors that will influence the achievement of the College's goals over the next five years:

- The College anticipates no change to its principal purpose of being the preferred education provider of Physician training
- The proposed Standards Framework and plan to reach consensus on College-wide graduate outcomes builds on a significant body of previous work undertaken by the College, nevertheless it is an ambitious project and may take some time to complete.

3 The curriculum for the education and training program

3.1 and 3.2 Curriculum framework, structure, composition and duration

Accreditation standards

3.1.1 For each of its education and training programs, the education provider has a framework for the curriculum organised according to the overall graduate outcomes. The framework is publicly available.

3.2.1 For each component or stage, the curriculum specifies the educational objectives and outcomes, details the nature and range of clinical experience required to meet these objectives, and outlines the syllabus of knowledge, skills and professional qualities to be acquired.

3.2.2 Successful completion of the training program must be certified by a diploma or other formal award.

In 2008 the College introduced the Physician Readiness for Expert Practice, or 'PREP' program as a framework to guide the design, development, implementation and evaluation of its training programs in the Divisions, Faculties and Chapters of the College.

RACP educational framework

The PREP Program is a comprehensive system of education incorporating Basic Training, Advanced Training and Continuing Professional Development (CPD). College trainees and Fellows are supported throughout the process of lifelong learning by a range of learning strategies and tools. The PREP educational framework is undergoing a major revision in conjunction with the revision of the Basic Training Curricula Review.

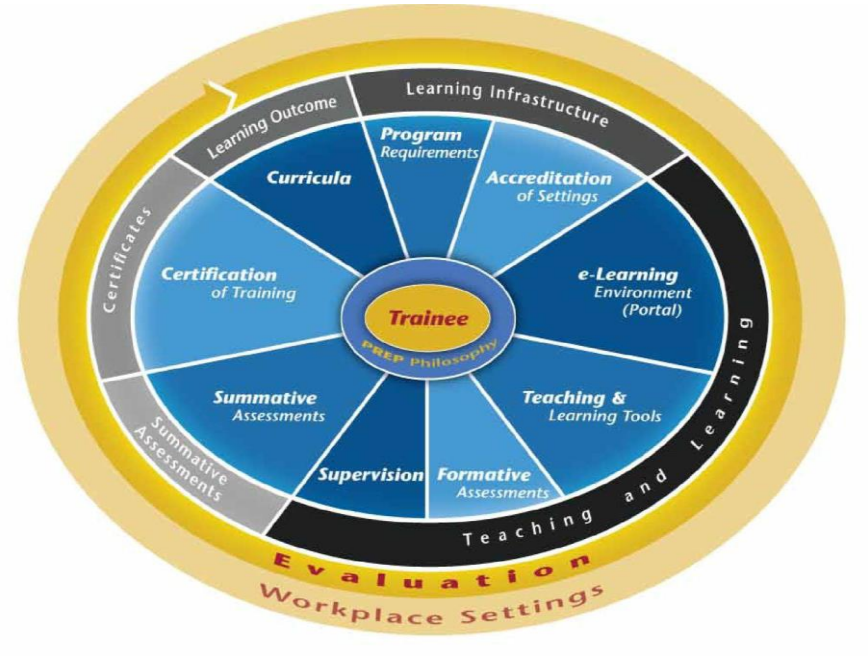
A Basic Training Curriculum in Adult Medicine and Paediatrics & Child Health and a Professional Qualities Curriculum were implemented in 2007. Advanced Training curricula have been developed in all specialty areas. The Basic Training Curricula are undergoing major revisions and subsequently Advanced Training Curricula will be reviewed utilising the same curricula framework and assessment standards.

The Professional Qualities Curriculum spans all phases of training but needs to be more fully incorporated into Basic and Advanced Training for the purposes of assessment.

The key principles of the PREP training philosophy are:

- **Supportive learning environment** – trainees are provided with a supportive educational framework that will guide them through a defined learning pathway
- **Trainee-centred, physician-led approach** – supervisors aim to foster a learning culture within each healthcare setting which allows trainees to tailor learning experiences to meet their individual needs
- **Reflective practice** – through enquiry and personal reflection, trainees develop skills for reflective practice necessary for continuous learning and professional practice

Figure 9 - The PREP framework



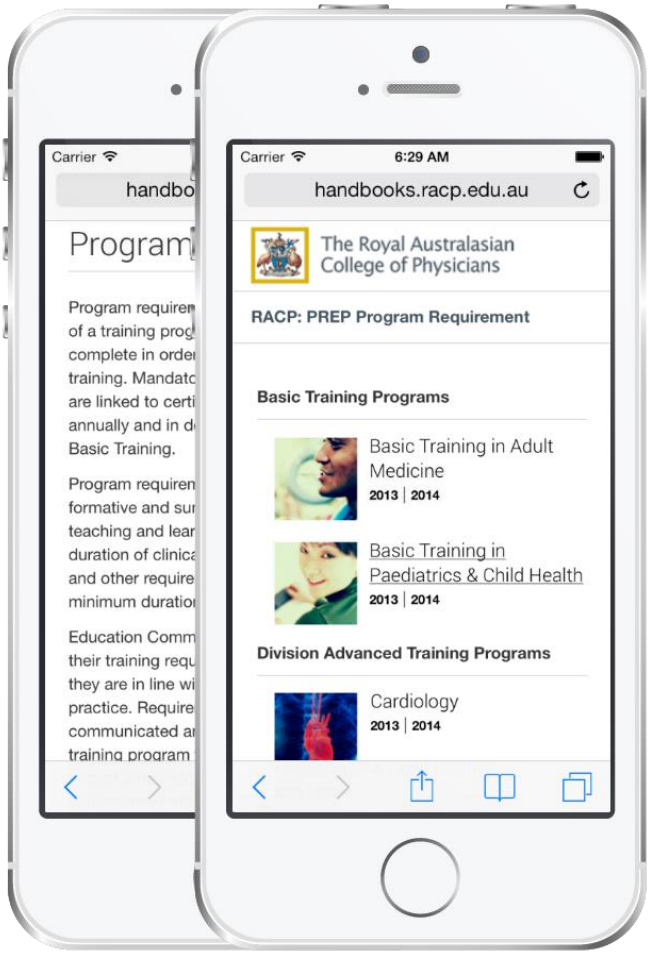
The PREP framework, as illustrated in Figure 9, is made up of various elements, including:

- **Curricula** – a curriculum specific to each training program outlines the broad concepts and learning objectives related to that program, and the Professional Qualities Curriculum explains the non-clinical knowledge, skills, attitudes and behaviours that all trainees and Fellows need to develop or have as part of their practice.
- **Program requirements** – program requirements are the mandatory components of a training program that a trainee must complete in order to progress through training. They specify the required formative and summative assessments, teaching and learning activities, type and duration of training rotations/runs, course work, and other requirements such as the minimum duration of training.
- **Accreditation of settings** – the process of evaluating the suitability and capability of a training setting to deliver a College training program. Further information on Accreditation of settings is provided under *AMC Standard 8.1*.
- **eLearning environment (Portals)** – both trainees and supervisors are supported by the eLearning environment, which provides easy access to relevant information, online learning tools and resources for each component of the PREP Program.
- **Teaching and learning tools** – these are designed to support reflective practice and self-directed learning. These tools cater to a range of learning needs, styles and situations that may arise in workplace training.
- **Assessments** – there are both formative and summative assessments within each program. Formative assessments are carried out as workplace-based assessments and do not require a pass. They provide a means for trainees to gain feedback and plan for future learning. Summative assessments require trainees to achieve and demonstrate a satisfactory standard to progress. Further information on Assessments is provided under *AMC Standard 5*.
- **Supervision** – supervisors contribute significantly to a trainee's learning process by planning and facilitating the trainee's learning path, facilitating effective teaching and learning opportunities, and providing comprehensive and timely feedback on the trainee's progress and achievement of the curricula learning objectives. Further information on supervision is provided under *AMC Standard 8.1*.
- **Certification of training** – certification of training is the process of verifying that a trainee has met the program requirements for annual progression and completion of training. Information on certification of training is recorded in the Portal and is available to the trainee and Director of Physician Education.
- **Evaluation** – continually informs the development of the PREP Program. The College engages in regular, systemic evaluation of trainees' satisfaction with training, learning experiences, quality and amount of supervision, professional support and career development.

RACP program requirements

Training requirements for each College training program are detailed in a program specific PREP Program Requirements Handbook. Handbooks are updated and published annually to ensure that requirements are in line with educational best practice. Content includes specialty-specific information on each of the aspects of the PREP framework listed above. PREP Program Requirements Handbooks are publicly available in a web browser format (compatible with smartphones and tablets), and PDF. Handbooks for the following year are available at least six months in advance, to allow trainees and supervisors to plan.

Figure 10 – PREP Program Requirements Handbook on smart device



A typical College training program is 36 months in duration (full time equivalent), consisting of 24 months of core training and up to 12 months of non-core training. Trainees are required to complete teaching and learning activities at the beginning of each training rotation, and formative and summative assessments throughout each rotation. Training is undertaken at an accredited training setting under the supervision of a Fellow of the relevant Division, Faculty or Chapter.

All handbooks are available on the College website, and are mobile and tablet reader compatible. Please refer to the website for an illustrative selection of handbooks. All handbooks are depicted in Figures 10 and 11.

Figure 11 – RACP Training Program Handbooks


Basic Training in Adult Medicine


Basic Training in Paediatrics & Child Health


Addiction Medicine


Cardiology

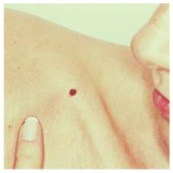

Clinical Genetics


Clinical Haematology


Clinical Immunology and Allergy

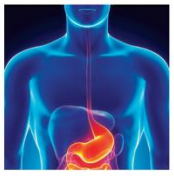

Clinical Pharmacology


Community Child Health


Dermatology


Endocrinology


Endocrinology and Chemical Pathology Joint RACP/RCPA Program

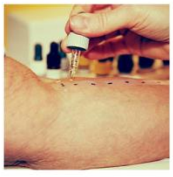

Gastroenterology

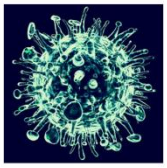

General and Acute Care Medicine


General Paediatrics

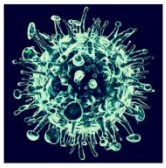

Geriatric Medicine


Haematology Joint RACP/RCPA Program


Immunology and Allergy Joint RACP/RCPA Program



Infectious Diseases

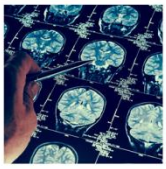


Infectious Diseases and Microbiology Joint RACP/RCPA Program

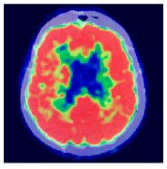
Medical Oncology

Neonatal/Perinatal Medicine

Nephrology

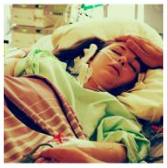


Neurology



Nuclear Medicine

Paediatric Cardiology



Paediatric Emergency Medicine

Paediatric Neurology

Palliative Medicine

Palliative Medicine (Diploma)

Respiratory Medicine and Sleep Medicine

Rheumatology

Sexual Health Medicine

Occupational and Environmental Medicine

Paediatric Rehabilitation Medicine

Public Health Medicine

Rehabilitation Medicine

Basic Training Curricula Review

The Basic Training Curricula (BTC) review is the first major training program review since the implementation of PREP. The review focuses not only on the curriculum standards, but on all other aspects of the program including assessments, training requirements and learning resources. A key objective of the review is to ensure that all components of the training program are aligned with the revised curriculum standards.

Since commencing the review of the Adult Medicine and Paediatrics & Child Health Basic Training Curricula (BTC) in early 2013, the BTC review working groups have made significant progress. It is recognised that all curricula need evaluation and review to ensure validity, reliability and feasibility, and that the review is guided by best practice and medical education evidence.

Key achievements to date include:

1. **Drafting a purpose statement for Basic Training**
   The Basic Training Curricula (BTC) Review Working Group developed a draft purpose statement for Basic Training in 2013, which will be further refined over the course of the BTC Review.

2. **Commencing consultation on a proposed RACP standards framework**
   The BTC Review Working Group has contributed to the development of a draft College-wide standards framework that will be an overarching scaffold of defined domains of competence common to all physicians, which could be applied to all College training programs. A key feature of this framework is the integration of the professional qualities domains and the medical expertise currently outlined in the program-specific curricula. Application of a common standards framework will facilitate the constructive alignment of learning activities and assessments with the curriculum standards.

   The proposed RACP standards framework will undergo further consultation and development over 2014. Please refer to *AMC Standard 2.1* for more information.

3. **Developing a new proposed curriculum standards model**
   The BTC Review Working Group have considered and suggested revisions to a proposed RACP Curriculum Model that integrates the proposed RACP standards framework; stages of training across the continuum of College training programs; Basic Training outcomes; teaching and learning resources; and activities for assessment. Development of the curricula will incorporate evidence from current literature and guidelines from other post graduate programs where available (with acknowledgement). It is envisaged that the proposed RACP Curriculum Model be applied to all College training programs to ensure consistency in the structure of all College curricula.

4. **Identifying provisional Entrustable Professional Activities (EPAs) for Basic Training**
   The BTC Review Working Group is considering the introduction of EPAs as part of a program of assessments. Current medical education evidence indicates that EPAs are a valid and reliable indicator of trainee competence. EPAs focus on high priority and high risk work tasks which assess multiple curriculum domains. It is planned that they will be assessed through work-based assessments. The Working Group has developed eight preliminary EPAs for Basic Training in Paediatrics & Child Health and 11 preliminary EPAs for Basic Training in Adult Medicine, which will be refined over the course of the BTC Review.

5. **Commencing development of appropriate outcomes for Basic Training**
   The BTC Review Working Group has reviewed the content of the current BTC and Professional Qualities Curriculum (PQC) and considered its appropriateness for Basic Training. This reviewed content has been the starting point for the development of suitable outcomes for Basic Training. Outcomes for all domains of the proposed RACP Standards Framework will continue to be developed and refined for Basic Training over the course of the review. It is anticipated that draft outcomes will be available from 2015.

6. **Seeking advice from Advanced Training, Chapter and Faculty Education Committees regarding competencies expected of a trainee entering their Advanced Training programs**
   The BTC Review Working Group has sought guidance from Advanced Training Committees regarding the competencies expected of trainees entering each program. Communication between Advanced Training Committees and the BTC Review Working Group will continue through the review, and feedback will be considered by the BTC Review Working Group when determining suitable exit-stage outcomes for Basic Training.

In addition to identifying some provisional EPAs for Basic Training, the College is conducting an EPA pilot with Advanced Trainees in Community Child Health (CCH). The purpose of the pilot is to explore the usefulness of EPAs, in terms of both curricula design and workplace application for an Advanced Training program. It is intended that the results of this pilot process provide input into the plans for the BTC reviews, inform the subsequent Advanced Training curricula reviews, and other CCH program redesign activities.

Formal award upon completion of training

Successful completion of the training program is certified by awarding Fellowship of the relevant Division, Faculty or Chapter. A list of qualifications is provided at the beginning of this report.

Summary of achievements since 2008

2009 – 2013
3.1 and 3.2 Curriculum Framework, structure, composition and duration
• Online Portals developed and launched for Basic Training, Advanced Training and the Faculties. • Process for curriculum development ratified by the College Education Committee in 2009 and subsequently rolled out. All College training programs have standardised curricula. • Broad consultation on the PREP program was undertaken with College trainees and Fellows. Feedback from this consultation formed the basis of the PREP implementation plan, 2011 – 2015. • From 2011, the College has released annual handbooks for each training program which outline requirements for trainees each year. Annual renewal ensures requirements remain current and appropriate. • Development of a new Education Resource Development Process. • Significant progress made in the Basic Training Curricula reviews.

Future directions

Looking forward, the College will consult widely on the proposed RACP Standards framework and the revised Basic Training curricula content for Adult Medicine and Paediatrics & Child Health. Revised content will outline the outcomes, assessments and learning objectives for Basic Training. The College also intends to consider the feasibility of granting a formal award at the completion of Basic Training.

A phased approach to the revision of Advanced Training Curricula will be taken which draws on the successes of the BTC review methodology.

3.3 Research in the training program

Accreditation standards

3.3.1 The training program includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, and encourages the trainee to participate in research.

3.3.2 The training program allows appropriate candidates to enter research training during specialist education and to receive appropriate credit towards completion of specialist training.

Research is central to the work, professional development and evidence-base of the profession of physicians. Research is one of the core domains of the Professional Qualities Curriculum (PQC) and the proposed standards framework. It is also one of the six strategic goals of the College (please refer to *AMC Standard 2.1*).

Fostering and developing research capability is undertaken in a number of ways, including incorporating a mandatory research requirement into College training program requirements. Trainees are supported in their pursuit of research through flexible training arrangements and site accreditation requirements. Training sites are required to ensure trainees have the capacity to obtain experience in research methodology and develop research interests, either onsite or through affiliation with appropriate research institutions. The College also offers research awards to foster research amongst Fellows and trainees of the College.

At its April meeting this year, the College Education Committee identified Research in the Training Program as a key focus area for the 2015 training program requirements review.

Research projects working group

Completion of one or more research projects is a mandatory requirement of 27 Advanced Training Programs across the Divisions, Faculties and Chapters. A review of the research requirement for Advanced, Chapter and Faculty training programs was conducted in 2012. A position paper set out the background to research in training at the College, and established a need to identify a common purpose for research, and clarify assessment types to be used across all programs.

Further to the review, the Research Projects Working Group was formed to clarify the structure and objectives of research projects across College training programs. The working group made a number of recommendations for standardising the purpose, requirements, assessment, and support for research projects in Advanced, Faculty, and Chapter training.

The proposed revisions to Advanced Training Research Projects have been circulated for consultation with Advanced Training, Faculty and Chapter committees. This consultation paper is included as attachment 16.

Supporting careers in research

RACP research awards

The RACP Foundation promotes positive health outcomes through medical research and education. The Foundation is dedicated to recognising and supporting talented Fellows and trainees, through providing a wide range of awards for research and education initiatives.

Awards currently offered include Fellowships to support College members at varying stages of their research careers, Scholarships to encourage members who are commencing careers in research, grants for those wishing to pursue postdoctoral fellowships, and prizes which recognise outstanding contributions or achievements.

Furthermore, the College holds annual Trainee Research Awards for Excellence at the College Congress to identify and acknowledge the best trainee research presentations.

Starting a research career

In 2013, the College's NSW State office hosted an event titled How to Carve out a Niche and get your Research Career Started. This event provided NSW members with knowledge regarding research and grantsmanship. An expert from the George Institute for Global Health in Australia led a panel discussion with Sydney's leading researchers. The format of the evening was designed to be interactive and Members were encouraged to ask questions and raise issues so the panellists can advise strategies and offer their advice. Topics of discussion included: navigating the diversity of research funding opportunities, forging collaborations with experienced research workers, and building a research subject that is creative, exciting and worthy of funding.

Education Policy related to research

Recognition of Prior Learning Policy

The College's revised Recognition of Prior Learning Policy will come into effect in January 2015, and has formalised the recognition of prior research experience towards training. This policy explicitly states that the College will consider relevant post-graduate coursework and research, including: a course of study completed through a university or similar institution, holding an academic post in a relevant field, academic research, institutional research including a PhD, or independent supervised research. For more information on Recognition of Prior Learning, please refer to *AMC Standard 3.4*.

Academic Honesty and Plagiarism Policy

The College's Academic Honesty & Plagiarism Policy was approved August 2008 and scheduled for review in 2013. In preparation for this review, a range of research activities have occurred, building upon feedback received as part of monitoring and evaluating the policy. The results form the basis of a Scoping Paper, which makes several recommendations for the revision, including to:

- broaden the scope of the policy to include a wider range of academic offences, and to apply to any training program activity (admission to membership, all formative and summative assessments, reporting of any information to the College)
- define a set of principles to cultivate a culture of academic integrity
- list factors to guide committees and promote fair and informed decision making
- develop support resources including training for staff and committees, purchase of plagiarism detection software, and communication plans.

The College Education Committee is seeking to form a Development Working Group through an expression of interest process to redraft this policy during 2014.

College Research Committee

The College Research Committee was established in 2013 to provide oversight of the College objective to promote and support research through and for the Fellowship. One of the Committee's first tasks was to develop a College Research Strategy. The College has identified four strategic objectives for 2014 – 2018:

- Clinical Research – To encourage and support College Members, Trainees and Fellows to conduct high quality clinical research throughout their careers.
- Education Methodology Research – To promote and foster research in educational methodology that informs the College's educational role which ensures that the College's education and training programs are based on the best possible academic evidence.
- Health Services and Health Systems Research – To enhance the capacity of physicians to conduct high quality research in health services, health systems, population health and implementation research that has a positive impact on health systems, patient and community well-being.

For more information, please refer to the College's Research Strategy.

Summary of achievements since 2008

2009 – 2013
3.3 Research in the training program
• Review of trainee research projects in progress. Draft guidelines seeking to harmonize research project requirements for all Advanced Trainees have been developed, consulted on and are currently in Peer Review.

Future directions

Following consultation with Education Committees, the proposed revisions to Advanced Training Research Projects will be circulated to trainees and supervisors for consultation in 2014. A peer review working group will be established to review consultation feedback and refine the research projects proposal. Following approval from the College Education Committee, a plan will be developed for implementation of the changes with Advanced Training Committees. Online resources to assist trainees to achieve each of the distinct categories of research will be developed following the peer review working group meeting.

Research related outcomes for Basic Trainees will be determined as part of the Basic Training Curricula review.

3.4 Flexible training

Accreditation standards

3.4.1 The program structure and training requirements recognise part-time, interrupted and other flexible forms of training.

3.4.2 There are opportunities for trainees to pursue studies of choice, consistent with training program outcomes, which are underpinned by policies on the recognition of prior learning. These policies recognise demonstrated competencies achieved in other relevant training programs both here and overseas, and give trainees appropriate credit towards the requirements of the training program.

The College is committed to facilitating flexible training opportunities for all trainees. Through its Flexible Training Policy it seeks to support doctors who are unable to train on a full-time continuous basis and to enable trainees to pursue training whilst fulfilling obligations such as family commitments. Demonstrated competencies achieved in other relevant training programs may be credited towards the requirements of a training program through the College's Recognition of Prior Learning Policy.

Flexible Training Policy

The College's Flexible Training Policy defines the provisions for College trainees (Division, Faculty or Chapter), including Fellows in training, around the time limit to complete a training program, leave entitlements (including parental leave), part-time training, and interrupted training.

Key provisions in the Flexible Training Policy include:

- time limits to complete training, dependent on the length of the training program. Trainees are allowed eight years to complete a three-year program, 10 years to complete a four-year program, and 12 years to complete a five-year program. Time limits do not include an additional 24 months allowed for parental leave
- part-time training can be undertaken at a minimum load of 0.4 FTE[3]
- part-time trainees must complete the same number of formative and summative assessment activities and teaching and learning tools as full-time trainees
- leave entitlements are calculated pro-rata. All trainees are able to take a maximum of eight calendar weeks of leave from training during a 12-month training period. This includes all forms of leave.

Full details are available in the Flexible Training Policy (attachment 17).

[3] Training load of 0.2FTE is allowed for some training programs

These provisions were negotiated with stakeholders from all specialties, and broad consultation took place before implementation in 2012. Implementation of the policy involved widespread communication with trainees and Fellows. As the introduction of time limits to complete training had a significant impact on trainees who had been in the program for many years, trainees approaching the end of their time allowed to complete training were contacted individually and invited to request an extension.

The Flexible Training Policy is currently in the Monitor and Evaluate stage of policy development (see attachment 2, Policy Development Process, for more information). Feedback received since implementation of the policy has been compiled and a scoping paper is being prepared to inform review of the policy in 2014.

Table 8 summarises the number of trainees who have undertaken part-time training or applied for interruption to training from 2010 to 2013:

Table 8 – Part-time training and training interruptions 2010 - 2013

Training Program	Year	Part-time training		Interruptions to Training	
		Number	Percentage	Number	Percentage
Basic Training – Adult Medicine	**2011**	72	3%	228	10%
	2012	67	3%	241	11%
	2013	74	3%	273	11%
Basic Training – Paediatrics and Child Health	**2011**	105	15%	102	15%
	2012	87	13%	111	16%
	2013	99	12%	107	12%
Advanced Training – Adult Medicine	**2011**	92	5%	105	6%
	2012	93	5%	102	6%
	2013	89	4%	138	6%
Advanced Training – Paediatrics & Child Health	**2011**	149	19%	85	10%
	2012	133	17%	76	10%
	2013	105	10%	89	8%
AFOEM	**2011**	*Data not captured*		11	10%
	2012			22	20%
	2013			13	13%
AFRM	**2011**	31	16%	12	6%
	2012	28	15%	24	12%
	2013	27	12%	26	12%
AFPHM	**2011**	16	27%	10	17%
	2012	13	20%	16	25%
	2013	15	18%	22	27%

While feedback about the flexible training policy has been positive, trainee access to flexible employment arrangements remains a barrier.

Recognition of Prior Learning Policy

The College's Recognition of Prior Learning (RPL) Policy defines the requirements for RPL for trainees in Australia and New Zealand who are enrolled in College education programs. The RPL policy was reviewed in 2013. The revised policy will come into effect on 1 January 2015.

Key provisions in the revised RPL policy are as follows:

- before applying for RPL, applicants must be registered as a College trainee
- experience must have been undertaken prior to entering the College training program RPL is being sought for
- experience sought must be comparable in content, breadth, responsibility, training requirements, assessment, supervision and training setting
- experience must be a minimum of one continuous month
- the applicant must provide sufficient evidence to enable to assessor to judge the appropriateness of the experience
- up to 12 months of training time may be granted, and up to 24 months for formal specialty training programs.

Full details are available in the Policy, attachment 18. The RPL policy which is currently in effect is available here: www.racp.edu.au/page/education-policies.

Table 9 below summarises the number of RPL applications which have been approved or rejected since implementation of the RPL policy in 2010.

Table 9 – Applications for Recognition of Prior Learning

Training Program	Year	Successful RPL applications		Unsuccessful RPL applications	
		Number	Percentage	Number	Percentage
Basic Training – Adult Medicine	**2010**	733	34%	208	9%
	2011	625	28%	175	8%
	2012	27	4%	11	4%
Basic Training – Paediatrics and Child Health	**2010**	299	45%	85	13%
	2011	250	37%	50	7%
	2012	8	<1%	5	<1%
Advanced Training – Adult Medicine	**2010**	35	2%	7	<1%
	2011	26	1%	8	<1%
	2012	10	<1%	4	<1%
Advanced Training – Paediatrics & Child Health	**2010**	13	2%	1	<1%
	2011	4	<1%	0	N/A
	2012	3	<1%	0	<1%
AFOEM	**2010**				
	2011	*Data not captured*			
	2012				
AFRM	**2010**	2	1%	0	N/A
	2011	2	1%	0	N/A
	2012	0	N/A	0	N/A
AFPHM	**2010**	1	2%	0	N/A
	2011	0	N/A	0	N/A
	2012	0	N/A	0	N/A

Applications for Recognition of Prior Learning are linked to the year in which training was undertaken, not the year in which the application was made. It is anticipated that the number for 2012 will increase as more applications are received.

Summary of achievements since 2008

2009 – 2013
3.4 Flexible training
• Development of a College-wide policy on Recognition of Prior Learning, implemented in 2011. • Revision of RPL policy undertaken throughout 2013 with launch of the new RPL policy to occur in 2014. • Development of College-wide policies on Flexible Training and Progression through Training, implemented in 2012.

Future directions

The College plans to review the Flexible Training and Progression through Training policies in 2014. Revisions will be based on feedback received throughout the Monitor and Evaluate stage of policy development. It is anticipated that these revised policies will be distributed for consultation in quarter 3, 2014.

Throughout 2014 the College will be undertaking widespread communication regarding the revised RPL policy. Information will be relayed to all groups, with targeted communications aimed at those groups who will be most affected by the changes i.e. interns in post-graduate year one based in New South Wales and New Zealand, state-based pre-vocational medical education bodies (e.g. HETI), current dual trainees, Education Committees, and the OTP subcommittee. A more robust process for assessment of RPL applications will be put in place in conjunction with training for assessors.

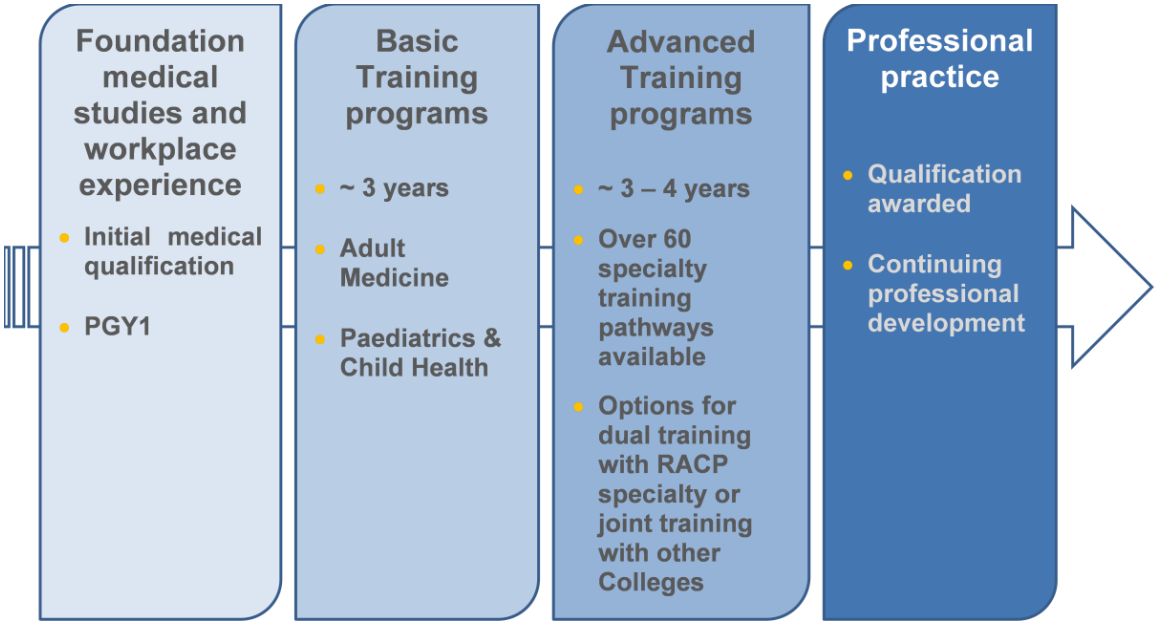
3.5 The continuum of learning

Accreditation standards

3.5.1 The education provider contributes to articulation between the specialist training program and prevocational and undergraduate stages of the medical training continuum.

The College recognises that medical education is a continuum, from medical school, prevocational and vocational training extending through to continuing professional development for the wider Fellowship (Figure 12). The College seeks to develop collaborative relationships with the various organisations responsible for each stage in a doctor's learning pathway. These collaborative relationships help ensure that learning is continuous and incrementally builds rather than duplicates effort and unnecessarily lengthens training time.

Figure 12 – Continuum of medical training



The College continues to contribute to the articulation between physician training and prevocational and undergraduate training. Some of the College's recent activities are detailed under *AMC Standard 1.4*. Recent examples of the College's interactions with other groups in the medical training continuum are outlined below.

1. **Actively interacting with the broader medical education sector to facilitate vertical integration:**

- The College's Basic Training and Site Accreditation Units are represented on three key groups at the Health Education and Training Institute (HETI) in NSW. These groups are the HETI Physician Training Council, HETI Paediatric Physician State Training Council and HETI Network Directors Group. The RACP representatives attend the Council and Network Director meetings to discuss network, training, accreditation and other state related items.
- Participation in pre-vocational conferences. In 2013, this included a workshop on the Basic Training curricula review with opportunities for participants to give feedback on the approach with a focus on vertical integration.
- The College participates in the annual conference of the Australian and New Zealand Association for Health Professional Educators.

2. **Ensuring RACP training program curricula build on skills previously attained:**

- To ensure that curricula are building on skills previously attained, the College has undertaken an extensive review of the Basic Training curricula, including development of a standards framework designed to underpin all College curricula. Consultation on the Basic Training curricula took place at prevocational conferences held in 2013. For more information on this review, please refer to *AMC Standard 3.1*.

3. **Sharing teaching and learning resources developed by the College and other stakeholders across the sectors:**

- A number of online modules and resources have been developed which are available to non-members, including prevocational trainees and allied health professionals.
- The College has collaborated with other Colleges on the development of online resources, for example the Intercultural Learning Modules developed with the Royal Australasian College of Surgeons.

4. **Working collaboratively with other stakeholders on supervisor training:**

- The first RACP and HETI co-hosted and successful PGY2/BPT1 Supervisors Workshop was also held in October 2013 to support recruitment and training of additional supervisors for the NSW Basic Trainees, particularly those in their first year, with further workshops to be held throughout 2014 at various locations. As a result of these activities, the working relationship between the College and HETI has been enhanced.
- The College has participated in the Clinical Supervision Support Partnership Program. As part of this partnership, online supervisor resources have been prepared. The College has endorsed these resources and made them available to the membership online.

5. **Adopting common approaches to assessment:**

- The College has collaborated with HETI to better accommodate trainees who are concurrently completing post-graduate year two and Basic Physician Training year one. The intention is for the College and HETI to share documentation where possible i.e. HETI end of term reports are acceptable for College purposes.

Summary of achievements since 2008

2009 – 2013
3.5 The Continuum of learning
• The College has been active in fora looking at vertical integration models of education, for example MedEd09 and the National Education Supervision approach. • Membership of the CPMC joined with Medical Deans Australia and New Zealand and the Confederation of Prevocational Medical Education Councils to prepare a submission to HWA on supervision support across the medical training continuum.

Future directions

The College will continue to foster relationships with other organisations to streamline the medical education learning continuum.

3.6 Cultural competence – Additional criteria from the Medical Council of New Zealand

Additional criteria from the Medical Council of New Zealand (MCNZ)

The Training Program should demonstrate that the education provider has respect for cultural competence and identifies formal components of the training program that contribute to the cultural competence of trainees.

Cultural competence is a domain of the current Professional Qualities Curriculum and proposed RACP standards framework. The College is committed to further developing cultural competence of its membership through advocacy and education. The College's training programs identify formal components that contribute to trainees' cultural competence. The College's response to cultural competence is fully described under MCNZ Standard 9.1.

Cultural competence as a formal component of the training program

A key element of RACP training programs, for both Basic and Advanced Trainees, is the Professional Qualities Curriculum where cultural competence is addressed in the context of training. Domain 4 of the College's Professional Qualities Curriculum, which applies throughout the training period and beyond into consultant practice, states that:

> *"Physicians should display commitment to gaining an understanding of the impact of culture on health outcomes. They must endeavour to become acquainted with the cultural perception of illness, cultural aspects of family, and cultural attitudes toward death and illness held by their patients. Physicians have a responsibility to manage their own development of cultural competency and familiarise themselves with the differing cultures within the community."*

The Learning Objectives under this domain directly signal that a trainee is expected to:

- manage one's own cultural competency development (4.1.1)
- demonstrate the ability to communicate effectively with people from culturally and linguistically diverse backgrounds (4.1.2)
- apply specific knowledge of the patient's cultural and religious background, attitudes and beliefs in managing and treating the patient (4.1.3)
- understand how the special history of Māori and Pacific peoples (New Zealand) and Aboriginal/Torres Strait Islander peoples (Australia) impacts on their current health status (4.1.4)
- identify and act on cultural bias within health care services and other organisations (4.1.5)
- demonstrate the ability to promote effective cross-cultural partnerships and culturally diverse teams to improve health outcomes (4.1.6).

In accordance with best practice adult learning guidelines, the College's trainees are expected to be self-directed in their learning using the Professional Qualities Curriculum and also the College's professional skills curricula relating to each specialty as a guide to that learning. The Professional Qualities Curriculum provides an opportunity to discuss cultural aspects of practice with supervisors. The Professional Qualities Reflection tool is designed to assist with this.

The Māori Health Committee – New Zealand

A committee of the New Zealand Joint Executive, the Māori Health Committee primarily interacts with the New Zealand Divisional Committees, New Zealand Divisional Educational Committees, and other New Zealand RACP committees, The Aboriginal and Torres Strait Islander Expert Advisory Committee (ATSI EAG), Te Ora (Māori Medical Practitioners Association Incorporated) and other external key Māori organisations and relevant external bodies, such as the Ministry of Health, District Health Boards including DHBNZ, the Medical Council and other medical colleges.

The responsibilities and functions of the Māori Health Committee as set out in its by-laws are to provide leadership in the advancement of Māori Health within the College's spheres of influence by:

- promoting an increase in Māori participation and retention in the New Zealand physician and paediatric workforce
- assisting in the education and training of physicians and paediatricians in facilitating their understanding, knowledge and skills when dealing with Māori patients
- contributing to the development of College policy relating to cultural competency in training, educating and assessment
- playing an active role in the development of all College policies in respect to Māori Health
- addressing inequalities and contributing to the promotion of the highest standard of Indigenous health in New Zealand and Australia.

The following key cultural competence initiatives have been undertaken in New Zealand since 2008:
The New Zealand CPD Committee and the Māori Health Committee developed guideline commentaries on cultural competency, available to all trainees. Please refer to *AMC Standard 9* for more information on these commentaries.

- The NZ Trainees' Committee and the New Zealand Paediatric Education Committee have appointed a representative of the Māori Health Committee to ensure Māori issues are addressed.
- Trainees are invited to attend the Te Ohu Rata O Aotearoa (Te ORA) Hui, where College trainees present papers. Issues relating to inequality and cultural competence are debated at this Hui.
- Cultural competence is an ongoing topic of discussion at Trainees' Days, held annually at the College Congress.
- In New Zealand, the Divisional Clinical Examination routinely includes Māori and Pacific Island patients. In the long-case, it is expected that examiners can seek the trainees' responses on cultural aspects of health care for those patients.

Reconciliation Action Plan - Australia

The College acknowledges Aboriginal and Torres Strait Islander peoples as the original custodians of Australia. The College's vision for reconciliation is a country where Aboriginal and Torres Strait Islander peoples and other Australians share equal access to health services. The College supports a systematic approach to reconciliation and to address the issues that impact health outcomes of Aboriginal and Torres Strait Islander peoples. The College encourages all physicians to incorporate knowledge of Aboriginal and Torres Strait Islander culture and health into their own professional practice.

The College has developed a comprehensive Reconciliation Action Plan (RAP), 2012 – 2015, in collaboration with Reconciliation Australia. The RAP framework covers the following key points:

1. **Building relationships** – the College will seek new and build on existing relationships with Aboriginal and Torres Strait Islander peoples, communities and organisations, which will help physicians to meet the needs of the Australian community.
2. **Respect: Engendering respect and enhancing skills amongst physicians, trainees and staff** – The College will promote understanding of Aboriginal and Torres Strait Islander peoples. Culture, land and history among staff and provide professional learning opportunities to support the production of a culturally competent physician workforce.
3. **Creating opportunities** – The College will actively promote opportunities for Aboriginal and Torres Strait Islander peoples to work at the College and engage in its training programs. The College will also seek out and promote opportunities for our Fellows and trainees to engage in Aboriginal and Torres Strait Islander health to create a health workforce with greater empathy for and skill when dealing with Indigenous health issues.
4. **Tracking progress and reporting** - The College will actively monitor and oversee the implementation, reporting and further development of the RAP.

This Reconciliation Action Plan aims to demonstrate the College's commitment to reconciliation with Aboriginal and Torres Strait Islander peoples. As part of the RAP, the College has developed guidelines for the collection of data relating to members' Indigenous status. This has seen an improvement in the way the College identifies its Indigenous trainees. The College is also looking at ways to increase the numbers of Indigenous trainees enrolled in College training programs with the long-term goal of increasing the Indigenous physician workforce. The College is collaborating with organisations such as the Australian Indigenous Doctors Association and Te ORA to develop strategies to achieve this goal. The College has also commenced a review into the existing scholarships and prizes on offer to determine whether these can be improved or expanded on to better support Indigenous trainees throughout their training program.

The College has also undertaken an audit of cultural competency resources available to both trainees and Fellows, and is looking at ways to better advertise these resources to the membership.

For more information, please refer to the Reconciliation Action Plan.

Aboriginal and Torres Strait Islander Health Advisory Committee

The Aboriginal and Torres Strait Islander Health Advisory Committee (ATSIHAC) is the lead committee for the College's policy and advocacy activities in this important area, reporting directly to the College Policy and Advocacy Committee.

The Committee's current priorities include:

- improving specialist access for Aboriginal and Torres Strait Islander communities
- improving the cultural competence of RACP Fellows, trainees and College staff
- promoting the specialist pathway for potential Aboriginal and Torres Strait Islander trainees.

The ATSIHAC has provided input to the College's work on embedding learning outcomes regarding cultural competency and Indigenous health into the Basic and Advanced Training curricula. The ATSIHAC will continue to work with Education Services on matters relating to cultural competency for Indigenous health.

Online teaching resources

Modules on Australian Aboriginal Child Health Module and the Indigenous Cardiovascular Health Modules have been completed and launched, available to all trainees and Fellows via the College website. These modules cover cultural awareness relating to Aboriginal families and communities, the social determinants of health, and the spectrum of common illnesses in Aboriginal children.

College Congress

In 2011 the College held a Congress in Darwin, the main theme of which was Take up the Challenge: Indigenous Health and Chronic Disease. Sessions included a focus on Indigenous Australian and Māori issues. These themes were further developed in the 2013 Congress program.

The College offers an Indigenous Congress Prize to medical students, junior medical officers and physician trainees who identify as being of Aboriginal, Torres Strait Islander or Māori descent. The Prize supports attendance at the RACP Congress.

Summary of achievements since 2008

2009 – 2013
MCNZ – Cultural Competence
• Introduction of cultural competence as a requirement for all College trainees in Australia and New Zealand through the Professional Qualities Curriculum. • Development and introduction of the Professional Qualities Reflection tool for all trainees. • The College's Māori Health Committee is actively involved in developing and advocating for cultural competence training. • Online cultural competence program piloted and accessible via the MyResources Gateway. • Development of a strong working relationship with Te ORA. This relationship has allowed young Māori physicians to be mentored by experienced Māori physicians. • A number of Māori trainees attended the College's Māori Health hui in October 2013. This provided an opportunity for the Māori trainees to contribute to education and policy developments being undertaken by the College. For example, the College's Director of Education Services attended the meeting and sought input from both Māori Fellows and trainees regarding assessing cultural competence and embedding it into the curriculum. • In 2012, a cultural competence series was introduced into the RACP News. There has been a range of articles addressing cultural competence in College publications. • Several sessions focused on cultural competence have been held at New Zealand Trainees' Days. • The College's Congress in Darwin in 2011 focused on Indigenous health. The theme was "Take up the Challenge: Indigenous Health and Chronic Disease". The Māori Health Committee launched its discussion document on cultural competence. • Supporting Māori members by making a number of scholarships available has been a major achievement for the College. Indigenous members of the College have been awarded travelling scholarships to attend the College's Congress, thus allowing them to network with other College members and contribute to initiatives relating to Indigenous health.

Future directions

The cultural competence domain of the Standards Framework will be developed with input and guidance from the Māori Health Committee and the Aboriginal and Torres Strait Islander Advisory Committee.

The Māori Health Committee and NZ CPD Committee intend to publish a document, Physician Cultural Competence as a Means to Improve Health Care for Māori Patients with Acute Rheumatic Fever and Rheumatic Heart Disease. The purpose of the document is to focus on a clinical presentation and examine how cultural competence might enhance positive contact with patients and whanau (family), and improve compliance with treatment.

Success Factors for Standard 3: The education and training program – curriculum content

The College has undertaken a critical self-assessment of its progress towards meeting this standard. The following points summarise factors that will influence the achievement of the College's goals over the next five years:

- The implementation of the Basic Training curricula will need to be carefully piloted in the coming years, with clear communication about key changes and a staged alignment with assessments undertaken
- Key dependencies of the Basic Training curricula review are the standards framework, graduate outcomes and assessment alignment.
- It is planned that teaching and learning resources will be developed to support the Basic Training curricula standards. Their completion will be dependent of the availability of subject matter experts.
- The anticipated timeframe of the Advanced Training curricula renewal may be impacted by completion of the Basic Training curricula review, standards framework and graduate outcomes projects.
- The success of the proposed improvements to research will be dependent on the outcomes of the Advanced Training Research Projects Peer Review working group
- Approval of the proposed improvements to research is also a dependency for commencement of developing resources for trainees to support research
- It is anticipated that the College will continue its flexible approach to training with minor revisions to the Flexible Training policy approved by College Education Committee.
- Achieving an appropriate continuum of learning is challenging with multiple impacted sectors in the Australian and New Zealand health context. Success will be dependent on the College's continued commitment to reviewing the standards of other sectors and open dialogue with relevant stakeholders as part of the curricula renewal process.

Recommendations related to AMC Standard 3

	AMC Recommendation 6
	Review teaching, learning and assessment experiences within advanced training to achieve a match with the relevant curricula. Additional question specified: College to report in future reports on its process of systematic review of current physician training vs. PREP Advanced Training. Comments in 2013: College's comments don't address the issue of alignment of PREP and advanced training programs, but the College does indicate that it continues to work with Advanced Training Committees to ensure alignment between the curriculum and program requirements of each specialty, with work done with 12 Advanced Training Committees to date PREP is well embedded in most cases as the direction for trainees. RACP, like other colleges, is developing the tools for assessment of professionalism as well as providing a curriculum and learning opportunities. Multi-source feedback is a component but until the working group has determined the most appropriate assessment of professionalism then it remains a little unclear how MSF will be integrated into assessment. There are no concerns about this progress and it can be considered closed once the alignment with the curricula and the elements of assessment are determined.
	RACP Update for 2014
	The Basic Training Curricula (BTC) review is the first major training program review since the implementation of PREP. The review focuses not only on the curriculum standards, but on all other aspects of the program including assessments, training requirements and learning resources. A key objective of the review is to ensure that all components of the training program are aligned with the revised curriculum standards. A program of assessment will be designed to ensure an appropriate mix and timing of assessments that promote coverage of the curriculum. Frameworks and processes developed through the BTC reviews will then be refined and used to start the process of reviewing all Advanced Training Curricula, including the alignment of assessments and training requirements. For further information on the BTC review, please refer to *AMC Standard 3.1 and 3.2*.
	AMC Recommendation 7
	Monitor, evaluate and review curricula quality. In 2012 the College was asked to report on progress with the external review of College training programs and any significant matters identified. Comments from 2013: Processes have been implemented to monitor, evaluate and review curricula as evidenced by the External Review and subsequent implementation of recommendations from this work. The College addresses future plans rather than stating what has been achieved over the last 12 months. While progress is clearly satisfactory, more information on the work completed would have been helpful.
	RACP Update for 2014

	The Basic Training Curricula review is underway and great progress has been made to date. For information, please refer to *AMC Standard 3.1 and 3.2*.

	AMC Recommendation 14
	Report on any further developments in the review of the mandatory rural training requirement for paediatrics and child health. Comments from 2013: College is reviewing site accreditation requirements for 'rural' training rotations in Australia in 2013. Once these are finalised, broad consultation regarding the rural training requirements will occur. In the 2014 AMC accreditation assessment, it would be appropriate for the College to signal how these changes to the site accreditation criteria for rural training link to the requirements of the paediatrics curriculum.
	RACP Update for 2014
	The requirements for six months core rural training are set out in the General Paediatrics Training Program Handbook. Suitable rural training sites will provide trainees with the opportunity to experience the following aspects of care that are related to the General Paediatrics Curriculum: • Complex cases (Learning Objectives under Theme 2.5 Ambulatory Care) • Independent care (Linked to graduate outcome : act as an independent paediatrician consultant with an understanding of their own limitations of knowledge and experience) • Continuity of care (Learning Objectives under Theme 2.1 Paediatric care in Inpatient Settings) • Level 2 neonatal care (Learning Objectives under Theme 2.3 Paediatric Care in Neonatal/Perinatal Settings) • Regular and ongoing outpatient experience (minimum two outpatient sessions per week seeing referred patients, including new patients, fully supervised by consultant paediatrician) (Learning Objectives under Theme 2.5 Ambulatory Care) • Paediatric emergency care provided by paediatric staff (Learning Objectives under Theme 2.2 Paediatric Care in Emergency Settings) • Opportunity and requirement to deal with paediatric emergencies, which includes the stabilisation and treatment in the acute and ongoing phase which is often required because of geographical isolation. (Learning Objectives under Theme 2.2 Paediatric Care in Emergency Settings) • The provision of intensive care or high dependency care for limited periods as again often required because of geographical isolation (Learning Objectives under Theme 2.4 Paediatric Care in Paediatrics Intensive Care. Also Learning Objectives under Theme 2.3.4 and 2.3.5 Paediatric Care in Neonatal/ Perinatal settings) • Development of relationships with community services and multidisciplinary

	teams, to care for developmental, behavioural, and child protection cases (Learning Objectives under Theme 2.6 Community Care and Theme 3.2 Care in the Community. 2.7 and 2.9 are also relevant) • Outreach specialty clinics or telehealth sessions creating the shared care often required for the difficult, complex and specialty cases (This is certainly important though it is recognized in some rural areas this may not be available) (Learning Objectives under Theme 2.6 Community Care) The program has introduced more flexibility in the achievement of this requirement by enabling trainees to complete some or all of this requirement in Basic Training. If that is the case, the rural component for Advanced Training is replaced by general paediatrics experience. Where trainees can demonstrate that a metropolitan training experience (outside the tertiary paediatric hospital setting) is equivalent to a rural rotation, the General Paediatrics Advanced Training Committee (SAC) may allow a 12 month metropolitan rotation to meet the rural training requirement. This is considered on a case by case basis.

4 The teaching and learning methods

4.1 Teaching and learning methods

Accreditation standards

4.1.1 The training is practice-based involving the trainees' personal participation in relevant aspects of the health services and, for clinical specialties, direct patient care.

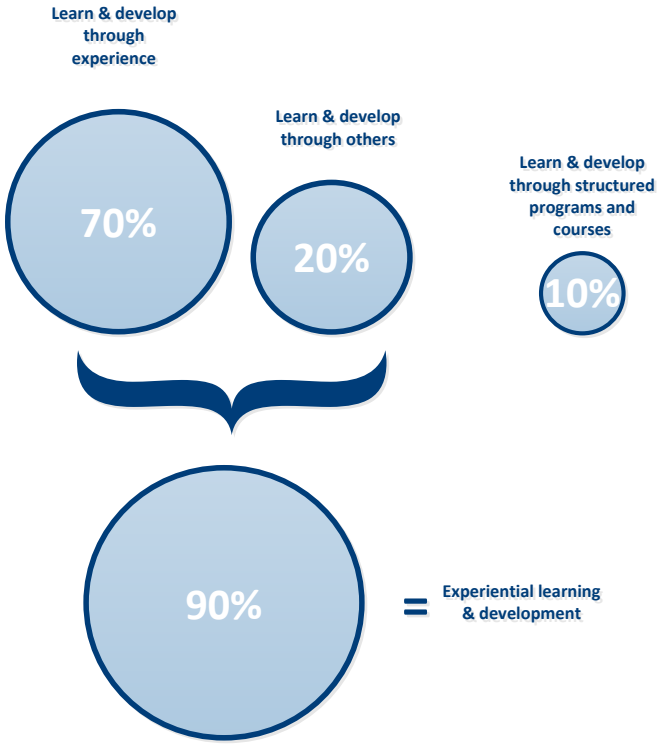
4.1.2 The training program includes appropriately integrated practical and theoretical instruction.

4.1.3 The training process ensures an increasing degree of independent responsibility as skills, knowledge and experience grow.

Teaching and learning methods

The focus of physician training is practice-based. The 70:20:10 model (Figure 13, Lombardo & Eichinger[4], 2000) provides a strong evidence-based framework to support the basis of this model of learning.

Figure 13 – The 70:20:10 model



[4] Lombardo, M., Eichinger, R. *The Career Architect Development Planner 3rd Edition (The Leadership Architect Suite).* 2000.

The key premise of the 70:20:10 model when applied to physician training is:

1. **Work-based/experiential:** The majority of trainee learning is gained from on the job experiences, undertaking tasks and problem solving in the nature of performing one's job. This is essentially experiential learning.
2. **Supervision:** Trainees will also learn and develop through feedback and working with others – this can include observing role models including their supervisor, peers, and other health professionals.
3. **Formal/structured:** In addition, trainees will learn to a lesser extent from formal learning experiences such as through attending courses and accessing online learning resources.

Fostering learning through experience

All training programs include rotations or work placement arrangements to ensure that trainees learn from their work. This learning occurs in accredited training settings to make sure that trainees have learning experiences of a consistent quality. Accreditation standards assure that there is an appropriate case mix, educational supervision, and that the physical environment fosters effective work-based learning. Trainees are expected to be involved in all aspects of physician practice such as inpatient care, ambulatory care, acute care and the provision of consultative services within the hospital.

The formative assessment tools, introduced in 2008 for Basic Training and in 2011 for Advanced Training, focus on best practice principles in work-based assessment including planning for learning and gathering evidence on learning through observation and feedback, written and verbal reflection. The College has also developed online resources, such as video tutorials, frequently asked questions, workflow guides, and information sheets to assist trainees and supervisors to use the tools.

To support the implementation of formative assessment tools, the College has developed a mini-CEX Assessor Resource which was released in 2009. This resource provides video resources to support Fellows, supervisors, trainees and other members of the College involved in the educational supervision, training and assessment of Basic and Advanced physician and paediatric trainees.

These resources are available through the portals. With plans to introduce Entrustable Professional Activities into the College curricula, it is anticipated that the alignment between work and learning will be further strengthened.

Fostering learning through others

Fostering learning from others is enabled through a supportive learning culture which aims to balance service and learning commitments appropriately. Central to effectively learning from work is the idea that trainees are exposed to experiences relevant to their level of learning.

Since 2008, learning from supervisors has been formalised through provision of a suite of online work-based teaching tools and formative assessments which focus on feedback from supervisors to enhance trainee performance (see *AMC Standard 5* for more information on formative assessments and the online portals).

To support supervisors in developing skills consistent with this increased emphasis on learning from feedback, the College has developed the Supervisor Professional Development Program (SPDP). See *AMC Standard 8.1* for further information.

Most hospitals provide diverse consultant-led learning experiences which include teaching ward rounds, question and answer sessions and simulated learning to further enhance trainee learning. The Advanced Training Survey conducted in 2012-2013 showed that in general, trainees had favourable views about almost all aspects of supervision with around 90% expressing agreement that overall they receive good supervision and that their supervisor provides sufficient autonomy required as an Advanced Trainee. Similar results were found through the Basic Training Survey conducted in 2010.

Peer learning is also encouraged, with Basic and Advanced Trainees having responsibility for teaching more junior doctors. Many trainees use study groups, particularly to support and assist them in their preparation for examinations. Interdisciplinary learning from other health professionals is fostered through consultations on difficult or complex cases with other specialists and health professionals, multi-disciplinary team meetings, and case conferences.

Structured learning

Currently, the College offers a range of structured online learning and face-to-face learning experiences to trainees and the broader Fellowship which are summarised in Figure 14. From mid-2014 the College will launch a new eLearning@RACP portal to provide improved access to RACP-developed resources.

In 2013, an eLearning consultancy company was commissioned by the College to undertake research into current membership learning needs and work contexts and assist in planning future College resource provisions. The consultancy has produced a series of reports and recommendations for the College to consider:

- Report 1: The RACP teaching and learning current state report
- Report 2: Best in class: eLearning in medical education review report
- Report 3: eLearning organisational analysis report
- Report 4: The Future of learning for medical education report, including recommendations.

Please refer to attachment 15 for these reports. In addition, in many training settings, trainees attend grand rounds, research circles, seminars and courses organised locally. Trainees also access a range of externally offered courses to consolidate their learning.

Figure 14 – College e-resources

Teaching and learning methods will be a key topic of discussion at the College's 2014 Congress at trainee sessions, and through the Physicians as Professionals stream, Physicians as Educators stream, and medical updates sessions.

Mandatory skills courses

A small number of RACP training programs require trainees to undertake mandatory skills courses as part of their program requirements. For example, all Basic Trainees training under the Paediatrics & Child Health Division are required to complete the Advanced Paediatric Life Support (APLS) course. APLS is a three-day course that covers: life support, diagnosis and management of the seriously ill child, diagnosis and management of the seriously injured child, and practical procedures. For more information, please refer to https://www.apls.org.au/.

Where applicable, mandatory skills course requirements are set out in the program requirements handbooks.

University courses

A small number of RACP training programs require the completion of university courses, either prior to or during training. For example, the Advanced Training Program in Sexual Health Medicine requires trainees to complete formal units of study in the following areas: Fertility regulation, Biostatistics, Epidemiology, HIV medicine, and laboratory methods. Completion of these units of study is funded by the trainee, and often acquired through a Masters level course in Public Health or Sexual Health. For more information, please refer to the Sexual Health Program Requirements Handbook.

Where applicable, all university course requirements are set out in the Program Requirements Handbooks.

Local courses

At the local level, trainees have access to resources such as lectures, tutorials, clinical meetings, and exam preparatory courses.

Summary of strategic achievements since 2008

2009 – 2013
4. Teaching and learning methods
• Online access to PREP tools for Basic Training, Advanced Training and Faculties. • A range of education modules developed, including online modules for Addiction Medicine, Palliative Medicine, Adolescent and Young Adult Medicine, Australian Aboriginal Child Health, and Indigenous Cardiovascular Health. • Training portals developed for Basic Training, Advanced Training and Faculties. • Development of videos to support the online PREP tools. • The PREP Consultation program involved College staff visiting 15 sites throughout a range of locations in Australia and New Zealand to gather feedback from over 1800 trainees and supervisors regarding the implementation and future directions of PREP. • Development of a draft eLearning framework to establish guidelines, standards and development processes around resource development at the College. • Initiation of the eLearning futures project, including a rapid ethnographic study, which has involved a series of hospital site visits and consultation workshops with the aim of identifying the resource needs of Members, as well as experience firsthand the constraints of their day-to-day working environments. • Development of an eLearning@RACP platform to house RACP eLearning resources in a central location, with enhanced usability, user experience and access to relevant content. • Increased support for supervisors through development of resources. • The Australasian Faculty of Rehabilitation Medicine has four external training modules, which are assignment based courses marked by correspondence. Modules are undertaken in Clinical Research, Clinical Neuropsychology, Health Service Administration and Evaluation, and Behavioural Sciences.

Future directions

The College plans to further enhance the rigour and standardisation of the learning of trainees' work-based experiences through the continued implementation of the Supervisor Support Strategy (see *AMC Standard 8.1*), which will enhance work-place supervision, feedback, learning and assessment. In addition, the College will continue its program of work on eLearning resource provision for trainees and Fellows.

Success Factors for Standard 4: Teaching and learning methods

The College has undertaken a critical self-assessment of its progress towards meeting this standard. The following points summarise factors that will influence the achievement of the College's goals over the next five years:

- It is anticipated that the practice-based model of training physicians will continue with the College needing to maintain its efforts to better support supervisors through professional development, rewards and recognition, and policy development.
- The development of teaching and learning is resource intensive with the College needing to explore additional streams of funding to meet trainee and Fellow needs and expectations.
- Teaching and learning resources are time consuming to develop and dependent on the availability of subject matter experts
- There is high demand in the marketplace for professional eLearning developers. Their recruitment is a dependency of the planned eLearning resource development
- The College needs to improve its ability to source, curate and make available to the membership existing high quality resources.
- Technology is changing at a rapid pace with increasing emphasis on social and mobile learning. The College needs to continue its surveillance of the technology landscape to ensure the future proofing of chosen approaches.
- It is resource intensive to meet the needs and learning preferences of a younger, more technologically savvy new membership as well providing for the needs of the Fellowship with propensity to attend face-to-face in preference to online learning.

5 Assessment of learning

5.1 Assessment approach

5.1.1 The assessment program, which includes both summative and formative assessments, reflects comprehensively the educational objectives of the training program.

5.1.2 The education provider uses a range of assessment formats that are appropriately aligned to the components of the training program.

5.1.3 The education provider has policies relating to disadvantage and special consideration in assessment, including making reasonable adjustments for trainees with a disability.

The goals of assessment at the College are three-fold:

- to motivate trainees to learn
- to engage in an accurate, timely and fair process which generates information on the competence of the trainee for the trainee, the College and the broader community, and
- to provide progressive feedback on performance to ensure that learning is ongoing.

To this end, across Divisional, Chapter and Faculty training programs, the College is working on establishing rigorous programs of assessment that incorporate both formative and summative components aligned to the learning outcomes of the curriculum and the teaching and learning activities (Biggs, 2003).[5]

External Review of Assessment

The External Review of Assessment conducted in 2011, and led by a team of national and international experts in Assessment from Canada, Australia and the United Kingdom provided a significant focus for the refinements of assessment approaches across the College. Held over five days from 21 to 25 November 2011, the review involved consideration of College assessment practices, documentation and discussions with over 80 Fellows, trainees and College staff. The review team was:

> *"impressed by the overall quality of the assessment program at the RACP, by the pertinence of the changes that have and are being introduced, and by the enthusiasm with which Fellows and Programs are participating in the changes" (Report to RACP, the External Review of Formative and Summative Assessment, April 2012).*

[5] Biggs J (2003). Teaching for quality learning at university. What the student does (2nd edition). Buckingham. Society for Research into Higher Education: Open University Press.

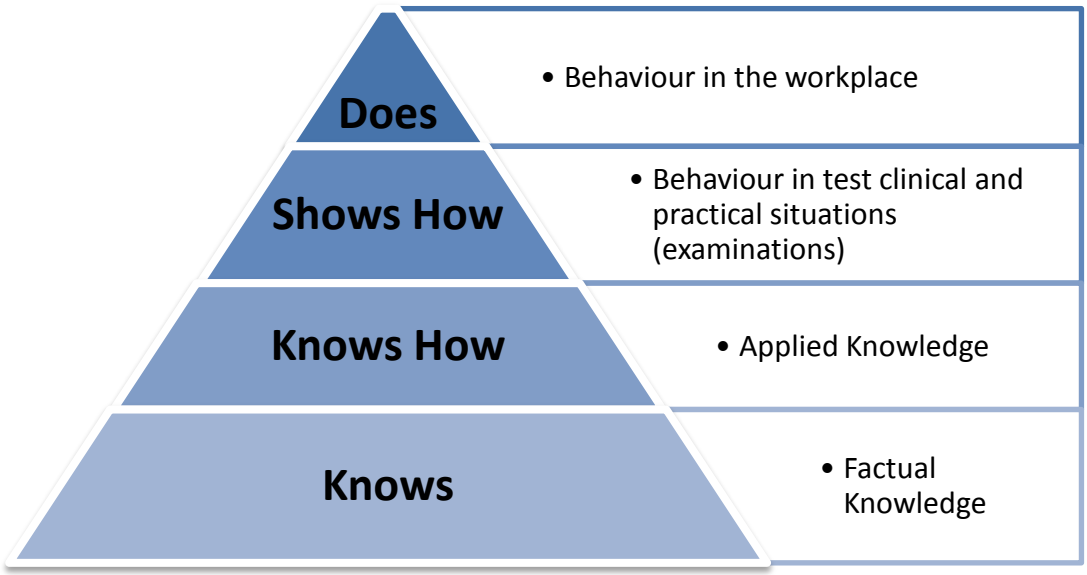
The review considered assessment in its broadest sense with implications for standards development, supervisor support, trainees in difficulty and professionalism. For a full copy of the report refer to attachment 19.

In response to the report of the External Reviewers, the College conducted a planning forum involving lead Fellows in Assessment and Training, trainees and College staff to assist with the prioritisation of the recommendations from the report as well as to consider evidence from the medical education literature on best practice in assessment. Forum attendees identified the following as the key priorities for the College: Alignment of curriculum and assessments, supervisors, Professional Qualities Curriculum and PREP assessments. Following the forum, an implementation plan for the recommendations was prepared and approved by College Education Committee in 2013 (refer attachment 20). The recommendations from the review consolidated and supported the findings of other large scale reviews, including the PREP consultation (2011), BT trainee evaluations (2009), trainee and examiners survey of BT Divisional exams (2011) and AT Trainee Survey (2012). Please refer to *AMC Standard 6* for further information on these.

Principles and standards of assessment

A key focus of assessment at the College is represented in Figure 15, adapted from Miller's Pyramid (1990), and suggests that assessments in a practice-based education program such as specialist medical education at the RACP are best focused on the assessment of the 'does' level of a trainee's practice.

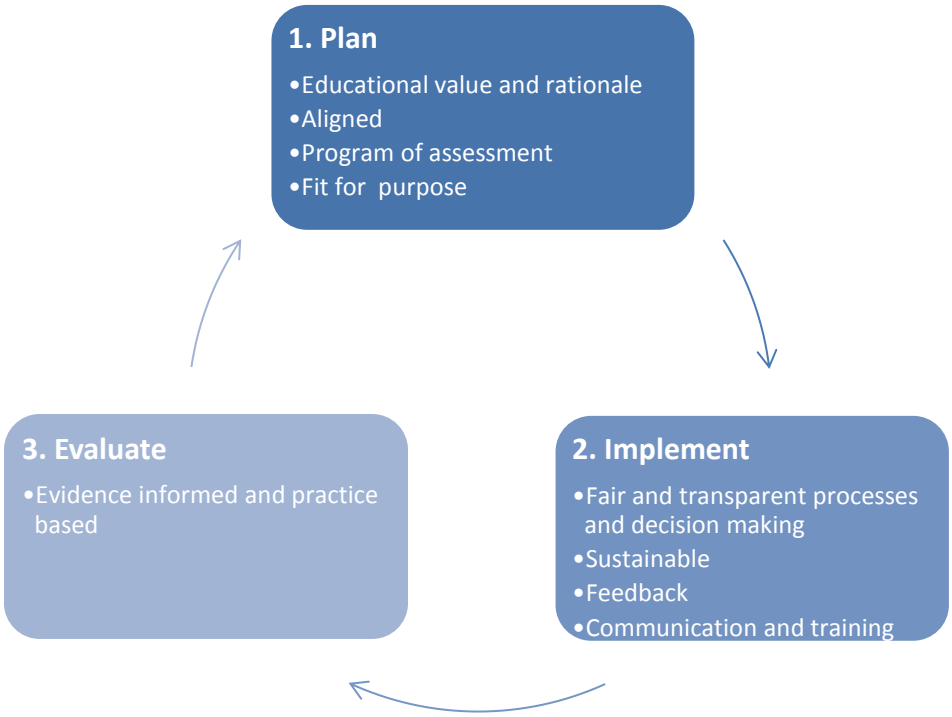
Figure 15 – Adaptation of Miller's Pyramid (1990)



Following a review of principles and standards of assessment adopted at other relevant medical education institutions nationally and internationally, such as the Australian Medical Council (AMC), the UK's General Medical Council (GMC), the Royal College of Physicians and Surgeons of Canada (RCPSC) and the Accreditation Council for Graduate Medical Education, USA (ACGME), the College devised a set of three principles and nine standards

of assessment appropriate for its own context. The framework for these principles and standards is set out in Figure 16.

Figure 16- RACP Principles and Standards of assessment



Developed in 2013, the principles and standards are currently being consulted on with training, education and assessment committees across the College with the view to conduct a Feasibility Check with support from leading assessment experts to provide a clearer indication of the strengths and gaps of individual assessment programs at the College as well as to guide further development work of assessment across the College. Following the approval of these principles and standards, in 2015 work will commence on development of an assessment policy for the College.

For further information, please refer to attachment 21, RACP Standards for Assessment Proposal, October 2013.

Formative assessment

Formative assessments focus on assessment for learning through feedback and guidance. They are conducted through structured assessment forms submitted online, which involve trainee and supervisor interaction. Both the External Review of Assessment and PREP Consultation acknowledged the significant improvement to assessment practices at the College with the introduction of formative assessments to the Basic Training programs in 2008 and in the Divisional, Faculty and Chapter Advanced Training programs in 2011. The extension of these offerings was further enhanced in 2012 with the introduction of DOPS, a formative assessment tool focusing on the assessment of procedural skills in Advanced Training programs, and the creation of relevant tools - Direct Observation of Practical Professional Skills (DOPPS) and Direct Observation of Field Skills (DOFS), for the non-procedural specialties of Public Health Medicine and Occupational and Environmental Training programs respectively. DOPS has been adopted by 10 of the procedural training programs in 2014.

Online teaching tools and formative assessments

A number of teaching tools and formative assessments have been introduced to College training programs since the last accreditation assessment. Tools are designed to facilitate:

1. Setting learning goals
2. Observation of performance
3. Discussion
4. Written Reflection.

Tool	Details
1. Setting Learning Goals	
Learning Needs Analysis (LNA)	An LNA helps the trainee identify their learning needs, plan what they want to learn on their rotation, and reflect how they have met their learning objectives. The LNA is designed to put the trainee in control of their own learning and foster discussion between the trainee and supervisor(s) on learning priorities. Written Learning Contracts are utilised by the AFPHM, and are negotiated documents that describe training goals and activities that are agreed upon between a trainee and supervisor for each training period.
2. Observation of Performance	
Mini-Clinical Evaluation Exercise (mini-CEX)	A mini-CEX encounter evaluates the trainee in real life settings and assesses aspects of clinical performance. A mini-CEX is designed to guide the trainee's learning through structured feedback; help improve communication and professional practice; provide the trainee with an opportunity to identify strategies to improve their practice; and be a teaching opportunity enabling the assessor to share their professional knowledge and experience. The following areas are assessed:

Tool	Details
	1. Medical interviewing skills 2. Physical examination skills 3. Professional qualities 4. Counselling skills 5. Clinical judgement 6. Organisation and efficiency
Direct Observation of Procedural Skills (or variations) (DOPS)	DOPS is an evidence-based assessment that aims to guide trainee learning and achievement of competency. The trainee performs a procedure on a patient and is observed by an experienced assessor. Performance is reviewed against a structured checklist which allowed feedback to be focused on the various composite parts of a procedure. Of the Advanced Training Committees who have adopted DOPS, a specialty-specific list of procedures drawn from the curriculum is available for each. Specialty-specific Assessment Guides have been developed by each Advanced Training Committee and are intended to be used on conjunction with the DOPS rating form.
Direct Observation of Field Skills (DOFS)	DOFS is a work-based assessment that has been adopted by the AFOEM. DOFS assesses a trainee's competency in purposeful evaluation of a workplace or environmental setting. A Direct Observation of Field Skills encounter involves a trainee being observed while conducting a workplace visit with a defined purpose, e.g. the assessment of modified duties to assist a worker's return to work. The trainee is offered feedback from the assessor across a range of areas related to technical ability and professionalism.
Direct Observation of Professional Practical Skills (DOPPS)	DOPPS is a work-based assessment that has been adopted by the AFPHM. A DOPPS encounter aims to guide trainee learning and achievement of competency in professional skills such as communication, leadership, management and teamwork. The trainee performs a practical professional activity in the workplace and is observed by an experienced and knowledgeable assessor who reviews the trainee's performance against a structured checklist.

Tool	Details
3. Discussion	
Case Based Discussions (CbD)	A CbD encounter evaluates the level of professional expertise and judgement exercised in clinical cases by a trainee. The CbD is designed to guide the trainee's learning through structured feedback; help improve clinical decision making, clinical knowledge and patient management; provide the trainee with an opportunity to discuss their approach to the case and identify strategies to improve their practice; and be a teaching opportunity enabling the assessor to share their professional knowledge and experience. The following areas are assessed: 1. Record keeping 2. History taking 3. Clinical findings and interpretation 4. Management plan 5. Follow-up and future planning 6. Professional qualities
4. Written Reflection	
Professional Qualities Reflection (PQR)	The purpose of the PQR is for the trainee to articulate and formalise ideas and insights about their professional development through the process of reflection. The PQR is designed to encourage critical thinking and reflection about learning experiences, facilitate the development of the trainee's ethical attitudes and behaviours, and help the trainee identify the link between their everyday experiences and the domains of the Professional Qualities Curriculum. A PQR involves the trainee revisiting and reflecting on an event or series of events that have impacted on their professional practice. Through analysis of the event(s), the trainee is able to identify and consolidate good practices leading to improved performance.

Information sheets for all of the abovementioned PREP tools are included as attachment 22.

A common strength of the College's formative assessments is that they aid the trainee and supervisor through a formal feedback discussion, prompting areas for discussion highlighted by the trainee's performance. The College's formative assessments are based on existing work-based assessment methods and best practice in medical education.

Summative Assessment

Summative assessments focus on judgements about trainee progression resulting in pass/fail decisions of a trainee's performance. The focus on summative assessments at the College is on work-based assessments and exams.

Summative work-based assessment

In the Divisions, Faculties and Chapters, summative assessment comprises a progress report or supervisor's report on each trainee's performance throughout their training.

Progress Reports provide constructive, formalised feedback to trainees and encourage communication between supervisors and trainees. Three key areas are covered within the reports: clinical progress, medical expertise and professional qualities.

Progress Reports list a range of topic areas, and require supervisors to comment on any strengths and weaknesses the trainee demonstrates in each topic. In the Advanced Training Supervisor's Reports, for example, supervisors are required to measure performance in each area on a five point scale (1 – Falls far short of expected performance, 3 – Consistent with level of training, 5 – Exceptional Performance).

Progress Reports list specialty specific procedures, require supervisors to indicate the number of procedures completed, and provide the opportunity to make comments about the trainee's overall procedural experience and skills as appropriate. In the Final Report for each rotation, supervisors are required to comment on whether the goals identified at the beginning of the training period were met and to identify any major training needs of this trainee prior to admission to Fellowship.

Summative Examinations

The following examinations are conducted across the College:

Adult Medicine Division and Paediatrics & Child Health Division (Basic Training)	
Written Examination	The Written Examination is mapped against the domains of the Basic Training Curriculum and Professional Qualities Curriculum. The Written Examination for both Adult Internal Medicine and Paediatrics & Child Health is held once per year. The written examination consists of two papers: • Clinical Applications Paper (100 questions) - examines a candidate's understanding of the practice of medicine and therapeutics. Some questions are concerned with the interpretation of clinical investigation material, including ECGs and X-rays for example. The paper has 96 Multiple Choice Questions (MCQs) and four Extended Matching Questions (EMQs). • Medical Sciences Paper (70 questions) - Medical Sciences - examines a candidate's understanding of the principles of medicine and the basic sciences applicable to clinical medicine. The paper will have 68 MCQs and two EMQs. The College provides examples of MCQs and EMGs on the website.
Clinical Examination	The Clinical Examination evaluates the candidate's competence over many clinical problems and tasks relevant to physician practice as outlined in the Basic Training Curriculum and Professional Qualities Curriculum. The Clinical Examination consists of two long cases and four short cases. The following clinical skills are examined: • history taking • physical examination • interpretation of findings • construction of a diagnosis or differential diagnosis • method of investigation • general management of patients. Trainees must have been successful in the Written Examination to be eligible to sit the Clinical Examination. The Clinical Examination can only be sat in the final year of Basic Training. The Examination is designed to test a trainee's clinical skills, attitudes and interpersonal relationships at the end of Basic Training and to provide an indication as to whether the trainee has reached a sufficient standard to allow her or him to proceed to Advanced Training.

Faculty of Occupational and Environmental Medicine	
Written – Stage A	The Stage A examination marks the end of the first stage of training in occupational and environmental medicine, and is required to progress to Stage B training. The Stage A examination covers broadly basic science knowledge, general clinical skills, critical appraisal, communication and ethics. The Stage A written examination is one examination paper consisting of approximately 120 MCQs. Content of the exams is drawn from four domains of the AFOEM training curriculum: clinical practice, professional qualities, critical appraisal of information and workplace hazard assessment.
Written – Stage B	The Stage B written examination is two examination papers, each consisting of five questions. The questions are scenario based and each consists of five sub-questions. Candidates are expected to understand the implications of the scenarios presented and to provide clear management options and advice. Content of the exams is drawn from all nine domains in the AFOEM training curriculum.
Practical – Stage B	The Stage B practical examination aims to provide consistent assessment of some parts of the curriculum that may not easily be amenable to written assessments. The Stage B practical examination is conducted at the Alfred Hospital in Victoria, and consists of three pairs of stations, each of which has two examiners. Exam content includes: • two exhibit-based assessment stations (20 minutes each) • two occupational or environmental history-taking (OSCE) stations, each with a simulated patient (30 minutes each) • two short-case clinical examination stations (15 minutes each).
Faculty of Public Health Medicine	
Oral Examination	The Oral Examination aims to test the candidate's knowledge and understanding of important public health issues and their ability to analyse a situation in a systematic way and present a coherent argument in a face to face situation. Candidates are asked eight questions based on real life public health scenarios and how one would respond to each situation in a practical sense. All candidates are required to answer questions on plain language, epidemiology and Indigenous health.

Faculty of Rehabilitation Medicine	
Module 1 Written Assessment	The objective of the Module 1 Assessment is to assess basic medical knowledge as it relates to rehabilitation medicine and is convened twice yearly. The Module 1 Assessment consists of 100 A-type questions (single best response of four or five alternatives).The examination runs for two hours and covers a number of topics.
Module 2 Clinical Assessment	The objective of the Module 2 clinical assessment is to examine the candidate's ability to perform a competent clinical examination and to interpret general medical and surgical problems and other data relevant to rehabilitation physicians in the management of rehabilitation patients. The Module 2 Assessment is convened in a hospital once every year. The Module 2 Assessment consists of seven clinical "stations" and is run along similar lines to a Standardised Clinical Examination (SCE).
Fellowship Written Examination	The Fellowship Written Examination is designed to test the candidate's ability to demonstrate mastery of knowledge and implementation of that knowledge in clinical or administrative problem solving at is relates to the competencies in the General Rehabilitation Medicine Curriculum. It consists of two papers: a Short Answer Essay Paper and a Multiple Choice Question Paper and is convened once a year.
Fellowship Clinical Examination	The Fellowship Clinical Examination evaluates the candidate's competence over many clinical problems and tasks relevant to the practice of General Rehabilitation Medicine as outlined in the curriculum. The Examination is convened in a hospital once every year. The format of the exam consists of candidates rotating through 12 clinical "stations" each of which presents a different clinical scenario and opportunity for exploration of rehabilitation medicine practice.
Fellowship Paediatric Written Examination	The Paediatric Fellowship Written Examination is designed to test the candidate's ability to demonstrate mastery of knowledge and implementation of that knowledge in clinical or administrative problem solving at it relates to the competencies in the Paediatric Rehabilitation Medicine Curriculum. It consists of two papers a Short Answer Essay Paper and a multiple Choice Question Paper and is convened once a year.

Fellowship Paediatric Clinical Exam	The Paediatric Fellowship Clinical Examination evaluates the candidate's competence over many clinical problems and tasks relevant to the practice of paediatric rehabilitation medicine as outlined in the curriculum. The examination is convened in a hospital once every year. The format of the exam consists of candidates rotating through 12 clinical "stations" each of which presents a different clinical scenario and opportunity for exploration of paediatric rehabilitation medicine practice.
Chapter of Sexual Health Medicine	
Exit Assessment	During the course of Advanced Training, each trainee in sexual health medicine will undergo the Exit Assessment interview. The purpose of the Exit Assessment is to assess a candidate's knowledge on the practice of sexual health medicine by a panel of three examiners. The Exit Assessment occurs in the third year of Advanced Training and is offered once per year. The candidate is assessed by a panel of three examiners for a period of 30 minutes. The examiners will use slides, pathology reports, case notes, etc. to present cases.

Special consideration for assessments

The College's Special Consideration for Assessments Policy (effective January 2010) defines the requirements and processes for dealing with requests for special consideration in relation to centrally administered assessments undertaken by College trainees (Divisions, Faculties and Chapters in Australia and New Zealand).

The policy applies to all summative assessments (written and clinical) conducted by the College and the trainees undertaking these assessments. Special consideration issues covered by the policy are: permanent and/or chronic impairment or disability which affects performance; temporary impairments, including acute illness or injury, compassionate grounds and other serious disruptive events; religious grounds; technical problems during the assessment; and financial hardship. Options for special consideration include provision of extra time or aids during the assessment, re-scheduling of assessment within current assessment period, permission to withdraw without financial penalty, or opportunity for supplementary assessment.

The College received 43 requests for special consideration in for the Divisional Examinations in 2013. Prior to the written and clinical examinations, special provisions were requested related to pre-existing medical conditions or pregnancy. Subsequent to the examinations, requests for special consideration were received from those who believed a pre-existing medical condition affected their performance on the day of the exam.

Monitoring and evaluation for examinations

The College surveyed trainees and supervisors in 2011 regarding the Divisional Written and Clinical Examinations. One of the most frequently expressed views was that the Written Exam should be provided more than once per year. The College subsequently developed a comprehensive Written Exam strategy which was approved by the Board in 2012. The five year strategy will aim to deliver an online Written Examination more than once per year.

This will require significant investment in:

- creation of an examination question bank
- development of an online exam format
- increasing the number of test items in the exam bank
- expanding the pool of item contributors and providing training support.

The AMC will be provided with further information on this as it becomes available.

Another example of the monitoring and evaluation work that the College undertakes to ensure continuous quality improvement of its assessments is the work undertaken by the Australasian Faculty of Occupational and Environmental Medicine (AFOEM). In 2012, AFOEM established a goal to improve the development and standard setting process of its written examinations. A medical education expert from Flinders University facilitated an exam writing workshop for members of the AFOEM Assessment Sub-committee, introducing the Angoff Procedure[6]. This action resulted in development of a more appropriate marking structure for the exams, allowing better understanding of candidate capabilities and strengthening the design and delivery of this assessment.

[6] Livingston, S.A., and Zieky, M.J. (1982) Passing Scores: A Manual for Setting Standards of Performance on Educational and Occupational Tests.

Summary of achievements since 2008

2009 – 2013
5.1 Assessment approach
• New formative assessment tools developed and implemented (CbD, DOPS, DOPPS, DOFS, and PQR for Advanced Training). • The External Review of Assessments was conducted in 2011 and a comprehensive report was published with recommendations for the College. Priority recommendations are being actively addressed. • Written Examination strategy approved by the Board in December 2012 and progressive implementation commenced. • Standards for assessment in RACP training programs drafted (2013) and circulated for widespread consultation. • Basic Training Curricula reviews commenced, including a specific objective to review and align assessments with revised curriculum standards (2013).

Future directions

Future directions for assessment are summarised under *AMC Standard 5.3*.

5.2 Feedback and performance

Accreditation standards

5.2.1 The education provider has processes for early identification of trainees who are under performing and for determining programs of remedial work for them.

5.2.2 The education provider facilitates regular feedback to trainees on performance to guide learning.

5.2.3 The education provider provides feedback to supervisors of training on trainee performance, where appropriate.

The College provides feedback to trainees on performance through regular contact, formative assessments and in summative assessment feedback. The design of the Supervisor Professional Development Program acknowledges the increased emphasis on performance feedback within College training programs through formative assessment. The provision of effective feedback is seen to be a major way to support trainees to learn and is a common theme in the three workshops developed as part of the SPDP program (refer to *AMC Standard 8.1*). Initial evaluation feedback from SPDP workshop participants indicates that the workshops have contributed positively to supervisors' skills in giving feedback to trainees.

Work-based performance feedback to guide learning

Trainees are required to meet with their supervisor early in their training rotation to develop a learning plan, and also at other points during the training rotation to feedback on performance, and to complete formative assessments with their supervisor. The College's formative assessment tools are designed to facilitate the provision of feedback to the trainee about their performance in order to guide learning. For more information about the teaching and learning tools, and required formative assessments please refer to *AMC Standard 5.1*.

At the completion of a training rotation the supervisor completes a report about the trainee's performance during the rotation relative to their stage of training, highlighting specific aspects of the trainee's performance which were satisfactory or more than satisfactory, and also where the trainee could improve or needs to improve performance. Supervisors are required to meet with the trainee at the end of the term of training to discuss their assessment of the trainee's performance and provide feedback directly to the trainee.

Summative examination feedback

In recent times improvements have been made in providing feedback to Basic Trainees following attempts at the Divisional Examinations. In 2008, the College introduced a process to provide trainees with feedback on their performance on the Divisional Written Examination. The results statement provides trainees with notification of their result, the pass mark and individual feedback on their examination performance. A feedback report is also prepared for Directors of Education at each training setting on their own hospital, their state, and nationally for Australia and New Zealand. Each director received three statements.

For trainees who pass the Divisional Clinical Examination, their score sheets are photocopied and attached to a letter providing feedback. The letter and score sheets are checked by the National Examination Panel (NEP) member who is located at the hospital where the trainee is currently working to check for errors and ensure that appropriate feedback is given to trainees. This is then sent to the trainee via mail. For trainees who fail the Clinical Examination their score sheets are sent to the NEP members who are located at the hospital where the trainee is currently working. The candidate is required to arrange a meeting with the NEP member to discuss their results and feedback. This session provides the trainee with feedback on their performance and suggested areas for improvement for the next attempt at the examination. At the conclusion of the feedback session trainees are given their letter and scoresheets.

For each of the respective examinations, Faculty trainees are provided with a written summary of feedback on the scores within each of the individual topic areas within the examination.

Identifying trainees who are underperforming

Underperforming trainees are most commonly identified by supervisors who directly observe underperformance in the workplace relative to the stage of training. The Supervisor Professional Development Program (workshop 1) has a focus on helping supervisors to identify difficulties early and to develop remedial plans with trainees.

Training committees usually identify underperforming trainees via Supervisor Reports completed at the end of a training rotation and then may initiate the Independent Review of Training Process which aims to provide an independent assessment of the situation that gave rise to the review with recommendations for remediation or action provided back to the relevant education committee.

Since the introduction of a limit of five attempts at the Divisional Written and Clinical Examinations in 2012, Basic Trainees who have two unsuccessful attempts at either examination are formally considered to be in difficulty and required to use the interim Trainee in Difficulty pathway (referred to below), designed to help them engage with a Fellow to identify areas of focus for preparing for future examination attempts.

Resources to identify and resolve underperformance

Following consultation with key stakeholders, two Trainee in Difficulty Interim Pathways were implemented in 2013 pending development of a College-wide policy:

- Trainee in Difficulty Interim Pathway, Unsuccessful Attempts at Divisional Examination
- Trainee in Difficulty Interim Pathway, Work-based Difficulties

There are information guides for each of these pathways to assist trainees and supervisors. The interim pathways and information guides are publicly available on the College website. Positive feedback has been received on these pathways from trainees and Fellows.

Development of the Supporting Trainees in Difficulty Policy

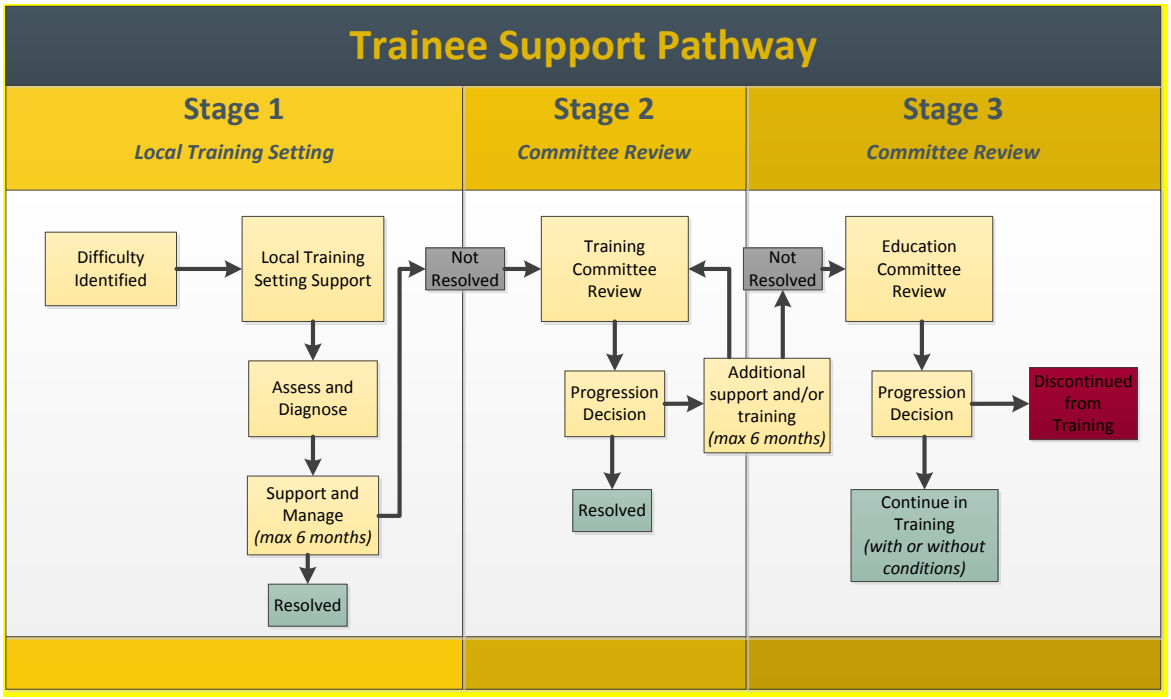
Training programs are necessarily challenging and the College acknowledges that some trainees may experience difficulties in progressing through and/or completing their training. To this end the College has developed a supportive framework in its policy for trainees in difficulty, shortly to be submitted for peer review.

The draft Supporting Trainees in Difficulty Policy is in the final stages of development. The draft policy defines what it means to be capable of undertaking physician training and what a trainee in difficulty is in the context of RACP training. It sets out the principles to be employed when supporting a trainee in difficulty and clarifies the roles and responsibilities of the parties involved. The draft policy acknowledges that there are many reasons inhibiting a trainee's successful performance - trainee in difficulty pathways require consideration of whether the issue relates to trainee performance, supervision or the training site.

The draft principles of the Supporting Trainees in Difficulty Policy align closely with AMC standards including:

- early intervention – supervisors are encouraged to provide early advice to a trainee in difficulty
- support focussed – support is provided locally, by committees and by a College trainee support team, established in 2013, and dedicated to dealing with case management of trainees in difficulty
- transfer of information – the College’s online portal facilitates sharing of training information to the next supervisor to facilitate continued support for the trainee
- transparent and procedurally fair process – once approved, all documentation concerning the new trainee in difficulty policy will be available on the College website. The draft proposal process is outlined in Figure 17.

Figure 17 – Proposed Trainee Support Pathway



Exit from training

In the last three years two trainees have been discontinued from training after considering the conclusions and recommendations of Independent Reviews of Training.

Summary of achievements since 2008

2009 – 2013
5.2 Performance Feedback
• Establishment of Training Support Unit in 2013. • The College in 2011 engaged external expertise in the mapping of processes for trainee grievances, Independent Reviews of Training (IRTs) and trainees in difficulty. Recommendations on improved IRT guidelines and resources, clarity of roles, and communication came out of this process. • An internal review of the IRT process in 2012 led to the Trainee in Difficulty (TiD) Interim Pathway for 2013 and 2014; development of the TiD policy commenced. • New processes implemented to improve procedural fairness of IRTs.

Future directions

Feedback is one of the draft RACP assessment standards. College education committees will need to consider the feasibility of the implementation plan, the extent to which their assessment programs meet the assessment standards and where improvements can be made. This will be the key topic for discussion at the Advanced Training Forum, which will be held in November and will involve representatives of all Advanced Training Committees.

Implementation of the new Supporting Trainees in Difficulty Policy will be a major focus for the College moving forwards. In particular, there is more work to be done in developing supporting resources for supervisors, trainees and training committees to facilitate effective implementation of the new policy.

5.3 Assessment quality

Accreditation standard

5.3.1 The education provider considers the reliability and validity of assessment methods, the educational impact of the assessment on trainee learning, and the feasibility of the assessment items. It introduces new assessment methods where required.

The College has demonstrated its commitment to improving the quality of its current assessment methods with a range of strategies put in place to achieve this. Progress has been made in developing draft Standards for Assessment in RACP training programs. It is anticipated that careful implementation of these will promote a best practice approach to planning, implementing and evaluating assessment programs across the College.

RACP assessment standards

Development of assessment standards for RACP training programs was prioritised by the College following a review of the recommendations from the April 2012 'Report to RACP, the External Review of Formative and Summative Assessment'. Significant progress has been made in this area with draft principles and accompanying draft standards developed and now being widely consulted on as outlined under *AMC Standard 2.1*.

It is anticipated that once approved the draft Standards for Assessment in RACP training programs will be used to guide the development, implementation and evaluation of assessments in all RACP training programs. It is intended that all RACP training programs adhere to the standards. The College recognises that implementation of the standards may take some time, and that any changes to existing assessment practices will need to be carefully planned and managed through the annual revision of training program requirements.

The draft Assessment Standards for RACP training programs are summarised below and detailed in attachment 21.

Plan	A program of assessment includes a mix of assessment activities, with methods that are matched to the required purpose or intent of the assessment, and implemented at an appropriate stage of training. Integrated assessment programs, aligned to desired learning outcomes, are important to gain a more complete picture of competence. Programs of assessment are developed by the relevant Training Committee for each training program. The process of planning assessments also includes consideration of how changes will affect stakeholders and how assessments will be consulted on, implemented and evaluated (see Evaluate – Standards). All programs of assessment must be approved by the College Education Committee prior to implementation.

Implement	A number of supporting structures must be put in place when implementing a high quality program of assessment. This includes: the use of fair and transparent assessment processes and fair and transparent decision making; sustainability of assessments and assessment processes; the provision of feedback to trainees as a result of assessments; and the development of communication and training resources to engage stakeholders.
Evaluate	Regular evaluation of assessment tools and programs of assessment is essential to maintain quality assessments that sit well within the workplace setting. Evaluation should be conducted using published research and feedback from trainees, Fellows and other relevant stakeholders. Evaluation underpins the planning and implementation of assessments and programs of assessment.

The College expects that introduction of the Standards for Assessment in RACP training programs will serve to enhance the quality of assessments across training programs.

Current practice in evaluating assessment quality

The College has matured its approach to evaluating the quality of its assessments in recent years and has put in place a number of strategies aimed at improving the quality of its current assessment methods.

The College designs and evaluates the quality of its assessments with reference to van der Vleuten's utility index (1996), which proposes that the utility of an educational intervention can be assessed in terms of its validity, reliability, acceptability, educational impact and feasibility.

Utility = E x V x R x A x

Educational impact (E)	What is the educational purpose of the assessment? What are you aiming to assess?
Validity (V)	Did the assessment measure what it was intended to measure?
Reliability (R)	What is the quality of the results of the assessment? Are they consistent and reproducible?
Acceptability (A)	Is the assessment going to be accepted by the trainees and assessors? Will it drive learning or detract from learning?
Feasibility (F)	Can this assessment be implemented? What are the practicabilities, e.g. cost, resources, availability of assessors.

Validity and reliability

Validity is the measure that the assessment aligns with what it purports to measure and reliability is the extent to which an assessment gives results which are consistent over repeated sittings.

Some of the strategies the College has employed to ensure the validity and reliability of its summative assessment methods are outlined below:

Summative examinations

Strategy	Description
Alignment to curricula	Divisional and Faculty examinations are blue printed to the relevant curricula
Length of examination	Each exam has a significant number of items designed to ensure reliability. See *AMC Standard 5.1* for details of examination length.
Written examination construction and analysis	Training is provided for the Fellows who write questions for the written examinations. The formats used for written examination items are multiple choice questions and extended matching questions. Post exam analysis of items and examinations is conducted using the Rasch method[7]. The pass marks for the Divisional Written Examinations are determined using criterion-based approaches. The College uses Rasch modelling to ensure the pass standard is consistent from year-to-year. For Adult Medicine, panels of expert judges, including Fellows and Advanced Trainees, set pass standards using a modified Angoff Method. Common item equating underpins the statistical scaling which ensures comparability of examination standards from year-to-year. For Adult Medicine, the standard setting exercise is carried out every three years. In Paediatrics & Child Health, the modified Angoff Method is being applied from 2014.
Calibration of clinical examinations	Calibration sessions are held prior to clinical examinations to improve inter-rater reliability and ensure that the standard of each examination is consistently maintained from year-to-year. Calibration sessions are also conducted for the AFOEM

[7] Rasch, G. (1977). On Specific Objectivity: An attempt at formalizing the request for generality and validity of scientific statements. *The Danish Yearbook of Philosophy*, 14, 58-93

Strategy	Description
	practical examinations. *Divisional Clinical Examinations* In addition to calibration, an evaluation of the National Examining Panel (NEP) inter-rater scores is undertaken post exam using the Hawk/Dove Index. The Index is constructed by collecting all the marks the NEP gave in the clinical examination and obtaining an arithmetic mean of these. The marks used are the consensus marks. The NEP members' ratings are then placed in an array for analysis.

Formative assessments

Structured formative work-based assessments are still a relatively new requirement for a number of training programs having been introduced to the Basic Training Program in 2008 and the Divisional Advanced Training Programs in 2011. As the College continues to gather feedback and other data on the utilisation of PREP tools, efforts have focussed on improving aspects of these.

Some of the strategies the College has employed to ensure the validity and reliability of its formative assessment methods are outlined below:

Strategy	Description
Alignment to the curriculum	The workplace assessments are designed to assess the 'does' level of Millers pyramid and are aligned with the Professional Qualities Curriculum and curriculum for each training program.
Number of assessments required	Many training committees have determined training requirements with 1-2 encounters for each tool. This is largely due to the capacity of supervisors to administer work-based assessment in the training environments. The College is exploring ways of making the formative assessments shorter, more flexible, less exam-like and therefore more readily integrated into the daily work and training practices of trainees and their supervisors to facilitate improved reliability of the assessments. Van der Vleuten's index indicates factors such as reliability need to be balanced with other factors such as educational impact, feasibility and acceptability which in many circumstances are more important to the educational environment and utility of the tools in that they impact on likelihood of uptake and change

	in behaviour.
Training	Training is provided to supervisors and trainees in effective use of work-based assessment through supervisor workshops and workshops run by Member Support Officers. This training is designed to improve the validity and reliability of tools.

Feasibility, education impact and acceptability

A key challenge of changes to assessment practices is the feasibility, acceptability and perceived educational impact of formative assessments which lack the legitimacy of summative assessments such as exams that have a long and established tradition in medical education. Both the PREP consultation and External Review of Assessment acknowledged this challenge, and similar results are reported in the broader medical education literature.

Feedback from the Basic and Advanced Training surveys show trends regarding the feasibility, acceptability and educational impact of formative assessments. Through comparisons between perceived supervisor knowledge of PREP and overall perceived usefulness of the PREP tools, the 2012 Advanced Training survey revealed that trainees who felt their supervisor had poor knowledge of PREP were relatively less likely to find the PREP tools useful, while those who felt their supervisor had good knowledge of PREP were more likely to find the PREP tools useful overall. In this way, educational impact for trainees is closely linked with how much the supervisor values the tools and the PREP Program. Formative assessments are often approached as a tick box for the College and the educational impact and purpose are not necessarily realised.

To improve the quality of assessments, the College has moved into a period of consolidation and refinement of assessments as well as one focused on support for assessors and supervisors rather than constant development of new assessment tools. Evidence of this focus on the design, implementation and evaluation of quality of assessment is embedded in the College's use of the following strategies as a means of improving the members' perceptions of the feasibility, educational impact and acceptability of current and future tools:

- **Review of Literature** – the College undertakes comprehensive literature reviews as a key scoping activity for new assessments. Assessments are based on national and international best practice.
- **Consultation** – consultation with the trainees, supervisors and broader membership is undertaken on all assessment tools before they are implemented.
- **Piloting** – the College pilots new assessments with small groups, such as trainees in a single specialty, before introducing it more widely.
- **Training** – training for committees, supervisors and assessors is an integral part of introducing new assessments to ensure smooth implementation. The College has a number of resources, including Member Support Officers in each state, to train assessors.

- **Communication** – key changes are communicated to all affected stakeholder groups via a number of channels, including the Breaking News section of the Portals, e-bulletins, and via email.
- **Adequate notification prior to release** – trainees and supervisors are provided with at least six months' notice for low-impact changes, and 12 months' notice for moderate and high-impact changes. This allows adequate time for planning future rotations.
- **Transitional implementation** – new College assessments, such as the DOPS tool, are not initially a mandatory requitement for the first year of implementation, slowing time for supervisors and trainees to familiarise themselves with tools prior to them being a formal part of the training program.
- **Evaluation and review** – trainees and supervisors are invited to provide feedback on the utility of College assessments through evaluation surveys and scheduled reviews of tools.

Summary of achievements since 2008

2009 – 2013
5.3 Assessment quality
• Significant progress in implementation of the External Review of Assessments recommendations. • Standards for assessment in RACP training programs developed and currently being consulted on. • Implementation of strategies to improve the reliability and validity of assessments. • Examination pass rates are monitored by Committees, reviewed by the relevant assessment committees, and reported on regularly. • AFOEM review of assessments conducted in 2012.

Future directions

With the introduction of revised curricula in both Basic and Advanced Training in the coming years, a significant challenge will be the alignment of these frameworks with assessment practices at the College. As part of this, the College will be focusing on the assessment of professionalism.

From 2015, following consultation of the assessment principles and standards and conduct of an assessment feasibility check with all training committees, the College will commence development of an assessment policy.

Following the establishment of a cross-College examinations unit at the College, work will continue to streamline operations across the examinations for the Divisions, Faculties and Chapters.

5.4 Assessment of specialists trained overseas

Accreditation standard

5.4.1 The processes for assessing specialists trained overseas are in accordance with the principles outlined by the AMC and the Committee of Presidents of Medical Colleges Joint Standing Committee on Overseas Trained Specialists (for Australia) or by the Medical Council of New Zealand (for New Zealand).

Additional Criteria from the Medical Council of New Zealand

Recognition and Assessment of International Medical Graduates (IMGs) applying for registration in a vocational scope of practice. The education provider is required to have a process for:

- assessing the relative equivalence of the IMG's qualifications, training and experience against the prescribed New Zealand or Australasian Fellowship, Diploma or Certificate qualification (depending on the relevant scope)
- notifying the MCNZ in writing, if any significant concerns about competence become apparent during the assessment of QTE [qualification, training and experience] and thereafter
- clearly identifying differences between the IMG's qualifications, training and experience, and the prescribed qualification (Fellowship) and whether there are any deficiencies or gaps in training, and whether subsequent experience has addressed these, and if not, what type of experience, supervised practice and assessment would address the deficiencies or gaps in training, to inform MCNZ in making a decision.
- advising the MCNZ of any requirements the IMG would need to complete during the provisional vocational period of registration, toward obtaining registration in a vocational scope of practice, together with comprehensive reasons
- ensuring reports meet administrative law obligations and Privacy Act principles and principles by providing well-reasoned advice directly supported by the paper documentation and information obtained at interview
- advising the MCNZ on the content of vocational practice assessments

The College fulfils different roles in Australia and New Zealand in relation to the assessment of specialists trained overseas. Assessment of Overseas Trained Physicians (OTPs) is conducted separately in each country in line with the requirements of the Medical Board of Australia (MBA) and the Medical Council of New Zealand (MCNZ) respectively.

College role in assessment

The College processes approximately 150 assessments per year in Australia and 70 assessments in New Zealand each year. OTP assessment committees across the Divisions, Faculties and Chapters in Australia and New Zealand oversee the assessment process. The process is supported by a unit of eight staff across Australia and New Zealand.

Australia

In Australia, the MBA has assigned to the RACP the function of assessing the eligibility of overseas trained specialists for specialist registration in the following specialties:

• Addiction Medicine • Cardiology • Clinical Genetics • Clinical Pharmacology • Community Child Health • Endocrinology • Gastroenterology • General Medicine • General Paediatrics • Geriatric Medicine	• Haematology • Immunology and Allergy • Infectious Diseases and Microbiology • Medical Oncology • Neonatal and Perinatal Medicine • Nephrology • Neurology • Nuclear Medicine	• Paediatric Emergency Medicine • Palliative Medicine • Respiratory Medicine • Sleep Medicine • Rheumatology • Sexual Health Medicine • Public Health Medicine • Rehabilitation Medicine • Occupational and Environmental Medicine

The College also assesses OTPs who wish to work in Commonwealth-designated 'Area of Need' (AoN) positions. A doctor being assessed for an AoN position will be simultaneously assessed for specialist recognition.

New Zealand

In New Zealand the assessment of OTPs is managed by the MCNZ and the RACP plays an advisory role as a Vocational and Education Advisory Body to the MCNZ. Overseas trained specialists in the scopes of internal medicine, paediatrics and dermatology deemed by the MCNZ to be appropriate applicants are referred to the College for assessment of eligibility for vocational registration.

Assessment criteria

OTPs are assessed against the standard expected of a recently trained Australasian specialist in the speciality/scope of practice.

Assessment policy

The College's assessment approach for OTPs is set out in the OTP Assessment Policies for Australia and New Zealand (attachment 23). These policies are tailored to meet the specific requirements of the AMC and MCNZ respectively. Both policies are publicly available on the College website. A range of other information and resources are provided on the website for OTPs including information sheets describing the College, AHPRA/AMC and MCNZ roles in

assessment of OTPs, the assessment process itself, possible outcomes, as well as applicable fees and other relevant information.

The College is reviewing both policies during 2014. In Australia, the review is informed by changes to the specialist pathway and renewed guidelines from AHPRA on comparability assessment.

The policy review in NZ will update the policy to reflect changes in the administration of vocational assessment during the past five years.

Assessment process

The assessment process compares an OTP's formal training, clinical experience, scope of practice and continuing professional development with those of a consultant physician or paediatrician who has trained in New Zealand or Australia. The process does not solely consider formal training and assessment but takes into consideration subsequent clinical experience and the nature of the applicant's current practice, including participation in continuing professional development activities and contribution to the profession.

OTP assessment processes in Australia and New Zealand

	Australia	New Zealand
Role	RACP managed assessment process: undertakes assessment for specialist recognition in Australia on behalf of MBA. Assessment of IMG application to Fellowship is undertaken concurrently.	MCNZ managed assessment process: RACP acts as an advisory body for assessment for registration within a vocational scope of practice. IMG pathway to Fellowship is a separate process.

	Australia	New Zealand
Assessment method	**Application:** Application form and CV, qualifications, training and experience, plus Area of Need job description and application (if applicable) are reviewed by Case Officers supported by senior staff and the Chairs of the OTP Assessment Subcommittees to provide preliminary advice to the applicant. This advice may be that: - the applicant does not meet the criteria for the specialist pathway - more information is required or would strengthen the application - the applicant should proceed to interview	**Application:** When *preliminary advice* is sought by MCNZ: the Chair of the relevant College Specialist Advisory Committee (SAC) will submit an opinion on an applicant's suitability for vocational registration based on whether the applicant has qualifications, training and experience comparable to that of an Australasian-trained Fellow in the specialty concerned.
	Interview: An interview panel comprised of a member of the OTP assessment subcommittee and a representative from each of the relevant subspecialties determines whether an applicant's training and experience is comparable to that of an Australasian-trained specialist. If an AoN application is being considered, the panel considers the specific requirements of the AoN job description. Following the interview there is an opportunity for the applicant to review the report to correct errors and provide additional information.	**Interview:** When interview advice is sought from MCNZ: two Fellows drawn from the appropriate SAC and College's NZ Overseas-Trained Physicians Assessment Committee (or Fellow designated by the Committee) conduct an interview to assess whether the OTP's qualifications, training and experience are equivalent to that of an Australasian-trained physician.
	Committee review: The relevant OTP Assessment Subcommittee reviews the documented application, interview report, panel recommendation, and any further written material provided by the applicant in response to the interview report and recommendation in order to decide an initial outcome.	**Committee review:** The NZ OTP Assessment Committee reviews the interview report and recommendations of the interviewers in order to decide a recommendation to the MCNZ. The MCNZ then considers this recommendation in order to decide a registration initial outcome.

	Australia	New Zealand
Outcomes	**Possible initial outcomes:** 1. Substantially comparable 2. Partially comparable 3. Not comparable Outcomes are advised to the applicant and to AHPRA through the AMC. For more detail on outcomes, see below.	**Possible recommendations:** 1. Option A – Equivalent (supervision pathway) 2. Option B - Nearly equivalent (assessment pathway) 3. Option C - Not equivalent 4. Option D – Interview (preliminary advice only) For more detail on outcomes, see below.
Reconsider-ations, reviews and appeals	OTP applicants are entitled to procedural fairness and have access to the same reconsiderations, reviews and appeals process as Fellows and trainees who are affected by decisions of the College. Applicants can seek a reconsideration of the decision by the originating committee (no charge). After reconsideration, they can request a review by a higher committee (cost recovery charges apply). If still dissatisfied, they can appeal and a disinterested panel of senior Fellows will be appointed to hear their case (cost recovery charges apply).	Applicants must seek reconsiderations, reviews and appeals from the MCNZ.
Further assessment	Further assessment: Includes some or all of an online orientation program, a period of peer review, top up training, work-based assessments, a practice visit and participation in CPD. These are organised and monitored by the College, leading to a final outcome decision by the OTP Assessment Subcommittee.	Further assessment is managed in NZ by the MCNZ. In some instances, further assessment may consist of RACP Written and/or Clinical Examinations.

Assessment outcomes

Within its OTP policies, the website and supplementary information for prospective applicants, the College specifies the possible outcomes from the specialist recognition/vocational registration assessment pathway. These are in line with the requirements of the AMC (AHPRA) and the MCNZ, and are described below.

OTP assessment outcomes in Australia and New Zealand

Australia	New Zealand
Outcome: Substantially comparable Requirements: Up to 12 months of satisfactory practice under peer review to ensure the level of practice demonstrated is comparable to that of an Australasian-trained specialist.	**Outcome:** Option A (Supervision Pathway) • The applicant has qualifications, training and experience equivalent to a medical practitioner vocationally registered in the same vocational scope. • Registration within a vocational scope of practice will be appropriate after 6-12 months supervised practice and on receipt of satisfactory supervisor's reports, as well as enrolling in MyCPD.
Outcome: Partially Comparable* (will be considered comparable to an Australian trained specialist within 24 months of further training, assessment and oversight) Requirements: A combination of the following: • up to 24 months of satisfactory practice under peer review • up to 12 months of top up training (equivalent to Advanced Training) • The College Written and/or Clinical Examinations or any other assessments determined by the College.	**Outcome:** Option B (Assessment Pathway) The applicant has qualifications, training and experience nearly equivalent to a medical practitioner vocationally registered in the same vocational scope and is expected to reach the standard of competence required for registration within a vocational scope of practice within 12 - 18 months of supervised clinical experience and assessment (a vocational practice assessment -VPA) or a written/and or clinical exam may be required as well as enrolment in MyCPD. Council will advise the Vocational Education Advisory Body when the doctor has been granted registration in a vocational scope of practice.
Outcome: Not Comparable Not eligible to proceed via the specialist pathway — advised to consider the standard pathway and enrolment in the College's training program (which includes options for recognition of prior learning).	**Outcome:** Option C The applicant's training, qualifications and experience are not equivalent to that of a medical practitioner vocationally registered in the same vocational scope, or the College is unable to provide a recommendation. **Outcome:** Option D (Preliminary advice only) The College is unable to reach a recommendation, and an interview is required.

Recommending a 'limited scope of practice' outcome

Further to correspondence with and advice from the Medical Board of Australia to clarify options for flexible assessment of OTPs, including registration in a limited scope of practice, the College commenced recommending 'limited scope' outcomes for OTPs who are considered to be substantially comparable in a limited scope of a recognised specialty in 2013.

Limited scope outcomes are designed to give effect to the MBA's Registration Standard for Specialist Registration (p4):

> **Restricted scope of practice**
>
> A medical practitioner, who is on the Specialists Register but is not on the Register of Medical Practitioners, will have a restricted scope of practice, compared to a medical practitioner who has both general and specialist registration.
>
> The scope of practice of a medical practitioner who is only on the Specialists Register will be restricted based on the advice from the relevant specialist college, following assessment:
> 1. If the applicant is limited to the full scope of an approved specialty or field of specialty practice, this will be recorded on the specialists register in the specialist category field.
> 2. If the applicant's scope of practice is limited within a specialty or specialist field, the Board will impose conditions reflecting the limited scope of practice. The conditions will be placed on the public register.

Only a few OTPs have received recognition in a limited scope of a specialty as an outcome. This option is useful for a small number of OTPs with well-defined and highly developed subspecialist skills (e.g., in hypertension medicine, stroke medicine or spinal rehabilitation).

OTPs who are offered limited scope of practice outcomes are considered substantially comparable to an Australasian-trained specialist in their limited scope of practice and have similar assessment requirements (i.e., up to 12 months of satisfactory practice under peer review). They are also considered partially comparable to an Australasian-trained specialist in the full scope of their specialty and are offered the opportunity to meet the more extended requirements leading to full scope registration. The College provides detailed individual advice about the implications of this choice to each applicant in these circumstances.

Assessment outcomes for Area of Need positions (Australia only)

Outcome	Requirements
Suitable for AON	12 months of satisfactory AON practice under peer review
Not Suitable for AON	Not suitable to practise in the position

Due to the demanding nature of area of need positions, the RACP will only support the appointment if there is suitable supervision available and the OTP is found to be substantially comparable to an Australasian-trained specialist. This is because adequate supervision and

support is not readily available for partially comparable OTPs in areas of need to ensure a high level of medical service is maintained. The MBA also sets requirements for overseas trained specialists in area of need positions as per the Limited Registration for Area of Need Registration Standard.

Summary of OTP assessment outcomes and appeals (Australia)

Year	Number of applicants	% assessed for area of need	Substantially comparable*	Partially comparable*	Not comparable*
2009	186	N/A	122 (55%)	51 (23%)	47 (21%)
2010	111	24%	74 (56%)	33 (25%)	25 (19%)
2011	102	27%	79 (62%)	28 (22%)	19 (15%)
2012	134	22%	116 (67%)	33 (19%)	24 (14%)
2013	91	12 %	83 (63%)	30 (23%)	18 (14%)

* Note: Where an OTP received two outcomes (i.e., substantially comparable in one subspecialty and partially comparable in another subspecialty), they have been counted twice.

The College's process for Reconsideration, Review and Appeals is available to applicants in Australia (attachment 24). A summary of appeals conducted in Australia as a result of OTP assessment outcomes during the past five years and their respective outcomes is outlined in the table below:

Year	Number of appeals	Outcomes of appeals
2009	0	n/a
2010	0	n/a
2011	1	Original decision upheld
2012	3	3 decisions revised on appeal
2013	2	1 original decision upheld, 1 revised on appeal

Quality of the assessment process and compliance with registration body reporting requirements

The College's OTP assessment committees meet regularly both individually as well as jointly to discuss governance and policy issues and to ensure that practices of each committee remain consistent. The College also participates in the Network of College IMG Managers in Australia to assist in sharing knowledge and standardising processes wherever possible. These activities have led to a range of improvements in the assessment process and to enhanced support for applicants. In 2013 the OTP unit staffing in Australia increased from four to six to improve the level of service available to applicants, with each applicant assigned a case officer.

Quality assurance processes

Evidence-based assessment decisions

Australia

College decisions are based on a review of the available evidence including application documentation describing qualifications, training and experience, as well as an interview where these can be explored in greater depth directly with the applicant.

Trained interview panel members use templates to formally document the reasons and evidence for any identified deficiencies or gaps in training compared to an Australasian-trained physician which have not been addressed by subsequent experience.

This formal documentation of the assessment interview facilitates evidence based decisions by the relevant OTP subcommittee and the formulation of case specific recommendations including tailored requirements to address any identified deficiencies where appropriate.

New Zealand

Differences between the qualifications, training and experience of an OTP and that of an Australasian-trained consultant are identified through a review of documented evidence undertaken by two Fellows. Interviews of applicants are conducted by experienced consultants. Interview reports are submitted to the NZ OTP Assessment Committee which is the decision-making body for recommendations to the MCNZ.

Where deficiencies or gaps in training completed by the OTP when compared to an Australasian-trained consultant are identified that have not been addressed by subsequent experience, a Vocational Practice Assessment (VPA) may be recommended to the MCNZ at the end of a period of supervision. The VPA is arranged by MCNZ. In some cases, the RACP Clinical Examination or one of the relevant Faculty's Oral Examinations may be used as an assessment in preference to a VPA. The form of assessment is decided on a case by case basis taking into account factors that include the nature and extent of possible gaps in training, and length of experience as a consultant and nature and depth of specialist knowledge.

The MCNZ is advised of requirements the IMG would need to complete in preliminary advice and interview reports. Recommendations are made on a case-by-case basis to address identified gaps in an applicant's training or experience and ensure that a comparable set of competencies have been demonstrated by the OTP. Recommendations could include supervision, examinations, and/or a VPA. Recommendations in the RGR5 form provided by MCNZ are supported by reasons and evidence.

Procedural fairness and administrative processes

All Fellows who are members of decision-making bodies of the College, including the Australian and New Zealand OTP committees, must declare any conflicts of interest. This policy is designed to ensure transparency and avoid both the perception and existence of any external influences impacting on the decision-making of College bodies. Interviewers are advised at the outset of the name of an interviewee and advised that they are precluded from interviewing should a conflict of interest exist.

Australia

Applicants in Australia are given the opportunity to see and provide a written response to all information the College will consider in decision making (including interview reports and peer review reports). This has reduced the number of reconsiderations requested.

New Zealand

The Chair of the NZ OTP Assessment Committee is responsible for completing the MCNZ RGR5 forms. The RGR5 is checked by College staff to ensure the advice given closely reflects the interview reports and the minutes of the NZ OTP Assessment Committee meeting. The interview report is sent to MCNZ together with the RGR5 form. The flow of all information to the OTP applicant is through the MCNZ, including requests for personal information. Details relating to applicants are kept secure within the office of the College.

Progress during assessment and completion of requirements

Australia

Case Officers monitor progress during assessment and completion of requirements, and are available to OTPs to advise in the event of difficulty.

Top up training is approved by the relevant training committee and takes place in accredited training sites under the same supervisory and assessment arrangements as apply to Advanced Trainees.

OTPs required to sit exams do so at the same time as trainees.

Peer reviewers are approved by the OTP Subcommittee and required to report at three-month intervals. In general, OTPs have two peer reviewers, who must be College Fellows, and at least one must be working on-site with the OTP in a supervisory capacity.

If an OTP is identified as having difficulty meeting requirements under peer review, a number of options will be explored by the OTP Subcommittee, including a change of peer reviewers if appropriate, a revised set of requirements, or a practice visit. Practice visits provide an independent assessment of the OTPs workplace performance by external specialists.

New Zealand

The College OTP policy (New Zealand) acknowledges the College's obligation to inform the MCNZ and registration authorities should it become aware of an OTP contravening assessment requirements. Any concerns raised by the Chair of a Training Committee or interviewers are documented in the RGR5 form completed by the Chair, NZ OTP

Assessment Committee after preliminary advice has been given and/or interview report approved by that Committee.

OTPs work under a supervisor chosen by the MCNZ and approved by the College. Supervisor reports are directed to the MCNZ. In addition to the MCNZ responding to adverse supervisors' reports, the College would expect Fellows to fulfil their statutory obligation under the Health Practitioners Competence Assurance Act 2003 (s.34 and 45) and notify the MCNZ of instances where they believe another practitioner may pose a risk of harm to the public or is unable to perform the functions required for the practice of their profession.

Vocational practice assessments are arranged and managed by MCNZ when required at the end of a period of supervision. The role of the College is limited to providing the MCNZ with recommendations on appropriate assessors as required on a case-by-case basis. All recommendations are supported by the relevant Advanced Training Committee with expertise in the OTP applicant's specialties. The assessors submit a report to the MCNZ following the VPA. The report is subsequently received by the College upon confirmation of vocational registration of the OTP.

Should the MCNZ require advice on the content of the VPA, the College seeks advice from the NZ OTP Assessment Committee and/ or the Advanced Training Committee and consultants experienced in the supervision and oversight of Advanced Training in relevant specialties.

Evaluating the assessment process

Australia

Voluntary surveys were implemented in 2013 to collect feedback from OTPs and assessors at key points throughout the assessment process (initial assessment, completion of requirements, examination experience, top up training experience, supervisor experience, interviewer experience and OTP Subcommittee experience). The surveys were introduced in July 2013. Feedback collected provides insight into ways the College can improve its processes.

Assisting OTPs transition into local practice

Australia

In 2009 the College launched an online Orientation Program for Overseas Trained Physicians and Paediatricians which is designed to familiarise applicants with the Australian health care environment preparing them for practice in Australia.

Initial development of this program was funded by the Commonwealth Department of Health and Ageing (DOHA) and the College has maintained and updated the program since then. The program meets the Australian Medical Council (AMC) guidelines for orientation programs for OTPs. The Medical Board of Australia may require demonstration of completion of an orientation program for registration purposes.

Successful completion of this program provides a general understanding of the Australian health care system and subjects relating to best practice health care in Australia.

The program consists of seven modules:

Module	Duration
The Australian health care setting	4hrs
Cultural competency	4hrs
The broader context of health	2.5hrs
Communication	5hrs
Quality and safety	4.5hrs
Ethics	4.5hrs
Teaching and learning	3hrs

All OTPs are asked to complete the program as one of their assessment requirements. Compliance is monitored by OTP unit staff.

New Zealand

Three brochures to assist OTPs integrate into the New Zealand health workforce are in the process of development, *An Overview of New Zealand Culture, Health statistics, government priorities and challenges for the specialist,* and *the New Zealand Health Sector*. It is expected these resources will be available later this year.

Recognition of prior learning for IMGs

International medical graduates seeking to undertake or complete their specialist training in Australia or New Zealand, and OTPs whose assessment outcome is 'not comparable' (Australia) or 'Option C: not equivalent' (New Zealand) may seek recognition of prior learning under the provisions of the College-wide RPL policy once they have formally commenced in an RACP training program. For more information, please refer to *AMC Standard 3.4.*

Summary of achievements since 2008

2009 – 2013
5.4 Assessment of specialists trained overseas

• Policy: Implementation of OTP Assessment Policy (Australia) from June 2009 and OTP Assessment Policy (New Zealand) from December 2009; both policies now in review.
• Evaluation: Audit of assessment processes for OTPs conducted by Ernst & Young; feedback surveys instituted for applicants and assessors at key points of the assessment process 2013.
• Training: Workshops for peer reviewers of OTPs conducted around Australia 2009; governance and procedural fairness training for OTP committee members (Australia and New Zealand) conducted April 2013.
• Advocacy:
  ○ Submission made to the “Lost in the Labyrinth” Report which arose from the Australian Commonwealth Inquiry into Registration Processes and Support for Overseas Doctors.
  ○ Submissions made to the Medical Board of Australia regarding the Pathways Registration consultation paper (2013); the Specialist Pathway – Short Term Training consultation paper (2013); the English language standard consultation paper (2013); the international criminal record registration standard consultation paper (2013).
• Administration and support: Process audit to look at documentation and records management for OTP cases (2012); administrative improvements including revision of the internal process manual to ensure consistency of assessment processes and support continuity of institutional knowledge in times of staff turnover and organisational change.
• Governance: Inclusion of committees responsible for assessment of NZ OTPs in College educational governance review.

Future directions

Implementation of revised OTP governance structures under the Education Governance review will simplify and streamline OTP committees, and consequently harmonise OTP assessment process.

Australia

Since the “Lost in the Labyrinth” report from the House of Representatives Standing Committee on Health and Ageing, the College has kept the assessment process for OTPs in Australia under review. In 2013 this led OTP Subcommittees to adopt an increasingly flexible approach to assessing the comparability of OTPs who trained under systems dissimilar to Australia’s. The College is continuing this work with:

- simpler governance of OTP assessment through reform of committees
- reviewing policy and guidelines to set a simpler and more flexible framework for assessment decisions
- continuing training of OTP assessors to guarantee the quality and consistency of decisions

- plans for regular meetings (an OTP Forum) with all stakeholders (regulators, OTPs, employers, specialty societies) to discuss and review OTP assessment.

New Zealand

The College also intends to continue to build on its meeting in September 2013 with the Chair and CEO of the MCNZ to discuss the different approaches of the MBA and MCNZ to the assessment and management of OTPs with the aim of advocating for increasing alignment across the Tasman where possible.

Success Factors for Standard 5: Assessment of learning

The College has undertaken a critical self-assessment of its progress towards meeting this standard. The following points summarise factors that will influence the achievement of the College's goals over the next five years:

- A key dependency of assessment of learning is alignment with the curricula review in Basic and Advanced Training.
- The College will need to continue its efforts to increase the educational impact and acceptability of formative assessments while balancing these factors with feasibility of implementation.
- The increase in trainee numbers impacts significantly on the flexibility of formative and summative assessments. The College will need to progress its work on capacity to train.
- The College has ambitious plans to improve the exams which may take some time to complete.
- The College will continue its efforts to improve feedback provision in a range of contexts including formative and summative assessment.
- Improving the assessment of overseas-trained physicians seeking specialist registration depends on the development of appropriate work-based assessments.

Recommendations related to AMC Standard 5

	AMC Recommendation 19
	Continue to progress towards implementing criterion referenced assessment. *Comments from 2013:* Good evidence of progress towards standards setting with the External Review, the formal Angoff exercise for Adult Medicine and the trial planned for Paediatrics and Child Health. There is clear evidence that RACP is purposefully setting standards utilising appropriate processes for review and implementation. This recommendation is on-track. The plans for the future of the Fellowship exam are noted as in-line with the general intent of standards setting.
	RACP Update for 2014
	The pass mark for the Divisional Written Examination is determined using a combination of norm and criterion-based approaches. In recent years, the College has introduced Rasch modelling[8] to ensure the pass standard is consistent from year to year. In addition to the Rasch Analysis, the College uses a modified Angoff Procedure[9] which is a criterion based method of standard setting and is undertaken by a panel of expert judges which includes Fellows and Advanced Trainees. For further information, please refer to *AMC Standard 5.3*.
	AMC Recommendation 20
	Report in annual reports to the AMC on the development and promulgation of an assessment framework for advanced training and the further development and implementation of project guidelines. Comment from 2013: There is commitment to the development of assessment principles and standards for all summative examinations including research projects. This is due for completion in late 2013 and should be reported on subsequently.
	RACP Update for 2014
	Development of assessment standards for RACP training programs was prioritised by the College following a review of the recommendations from the April 2012 *'Report to RACP, the External Review of Formative and Summative Assessment'.* It is anticipated that, once approved, the draft Standards for Assessment in RACP training programs will be used to guide the development, implementation and evaluation of assessments in all RACP training programs. It is intended that all RACP training programs adhere to the standards. The College recognises that implementation of the standards may take some time, and that any changes to existing assessment practices will need to be carefully planned and managed through the annual revision of

[8] *Op. Cit*. Rasch 1977.
[9] *Op. Cit*. Livingston and Zieky, 1982.

	training program requirements. Please refer to *AMC Standard 5.3* for information on the proposed Standards for Assessment.

6 Monitoring and evaluation of the curriculum

6.1 Ongoing monitoring

Accreditation standards

6.1.1 The education provider regularly evaluates and reviews its training programs. Its processes address curriculum content, quality of teaching and supervision, assessment and trainee progress.

6.1.2 Supervisors and trainers contribute to monitoring and to program development. Their feedback is systematically sought, analysed and used as part of the monitoring process.

6.1.3 Trainees contribute to monitoring and to program development. Their confidential feedback on the quality of supervision, training and clinical experience is systematically sought, analysed and used in the monitoring process. Trainee feedback is specifically sought on proposed changes to the training program to ensure that existing trainees are not unfairly disadvantaged by such changes.

6.2 Outcome evaluation

Accreditation standards

6.2.1 The education provider maintains records on the outputs of its training program, is developing methods to measure outcomes of training and is collecting qualitative information on outcomes.

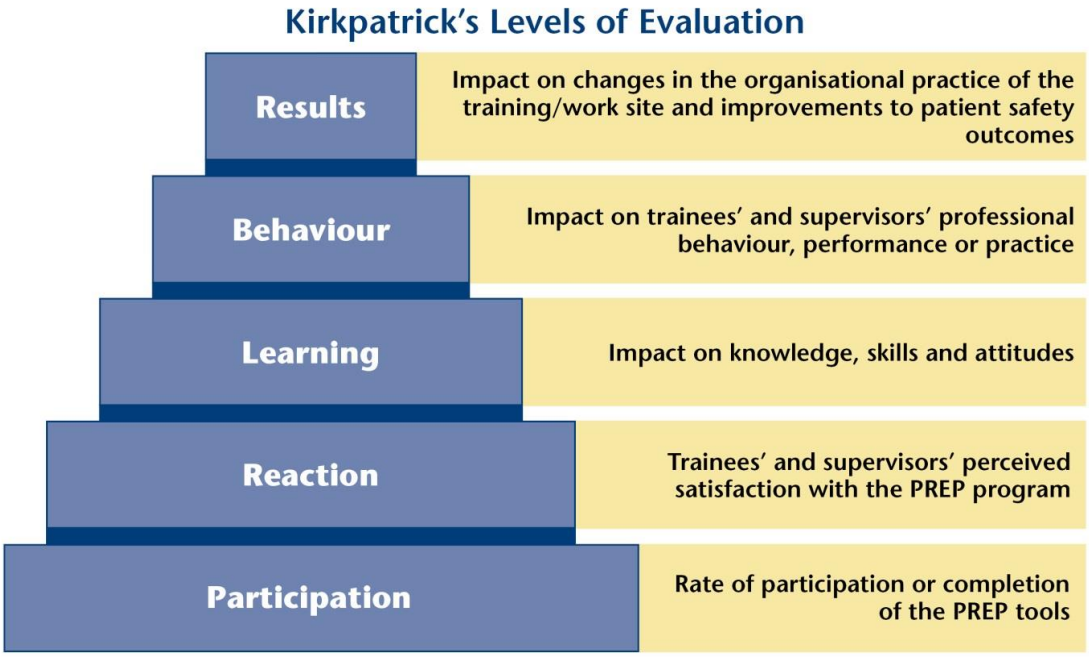
6.2.2 Supervisors, trainees, health care administrators, other health care professionals and consumers contribute to evaluation processes.

The College monitors the outcomes of all of its training programs through collection of qualitative feedback from stakeholders. The College conducts a number of evaluation activities each year to ensure that its training programs are meeting the needs of trainees and Fellows and to inform continuous renewal activities.

Systematic research and evaluation activities inform and monitor developments in the College's educational programs. Underpinning all educational monitoring and evaluation is acknowledgement of the importance of stakeholder input.

The College's approach to evaluation is informed by Kirkpatrick's levels of evaluation[10], taking into account subsequent medical education-related adaptations.[11] Figure 18 illustrates this modified hierarchy of evaluation within the context of the RACP. An increasing focus of the College's monitoring and evaluation activities is to reach higher levels of this hierarchy and examine outcome measures, rather than just exploring participation and satisfaction measures.

Figure 18 – Kirkpatrick's Levels of Evaluation[12]



The College's evaluation activities are also informed by van der Vleuten's utility index (1996), which proposes that the utility of an educational intervention can be assessed in terms of its validity, reliability, acceptability, educational impact and cost effectiveness, all considered within a given context.

To ensure that the evidence-base built through research and evaluation activities is effectively leveraged and translated back into practice all reports from research and evaluation activities are accompanied by action plans developed in conjunction with key decision-makers, to address the recommendations presented. Additionally, all key research and evaluation reports are published on the members section of the College website to increase transparency around monitoring and outcomes.

Key education research and evaluation projects are summarised in Figure 19 and Figure 20.

[10] Kirkpatrick, D.L., & Kirkpatrick, J.D. (1994). Evaluating Training Programs, Berrett-Koehler Publishers
[11] Barr H, Freeth D, Hammick M, Koppel I & Reeves S (2000) Evaluations of Interprofessional Education: A United Kingdom Review of Health and Social Care. London: CAIPE and the British Educational Research Association.
Belfield CR, Thomas HR, Bullock AD et al.(2001) Measuring effectiveness for best evidence medical education – a discussion. *Medical Teacher*. 2001; 23: 164-170
[12] *Op. Cit.* Kirkpatrick and Kirkpatrick 1994

Figure 19 – Key College Evaluations

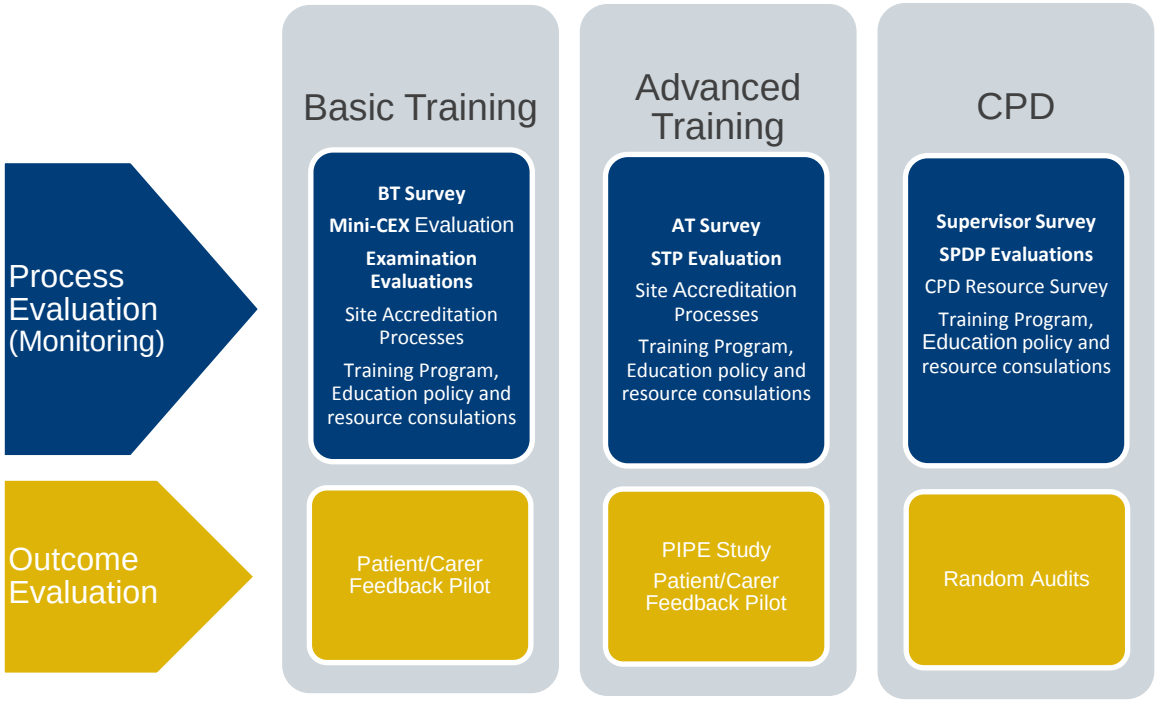


Figure 20 – Details of Key College Evaluations

Process Evaluations (Monitoring)		
Activity	**Details**	**Status**
PREP Consultation	In 2011 a consultation was undertaken with the membership to evaluate the PREP training program, and to gather an understanding on perceptions and awareness of the training program.	Completed
Basic Training Survey	Survey of Basic Trainees to monitor the implementation of the PREP Basic Training program; to ascertain areas of the training program that require further attention; and, to inform decision-making for future educational developments. This activity is conducted every second ear (alternate year to the Advanced Training Survey), to minimise survey fatigue amongst respondents.	Sept 2013- April 2014
Mini-CEX Evaluation	Retrospective analysis of formative assessment ratings, assessor and trainee feedback received since implementation of the Basic Training Mini-CEX tool.	Jan 2014- July 2014

Process Evaluations (Monitoring)		
Activity	**Details**	**Status**
Examination Evaluations	Survey conducted in 2011 to understand candidate and examiner perceptions about various aspects of the Clinical and Written Examinations such as organisation, effectiveness in assessing key competencies, effectiveness of calibration process, and about various aspects of long and short cases. The surveys also aimed to identify resources perceived as useful in the preparation for the examination.	Sept 2011-April 2012
Site Accreditation Processes	5 year accreditation cycle per training position to monitor the quality of the training environment.	Ongoing
Training program, education policy and resource consultations	Project specific consultations, to obtain stakeholder feedback on draft curricula, training requirements, education policy and learning resources. Consultation methods vary depending on the project, and include focus groups, online surveys, and peer-review groups.	Ongoing
Advanced Training Survey	Survey of Advanced Trainees to monitor the implementation of the PREP Advanced Training program; to ascertain areas of the training program that require further attention; and, to inform decision-making for future educational developments. This activity is conducted biannually, (alternate year to the BT Survey), to minimise survey fatigue amongst respondents.	Sept 2012-Sept 2013
STP Evaluation	Annual surveys of supervisors and trainees at STP funded sites are conducted to determine the quality of the training environment and satisfaction with the support provided.	Ongoing
Supervisor Evaluation	Pre and post evaluation to monitor the impact of the new SPDP program and to identify areas that require adjustment.	Planned
CPD random review	The College audits 5% of CPD submissions each year. The selection is random and is automatically generated from all participants. Those selected are asked to provide documentation to substantiate 100	Annually, April - June

Process Evaluations (Monitoring)		
Activity	**Details**	**Status**
	of their reported credits. Data about CPD activities collected through the audit are de-identified and used in research to improve the quality of the CPD program.	
CPD survey	Survey conducted to gather data about the needs and preferences of CPD participants.	August 2013-February 2014
Physician Education Program (PEP) Lecture Series evaluation	Surveys conducted to understand the participation rates of trainees and sites in the program (as a reporting requirement to HETI). Program evaluation and satisfaction data was also gathered to inform future improvements to the program.	September 2009 – December 2012
Outcome Evaluations		
Activity	**Details**	**Period**
Patient/Carer Feedback Pilot	Information provided in response to *AMC Recommendation 37.* Pilot study conducted in collaboration with supervisors and trainees at St George Hospital, NSW. The overall aim of the pilot study is to understand the utility and the barriers and enablers of incorporating patient feedback into work-based assessments for physician trainees. The pilot involves the collection of patient and carer feedback regarding a trainee's communication skills and the trainee completing a self-assessment of their communication skills. The anonymous, aggregated patient feedback is then discussed by the supervisor with the trainee as a tool for prompting reflection and development. Approximately 10 trainees are participating in the pilot study.	June 2013-June 2014
PIPE Study	Survey of new Fellows to gauge how prepared they feel for practice upon completion of training, explore barriers and enablers throughout this period of transition and determine the nature of their post-Fellowship work. See Recommendation 19 for more information.	Sept 2013-April 2014

Summary of achievements since 2008

2009 – 2013
6.1 Ongoing monitoring and 6.2 Outcome evaluation
• Periodic evaluations undertaken, including second year Basic Trainees, second year Advanced Trainees and supervisors. • Extensive stakeholder consultation undertaken on the PREP program. • Evaluation of the PEP lecture series conducted. • Evaluation of the Specialist Training Program conducted. • Initiation of a survey of new consultants in 2012 which examines preparedness for independent practice. • Evaluations completed on the logistics of the Basic Training Written and Clinical Examinations. • Active monitoring and evaluation of a range of current education policies. • Execution of the Patient Feedback Pilot which is currently in progress at a Sydney hospital.

Future directions

Moving forwards, the College will have a continued focus on supervision and on bi-annual audits. Throughout 2014 the College will be evaluating the efficacy and feasibility of implementing a coaching program to support RACP supervisors as part of the Supervisor Professional Development Program (SPDP). Please refer to *AMC Standard 8.1* for more information.

Success Factors for Standard 6: Monitoring and evaluation

The College has undertaken a critical self-assessment of its progress towards meeting this standard. The following points summarise factors that will influence the achievement of the College's goals over the next five years:

- The College will continue its efforts to undertake both ongoing monitoring and outcome evaluation and use the information gained to contribute to renewal of educational approaches
- Survey fatigue is a considerable issue impacting the response rates and resulting rigour of findings
- The College will continue its efforts of moving its evaluation focus from participation to deeper studies of educational impact as well as more collaborative approaches to undertaking evaluations with sample healthcare settings.

Recommendations related to AMC Standard 6

	AMC Recommendation 36
	Report in annual reports to the AMC on the implementation of the monitoring and evaluation framework. A progress report should continue to be provided that includes information on further planned evaluations including the effectiveness of the College survey of new consultants, at one or two years post-fellowship. *Comments from 2013:* There is evidence that the College has engaged with Fellows in a variety of ways, the survey of new Fellows has not yet occurred. RACP is asked to provide evidence in 2014 that this survey in particular is completed as proposed.
	Update for 2014
	In 2013 the College prepared a comprehensive evaluation plan for the Preparedness for Independent Practice Evaluation (the "PIPE Study") which included the development of a survey instrument. This proposal was granted ethics approval from the College Education Committee. The PIPE study aimed to evaluate the graduate outcomes of the RACP training programs and identify opportunities for improvements. Graduate outcomes in this context can be defined as: preparedness in key competencies as outlined by the draft RACP Standards Framework (see *AMC Standard 2.2*), ability to manage transition from the role of an Advanced Trainee into independent practice, and the nature of work undertaken in independent practice. The objectives of the PIPE Study were to explore: 1. perceptions of new Fellows regarding their preparedness for independent practice 2. the nature and transition between Advanced Training and independent practice 3. the nature of the positions that new Fellows occupy The PIPE survey was directed towards new Fellows admitted to Fellowship in either the 2010 or 2012 calendar year. They survey was administered between January and March 2014 and the data is currently being analysed. It is expected that the results of the survey will be available for dissemination by mid-2014. For more detailed information about the PIPE Study, please refer to the 'The PIPE Study", Phase One Proposal, September 2013 (attachment 25).

	AMC Recommendation 37
	Including the Divisions, Faculties and Chapters, consider systematic ways of building in patient and carer input and feedback. Comments from 2013: An instrument is being developed to gain patient feedback. At present, the Research and Evaluation Unit is working towards finalising protocol for the pilot study in consultation with a number of Fellows in a tertiary hospital in NSW. It is anticipated that by the second quarter of 2014, an instrument to obtain patients' feedback will be standardised and ready for piloting with further sites. The AMC notes that the plans now are for patient feedback, not patient and carer feedback. Does the College have other plans to collect carer feedback?
	Update for 2014
	A feasibility study for patient and carer input occurred from November 2013 to March 2014. Following a meeting with the pilot site supervisors, this has recently been extended to August 2014 due to difficulties in recruiting patients. Following the conclusion of the pilot, a report will be prepared and considered by the professionalism working group. Initial data shows that there are considerable logistical issues in undertaking such an initiative, which would make a College-wide rollout of such a plan difficult. The report on the pilot will explore more flexible ways in which local accredited sites can gain patient feedback into the training program and trainee performance. The AMC is asked to note that the study will include information from patients and carers.

7 Implementing the curriculum – trainees

7.1 Admission policy and selection

Accreditation standards

7.1.1 A clear statement of principles underpins the selection process, including the principle of merit-based selection.

7.1.2 The processes for selection into the training program:
- are based on the published criteria and the principles of the education provider concerned
- are evaluated with respect to validity, reliability and feasibility
- are transparent, rigorous and fair
- are capable of standing up to external scrutiny
- include a formal process for review of decisions in relation to selection, and information on this process is outlined to candidates prior to the selection process.

7.1.3 The education provider documents and publishes its selection criteria. Its recommended weighting for various elements of the selection process, including previous experience in the discipline, is described. The marking system for the elements of the process is also described.

7.1.4 The education provider publishes its requirements for mandatory experience, such as periods of rural training, and/or for rotation through a range of training sites. The criteria and process for seeking exemption from such requirements are made clear.

7.1.5 The education provider monitors the consistent application of selection policies across training sites and/or regions.

Since 2001 trainee numbers have risen by more than 200 per cent and in 2013 approximately one third of vocational training positions were in physician specialties. Continued capacity to train physicians and paediatricians in Australia and New Zealand is an issue currently under consideration by the College.

Development of robust selection pathways is a key priority for the College. In an environment with increasing numbers of medical graduates and a limit to the resources available for physician training, it is important for the College to ensure that candidates with the best capability and aptitude for physician training and practice are selected for physician training positions.

Numbers of trainees entering training

Training Program	Number of trainees entering RACP training		
	2011	2012	2013
Basic Training, Adult Medicine	745	697	727
Basic Training, Paediatrics & Child Health	189	209	151
Advanced Training, Adult Medicine	484	581	576
Advanced Training, Paediatrics & Child Health	242	211	216
Addiction Medicine	2	5	6
Palliative Medicine (Chapter stream – including Diploma)	7	21	72
Sexual Health Medicine	2	1	3
Occupational & Environmental Medicine	28	14	22
Rehabilitation Medicine	32	42	38
Public Health Medicine	22	12	21

Entry and selection into RACP training programs

Current selection/admission criteria for entry into College training programs (Divisions, Faculties, and Chapters) are publicly available on the College website. Candidates who meet the entry criteria must find themselves an appropriate training position for the program in which they wish to train. The proposed program of training including supervision arrangements is then prospectively reviewed and approved by the College and the trainee can commence in the training program.

With over 6000 trainees, the College currently has minimal involvement in the selection into training positions, with selection functions largely the jurisdiction of local authorities. Many Fellows are routinely engaged in selection processes for College training positions, the vast majority acting on behalf of their employers, with considerable time and effort expended.

As part of the 2010 external review of the College's Independent Review of Training process, several observations were made about the College's selection practices and capacity to train. It was noted that the current approach to selection was 'meeting current service demands, and flexible selection practices enabled the hospitals with a large pool of valued trainee resources to deliver service. Trainees are also given the flexibility to ensure they have a diverse training experience and can meet personal needs in terms of location of work.'

The external review did highlight some of the inherent risks of a decentralised approach to selection including the differing driving force for hospitals and the lack of standardisation in selection processes. It is vital for the College to ensure that aptitude for physician training

and practice are considered before accepting a candidate into an RACP training program and will be seeking to address this through its policy development work.

There is a range of selection processes employed within RACP accredited training settings, a number with well-established processes and coordinated approaches.

Coordinated Selection of Trainees - Advanced Training Selection Matching System (ATSM)

The College has continued to facilitate a coordinated matching process for participating specialties in some states through its Advanced Training Selection Matching online platform. The matches are run using a fair and stable matching algorithm.

The matching algorithm uses the preferences expressed in the preference lists submitted by applicants and Hospitals/Heads of Departments to place applicants into positions. The process starts off with an attempt to place an applicant into the position indicated as most preferred on that applicant's list. If the applicant cannot be matched to this first choice program, an attempt is then made to place the applicant into the second choice position, and so on, until the applicant obtains a match, or all the applicant's choices have been exhausted.

Stage	Selection activity
Stage 1 Provision of documentation	In this stage applicants are required to complete a CV template, a template for personal information and provide details of their referees.
Stage 2 Registration Process	a) applicants are required to complete an Agreement b) applicants select the match that is relevant to them c) applicants select the specialty/specialties in which they wish to apply for a position (and state) d) familiarise themselves with the selection process e) Complete the eligibility criteria f) read about positions available g) provide preferences for positions.
Stage 3 Attendance at interview	Interviews are conducted
Stage 4 Notification of results	Applicants are advised of the results of the allocation process via email from the State Specialty Group Coordinator or the Head of Department of hospitals involved. Applicants then finalise their recruitment requirements with the hospital to which they have been allocated

A range of improvements to the ATSM tool occurred in 2009 and improvements continue to be made to the process with formal agreements routinely required for participation.

Specialties and states involved in Multi- Specialty Match for 2013/2014	
Gastroenterology (NSW/ACT)	First year trainees
Gastroenterology (VIC/Tas)	First year trainees
Gastroenterology (SA)	First year trainees
Gastroenterology (WA)	First year trainees
Gastroenterology (QLD)	First year trainees
Infectious Diseases (VIC)	First year trainees
Medical Oncology (VIC/Tas)	First year and continuing trainees
Nephrology (VIC)	First year trainees & 3rd year trainees
Respiratory and Sleep (VIC/Tas)	First year trainees
Rheumatology (NSW/ACT)	First year and continuing trainees
Rheumatology (VIC)	First year and continuing trainees

The College has only an advisory role in the selection of trainees to accredited training positions, with all employment and recruitment decisions resting with employing bodies. The College has no role in employment decisions. Training positions are contingent on appointment to an accredited training position.

Selection into Training Policy development

Information is provided in response to AMC Recommendation 22.

Views from College members were gathered through the 2013 selection into training member survey. Though there are mixed views on the current and future role of the College in selection, members agree overall that the College should help to standardise entry and selection by setting clear entry and selection criteria, establishing standards to guide selection processes in close partnership with jurisdictions, and providing practical support and guidelines to the employers who are ultimately responsible for employment decisions.

Scoping activities for a College-wide Selection into Training Policy took place throughout 2012 and 2013. A comprehensive scoping paper on Selection into Training is available on the College Website. This paper was endorsed by the College Education Committee in November 2013. This paper sets out standardised principles and criteria to support selection processes into all College training programs.

A Development Working Group (DWG) has been formed which has representatives of Australia and New Zealand across the Divisions, Faculties and Chapters. The DWG will meet twice in early 2014 to formulate a first draft of the Selection into Training Policy, using the scoping paper and the recommendations in Trainee Selection in Australian Medical Colleges Report[13] to guide discussion. The DWG will also develop implementation and communication plans. In between meetings of the Development Working Group the College will conduct targeted consultations with jurisdictional and specialty representatives actively seeking

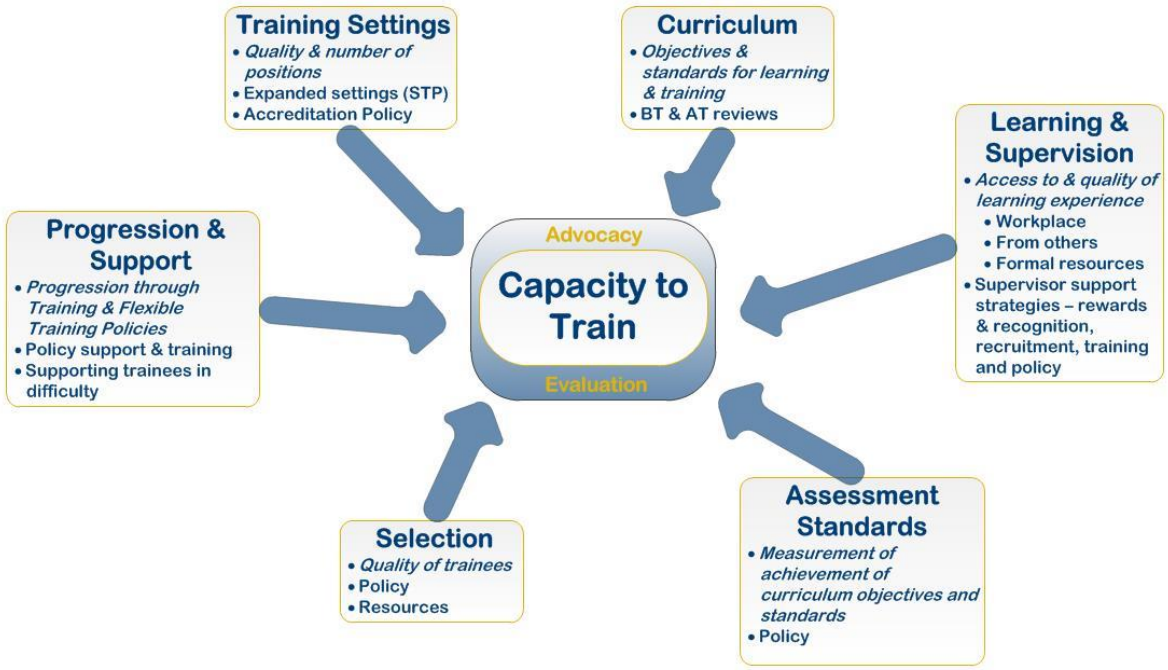
[13] Brennan, Peter J. *Trainee Selection in Australian Medical College, 1998.*

feedback on the proposed direction of the College in relation to selection into physician training.

It is anticipated that following consultation with stakeholders the Selection into Training Policy will be approved late 2014, with soft implementation commencing from 2015.

The Selection into Training Policy will not be the only policy to address complex issues surrounding capacity to train. From the College's perspective, a selection into training policy will be focussed on setting selection criteria and standards to underpin the selection process, with the purpose of selecting the candidates best suited and most likely to successfully complete training and progress to competent independent practice. The issues and concerns around selection into physician training are intended to be addressed through the interplay of the College's policies on Selection into Training, Accreditation of Training Settings, and the College's Supervision Strategy. This interplay is illustrated in Figure 21.

Figure 21 – Facets of capacity to train



Summary of strategic achievements since 2008

2009 – 2013
7.1 Admission policy and selection
• Improvements to the Advanced Trainee Selection and Matching (ATSM) process, including clear responsibilities of the College and other participants, improved communication, and improved functionality of ATSM software. • Completion of the scoping phase for development of an RACP Selection into Training policy, including a comprehensive literature review and a submission from the College Trainees' Committee regarding selection issues. Development work is currently in progress for this policy.

Future directions

The future focus in relation to admission and selection into training will be on working closely with stakeholders, and in particular the jurisdictions on development and implementation of a College-wide selection policy.

7.2 Trainee participation in the governance of their training

Accreditation standard

7.2.1. The education provider has formal processes and structures that facilitate and support the involvement of trainees in the governance of their training.

The College has well established structures and processes that facilitate and support the involvement of trainees in governance of the College. In 2012, trainees were formally recognised as members of the RACP with voting entitlements.

Trainees are formally represented in all levels of College governance, including membership of the Board, trainees' committees in both Australia and New Zealand, and trainee representation on education committees and working groups. Trainees are routinely involved in all educational developments and consulted on changes that may impact them. In addition to this there are well established fora to enable trainees to make recommendations and advocate on behalf of all trainees to the College in relation to any aspect of their education experience.

College Trainees' Committee (Australia)

Trainees have a direct line of communication to the Board via the College Trainees' Committee, which is the peak body representing the interests of trainees. The College Trainees' Committee's purpose is to:

- provide a forum for the views of all Trainees
- advocate on behalf of trainees in matters relating to their selection, training, assessment, supervision and overall education experience
- make recommendations regarding policy relating to any training matter
- liaise with state, territory and New Zealand based trainees' committees
- liaise with trainee representatives across the College and College bodies
- recommend to the appropriate College body any new initiatives to support trainees and enhance their training experience
- manage the selection, election and nomination of trainee representatives to the various College body councils, committees and groups.

The College Trainees' Committee comprises representatives from each of Australia's states and territories, and New Zealand, drawn from the Divisions and Faculties and including one trainee from Australia who identifies as Aboriginal or Torres Strait Islander, and one trainee who completed their primary medical degree in a country other than Australia or New Zealand.

The College Trainees' Committee communicates directly with all College trainees via the CTC Newsletter which is disseminated following each College Trainees' Committee meeting

and at any other time as required. A trainee specific Twitter feed (@RACPTrainees) was established in late 2013 to provide an additional format to keep trainees informed on the work done by the College and the RACP Trainees' Committee that is relevant to them. The Twitter feed is maintained by the RACP Communications Unit, with content recommendations provided by the Trainees' Committee.

For further information, please refer to attachment 26, By-laws of the College Trainees Committee.

New Zealand Trainees' Committee

The New Zealand Trainees' Committee was established in 2004, and represents and advocates on behalf of College trainees in matters relating to their education experience. The New Zealand Trainees' Committee is accountable to the New Zealand Joint Executive and its membership is comprised of Divisional representatives from Basic and Advanced Training drawn from the regions of New Zealand.

For further information, please refer to attachment 27, By-Laws of the New Zealand Trainees' Committee.

Summary of strategic achievements since 2008

2009 – 2013
7.2 Trainee participation in education provider governance
• College Constitution amended in May 2012. Trainees recognised as members of the College with voting entitlements. • College Trainees ' Committee by-laws amended to include International Medical Graduate member and an Indigenous Aboriginal or Torres Strait Islander member to ensure that the needs of the these groups of trainees are adequately addressed in any decision making process. • College trainees engaged at all levels of governance and routinely included in educational development working groups.

Future directions

Consolidating the recent progress made in recognising trainees as members of the RACP with voting entitlements, the College will continue to seek opportunities to strengthen the established processes and structures which promote trainee engagement in education governance.

Supporting the College Trainees' Committee to enhance its direct communication channels with trainees as well as within the network of trainee representatives on College bodies is a focus for the College.

7.3 Communication with trainees

Accreditation standards

7.3.1 The education provider has mechanisms to inform trainees about the activities of its decision-making committees, in addition to communication by the trainee organisation or trainee representatives.

7.3.2 The education provider provides clear and easily accessible information about the training program, costs and requirements, and any proposed changes.

7.3.3 The education provider provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.

During a time of widespread improvements to the College's educational offerings, it is vital that trainees and supervisors are well informed of approved changes and given notice of plans for implementation of these and their likely impact. Building on the experience of introducing extensive change in recent years, the College has matured its approach to communicating and effecting changes to education programs. Particular progress has been made in communicating training requirement changes and new or revised education policies.

There have also been significant enhancements to the online platforms and systems for information management and member access to information with substantial investment made by the College in this area.

Information about the training program

The College website contains information for prospective trainees including entry criteria, training program requirement handbooks, curricula, education policies, and fees. Specialty specific webpages are available for each training specialty, and house all of the information necessary for trainees.

The College provides an 'Introduction to Basic Training' lecture as part of the Physician Education Program (PEP) lecture series. This is available to all trainees and has been well received. Furthermore, orientation sessions are held for new trainees in each state. The College Trainees' Committee are in the process of developing an orientation program, which will be incorporated into the College Congress Trainees' Day.

In addition to the information publicly accessible on the website, enrolled trainees are sent a welcome pack containing key information and reference documents during their first rotation. Face to face or telephone meetings with Education Officers can be scheduled by trainees to discuss training and answer queries. Education Services staff also routinely respond to phone calls and emails from trainees regarding the training program.

Following initial launch of a Basic Training Portal in 2008, the College now also has established online portals for Advanced Training and each of the Faculties. Progressive upgrades have been made to the online portals to improve usability taking account of feedback received. The portals offer trainees access to information on training requirements for their training program and the PREP tools.

Trainee progress information

The Basic, Advanced and Faculty Portals enable trainees to access information on demand regarding their individual training status and progression through requirements. Each trainee and supervisor has a log in through which they can access records for their current year of training, as well as prior rotations. Reminders are also delivered to trainees via the Breaking News section of the portals.

Trainees receive written communications from the College pertaining to their requirements. Decisions made by an education committee regarding an individual trainee, such as approval or certification of a training rotation, are relayed to the trainee and supervisor via the portal. Other decisions are relayed via formal letter or email as appropriate.

Trainees are offered face-to-face meetings with Education Officers to discuss their training progress. Meetings are offered at the College office in Sydney, and at Annual Scientific Meetings across Australia and New Zealand.

Informing trainees about activities of decision-making committees

There are a number of channels through which the College communicates information to trainees about the key activities of its decision-making committees.

In relation to education, the Board and the College Education Committee release Communiqués following every meeting outlining the decisions made and key issues that were considered. These bulletins are disseminated to all members via the College website and in the case of the College Education Committee Communiqué are also disseminated to all education committees for information.

RACP News, a quarterly publication, is used to highlight key activities and education developments for the information of trainees and Fellows. The weekly/fortnightly e-Bulletins of the Divisions and Faculties are also utilised to share information with members about education development work being undertaken by committees and working groups. It is via this channel the College advertises for interested trainees and Fellows to join working groups through an expression of interest process.

The education policy development page on the College website highlights policy scoping activities undertaken, working group activity and progress. The page is also used as a platform for consultation on draft policies with trainees and Fellows as well as announcements and housing other relevant information.

Communicating about proposed changes to the training program

Consulting with stakeholders, including trainees, on the likely impact of any proposed program or policy changes is an integral aspect of education development work at the College. The College has an established process for assessing the impact of proposed changes, and College Education Committee review and approval of these. Minimum notice periods to trainees regarding changes to the training program are linked to the significance of the impact of the change.

Consideration is given to the impact of any program change on current trainees to ensure they are not unduly disadvantaged as a result of program requirement or policy change.

Once program changes or new and amended policies are approved by the College Education Committee tailored communication and implementation campaigns are executed to ensure that trainees, supervisors, education committees and education support staff are aware of the impending changes and are supported through the change transition.

The College takes a tiered approach to communication of approved change to ensure that education committees, supervisors and education support staff are aware of change first followed shortly after by direct communications to trainees. This approach ensures that those likely to field questions or concerns from trainees are familiar with the change before they are approached for further information.

Communication campaigns for program and policy changes include direct paper or electronic individual communications to trainees, e-Bulletin items, Breaking News items on the online portals and the College website. Communications generally outline the change, the rationale for the change, when the change will occur and the likely impact for relevant stakeholders, including trainees. Frequently asked questions, ‘at a glance’ summaries and other supporting resources are disseminated to stakeholders and made available on the College website. The nature of any transitional arrangements is also communicated to stakeholders.

Summary of strategic achievements since 2008

2009 – 2013
7.3 Communication with trainees
• Launch of the online portals and a range of enhancements and upgrades to these in response to feedback and to improve the user experience. • PREP welcome packs routinely distributed to all new trainees. • Specialty specific web-pages developed for each College training program. • PREP Handbooks developed for each training specialty (superseding the previous 'mango' book). These are available online and in mobile browser format. • Trainees offered face-to-face meetings with Education Officers at the College in Sydney and at ASMs across Australia and New Zealand to have a training 'check-up'. • Processes put in place to ensure adequate notice of change is provided to trainees. At least six months' notice is given for changes with minor impact, and at least 12 months for changes with moderate to high impact.

Future directions

A major website upgrade in 2014 will enable the College to better manage member information and provide members with on-demand access to update personal information and communication preferences.

The implementation of the Online System for College Administration and Reporting (OSCAR) from 2015 will reform a range of College work processes resulting in significant enhancements to how members and the College will interact throughout the course of physician training.

7.4 Resolution of training problems and disputes

Accreditation standards

7.4.1 The education provider has processes to address confidentially problems with training supervision and requirements.

7.4.2 The education provider has clear impartial pathways for timely resolution of training-related disputes between trainees and supervisors or trainees and the organisation.

7.4.3 The education provider has reconsideration, review and appeals processes that allow trainees to seek impartial review of training-related decisions, and makes its appeals policies publicly available.

7.4.4 The education provider has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.

The new Supporting Trainees in Difficulty Policy is currently in the Peer Review phase and described in detail under *AMC Standard 5.2*. It prescribes a clear pathway for the resolution of problems encountered by the trainee in training including those relating to performance/progression in training, the training environment, and supervision. While there is a strong emphasis on local resolution of the difficulty including involvement of the Director of Physician Education where appropriate, the pathway enables progression of the issue by the trainee for further consideration and action by an appropriate College body.

Independent Review of Training process

To resolve training problems and disputes, the College currently has the Independent Review of Training (IRT) process available to trainees and supervisors. The IRT process is usually initiated when clarification is needed on the quality of a trainee's experience or the level of competence reached by a trainee at a specific stage in the training program. The IRT process aims to provide an independent assessment of the situation that gave rise to the review.

An IRT can be initiated by the Education Committee or by the trainee. Typically an IRT will be initiated in the following circumstances:

- the Supervisor's Report indicates that the progress of a trainee has been unsatisfactory
- the Supervisor's Report indicates mainly satisfactory progress of the trainee but ratings and/or comments from the supervisor raise concerns about the adequacy of training
- the supervisor and/or trainee indicate to the Education Committee that a situation has arisen in the training and/or interpersonal relationships that requires resolution
- any other situation in the progress of a trainee, which the Education Committee agree would be best resolved by clarification through an IRT.

The table below indicates the number of IRTs conducted in Australia and New Zealand for the last three years:

Country	Year	Total number of IRTs conducted
Australia	2011	23
	2012	17
	2013	15
New Zealand	2011	2
	2012	6
	2013	3

The main issues addressed in the IRTs that have been conducted over the last three years include:

- developing and maintaining relationships, and communicating effectively (both orally and/or in writing) with patients, families/carers colleagues and the community
- self-awareness, self-management (including time management, organisation skill, reflection and learning)
- clinical decision making
- supervisory issues within the site such as trainees being under a range of supervisors and therefore not having consistency in supervision and feedback.

Reconsideration, Review and Appeal Process

The College's Reconsideration, Review and Appeal By-law (attachment 24) provides an internal process for the reassessment of specified decisions made by College Bodies; and a process to Appeal Termination of Membership Decisions. This By-law was last reviewed in 2013.

The three stages of the College's internal process for the reassessment of specified decisions are:

a) Reconsideration – by the same College Body that made the Decision

b) Review – by the College Body that oversees the College Body that made the Decision

c) Appeal – to an Appeals Committee appointed by the Board.

Each of these stages involves a review 'on the merits'. This means that the relevant decision maker is required to reassess all of the facts and circumstances relating to the decision (including any additional material provided by the Applicant or otherwise obtained by the decision maker, subject to certain clauses), and make a new decision.

The table below illustrates the number, subject and outcome of appeals in the last three years.

Year	Number of appeals	Subject of appeals	Outcome of appeals
2011	2	Accreditation Decision	Decision Set Aside
		OTP	Decision Affirmed
2012	3	OTP	Decision Affirmed
		OTP	Decision Set Aside
		OTP	Decision Set Aside
2013	3	OTP	Decision Set Aside
		Training Requirement decision	Decision Affirmed
		OTP	Decision Affirmed
2014 (to March)	0	-	-

Identifying systems problems

Appeals committees provide reports directly to the College Board including recommendations for further investigation into possible systems problems or identified opportunities for system improvements. The Board may delegate further investigation of de-identified appeals issues to the College Education Committee or other appropriate College Body to report back on issues with recommendations.

Summary of strategic achievements since 2008

2009 – 2013
7.4 Resolution of training problems and disputes
• Externally conducted review of Independent Review of Training Process in 2011/2012 led to a range of improvements made. • Establishment of a Trainee Support Unit within Education Services and implementation of an Interim Trainee in Difficulty pathway in 2013. • Development of a draft Supporting Trainees in Difficulty Policy which has progressed to the Peer Review stage and is scheduled to be considered for approval by the College Education Committee in 2014.

Future directions

Future plans include the implementation of the new Supporting Trainees in Difficulty policy and re-engineering of the process. Wide communication with all members will provide transparency and promote understanding of the supportive nature of the new policy.

Success Factors for Standard 7: Implementing the curriculum - trainees

The College has undertaken a critical self-assessment of its progress towards meeting this standard. The following points summarise factors that will influence the achievement of the College's goals over the next five years:

- Good progress is being made on the proposed Selection into Training policy; however, it is a complex project to manage as it impacts many stakeholders. The College will need to continue its efforts to consult extensively with stakeholders in its design and implementation.
- A staged approach to implementing a new Selection into Training policy will be important, with adherence to standards largely monitored through College accreditation processes.
- The College will continue to focus on actively involving trainees in the governance of their training.
- Communication in a large and complex organisation such as the College is challenging. Recent initiatives such as the handbook development have made significant inroads into improved communication. It is anticipated that the new website will also improve communication with the membership. The College will need to increase its focus on communication in the coming years.

Recommendations related to AMC Standard 7

	AMC Recommendation 22
	Further develop and implement standardised policies and tools supporting selection processes into advanced specialty training which are based on the principles in the Medical Training Review Panel Report, Trainee Selection in Australian Medical Colleges, (the Brennan Report). In 2013 the College reports the Selection into Training Policy to be in the “scope” phase. Please report when this is implemented and on any significant changes that eventuate as a result of this policy including progress with the jurisdictions. A literature review has been conducted and the Fellows are being surveyed along with benchmarking other training settings. The process is sound but the policy not yet finalised. The AMC encourages the College to involve jurisdictions early in these policy reviews.
	Update for 2014
	Development of standardised principles and criteria to supporting selection processes into all College training programs commenced in late 2013. A Policy Development Working Group has been established, and the first of two working days held in March 2014. Preliminary consultation with jurisdictions is the next step, and will take place prior to the second working day in June. Please refer to *AMC Standard 7.1* for information on development of the Selection into Training Policy.

8 Implementing the program – delivery of educational resources

8.1 Supervisors, assessors, trainers and mentors

Accreditation standards

8.1.1 The education provider has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the program and the responsibilities of the education provider to these practitioners.

8.1.2 The education provider has processes for selecting supervisors who have demonstrated appropriate capability for this role. It facilitates the training and professional development of supervisors and trainers.

8.1.3 The education provider routinely evaluates supervisor and trainer effectiveness including feedback from trainees.

8.1.4 The education provider has processes for selecting assessors in written, oral and performance-based assessments who have demonstrated relevant capabilities.

8.1.5 The education provider has processes to evaluate the effectiveness of its assessors/examiners including feedback from trainees, and to assist them in their professional development in this role.

There are currently 4585[14] College Fellows engaged in a formal supervisory role within the Divisions, Faculties and Chapters across Australia and New Zealand. Supervision is fundamental to the success of the College's training programs. In acknowledgement of the large pro-bono workforce required to deliver physician training across Australia and New Zealand, the College is endeavouring to meet the needs of supervisors through delivery of its supervision support strategy. The College is committed to providing ongoing educational, professional development and networking opportunities for supervisors to support them in their roles.

Supervision support strategy

Feedback received from supervisors and trainees as part of the 2011 PREP Consultation informed development of a five year Supervision Support Strategy (2012-2016) to guide and underpin development of an effective supervision program.

14 Number of Fellows at 29 May 2014.

Consultation feedback about supervisor training highlighted the need for accessibility, flexible delivery, content aligned to supervisor needs, and inclusion of the latest research relating to supervision and RACP program evaluations.

The Supervision Support Strategy comprises six focus areas which outline the principle approaches to be used to improve education and support for supervisors.

Engagement/ Workforce Development	To increase the number of supervisors in Australia and New Zealand to meet the educational needs of an increased number of trainees in coming years and to engage them in the process through effective communication and change management techniques.
Policy	To create an education policy on Supervision to underpin all aspects of supervisory practice including professional development, training, certification, recognition of prior learning, the model of supervision, roles and responsibilities, rewards and recognition, addressing the needs strongly articulated by Fellows and trainees over a number of years.
Training	To create a structured training program for supervisors providing accessible and certified education and professional development opportunities to support supervisors in their various roles and responsibilities as well as enhance the educational support offered to trainees.
Support	To develop a fully integrated system of support for supervisors, which includes workshops, events, accessible resources, specialist pages on the website and the expertise of College staff.
Rewards and Recognition	To develop a rewards and recognition strategy for supervisors to support, encourage and further engage them in the work of the College, and to communicate this strategy effectively.
Monitoring and Evaluation	To monitor and evaluate the effectiveness of the supervision strategy in improving clinical and educational supervision across various training settings; and to undertake research in broader issues around supervision in specialist learning environments.

Specific activities and targets have been linked to each of the six focus areas and are set out in the Supervision Support Strategy (refer attachment 14). Development work is underway across all focus areas with particular investment and progress made in the areas of policy, training, support and monitoring and evaluation.

Policy

The Educational Supervision Policy is currently in the Consult phase of the education policy development process. A working group has developed a draft policy informed by Health Workforce Australia's National Clinical Supervision Support Framework (July 2011), the literature on supervision in medical education, a review of best practice, and widespread Fellow and trainee consultations.

The policy will define educational supervision in the context of physician training, and outline the principles and standards to underpin supervisory practice and promote quality supervision of College trainees. The policy seeks to align and simplify the current range of supervisory roles across College programs and to provide clear role definitions and accompanying role descriptions.

Peer Review and Approval steps for the Educational Supervision Policy have been scheduled throughout the remainder of 2014.

While the College is shifting towards alignment and simplification of supervisory roles and responsibilities, the current range of supervisory roles continue to be fulfilled by Fellows across Division, Faculty and Chapter training programs. Role titles and job descriptions vary somewhat across training programs (Division, Faculties and Chapters) and training settings (NZ/Australian states/territories, regions/networks, etc.). However, all of the formal supervisory roles broadly fall into three functional categories:

Managerial/ Administrative	Individuals who are responsible for the directing and/or oversight of a College training program in a training setting, or across multiple training settings (e.g. network or region). e.g. Directors of Physician Education
Educational	Individuals who directly supervise and assess College trainees in a training setting. e.g. Education Supervisors
Supportive	Individuals who provide professional development support through mentorship. e.g. Professional Development Advisors

For more information, including a full listing of current supervisory roles within the College, the numbers of Fellows fulfilling these roles and a summary of the specific responsibilities associated with each role please refer to the Supervision Policy Scoping Paper.

Training

Curriculum standards for supervision

In 2012 the College established a competency framework for supervision which includes three Domains with associated Themes and Learning Objectives (attachment 28). The curriculum standards outline the main learning needs and priorities for supervisors, and form the basis of what supervisors need to know (knowledge) and be able to do (skills) as part of their professional practice and to supervise effectively.

The Supervisor Professional Development Program (SPDP)

The curriculum standards for supervision provide a foundation for the design of the College's Supervisor Professional Development Program, a training program based on 'Teaching on the Run' which comprises three workshops directly aligned to the domains of the curriculum standards and supervisor needs.

The training program components are being designed and developed through the methodologies already in use for the trainee curriculum with progressive development, implementation and evaluation of workshops 1, 2 and 3 across a five year time span.

Workshop 1: Practical Skills for Supervisors	The first of three supervisor workshops, Practical Skills for Supervisors, has been designed, developed and piloted across Australia and New Zealand. This workshop focuses on creating a culture for learning and delivering feedback, particularly in challenging situations. Following design and development in 2012, 29 pilot workshops were held across 23 sites in Australia and New Zealand during 2013. To date, a total of 110 facilitators have been trained (77 in Australia, 33 in New Zealand), and a total of 894 participants have undertaken Workshop 1. Refinements have been made addressing feedback received during piloting. Roll out of Workshop 1 is occurring in 2014 with 30 scheduled to date.
Workshop 2: Teaching and Learning in Health Settings	The second workshop, Teaching and Learning in Health Settings, has been designed and developed. Piloting commenced in January 2014, and will continue until June. To date, 18 facilitators have been trained to deliver the workshop, 11 workshops have been run across Australia and New Zealand and 177 participants have undertaken the workshop. This workshop will remain in a pilot phase until Quarter 3, 2014. The workshop will be officially launched and rolled out in 2015. To support the roll out a large number of Fellows will be trained during a Facilitator Training Forum, November 2014.
Workshop 3: Workplace-based assessment	The third workshop, Workplace-based Assessment, will be designed and developed in 2014 with piloting throughout 2014 (including at RACP Congress) and 2015, with roll out planned for 2016.

The proposed timeframe for the design, development, piloting and roll out of all three workshops is illustrated in attachment 28. It is planned that all three workshops will be available to be delivered both face-to-face and online by 2017. To reflect the high level of participant interaction in the face-to-face workshops, it is anticipated the online version of the SPDP Workshops will use a social learning approach including interactive and facilitated discussion boards, trigger videos and structured activities. Development of an online version of Workshop 1 is planned for 2014.

Building on an established induction workshop for new Directors of Physician Education (DPE) work has also commenced to develop and deliver an advanced workshop aimed at all DPEs. The objective is to equip participants with more knowledge on College programs to promote peer learning and dissemination of information throughout training settings.

Support

The College has committed to establishing an integrated system of support for supervisors comprising workshops, events, accessible resources, and the expertise of College staff. Progress has been made in strengthening support for supervisors. Key activities are highlighted in the table below.

Training for SPDP workshop facilitators	The facilitation of workshops requires specific skills. The College provides training to support SPDP workshop facilitators in their role by offering a 1.5 day training course. By attending a facilitator training workshop, the participants gain skills in how to present SPDP Workshop 1, prepare and evaluate workshops, facilitate discussion, write customised scenarios and deal with disruptive personalities in workshops.
Supporting materials for SPDP workshop participants	To support participants who attend SPDP workshops, pre and post reading is provided. This allows participants to become familiar with the workshop content prior to attending and then provides in depth post workshop reading information to consolidate concepts discussed during the workshop.
Staff support for Supervisor Workshops	College staff organise and support the conduct of SPDP workshops. Their role at the workshop is to field questions related to College activity, support the Fellow facilitators and form relationships with participants with the offer of follow-up support. Since 2009 the College has employed Medical Education Officers, located in each state and New Zealand, to provide ongoing support in the field to Fellows and trainees for the introduction of PREP. In total approximately 230 workshops have been run at local hospital venues.
Coaching	Coaching support will be piloted in 2014 for SPDP workshop participants, with supervisors providing coaching to their peers specifically on areas related to SPDP workshop topics. A coaching skills workshop will be delivered to Fellows who nominate themselves as a coach. The Coaching program aims to: • build skills in coaching among supervisors • consolidate learnings from the SPDP workshops for participants • demonstrate the power of questioning skills over more traditional methods such as 'telling' or advice giving in changing supervisor and trainee behaviour and skill • impact positively on supervisor and trainee performance • build educational leaders in Australia and New Zealand
Online learning environment	The College is planning to build an online environment for supervisors. The main aim of this is to make the SPDP program accessible to all supervisors, offer flexibility, and facilitate ongoing learning for those wishing to consolidate their skills.

Monitoring and evaluation

Trainees are surveyed annually by the College. The questions in current trainee surveys provide insight into supervisor performance and how this relates to the overall training experience for trainees.

A supervisor survey is planned, the questions will be centred on supervisors self-identifying for professional development opportunities. This will consolidate data gained from consultations, PREP, eLearning Futures project and trainee surveys.

Currently, the training strategy is being evaluated through the piloting of supervisor workshops. The response to the workshops has been very positive with 97% of participants indicating that the workshop met their learning needs.

An element within SPDP workshop 1 is a pre and post workshop survey to ascertain increased levels of confidence in areas related to the content of the workshop including building an effective culture of learning, giving feedback and feedback in challenging situations. Plans are currently being developed for follow up 6-10 weeks post workshop to determine impact of learning on performance in the workplace.

The College is scoping a research project to assess the change or improvement in supervisor practice as a result of attending a supervisor workshop. An important aspect of this research would be to ascertain whether there is a link between trainee feedback on educational impact of work-based assessment and supervisor's participation in training and development.

Summary of strategic achievements since 2008

2009 – 2013
8.1 Supervisors, assessors, trainers and mentors

• Development of a Supervision Strategy 2010 – 2016 with six key areas of focus.
• Development of the Supervisor Professional Development Program (SPDP) and commencement of progressive rollout in 2012.
• Orientation courses offered to Directors of Physician Education since 2010.
• 2012 – 2013 Year of the Supervisor, highlighting supervision as a key development priority for the College. The Medical Education Stream sessions at RACP Congress in 2012 targeted supervision.
• A number of strategies developed to support College supervisors, particularly those in rural and remote areas, including:
  ○ online infrastructure through PREP (online portals and tools)
  ○ a funding loading of up to $20,000 per year for Specialist Training Program training positions designated as rural
  ○ videoconference capabilities for rural supervisors to connect with metropolitan areas.
• Progress made in development of a College-wide policy on Educational Supervision with the draft policy currently being prepared for widespread consultation.

Future directions

The College will continue to implement the 2012-2016 Supervision Support Strategy with a focus on consolidating progress made. The design, development, and delivery of the SPDP Workshops is on schedule with the initial scope of work now expanded to develop and deliver interactive online versions of the three face to face SPDP workshops.

In addition to furthering the policy, training and support strategies, the College will be turning its attention to development of a supervisor recruitment, rewards and recognition strategy outlining a clear, College-wide approach and the activities that will be undertaken to deliver this strategy.

8.2 Clinical and other educational resources

Accreditation standards

8.2.1 The education provider has a process and criteria to select and recognise hospitals, sites and posts for training purposes. The accreditation standards of the education provider are publicly available.

8.2.2 The education provider specifies the clinical and/or other practical experience, infrastructure and educational support required of an accredited hospital/training position in terms of the outcomes for the training program. It implements clear processes to assess the quality and appropriateness of the experience and support offered to determine if these requirements are met.

8.2.3 The education provider's accreditation requirements cover: orientation, clinical and/or other experience, appropriate supervision, structured educational programs, educational and infrastructure supports such as access to the internet, library, journals and other learning facilities, continuing medical education sessions accessible to the trainee, dedicated time for teaching and training and opportunities for informal teaching and training in the work environment.

8.2.4 The education provider works with the health services to ensure that the capacity of the health care system is effectively used for service-based training, and that trainees can experience the breadth of the discipline. It uses an appropriate variety of clinical settings, patients and clinical problems for training purposes, while respecting service functions.

RACP training programs are delivered in the workplace. It is therefore essential for the College to be able to determine the suitability of hospitals or other settings for physician training in terms of supervision, clinical experience, opportunities for continuing medical education and research, and infrastructure.

Managing the process of accrediting and reaccrediting training settings across Australia and New Zealand is a sizeable task, involving a large number of College Fellows, and a dedicated support unit within Education Services. In Basic Training for Australia alone, there are 263 accredited training sites. Advanced Training site accreditation has over 40 accrediting groups across Australia and New Zealand managing the process, with the added complexity of sites being accredited for multiple training positions and/or accreditation levels for multiple specialties.

Standards for accreditation of training settings

College-wide standards for accreditation of training settings were introduced by the College in 2009. These standards form a common framework for all RACP training programs from which to determine criteria consisting of minimum requirements and indicators for assessment that are tailored for each training program.

Supervision	• There is a designated supervisor for each trainee. • Trainees have access to supervision with regular meetings. • Supervisors are RACP approved and meet any other specialty specific requirements regarding qualifications for supervisors. • Supervisors are supported by the setting or network to be given the time and resources to meet RACP supervision requirements and criteria on supervision.
Facilities and infrastructure	• There are appropriate facilities and services for the type of work being undertaken. • Trainees have a designated workspace including a desk, telephone and IT facilities. • There are facilities and equipment to support educational activities, such as study areas and tutorial rooms.
Profile of work	• The setting shall provide a suitable workload and appropriate range of work. • Trainees participate in quality and safety activities. • There is capacity for project work (including research) and ongoing training.
Teaching and Learning	• There is an established training program or educational activities such as multidisciplinary meetings, academic meetings, rounds and journal clubs. • There are opportunities to attend external education activities as required. • There is access to sources of information, both physical and online, including a medical library or e-library facility appropriately equipped for physician training.
Trainee Safety and Support Services	• There are workplace policies covering the safety and wellbeing of trainees. • There is a formal induction/orientation process for trainees.

Site accreditation process

Training settings are accredited by the relevant accrediting group of the RACP in Australia and New Zealand: for Basic Training in Australia these are accredited by the standing Accreditation Subcommittees of the Adult Medicine Division Education Committee (AMDEC) and the Paediatric & Child Health Division Education Committee (PDEC); for Basic Training in New Zealand these are accredited by the New Zealand Adult Medicine Education Committee and the New Zealand Paediatric & Child Health Education Committee; for Advanced Training in the Divisions and Chapters these are accredited by committees that oversee training (SAC/STC/JSAC/Education Committees) and for the Faculties these may be accredited by their respective Education Committees or Accreditation Committees.

Accrediting groups may accredit a range of training settings including networks with the scope of accreditation specified at the time of each accreditation assessment. Accreditation decisions are based on criteria determined by the relevant accrediting group. These criteria, consisting of minimum requirements and indicators for assessment, must be consistent with the College's Standards for Accreditation of Training Settings, and be approved by the College Education Committee.

The method for accreditation comprises review of a completed pro forma submitted by the training setting which addresses the relevant specialty specific criteria for accreditation of training settings. In most cases two trained Fellows of the relevant Division, Faculty or Chapter then conduct a site visit on behalf of the education committee. In some situations, an accreditation decision can be made on the basis of the written site survey form only.

College training settings are granted accreditation for a fixed period of time, typically five years for both Basic and Advanced Training sites. Sites are generally accredited for a designated number of training positions. Australian Basic Training sites are categorised into Level One, Two or Three accreditation, or as a secondment site. Trainees can complete 12, 24 or 36 months of training at each of these sites respectively, and up to six months in total at a secondment site. Basic Trainees are required to complete at least 12 months of training at a Level 3 Hospital. The length of time a New Zealand Basic Trainee may have certified in a particular training setting varies and is defined in the accreditation decision.

The Standards for Accreditation of Training Settings, the policy on Accreditation of Training Settings Policy and criteria for each of the specialty training programs are all publicly available on the College website. A current list of accredited settings for each accrediting group in the College is also publicly available on the website.

Specialist Training Program

The Specialist Training Program (STP) is an Australian Federal Government initiative to increase training posts for specialists outside traditional public teaching hospitals, providing an annual trainee salary contribution of $100,000 per post. As part of a contractual agreement with the Federal Government the College administers 376 STP physician posts in settings including private hospitals, rural and remote hospitals and community health.

Rural Support Loading (RSL) provides funding of up to $20,000 per STP post per annum. The funding is made available to supplement the additional costs incurred by STP trainees located in regional and remote Australia, with an Australian Standard Geographical Classification – Remoteness Areas (ASGC-RA) status of 2-5.

All STP settings must be accredited by the College.

Summary of strategic achievements since 2008

2009 – 2014
8.2 Clinical and other educational resources
• Development and implementation of a College-wide Accreditation of Training Settings Policy, and development of site accreditation criteria for each training specialty. • Commencement in 2014 of a major review project to refresh the College approach to accreditation of training settings. • Supervisor Support Strategy developed with initial focus on supervisor skills training.

Future directions

A comprehensive review of the College's approach to accreditation of training settings is scheduled to commence in 2014. The project will scope current practice in accreditation within the College and explore alternative models for accreditation of settings in the context of an environment of changing models of healthcare in the community, increasing trainee numbers, limited resources, and demand for flexibility. Accreditation of healthcare networks will be in response to the expansion of training settings beyond teaching hospitals.

One of the goals of the review will be enabling the College to better define its capacity to train, by specifying the capacity of individual training settings to deliver quality Basic Physician Training with reference to RACP standards frameworks.

Success Factors for Standard 8: Implementing the program – educational resources

The College has undertaken a critical self-assessment of its progress towards meeting this standard. The following points summarise factors that will influence the achievement of the College's goals over the next five years:

- Increasing trainee numbers and increasing clinical commitment is a challenge to capacity to train.
- Improvements to accreditation processes will be incrementally implemented and may take some time to complete.

Recommendations related to AMC Standard 8

AMC Recommendation 34
As a priority, implement supervisor training in feedback and in managing the multi-source feedback results, and report in annual reports to the AMC on the implementation. Comments from 2013: (The College has chosen to delay implementation of the Multi Source Feedback tool based on stakeholder consultation. It now plans to develop the tool from 2013. Please continue to report on progress.) Professionalism Assessment Working Group will be convened in Q3, 2013, to develop College teaching and learning tools, and assessments to support trainees in the development of professional skills. The Working Group will review current best practice approaches for assessing professionalism in medical education to determine an appropriate and feasible approach to assessing professionalism in RACP training programs.
Update for 2014
The first of three supervisor workshops, Practical Skills for Supervisors, has been designed, developed and piloted across Australia and New Zealand. This workshop focuses on creating a culture for learning and delivering feedback, particularly in challenging situations. There have been 110 RACP Fellows trained to facilitate this workshop in a face-to-face environment. To date, 894 participants have undertaken workshop one. An online version of this workshop will be available in 2014 to further support supervisors who are located in regional and remote areas. Workshop 2 – Teaching and Learning in Health Care Settings - is being piloted during Quarter 1 and 2 of 2014 and will be launched in 2015. Workshop 3 - Workplace-based Learning and Assessment will be launched in 2016. Please see *AMC Standard 8.1* for more information on the SPDP. A background paper on professionalism has been drafted, and will underpin the formation of a working group to plan how professionalism can best be taught, learned and assessed in RACP training programs, including consideration around appropriate assessment methods such as MSF and patient feedback surveys. The formation of the working group on professionalism will be considered by College Education Committee in early 2014, to be formed through an expression of interest process.

9 Continuing professional development

9.1 Continuing professional development programs

Accreditation standards

9.1.1 The education provider's professional development programs are based on self-directed learning. The programs assist participants to maintain and develop knowledge, skills and attitudes essential for meeting the changing needs of patients and the health care delivery system, and for responding to scientific developments in medicine as well as changing societal expectations.

9.1.2 The education provider determines the formal structure of the CPD program in consultation with stakeholders, taking account of the requirements of relevant authorities such as the Medical Board of Australia and the Medical Council of New Zealand.

9.1.3 The process and criteria for assessing and recognising CPD providers and/or the individual CPD activities are based on educational quality, the use of appropriate educational methods and resources, and take into consideration feedback from participants.

9.1.4 The education provider documents the recognised CPD activities of participants in a systematic and transparent way, and monitors participation.

9.1.5 The education provider has mechanisms to allow doctors who are not its fellows to access relevant continuing professional development and other educational opportunities.

9.1.6 The education provider has processes to counsel fellows who do not participate in ongoing professional development programs.

Additional Criteria from the Medical Council of New Zealand – Continuing Professional Development

To meet Medical Council requirements for recertification:

- The categories of practitioner and the number of practitioners undertaking their recertification programs
- Any categories of practitioner that are not enrolled in recertification programs
- Confirmation that the recertification programme is available for practitioners registered within the vocational scope of practice who are non-members
- Details of the hours per year that members are required to spend on recertification activities and how that is comprised
- Details of the process that is in place for evaluating whether medical practitioners participating in the program are meeting the requirements
- Whether the education provider collects information about the numbers of and outcomes

for practitioners who undertake regular practice reviews and whether their practitioners have undertaken a credentialing process and if so whether those practitioners are doing CPD appropriate for their clinical responsibilities
- How the education provider has respect for cultural competence and identifies formal components of the recertification programs that contributes to the cultural competence of Fellows and Affiliates

The College supports the lifelong learning of all its members. Continuing professional development (CPD) is essential to the performance of a physician or paediatrician – regardless of specialty. The College encourages professional development in the non-technical areas of practice, particularly in the professional domains outlined in the College's Supporting Physicians' Professionalism and Performance Guide (SPPP) (Figure 22).

In 2012 the College introduced the SPPP Guide; a framework to support the ongoing professionalism of Fellows and trainees. The framework describes the professional behaviours that underpin quality and safety in physician practice. It can be used as a guide for self-assessment and planning continuing professional development activities. The SPPP Guide promotes the delivery of high quality care by assisting Fellows and trainees to meet the professionalism and performance standards expected by the College and the community.

Medical expertise is the traditional focus of CPD, but it is well recognised that medical expertise alone is not sufficient to guarantee high quality care. The SPPP Guide describes ten domains of professional performance which surround and give effect to a physician's medical expertise. Together with medical expertise, these professional qualities describe the characteristics of a good doctor.

The SPPP Guide is primarily a framework to assist College members to reflect on their own performance. Although it may be used in many ways, its primary purpose is to assist Fellows to plan their CPD activities. In addition to the SPPP Guide, the College is investigating and piloting online learning opportunities in the areas of professionalism. In early 2014 the College collaborated with the University of Sydney to develop and administer an online pilot program based on spaced education in the areas of ethics, cultural competency and social media. The findings from the pilot study will assist the College to generate future resources to support the lifelong learning of its members in the areas of professionalism.

Figure 22 – SPPP framework

Principles which underpin CPD at the College

The principles which underpin CPD at the RACP are:

1. A commitment to lifelong learning
The role of the College is to support every Fellow's commitment to lifelong learning.

2. Best practice in learning
The College pursues best practice in learning by using and contributing to the evidence-base of educational research. This is a commitment to adult learning principles, support for self-directed learning, a diversity of approaches to learning, and socially constructive learning.

3. Learning aligned to competence and performance
The College focuses on learning designed to fulfil the social responsibilities of medical practice, meaning learning that supports continuous improvement of performance.

4. Learning relevant to career stage and scope of practice
Continuing professional development should be tailored to each Fellow's career stage, location, and scope of practice, and should include all relevant competency domains (see the SPPP framework).

5. Meaningful assessment
Self-assessment is a continuous feature of any self-directed educational program, but should be guided and developed by feedback and peer review.

6. Learning enabled by information and communications technology (ICT)
Face-to-face learning is the most important mode of professional development, but ICT can improve access to learning, enhance face-to face learning with supporting services, simplify the reporting of learning outcomes and increase the connectedness of learners.

MyCPD Program

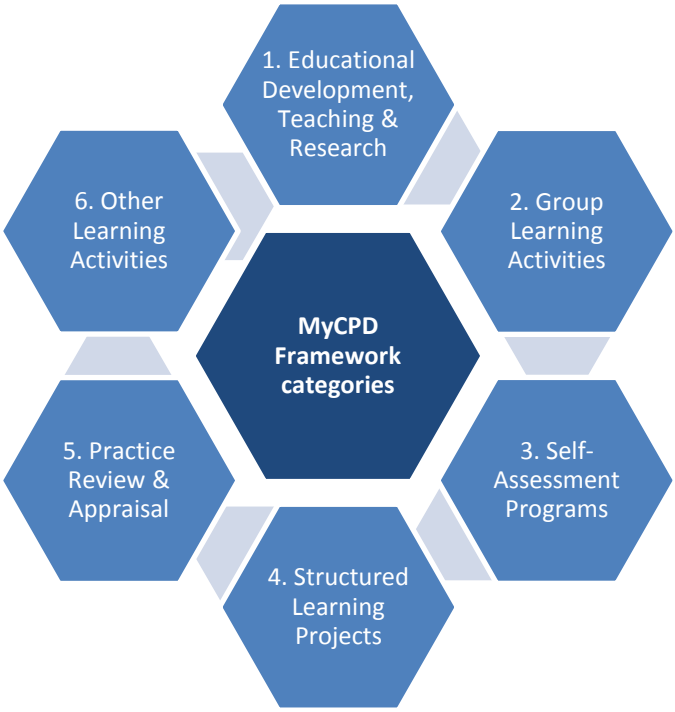
MyCPD is the online continuing professional development program for Fellows of the College. It is designed to meet the individual needs of each participant and to encourage participation in a range of professional development activities. The program structure was developed by Fellows of the College.

MyCPD is founded on identifying personal learning needs, undertaking activities to meet those needs and reflecting upon the learning outcomes of those activities, as illustrated in Figure 23 below.

Figure 23 – MyCPD Foundations

Program participants are required to use a range of learning and assessment methods, and to consider the full range of professional and medical expert competencies required for effective physician practice. There are six categories of learning against which participants record credits. Several categories of activity are capped at 50 credits per year.

Figure 24 – MyCPD Framework categories



Participants undertake a range of professional development activities and record the learning outcomes achieved. For a Certificate of Completion, participants must record at least 100 recognised CPD credits in a calendar year. In New Zealand, there are some other specific requirements set by the MCNZ which must also be satisfied, and the MyCPD program includes the ability to track and report these.

The MyCPD program is regularly updated to improve ease of use and ensure that the program remains current. The program has recently been updated to better reflect mandatory and recommended CPD requirements of the MCNZ.

Staff support is available to all Fellows should they have any queries or require technical assistance with the MyCPD program or requirements.

Participation in CPD

Meeting the requirements of a CPD program is a regulatory requirement for all Fellows in Australia, New Zealand and overseas who are in active practice. This is stipulated in the College's CPD Participation Policy (attachment 29) which is available on the College website.

If appropriate, Fellows may participate in an accredited CPD program other than the College's MyCPD program. Chapter Fellows, for example, are often Fellows of another College also and may opt to complete their CPD program. Fellows participating in an alternative CPD program are required to advise the College.

MyCPD is also used by non-Fellows in Australia and New Zealand, including overseas trained physicians who are applying for specialist or vocational registration.

The College monitors and reports participation in the MyCPD program. Ninety-five percent of Fellows registered with the MyCPD program complete all requirements. Fellows who do not complete requirements are referred to the relevant education committee (in Australia) or CPD director (in New Zealand).

The College conducts an annual audit of 5% of all CPD participants (randomly selected). In 2013, 91% of Fellows who completed the program and were selected for review were able to provide satisfactory documentary evidence in support of their CPD records. Audit of Fellows who had not submitted evidence of CPD activities indicate that, although rates of CPD activity among Fellows are high, there is continuing scope for efforts to encourage both record-keeping and participation.

New directions in CPD

The MyCPD Review Working Group and the Tripartite Alliance (refer *AMC Standard 1.3*) have established evidence-based directions for future development, summarised in the paper *Lifelong learning for physicians and surgeons* (May 2013) (attachment 30). The College is investigating best practice in lifelong learning management systems.

The College is also investigating ePortfolios and learning networks as ways to improve the connectedness and mutual support of CPD participants. It is envisioned that this will also help connect trainees more closely with their supervisors and peers.

Research into CPD behaviours and preferences of Fellows indicates that traditional forms of CPD, such as conferences and journal readings, are most popular among participants. The least popular forms are those with an assessment component, such as clinical audits, practice reviews and simulation-based training. Educational research literature suggests that these less popular activities have better educational utility than the popular activities, and are able to effect positive change in clinical practice. In 2014 the College will be researching methods of improving the range of effective CPD activities.

A pilot study of new methods of regular practice review in New Zealand was conducted in 2013. The framework developed by the NZ CPD Committee combines individual professional development reviews with a service review of the clinical unit as a whole. The process includes peer review and clinical audit activities, but it also collects much richer information allowing the reviewers to gain insights into the clinicians' current work commitments (both clinical and non-clinical) and their future aspirations. Feedback from trial sites shows this was a positive experience for Fellows and suggests that CPD activities involving assessment can be attractive as well as effective.

Medical Council of New Zealand Additional criteria: Continuing Professional Development (CPD)

Categories and number of practitioners undertaking their recertification programs

The College's role is to support Fellows with their life-long learning goals and provide the Fellows with the means to meet the College's CPD requirements and the MCNZ's requirements. With regards to the MCNZ's requirements Fellows are informed of the mandatory requirements and strongly encouraged to participate in recommended activities such as regular practice reviews.

The College provides an online CPD program, MyCPD, for Fellows of Divisions, Faculties and Chapters of the College. Non-Fellows who wish to participate in MyCPD may enrol in the program for a fee. Overseas Trained Physicians (OTPs) undergoing vocational registration supervision are also required to enrol in the College's CPD program.

Fellows who have joint Fellowship with another College (such as the New Zealand College of Public Health Medicine), must supply the College with evidence they are engaged in an alternative, recognised CPD program. In reality many Fellows do not inform the College that they are participating in an alternative program and significant resources are required to contact Fellows within Public Health Medicine, Dermatology, Addiction Medicine and those dual-trained in other medical specialities.

OTPs participate in MyCPD while undergoing assessment for vocational training. The MyCPD fee is waived for 24 months during the assessment process.

The MCNZ requires that doctors who take leave of absence from their practice must, where possible, apply prospectively to the MCNZ and discuss their CPD requirements in relation to their annual practising certificate. Participants seeking leaves of absence are directed by the College staff to MCNZ so that they can discuss their individual circumstances.

In 2012, there was a 95% compliance rate for CPD in New Zealand. The demographic data relating to individuals who did not meet CPD requirements indicate that a large percentage are retired, participating in another programme or practising overseas. A letter has been sent to the non-compliant individuals asking them to contact the College outlining why they did not submit a CPD return in 2012. CPD participation for 2013 is still being finalised.

Categories of practitioner not enrolled in recertification programs

The College's database records the status of participants in the MyCPD program. The College is able to identify participants who are not legally required to participate in a CPD program e.g., a practitioner who is retired from active practice is no longer required to meet the recertification requirements set out under section 41 of the Health Practitioners Competence Assurance Act 2003.

Practitioners actively participating in a recognised training program are not required to complete a CPD program as they are under supervision and their progress is recorded through relevant tools and supervisor reports.

Recertification programs for non-members

Non-members are able to participate in the MyCPD program for a prescribed fee. Non-members receive the same level of access to the program and support from the College.

Recertification requirements per year

The MyCPD program allows participants to enter the hours they have engaged in each CPD activity. There are six key learning categories: Education Development, Teaching & Research; Group Learning Activities; Self- Assessment Programs; Structured Learning Projects; Practice Review and Appraisal, and Other Learning Activities. The College's CPD program also includes opportunities for clinical audit and peer review, as well as continuing medical education.

The participant's hours are converted into credits. Participants are required to complete 100 credits per year. Some categories are worth one credit per hour and others are worth two or three credits per hour. However, there are restrictions on the number of activities earning only one credit per hour. The MyCPD program reports both hours and credits and has recently been upgraded to alert NZ participants if they are not meeting the MCNZ's 50-hour requirement.

It is outlined on the College's website and within the MyCPD program that participants are required to meet the MCNZ's regulatory requirements. Participants are directed to the MCNZ website for further information.

Evaluation and Audit

The College conducts an annual audit of 5% of MyCPD participants to evaluate participants' CPD activities through assessment of evidence that participants have submitted for CPD activities undertaken. Quarterly reports are reviewed to track participants' activities throughout the year thus providing an opportunity to engage with those participants who may require assistance.

The audit process allows staff to review the total credits applied for by the Fellow i.e. they must submit the minimum of 100 verifiable credits in one calendar year. The online functionality of MyCPD means it is also possible to analyse if the Fellows are engaging in peer review and clinical audit.

Regular Practice Reviews and credentialing

The College has developed a Regular Practice Review framework and has piloted the two tools (a Professional Development Review and a Service Review). These two tools have been piloted at tertiary hospitals and a hospice to ensure they are applicable in a number of clinical settings. It is envisaged that the Regular Practice Review tool will be rolled out in 2014 and made available to all CPD participants. Participants will be able to indicate that they have completed a Professional Development Review and/or a Service Review.

Currently, credentialing information is not collected by the College as credentialing is normally undertaken by the medical practitioner's employer. Individuals may include some components of credentialing, such as peer review, in their CPD activities. The College's Regular Practice Review tools will contribute significantly to the credentialing process undertaken with District Health Boards and in other clinical settings. The pilot results indicate that the employers support the Regular Practice Review framework as it not only contributes to credentialing but can also be used in formal appraisals of physicians in the work place.

The College strongly encourages participants to engage in CPD activities that relate directly to their scope of practice. In essence, CPD activities relating to clinical expertise must

contribute to the practitioner's knowledge within his/her own medical speciality. The College expects participants to engage in a wide range of CPD activities reflecting the key professional competencies outlined in the Professional Qualities Curriculum and in The Supporting Physicians' Professionalism and Performance (SPPP).

Cultural Competence in Continuing Professional Development

The College's Māori Health Committee, comprising both Fellows of the College and expert non-Fellows, advises the College on how to best meet its cultural competence requirements in relation to Māori.

The Māori Health Committee works closely with Te Ohu Rata O Aotearoa (Te ORA). College Fellows present papers at the Te ORA annual hui. The College, working with Te ORA, has developed the College/Te ORA Summer Student Scholarships to support young Māori through a research scholarship. To date, three young Māori have provided insightful reports relating to cultural competence and Māori health inequities.

The College's New Zealand CPD Committee and the Māori Health Committee formed a Cultural Competence Working Party to develop a series of statements relating to physicians' practical concerns when dealing with Māori patients. The guideline commentaries are included in College publications to ensure Fellows have access to relevant cultural competence materials. For example, the *How to Survive as a new consultant* document has included, as an appendix, the guideline commentary on *Consulting with Māori and their whānau* to assist new consultants in managing potentially complex situations.

The College's New Zealand Divisional Committees are working on three fact sheets for OTPs under the heading "Welcome to New Zealand". The objective of these fact sheets is to introduce the OTP to New Zealand culture in its widest sense, including the cultural mores of New Zealand, Māori and Pacific culture and the relevant legislation that shapes New Zealand society. One of these fact sheets is currently being published, one has been finalised and the other drafted.

The MCNZ has sought further information from the College regarding the link between the recertification program and cultural competence. The New Zealand CPD Committee and the Māori Health Committee have developed a document *Cultural Competence Activities Within CPD* allowing MyCPD participants to identify those CPD activities that may contribute directly to developing cultural competence. For example, under each of the six MyCPD categories, exemplars are provided so a Fellow can clearly see how cultural competence requirements can be met.

As noted earlier, the Regular Practice Review framework will allow the clinician to focus on cultural competence. The Professional Development Review and a Service Review examine how an individual and the service are addressing cultural competence. For example, within the Service Review, in the section "Service clinical performance indicators", clinicians are asked to analyse waiting times, non-attendance data trends across ethnic groups and reflect upon how change may be implemented.

From a governance perspective the New Zealand Committee includes the Chair of the Māori Health Committee to ensure policies and procedures are viewed from a Māori perspective. The majority of the College's New Zealand committees have a Māori Health Committee representative to ensure educational and policy issues are consistent with Te Ao Māori (Māori world).

The Māori Health Committee recently wrote to the College's Board requesting that the College's strategic documents specifically acknowledge improving Indigenous health outcomes as a key goal for the College. The Māori Health Committee's suggestion has been accepted by the College Board.

In October 2013, the Māori Health Committee held a health hui and invited Māori physicians and College trainees to a day on a marae to discuss the College's strategic directions in relation to improving Māori health outcomes, assessing cultural competence and responding to developing physicians' understanding of the Māori patient. Key College staff and Fellows, representatives from other medical colleges and Te ORA also attended the hui and participated in discussions focusing on the dimensions of cultural competence "who are you, who I am and how do we interact". Feedback from both internal and external participants has been positive with the hui providing practical background material to assist participants when interacting with Māori.

Summary of strategic achievements since 2008

2009 – 2013

9.1 Continuing Professional Development Programs

- Implementation of the first College-wide CPD Participation Policy in 2011, revised in 2012.
- The Supporting Physicians' Professionalism and Performance (SPPP) Guide was implemented in 2012 outlining ten core domains, including medical expertise at the centre, which together aim to describe what is means to be a good physician. Primarily a self-reflection tool, the Guide is aligned with the Professional Qualities Curriculum and facilitates the continuum of learning from Basic Training and Advanced Training through to Fellowship and life-long learning.
- A Tripartite Alliance working group (led by RACP) produced "Lifelong learning for physicians and surgeons: a strategy discussion paper" in 2013; these set the agenda for socially constructive professional development.
- CPD 2 U Roadshow was held in locations across Australia and New Zealand throughout 2011 to promote the MyCPD program and new CPD requirements. Evaluation of the roadshow revealed high awareness for the CPD participation policy.
- Development of Regular Practice Review process in New Zealand in 2012-2013 via pilot with Fellows, followed by establishment of a College Education Committee Peer Review Working Group to develop and promote this process.
- The NZ Committee provided feedback on the MCNZ's submission "Good Medical Practice", which relates to professionalism and CPD and governs medical practice in NZ.
- The Māori Health Committee and the NZ CPD Committee were involved in piloting an online cultural competence program developed by the Ministry of Health in 2013.
- The College's CPD Program was benchmarked against World Federation of Medical Education standards in December 2013.
- Research into actual CPD behaviour (random sample of 500 participants) and stated CPD preferences (online survey, 650 responses) reported in "A report on Fellows' CPD activities and resources" February 2014.
- Research into CPD behaviour and preferences of Fellows, published 2014, intended to guide development of effective CPD.
- Regular Practice Review being developed and promoted.
- Introduction of online MyCPD program in 2009 with a range of upgrades since that time to improve the user experience and alignment with regulatory requirements.
- Audit of CPD records (5% sample) conducted annually.
- MyCPD is open to non-Fellows (fees apply).
- CPD support staff in Australia and New Zealand provide advice and support (by phone and face-to-face) to participants experiencing difficulties with CPD.
- Fellows who do not complete CPD are referred to the appropriate Education Committee.

Future directions

Throughout 2014 and beyond the College will be conducting work on developing an ePortfolio for Fellows. Following the New Zealand pilot of regular practice review tools, the College will be developing an implementation toolkit and exploring potential applications in Australia.

The College is investing in a new administrative system that will improve the functionality of MyCPD. For example, Fellows will be able review with ease how they are progressing in regards to College requirements and Medical Council requirements.

MyCPD will also be enhanced so Fellows can record their CPD activities in relation to professional learning domains such as ethics and health advocacy. The professional learning domains will be based upon those defined in the Supporting Physicians' Professionalism & Performance (SPPP). As noted above the Regular Practice Reviews will be rolled out in the New Zealand environment. This activity will be supported by the New Zealand CPD Committee and the Regular Practice Review Working Group.

A Revalidation Working Group has been established by the College to provide the College with a key voice as the College seeks to participate in discussion with relevant agencies including the regulators, the MCNZ and the MBA. In addition, the Working Party will act as the leading Fellowship group able to communicate perspectives on the revalidation discussion to Fellows and to receive and collate comments from Fellows on the issue.

The New Zealand CPD Committee is revising the document "Procedure for Non-Compliance towards CPD Participation".

Future work will be undertaken with the Māori Health Committee to ensure cultural competence materials are updated and relevant resources are obtained to support Fellows and trainees in developing an understanding of cultural competence.

9.2 Retraining

Accreditation standard

9.2.1 The education provider has processes to respond to requests for retraining of its fellows.

9.3 Remediation

Accreditation standard

9.3.1 The education provider has processes to respond to requests for remediation of its fellows who have been identified as underperforming in a particular area.

Additional Criteria for the Medical Council of New Zealand – Remediation

To meet Medical Council requirements for recertification:

- A process for auditing whether individual practitioners are participating in the recertification program and whether they are meeting the requirements. This includes a system for dealing with those who are not complying.
- A process for reporting to the MCNZ, for the purposes of the MCNZ's audit of recertification, those who are participating in the recertification program and whether they are complying or not.
- A system for identifying and managing compliance with recertification program, and where appropriate to refer the doctor to the MCNZ.
- A system for informing the MCNZ if the provider becomes aware of performance / competence concerns on the part of the practitioner.

Building on a foundation of scoping work including member consultation, the College is currently further exploring where it will focus future resource development in relation to assisting Fellows who are experiencing difficulty and or requiring support.

Retraining

There are established guidelines for retraining and remediation following a prolonged period of absence from practice. On an infrequent and ad hoc basis the College is asked to advise on return to work plans for Fellows returning to work after a prolonged absence from practice. The College guidelines are referred to by training committees when reviewing proposed return to work plans.

In the last three years there have been only two cases where the College has been asked to assist in reviewing return to work plans. On both occasions, the Fellow and employer have formulated a proposed return to work plan which has been reviewed by the relevant training committee. The training committee has reviewed the appropriateness of the plan and provided input as required. Periodic reporting from the Fellow/employer has facilitated implementation of the plans and successful return to practice.

Remediation

In 2012 the College Board commissioned a scoping paper about Fellows in difficulty (attachment 31). This paper examined the spectrum of difficulty, including the determinants of physician performance, predictors of risk of poor performance, and managing physician performance. The paper also considered how Fellows in difficulty come to the attention of the College and other organisations in both the Australian and New Zealand setting.

The Fellowship Committee of the College Board has since established a working group tasked to further explore these issues.

Auditing recertification and non-compliance

All registered participants are reminded regularly, prior to completion of the CPD calendar year, of the College's requirements for completion of CPD. To be considered to have completed the College's CPD program, participants must obtain 100 credits. All participants who complete their requirements are given access to print an online Statement of Participation in pdf format that confirms they have met the MyCPD requirements for that year.

Participants who do not complete the College's requirements are notified in writing and are given agreed time frames in which to provide evidence of completion, similar to the random audit process, prior to being recorded in the system as non-complete.

As indicated previously, the College has implemented a random annual audit to ensure physicians completing the MyCPD program can substantiate their CPD returns with the relevant evidence.

The College has developed a comprehensive process for dealing with non-complete participants. In the first instance, participants are offered support from College staff, the CPD Directors and New Zealand CPD Committee members to meet their CPD requirements. On-going communications and support are provided to ensure the participants are able to complete their CPD. A participant may seek personal assistance from a New Zealand CPD Committee member if this level of support is required. If the participant still does not complete their CPD requirements they then receive a formal letter notifying them that their status in the College's database is "incomplete CPD". The College has developed a procedure regarding those participants who are incomplete. This procedure will be amended to include the New Zealand process whereby personalised assistance is provided if necessary.

Compliance with MCNZ requirements to undertake CPD

The College provides a Statement of Participation to participants in the College's CPD program outlining the number of credits obtained. Participants can use the certificate as evidence of completion if requested by the MCNZ or other agencies. The College also responds to requests from MCNZ seeking confirmation that a specific Fellow is participating in the College's CPD programmes. For privacy reasons, the request would need to include the Fellow's prior authorisation in order to provide this information to the MCNZ.

Identifying non-compliant Fellows

The MyCPD program allows the College to identify Fellows who have not completed the full requirements for continuing professional development. All participants who have registered with the program but have not submitted the minimum annual requirement of 100 credits or more will be asked to provide evidence for participation in activities as well as being offered educative support in order to meet their CPD requirements.

The annual random review is the key method of managing compliance with the recertification requirements.

As noted earlier, the College manages compliance by continually informing the Fellows of their CPD requirements (those of the College and the MCNZ), by producing a CPD Bulletin, and providing assistance and guidance on all aspects of MyCPD. The New Zealand CPD Committee has a regional visitation programme, run by the two CPD Directors, who provide information and personal support to those participating in MyCPD.

Fellows in difficulty

The College's role is to support Fellows with their life-long learning goals, therefore the College is the conduit in assisting the Fellows with developing their professionalism and maintaining their competence. It is outside the role of the College to manage competence concerns. The College is aware of the health practitioner's obligations to report under the Health Practitioners Competence Assurance Act 2003 and would expect Fellows to comply with their statutory requirements.

The College has developed a framework to complement the MyCPD program. The College's Supporting Physicians' Professionalism & Performance (SPPP) Guide assists Fellows in aligning their practice to the domains outlined in the Professional Qualities Curriculum. Fellows are able to use this framework to identify areas for personal development. Under each domain the key elements of professional practice are listed and then examples of good and poor behavioural markers are identified. In order to support professionalism and ameliorate potential performance issues the College has undertaken the following activities:

- The College has developed a booklet entitled *How to Survive as a new consultant* with the aim of supporting the young consultant in their transition from registrar to consultant. This document provides practical advice to the new consultant, assisting him/her in practising to their full potential.

- The College has also formed a *Fellows in Difficulty* Working Group to provide additional assistance to those Fellows who may require mentoring or guidance in their practice. The Working Group arose from a White Paper that examined the spectrum of difficulty, including the determinants of physician performance, determinants of poor performance, predictors of risk, and managing physician performance. The paper also considered how Fellows in difficulty come to the attention of the College and other organisations in both the Australian and New Zealand settings.
- The discussion paper *Physicians Practising in Isolation* has been widely circulated within the health sector and been well received by the physicians. This paper provides practical advice to reduce those factors that may lead to isolation, burnout and poor performance.
- The Regular Practice Review Process will assist in identifying, in advance, the physician who may be experiencing burn-out or other indicators that may lead to poor performance. The Reviewee is given the opportunity, in the individual Professional Development Review, to identify those areas where further learning and development is required based on the peer review and audits undertaken by colleagues within the Reviewee's service. In the Professional Development Review the Reviewee is asked to reflect upon his/her own health, his/her job size and work load, and his/her satisfaction with current role.

Summary of strategic achievements since 2008

2009 – 2013
9.2 Retraining and 9.3 Remediation
• Establishment of guidelines for re-training and re-entry to practice following a period of pro-longed absence. • Scoping paper developed on Fellows in Difficulty to inform future development work.

Future directions

The Fellowship Committee will explore the most appropriate strategies for the College to support Fellows in difficulty through its working group. The working group is considering preventative strategies for Fellows in difficulty, including development of a mentoring program and a communication program on health and personal safety for doctors.

Success Factors for Standard 9: Continuing professional development

The College has undertaken a critical self-assessment of its progress towards meeting this standard. The following points summarise factors that will influence the achievement of the College's goals over the next five years:

- The College is developing and promoting tools for practice review and audit as components of CPD, as there is evidence that these are effective methods of practice improvement. The uptake of review and audit will be influenced by the degree of support these practices receive within health services.
- More generally, research conducted within the College suggests that future improvements in the effectiveness of CPD depend in part on increasing the profession's adoption of feedback and assessment within the program.
- A closer alignment between requirements for CPD in Australia and New Zealand would facilitate the progressive harmonisation and simplification of College CPD systems which are currently necessarily complex to cater for differing regulatory requirements.
- Technological developments — such as the availability of broadband internet services, social media and mobile learning — have a major influence on the direction and effectiveness of CPD programs. The College's IT strategy over the next five years is important, but so too are developments within hospital systems and society as a whole.

Recommendations from 2013 Report

#	Recommendations from 2013 report to the AMC/MCNZ
1	Closed in 2013
2	Closed in 2013
AMC Standard 1 - The context of education and training	
3	**AMC Recommendation**
	Continue to formalise agreements between the College and each specialty engaged in advanced training to describe the relationship, responsibilities and accountabilities of each STC for education and training. *Comments in 2013:* This recommendation is about the internal agreements with the specialty societies not external agreements and more work is to be done. The PREP forms the basis of the training program and is now the centre piece of the educational strategy for trainees for Fellowship. The exception is the work to be completed with the Royal Australian and New Zealand College of Psychiatrists and the finalising transition for Intensive Care Medicine. The latter is tracking well but the AMC should seek an update on progress on the former matter particularly with the societal needs for access to trained specialists in the domain of children and young people with behavioural, developmental and psychological disorders and disease.
	Update for 2014
	The Dual Fellowship Training Program in Paediatrics and Child and Adolescent Psychiatry was established in the late 1990s between the RACP and the Royal Australian and New Zealand College of Psychiatrists (RANZCP). Program requirements were last updated in 2006, before the introduction of the PREP program. The RACP and Royal Australian and New Zealand College of Psychiatrists (RANZCP) agreed to suspend new entries into the Dual Fellowship Training Program in Paediatrics and Child and Adolescent Psychiatry pending a review of the program. A review of the joint training program in Paediatrics and Child and Adolescent Psychiatry has been initiated. A joint working group was established in mid-2013, and the first meeting held in early 2014. The discussion was productive and focused on developing new models for training. The working group considered and reviewed a number of models. Further work will be done in this area. This recommendation is addressed under *AMC Standard 1.3*.
4	Closed in 2011
5	Closed in 2012

AMC Standard 3 – The education and training program – curriculum content	
6	**AMC Recommendation**
	Review teaching, learning and assessment experiences within advanced training to achieve a match with the relevant curricula. *Additional question specified:* College to report in future reports on its process of systematic review of current physician training vs. PREP Advanced Training. *Comments in 2013:* College's comments don't address the issue of alignment of PREP and advanced training programs, but the College does indicate that it continues to work with Advanced Training Committees to ensure alignment between the curriculum and program requirements of each specialty, with work done with 12 Advanced Training Committees to date PREP is well embedded in most cases as the direction for trainees. RACP, like other colleges, is developing the tools for assessment of professionalism as well as providing a curriculum and learning opportunities. Multi-source feedback is a component but until the working group has determined the most appropriate assessment of professionalism then it remains a little unclear how MSF will be integrated into assessment. There are no concerns about this progress and it can be considered closed once the alignment with the curricula and the elements of assessment are determined.
	Update for 2014
	The Basic Training Curricula (BTC) review is the first major training program review since the implementation of PREP. The review focuses not only on the curriculum standards, but on all other aspects of the program including assessments, training requirements and learning resources. A key objective of the review is to ensure that all components of the training program are aligned with the revised curriculum standards. A program of assessment will be designed to ensure an appropriate mix and timing of assessments that promote coverage of the curriculum. Frameworks and processes developed through the BTC reviews will then be refined and used to start the process of reviewing all Advanced Training Curricula, including the alignment of assessments and training requirements. For further information on the BTC review, please refer to *AMC Standards 3.1 and 3.2*.
7	**AMC Recommendation**
	Monitor, evaluate and review curricula quality. In 2012 the College was asked to report on progress with the external review of College training programs and any significant matters identified. *Comments from 2013:* Processes have been implemented to monitor, evaluate and review curricula as evidenced by the External Review and subsequent implementation of recommendations from this work. The College addresses future plans rather than stating what has been achieved over the last 12 months. While progress is clearly satisfactory, more information on the

	work completed would have been helpful.
	Update for 2014
	The Basic Training Curricula review is underway and great progress made to date. For information, please refer to *AMC Standards 3.1 and 3.2*.
8	Closed in 2012
9	Closed in 2012
10	Closed in 2011
11	Closed in 2012
12	Closed in 2013
12A	Partially closed in 2012 – completion rates for training requirements in Appendix 1.
13	Closed in 2011
14	**AMC Recommendation**
	Report on any further developments in the review of the mandatory rural training requirement for paediatrics and child health. *Comments from 2013:* College is reviewing site accreditation requirements for 'rural' training rotations in Australia in 2013. Once these are finalised, broad consultation regarding the rural training requirements will occur. In the 2014 AMC accreditation assessment, it would be appropriate for the College to signal how these changes to the site accreditation criteria for rural training link to the requirements of the paediatrics curriculum.
	Update for 2014
	The requirements for six months core rural training are set out in the General Paediatrics Training Program Handbook. Suitable rural training sites will provide trainees with the opportunity to experience the following aspects of care that are related to the General Paediatrics Curriculum: • Complex cases*. (Learning Objectives under Theme 2.5 Ambulatory Care)* • Independent care. *(Linked to graduate outcome : act as an independent paediatrician consultant with an understanding of their own limitations of knowledge and experience)* • Continuity of care. *(Learning Objectives under Theme 2.1 Paediatric care in Inpatient Settings)* • Level 2 neonatal care. *(Learning Objectives under Theme 2.3 Paediatric Care in Neonatal/Perinatal Settings)* • Regular and ongoing outpatient experience (minimum two outpatient sessions per week seeing referred patients, including new patients, fully supervised by consultant paediatrician). *(Learning Objectives under Theme 2.5 Ambulatory Care)* • Paediatric emergency care provided by paediatric staff *(Learning Objectives under Theme 2.2 Paediatric Care in Emergency Settings).*

	• Opportunity and requirement to deal with paediatric emergencies, which includes the stabilization and treatment in the acute and ongoing phase which is often required because of geographical isolation*. (Learning Objectives under Theme 2.2 Paediatric Care in Emergency Settings).* • The provision of intensive care or high dependency care for limited periods as again often required because of geographical isolation. *(Learning Objectives under Theme 2.4 Paediatric Care in Paediatrics Intensive Care. Also Learning Objectives under Theme 2.3.4 and 2.3.5 Paediatric Care in Neonatal/ Perinatal settings)* • Development of relationships with community services and multidisciplinary teams, to care for developmental, behavioural, and child protection cases. *(Learning Objectives under Theme 2.6 Community Care and Theme 3.2 Care in the Community 2.7 and 2.9 are also relevant)* • Outreach specialty clinics or tele-health sessions creating the shared care often required for the difficult, complex and specialty cases. (This is certainly important though it is recognized in some rural areas this may not be available). *(Learning Objectives under Theme 2.6 Community Care).* The program has introduced more flexibility in the achievement of this requirement by enabling trainees to complete some or all of this requirement in basic training. If that is the case, the rural component for advanced training is replaced by general paediatrics experience. Where trainees can demonstrate that a metropolitan training experience (outside the tertiary paediatric hospital setting) is equivalent to a rural rotation, the General Paediatrics Advanced Training Committee (SAC) may allow a 12 month metropolitan rotation to meet the rural training requirement. This is considered on a case by case basis.
15	Closed in 2012
16	Partially closed in 2012 – The College was asked to report further on developments in assessment under *Recommendation 19.*
17	Closed in 2011
18	Partially closed in 2012 – The College was asked to report further on the Paediatrics & Child Health standard setting trial under *Recommendation 19.*
AMC Standard 5 Assessment of learning	
19	**AMC Recommendation**
	Continue to progress towards implementing criterion referenced assessment. *Comments from 2013:* Good evidence of progress towards standards setting with the External Review, the formal Angoff exercise for Adult Medicine and the trial planned for Paediatrics and Child Health. There is clear evidence that RACP is purposefully setting standards utilising appropriate processes for review and implementation. This recommendation is on-track. The plans for the future of the Fellowship exam are

	noted as in-line with the general intent of standards setting.
	Update for 2014
	The pass mark for the Divisional Written Examination is determined using a combination of norm and criterion-based approaches. In recent years, the College has introduced Rasch modelling[15] to ensure the pass standard is consistent from year to year. In addition to the Rasch Analysis, the College uses a modified Angoff Procedure[16] which is a criterion based method of standard setting and is undertaken by a panel of expert judges which includes Fellows and Advanced Trainees. For further information, please refer to *AMC Standard 5.3*.
20	**AMC Recommendation**
	Report in annual reports to the AMC on the development and promulgation of an assessment framework for advanced training and the further development and implementation of project guidelines. Comment from 2013: There is commitment to the development of assessment principles and standards for all summative examinations including research projects. This is due for completion in late 2013 and should be reported on subsequently.
	Update for 2014
	Development of assessment standards for RACP training programs was prioritised by the College following a review of the recommendations from the April 2012 *'Report to RACP, the External Review of Formative and Summative Assessment'*. It is anticipated that, once approved, the draft Standards for Assessment in RACP training programs will be used to guide the development, implementation and evaluation of assessments in all RACP training programs. It is intended that all RACP training programs adhere to the standards. The College recognises that implementation of the standards may take some time, and that any changes to existing assessment practices will need to be carefully planned and managed through the annual revision of training program requirements. Please refer to *AMC Standard 5.3* for information on the proposed Standards for Assessment.
21	Closed in 2011

[15] *Op. Cit*. Rasch 1977.
[16] *Op. Cit*. Livingston and Zieky, 1982.

AMC Standard 7 Implementing the curriculum – trainees	
22	**AMC Recommendation**
	Further develop and implement standardised policies and tools supporting selection processes into advanced specialty training which are based on the principles in the Medical Training Review Panel Report, Trainee Selection in Australian Medical Colleges, (the Brennan Report). In 2013 the College reports the Selection into Training Policy to be in the "scope" phase. Please report when this is implemented and on any significant changes that eventuate as a result of this policy including progress with the jurisdictions. A literature review has been conducted and the Fellows are being surveyed along with benchmarking other training settings. The process is sound but the policy not yet finalised. The AMC encourages the College to involve jurisdictions early in these policy reviews.
	Update for 2014
	Development of standardised principles and criteria to supporting selection processes into all College training programs commenced in late 2013. A Policy Development Working Group for the Selection into Training Policy has been established, and the first of two working days held in March 2014. Preliminary consultation with jurisdictions is the next step, and will take place prior to the second working day in June. Please refer to *AMC Standard 7.1* for information on development of the Selection into Training Policy.
23	Closed in 2012 – The College asked to continue to report on the New Administration System.
24	Closed in 2011
25	Closed in 2011
26	Closed in 2012
27	Closed in 2012
28	Closed in 2012
29	Closed in 2011
30	Closed in 2011
31	Closed in 2012
32	Closed in 2012
33	Closed in 2011
AMC Standard 8 Implementing the program – delivery of educational resources	
34	AMC Recommendation
	As a priority, implement supervisor training in feedback and in managing the multi-source feedback results, and report in annual reports to the AMC on the implementation.

	Comments from 2013: (The College has chosen to delay implementation of the Multi Source Feedback tool based on stakeholder consultation. It now plans to develop the tool from 2013. Please continue to report on progress.) [*PREP is well embedded in most cases as the direction for trainees. RACP, like other colleges, is developing the tools for assessment of professionalism as well as providing a curriculum and learning opportunities. Multi-source feedback is a component but until the working group has determined the most appropriate assessment of professionalism then it remains a little unclear how MSF will be integrated into assessment. There are no concerns about this progress and it can be considered closed once the alignment with the curricula and the elements of assessment are determined.* *NOTE SAME as RECOMMENDATION 6 above]* Professionalism Assessment Working Group will be convened in Q3, 2013, to develop College teaching and learning tools, and assessments to support trainees in the development of professional skills. The Working Group will review current best practice approaches for assessing professionalism in medical education to determine an appropriate and feasible approach to assessing professionalism in RACP training programs.
	Update for 2014
	The first of three supervisor workshops, Practical Skills for Supervisors, has been designed, developed and piloted across Australia and New Zealand. This workshop focuses on creating a culture for learning and delivering feedback, particularly in challenging situations. There have been 110 RACP Fellows trained to facilitate this workshop in a face-to-face environment. To date, 894 participants have undertaken workshop one. An online version of this workshop will be available in 2014 to further support supervisors who are located in regional and remote areas. The second workshop – Teaching and Learning in Health Care Settings - is being piloted during Quarter 1 and 2 of 2014 and will be launched in 2015. Workshop 3 - Workplace-based Learning and Assessment will be launched in 2016. Please see *AMC Standard 8.1* for more information on the SPDP. A background paper on professionalism has been drafted, and will underpin the formation of a working group to plan how professionalism can best be taught, learned and assessed in RACP training programs, including consideration around appropriate assessment methods such as MSF and patient feedback surveys. The formation of the working group on professionalism will be considered by the College Education Committee in early 2014, to be formed through an expression of interest process.
34A	Closed in 2012

35	Closed in 2011
AMC Standard 6 - Monitoring and Evaluation	
36	**AMC Recommendation**
	Report in annual reports to the AMC on the implementation of the monitoring and evaluation framework. A progress report should continue to be provided that includes information on further planned evaluations including the effectiveness of the College survey of new consultants, at one or two years post-fellowship. *Comments from 2013:* There is evidence that the College has engaged with Fellows in a variety of ways, the survey of new Fellows has not yet occurred. RACP is asked to provide evidence in 2014 that this survey in particular is completed as proposed.
	Update for 2014
	In 2013 the College prepared a comprehensive evaluation plan for the Preparedness for Independent Practice Evaluation (the "PIPE Study") which included the development of a survey instrument. This proposal was granted ethics approval from the College Education Committee. The PIPE study aimed to evaluate the graduate outcomes of the RACP training programs and identify opportunities for improvements. Graduate outcomes in this context can be defined as: preparedness in key competencies as outlined by the draft RACP Standards Framework (see *AMC Standard 2.2*), ability to manage transition from the role of an Advanced Trainee into independent practice, and the nature of work undertaken in independent practice. The objectives of the PIPE Study were to explore: 1. perceptions of new Fellows regarding their preparedness for independent practice 2. the nature and transition between Advanced Training and independent practice 3. the nature of the positions that new Fellows occupy The PIPE survey was directed towards new Fellows admitted to Fellowship in either the 2010 or 2012 calendar year. They survey was administered between January and March 2014 and the data is currently being analysed. It is expected that the results of the survey will be available for dissemination by mid-2014. For more detailed information about the PIPE Study, please refer to the Preparedness for Independent Practice Evaluation "The PIPE Study", Phase One Proposal, September 2013 (attachment 25). This recommendation is addressed under *AMC Standards 6.1 and 6.2*.
37	**AMC Recommendation**
	Including the Divisions, Faculties and Chapters, consider systematic ways of building in patient and carer input and feedback. *Comments from 2013:* An instrument is being developed to gain patient feedback. At

	present, the Research and Evaluation Unit is working towards finalising protocol for the pilot study in consultation with a number of Fellows in a tertiary hospital in NSW. It is anticipated that by the second quarter of 2014, an instrument to obtain patients' feedback will be standardised and ready for piloting with further sites. The AMC notes that the plans now are for patient feedback, not patient and carer feedback. Does the College have other plans to collect carer feedback?
	Update for 2014
	A feasibility study for patient and carer input occurred from November 2013 to March 2014. Following a meeting with the pilot site supervisors, this has recently been extended to August 2014 due to difficulties in recruiting patients. Following the conclusion of the pilot, a report will be prepared and considered by the professionalism working group. Initial data shows that there are considerable logistical issues in undertaking such an initiative, which would make a College-wide rollout of such a plan difficult. The report on the pilot will explore more flexible ways in which local accredited sites can gain patient feedback into the training program and trainee performance. The AMC is asked to note that the study will include information from patients and carers.
38	Closed in 2011
39	Closed in 2011
40	Closed in 2012 – The College was asked to continue to report on the development of practical examples and tools for SPPP. Please refer to *AMC Standard 9*.
41	Closed in 2011
42	Closed in 2011
43	Closed in 2011
44	Closed in 2011
Australasian Faculty of Public Health Medicine (AFPHM)	
45	**AMC Recommendation**
	Report in annual reports to the AMC on progress in addressing those areas identified as requiring further work, namely the recognition of prior learning, review of assessment, selection of trainees, and accreditation of training places and supervisors. In 2012, the College was asked to report update on the range of assessment tools used including the effectiveness of learning contracts. The College has reviewed its assessment processes and the AFPHM is using this opportunity to align both the new and existing tools with College processes which is good progress. The learning contracts are in use. *Comments from 2013:* College reports that AFPHM is working closely with the broader College on a range of educational initiatives. AFPHM has made good progress and is aligning where relevant with new and

existing tools.

Update for 2014

AFPHM continues to work closely with the broader College on a range of education initiatives:

Implementation of Education Policy

- AFPHM continues to promote the Flexible Training Policy and provide support to trainees. The AFPHM training program has built in flexibility in work place settings. The training program is tailored to allow trainees to study and work in public health medicine part-time or full-time provided they are able to meet the requirements of the formative and summative assessments. Trainees have the ability to complete the training program over a ten year period with a maximum of three attempts at both the oral examination. Interruptions to training are supported. The College considers this part of Recommendation 45 to be addressed.

Trainee Representation

- A new AFPHM trainee has been elected to the Faculty Education Committee to ensure that trainee views continue to be represented on education matters. The Faculty also has an active Trainees' Committee. Trainees are routinely represented on all education committees and working groups, and as such the College considers this component of Recommendation 45 to be addressed.

Involvement in Education Development

- Representatives of AFPHM have been involved in a number of working groups at the College, including policy development working groups for Selection into Training, Supervision, and Recognition of Prior Learning. AFPHM also had representation on the Research Projects Working Group.

Assessments in AFPHM

- AFPHM is working on the development of assessment gateways. This ensures the timely focus on reports by trainees and an efficient turnaround in assessing and approving learning contracts and learning contract reports.
- Further streamlining of AFPHM learning contracts and reports has taken place to enhance communication between trainees and supervisors and ensure efficient approval of contracts and feedback in relation to learning needs.

Accreditation of Training Settings

- A process for accreditation of training positions has been developed for AFPHM, in line with the College's broader approach to accreditation. Sites are required to complete a survey form which is then reviewed by the Faculty Accreditation Lead. A body of data has been developed to indicate which competencies are offered in each of the AFPHM training settings. This data will be available to trainees in 2014.

Australasian Faculty of Occupational and Environmental Medicine (AFOEM)	
46	**AMC Recommendation**
	Report in annual reports to the AMC on progress in addressing those areas identified as requiring further work, namely implementing its curriculum and new assessment strategies, selection of trainees, supervisor training and support, assessment, and accreditation of workplaces and work sites. In 2012, the College was asked to report on the external review of assessments as it applies to this issue, and on the development of an alternative settings-based approach for AFOEM accreditation. There are a number of matters under review including post/site accreditation and assessment in Occupational and Environmental Medicine. The Faculty is in the process of establishing a working party which will be tasked with development of a position paper and recommendations regarding the most suitable accreditation model for Occupational and Environmental Medicine. In terms of assessment implementation of recommendations from the External Review of Assessment will have an impact on the AFOEM. The College has supported processes to deliver progress for this training programme but should report on progress next time. *Comments from 2013:* Considerable progress has been made with both summative and formative assessments realised as a pass rate of 73% in 2012. This has been supported by accreditation. The final stages of training are the last element to be completed and should be reported upon in 2014
	Update for 2014
	AFOEM continues to work closely with the broader College on a range of educational initiatives: **Implementation of Education Policy** • AFOEM continues to promote and support implementation of the Flexible Training Policy. The AFOEM training program is already very flexible in that it occurs in the workplace and not in a hospital setting. Training is tailored to allow trainees to study and work in the field of occupational medicine part-time or full-time provided they are able to meet the requirements of the formative and summative assessments. Trainees have the ability to complete the training program over a ten year period with a maximum of five attempts at both the written and practical examinations. **Involvement in Education Development** • Representatives of AFOEM have been involved in a number of working groups at the College, including policy development working groups for Selection into Training, Supervision, Recognition of Prior Learning, and Supporting Trainees in Difficulty. Faculties representatives are routinely involved in education development activities, and as such the College considers this component of recommendation 46 to be addressed. **Assessments in AFOEM** • Plans for 2014 are underway to introduce improvements to the Training Status Report (TSR) to enable trainees to comment and give feedback to supervisors

	regarding their training progress. This supports the professional qualities learning objectives of enhancing communication skills and complying with the training requirements. **Supervision in AFOEM** • Improvements to the 2014 Training handbook now emphasises the importance of the role of the Stage C trainee as a mentor and advisor for Stage A and Stage B trainees. Plans to allow Stage C trainees to take on the role of co-supervisor in conjunction with the supervisor will progress in 2014. The coaching of Stage C trainees will enable them to progress to the level of supervisor once they have obtained their Fellowship of the Faculty. Engaging Stage C trainees as co-supervisors ensures we are building adequate support networks for the trainees of the future. **Accreditation of Training Settings** • In 2013 a proposal for accreditation of training settings was agreed to by the Faculty Education Committee, a set of criteria for accreditation was developed in the context of the AFOEM training program and aligned with RACP standards. The Accreditation of Training Setting survey has been developed to assess how a trainee and their respective supervisor meet the Accreditation Standards Criteria which relate to the overall training experience within the training setting. The survey questionnaire and accreditation process will be implemented from the 1st January 2014 for all new trainees and supervisors. Accreditation of current training settings will take place as a staged roll out managed by the Faculty office.
47	Closed in 2011
48	Closed in 2013
49	Closed in 2012
Comments from the Medical Council of New Zealand regarding the 2013 report	
1	The Committee would like to see more specific information about the actual content of the cultural competence element together with detail as to how cultural competence (in its wide sense) is evaluated. Some indication as to how cultural competence is addressed in the CPD program would also be desirable.
	Please refer to *AMC Standard 9* for information on cultural competence in CPD.
2	The Committee noted and expressed concern about the 82.9% compliance rate for MyCPD in New Zealand for 2011. The College is asked to include information about its new policy (referred to on page 86 as taking effect from 1 April 2013) on "Procedure for Non Compliance Towards CPD Participation". The Committee noted that your definition of "Participant Fellows" includes semi-retired and Life Fellows and suggests it may be more helpful to present the New Zealand figures for the % of actively practicing Fellows who are meeting the CPD requirements.
	Please refer to *AMC Standard 9*.

The Royal Australasian
College of Physicians

Appendix

2014 Accreditation submission

Data Appendix

Section 1: Fellow Numbers – RACP Divisions, Faculties and Chapters

Table 1: Fellow Numbers

RACP Division, Faculty or Chapter	Active Fellow Numbers
RACP Adult Medicine	9731
RACP Paediatrics & Child Health	2820
Australasian Faculty of Occupational and Environmental Medicine	392
Australasian Faculty of Public Health Medicine	729
Australasian Faculty of Rehabilitation Medicine	552
Australasian Chapter of Addiction Medicine	211
Australasian Chapter of Palliative Medicine	318
Australasian Chapter of Sexual Health Medicine	161
Total	14,914

Section 2: Trainee numbers – Australia and New Zealand

Notes

1. Figures in the tables below reflect the number of trainees who register with the College during a calendar year. This includes trainees who interrupt their training, trainees who are admitted to Fellowship part way through the year, and trainees who commence or transfer training programs mid-year.
2. Trainees who register in more than one program are counted once under each program, e.g. a dual trainee in Geriatric Medicine and Adult Rheumatology will be counted once under Geriatric Medicine and once under Adult Rheumatology. For these reasons, the numbers of trainees in this table cannot be summed to obtain the total number of College trainees.
3. *Trainee numbers in 2013* includes recognition of prior learning granted for the 2013 training year.
4. *Training Completed in 2013* is an approximate figure. Basic Training figures reflect the number of trainees who have completed their Basic Training time in 2013. Some of these trainees may be yet to successfully complete the written and clinical examinations. Advanced Training figures reflect the number of trainees who have been admitted to Fellowship of the relevant Division, Faculty or Chapter in 2013. This figure does not include post-Fellowship trainees.
5. *Trainee numbers in 2014*, for Advanced Training in New Zealand, indicates the number of trainees whose training is overseen by a New Zealand SAC or JSAC; it does not include New Zealand trainees who are undertaking a training program overseen by a Sydney-based committee of the College. Trainees registered with both the Wellington and Sydney offices are double-counted, as the electronic administration systems in each office are not linked.
6. *Trainee numbers in 2014* will vary throughout the year as trainees are accepted into training programs throughout a calendar year. In particular there is a movement from Basic Training to Advanced Training after the mid-year clinical examinations.
7. *Trainee numbers in 2013* and *Trainee numbers in 2014* includes trainees who have interrupted their training for some or all of the year.

Table 2: Australasian training program trainee numbers

Training Programs (Australia)	Trainee numbers in 2013	Training completed in 2013	New Trainees in 2014	Trainee numbers in 2014
Basic Training – Adult Medicine	2497	485	462	2171
Basic Training – Paediatrics & Child Health	818	148	102	695
Cardiology - Adult Medicine	182	53	48	165
Cardiology - Paediatrics & Child Health	23	3	4	15
Clinical Genetics (Aus & NZ)	30	4	2	23
Clinical Pharmacology - Adult Medicine (Aus & NZ)	21	1	2	15
Clinical Pharmacology – Paediatrics & Child Health (Aus & NZ)	2	0	0	1
Community Child Health (Aus & NZ)	98	6	21	78
Endocrinology - Adult Medicine	141	24	38	141
Endocrinology - Paediatrics & Child Health	26	3	3	24
Endocrinology / Chemical Pathology - Adult Medicine (Aus & NZ)	8	0	3	8
Endocrinology / Chemical Pathology - Paediatrics & Child Health (Aus & NZ)	1	0	0	1
Gastroenterology - Adult Medicine	131	38	35	114
Gastroenterology - Paediatrics & Child Health	15	2	1	11
General & Acute Care Medicine	470	36	145	493
General Paediatrics	562	54	55	481
Geriatric Medicine	225	36	47	208
Haematology (joint training) - Adult Medicine	157	20	40	159
Clinical Haematology - Adult Medicine	4	1	0	3
Haematology (joint training) - Paediatrics & Child Health	13	2	4	13
Clinical Haematology - Paediatrics & Child Health	1	0	0	1

Immunology / Allergy (joint training) - Adult Medicine	27	4	5	27
Clinical Immunology / Allergy - Adult Medicine	13	1	5	12
Immunology / Allergy (joint training) - Paediatrics & Child Health	5	0	2	6
Clinical Immunology / Allergy - Paediatrics & Child Health	19	1	1	17
Infectious Diseases - Adult Medicine	90	17	26	89
Infectious Diseases - Paediatrics & Child Health	25	3	3	23
Infectious Diseases / Microbiology - Adult Medicine (Aus & NZ)	49	9	7	46
Infectious Diseases / Microbiology - Paediatrics & Child Health (Aus & NZ)	5	0	1	5
Intensive Care Medicine (Time Limited Pathway) Adult Medicine (Aus & NZ)	8	3	N/A	5
Intensive Care Medicine (Time Limited Pathway) Paediatrics and Child Health (Aus & NZ)	33	11	N/A	22
Medical Oncology - Adult Medicine	161	21	50	156
Medical Oncology - Paediatrics & Child Health	22	3	5	17
Neonatal / Perinatal Medicine - Paediatrics & Child Health Division (Aus & NZ)	87	27	12	83
Nephrology - Adult Medicine	115	33	32	111
Nephrology - Paediatrics & Child Health	12	0	1	9
Neurology - Adult Medicine	89	24	33	86
Neurology - Paediatrics & Child Health	19	3	2	15
Nuclear Medicine - Adult Medicine (Aus & NZ)	20	2	0	17
Nuclear Medicine - Paediatrics & Child Health (Aus & NZ)	0	0	0	0
Paediatric Emergency Medicine (Aus & NZ)	59	8	8	49
Palliative Medicine - Adult Medicine (Aus & NZ)	84	11	19	67
Palliative Medicine - Paediatrics & Child Health (Aus & NZ)	9	0	3	7

Respiratory and Sleep Medicine - Adult Medicine	134	24	45	131
Respiratory and Sleep Medicine - Paediatrics & Child Health	24	2	5	17
Rheumatology - Adult Medicine	46	9	13	46
Rheumatology - Paediatrics & Child Health	5	0	0	4
Addiction Medicine (Aus & NZ)	25	2	3	23
Palliative Medicine – Chapter (Aus & NZ)	33	13	10	29
Sexual Health Medicine (Aus & NZ)	20	4	1	17
Occupational and Environmental Medicine (Aus & NZ)	102	11	16	118
Public Health Medicine (Aus & NZ)	81	7	21	103
Rehabilitation Medicine Advanced Training (Aus & NZ)	200	19	3	179
Paediatric Rehabilitation Medicine Advanced Training (Aus & NZ)	13	0	0	13
Clinical Diploma of Palliative Medicine (diploma only)	48	22	10	37
Nuclear Medicine (RANZCR trainees) (pathway only) (Aus & NZ)	18	2	2	16
Nuclear Medicine Positron Emission Tomography (training experience only) (Aus & NZ)	5	1	1	5

Table 3: New Zealand training program trainee numbers

Training Programs (New Zealand)	Trainee numbers in 2013	Training completed in 2013	New Trainees in 2014 (as at April)	Trainee numbers in 2014
Basic Training – Adult Medicine	377	Information not captured	76	426
Basic Training – Paediatrics & Child Health	131	Information not captured	24	150
Cardiology – Adult Medicine	27	4	10	28
Cardiology – Paediatrics & Child Health	0	0	0	0
Dermatology – Adult Medicine	9	3	6	13
Dermatology – Paediatrics & Child Health	1	0	0	1
Endocrinology – Adult Medicine	21	2	2	17
Endocrinology – Paediatrics & Child Health	1	0	0	3
Gastroenterology – Adult Medicine	21	1	4	21
Gastroenterology – Paediatrics & Child Health	1	0	0	1
General & Acute Care Medicine	174	19	2	171
General Paediatrics	104	10	17	102
Geriatric Medicine	28	5	6	30
Haematology (joint training) – Adult Medicine	15	0	2	18
Clinical Haematology – Adult Medicine	0	0	0	0
Haematology (joint training) – Paediatrics & Child Health	1	0	0	0
Clinical Haematology – Paediatrics & Child Health	0	0	0	0
Immunology / Allergy (joint training) – Adult Medicine	4	0	0	2
Clinical Immunology / Allergy – Adult Medicine	2	0	0	2
Immunology / Allergy (joint training) – Paediatrics & Child Health	0	0	0	0
Clinical Immunology / Allergy – Paediatrics & Child Health	1	1	0	0

Infectious Diseases – Adult Medicine	10	2	0	9
Infectious Diseases – Paediatrics & Child Health	4	0	0	3
Medical Oncology – Adult Medicine	21	0	3	22
Medical Oncology – Paediatrics & Child Health	4	1	1	3
Nephrology – Adult Medicine	28	4	5	24
Nephrology – Paediatrics & Child Health	1	0	0	0
Neurology – Adult Medicine	7	0	2	8
Neurology – Paediatrics & Child Health	2	1	1	2
Respiratory Medicine – Adult Medicine	15	1	5	19
Respiratory Medicine – Paediatrics & Child Health	2	0	0	2
Rheumatology – Adult Medicine	11	1	4	13
Rheumatology – Paediatrics & Child Health	0	0	0	0
Sleep Medicine – Adult Medicine	14	1	3	16
Sleep Medicine – Paediatrics & Child Health	1	0	0	1

Table 4: Dual Trainees in RACP Divisional Advanced Trainees in Adult Medicine Specialties

Dual Trainees in RACP Divisional Advanced Trainees in Adult Medicine Specialties, 2013	Cardiology	Clinical Pharmacology	Endocrinology	Gastroenterology	General & Acute Care Medicine	Geriatric Medicine	Haematology	Immunology/Allergy	Infectious Diseases	Infectious Diseases and Microbiology	Medical Oncology	Nephrology	Neurology	Nuclear Medicine	Palliative Medicine	Respiratory and Sleep Medicine	Rheumatology	Total
Cardiology																		**0**
Clinical Pharmacology	0																	**0**
Endocrinology	0	0																**0**
Gastroenterology	1	0	0															**1**
General & Acute Care Medicine	15	5	25	12														**57**
Geriatric Medicine	2	0	1	2	54													**59**
Haematology	0	0	0	0	3	0												**3**
Immunology/Allergy	0	0	0	0	5	0	0											**5**
Infectious Diseases	0	2	0	0	25	0	1	1										**29**
Infectious Diseases and Microbiology	0	0	0	0	1	0	0	0	0									**1**
Medical Oncology	0	1	0	0	8	1	0	0	2	0								**12**
Nephrology	0	0	0	0	13	3	0	0	0	0	0							**16**
Neurology	0	0	0	0	4	1	0	2	0	0	0	0						**7**
Nuclear Medicine	0	1	0	1	0	1	0	0	0	0	0	0	0					**3**
Palliative Medicine	0	0	0	0	6	8	1	0	0	0	9	1	0	0				**25**
Respiratory and Sleep Medicine	0	0	0	0	19	1	0	0	2	0	0	0	0	0	1			**23**
Rheumatology	0	0	0	0	7	1	0	0	0	0	0	0	0	0	0	0		**8**
Total	**18**	**9**	**26**	**15**	**145**	**16**	**2**	**3**	**4**	**0**	**9**	**1**	**0**	**0**	**1**	**0**	**0**	**249**

Table 5: Dual Trainees in RACP Divisional Advanced Trainees in Paediatrics and Child Health Specialties

Dual Trainees in RACP Divisional Advanced Trainees in Paediatrics & Child Health specialties, 2013	Cardiology	Clinical Genetics	Clinical Pharmacology	Community Child Health	Endocrinology	Gastroenterology	General Paediatrics*	Haematology	Immunology/Allergy	Infectious Diseases	Infectious Diseases and Microbiology	Medical Oncology	Neonatal/Perinatal Medicine	Nephrology	Neurology	Paediatric Emergency Medicine	Palliative Medicine	Respiratory and Sleep Medicine	Rheumatology	Total
Cardiology																				**0**
Clinical Genetics	0																			**0**
Clinical Pharmacology	0	0																		**0**
Community Child Health	0	0	0																	**0**
Endocrinology	0	0	0	0																**0**
Gastroenterology	0	0	0	0	0															**0**
General Paediatrics	8	9	0	54	21	8														**100**
Haematology	0	0	0	0	0	0	3													**3**
Immunology/Allergy	0	0	0	1	0	0	11	0												**12**
Infectious Diseases	0	0	1	0	0	0	16	0	1											**18**
Infectious Diseases and Microbiology	0	0	0	0	0	0	1	0	0	0										**1**
Medical Oncology	0	0	0	0	0	0	10	4	0	0	0									**14**
Neonatal/Perinatal Medicine	0	0	0	1	1	0	54	0	0	0	0	0								**56**
Nephrology	0	0	1	0	0	0	8	0	0	0	0	0	0							**9**
Neurology	0	1	0	0	0	0	11	0	0	0	0	0	0	0						**12**
Paediatric Emergency Medicine	0	0	0	0	0	0	28	0	0	0	0	0	0	0	0					**28**
Palliative Medicine	0	0	0	0	0	0	3	0	0	0	0	1	0	0	0	0				**4**
Respiratory and Sleep Medicine	0	0	0	0	0	0	10	0	0	0	0	0	0	0	0	0	0			**10**
Rheumatology	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0		**2**
Total	**8**	**10**	**2**	**56**	**22**	**8**	**157**	**4**	**1**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**269**

Dual Trainees in RACP Divisional Advanced Trainees in Adult Medicine Specialties, 2013 (New Zealand)

Notes:

1. Italicised specialties have training overseen by an Australasian committee rather than a New Zealand only committee
2. Dual trainees training under an Australasian Committee and also a New Zealand Committee may be counted in the tables for both countries
3. Data covers information held in Which Doctor
4. Totals do not represent people, but rather incidents of training in two specialties
5. A small number of trainees train in three specialties, resulting in there incidents of ‘dual training’ showing on this table
6. Numbers will vary throughout the year as trainees are accepted into training programs throughout a calendar year.
7. A New Zealand dual training table is not included for Divisional Advanced Trainees in Paediatrics & Child Health as accuracy of numbers cannot be confirmed. All New Zealand paediatric Advanced Trainees have the Mandatory Paediatric Requirement component of their training supervised of the New Zealand SAC in General Paediatrics, which leads to misleading dual training figures. Completing these requirements under the SAC in General Paediatrics does not signal an intention to complete Advanced Training in General Paediatrics.

Table 6: Dual Trainees in Divisional Advanced Trainees in Adult Medicine Specialties (New Zealand)

Note: Italicised font indicates an Australasian Training Program

Dual Trainees in RACP Divisional Advanced Trainees in Adult Medicine Specialties, 2013 (New Zealand)	Cardiology	*Clinical Genetics*	*Clinical Pharmacology*	Dermatology	Endocrinology	Gastroenterology	Gen & Acute Care Med	Geriatric Medicine	Haematology	*ID/Micro Joint*	Immunology/Allergy	Infectious Diseases	Medical Oncology	Nephrology	Neurology	*Nuclear Medicine*	*Palliative Med incl Clin. Dip.*	Res and Sleep Med	Rheumatology	Total
Cardiology																				**0**
Clinical Genetics	0																			**0**
Clinical Pharmacology	0	0																		**0**
Dermatology	0	0	0																	**0**
Endocrinology	0	0	0	0																**0**
Gastroenterology	0	0	0	0	0															**0**
Gen & Acute Care Med	16	0	1	2	16	18														**53**
Geriatric Medicine	0	0	0	0	1	1	24													**26**
Haematology	0	0	0	0	0	0	1	0												**1**
ID/Micro Joint	0	0	0	0	0	0	0	0	0											**0**
Immunology/Allergy	0	0	0	0	0	0	1	0	0	0										**1**
Infectious Diseases	0	0	0	0	0	0	6	0	0	0	0									**6**
Medical Oncology	0	0	0	0	0	0	4	0	0	0	0	0								**4**
Nephrology	0	0	0	0	1	0	26	0	0	0	0	0	0							**27**
Neurology	0	0	0	0	0	0	4	0	0	0	0	0	0	0						**4**
Nuclear Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					**0**
Palliative Medicine	0	0	0	0	0	1	0	0	1	0	0	0	1	0	0	0				**3**
Resp and Sleep Med	0	0	0	0	0	0	17	0	0	1	0	0	0	0	0	0	0			**18**
Rheumatology	0	0	0	0	0	0	9	0	0	0	0	0	0	0	0	0	0	0		**9**
Total	**16**	**0**	**1**	**2**	**18**	**20**	**92**	**0**	**1**	**1**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**153**

Table 7: Dual Trainees in Divisional Advanced Trainees in Paediatrics and Child Health Specialties (New Zealand)

Note: Italicised font indicates an Australasian Training Program

Dual Trainees in RACP Divisional Advanced Trainees in Paediatrics & Child Health Specialties, 2013 (New Zealand)	Cardiology	*Clinical Genetics*	*Clinical Pharmacology*	*Community Child Health*	Dermatology	Endocrinology	Gastroenterology	General Paediatrics	Haematology	Immunology/Allergy	Infectious Diseases	Medical Oncology	*Neonatal/Perinatal Medicine*	Nephrology	Neurology	*Paediatric Emergency Medicine*	*Palliative Medicine*	Respiratory & Sleep Medicine	Rheumatology	Total
Cardiology		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Clinical Genetics			0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	**1**
Clinical Pharmacology				0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Community Child Health					0	0	0	10	0	0	0	0	0	0	0	0	0	0	0	**10**
Dermatology						0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Endocrinology							0	1	0	0	0	0	0	0	0	0	0	0	0	**1**
Gastroenterology								1	0	0	0	0	0	0	0	0	0	0	0	**1**
General Paediatrics									1	1	4	3	4	1	2	2	0	0	0	**18**
Haematology										0	0	0	0	0	0	0	0	0	0	**0**
Immunology/Allergy											0	0	0	0	0	0	0	0	0	**0**
Infectious Diseases												0	0	0	0	0	0	0	0	**0**
Medical Oncology													0	0	0	0	0	0	0	**0**
Neonatal/Perinatal Medicine														0	0	0	0	0	0	**0**
Nephrology															0	0	0	0	0	**0**
Neurology																0	0	0	0	**0**
Paediatric Emergency Medicine																	0	0	0	**0**
Palliative Medicine																		0	0	**0**
Respiratory & Sleep Medicine																			0	**0**
Rheumatology																				**0**
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**13**	**1**	**1**	**4**	**3**	**4**	**1**	**2**	**2**	**0**	**0**	**0**	**33**

Section 3: Formative and Summative Assessments – Australia and New Zealand

Notes:

1. The table below represent Basic Trainees who have completed the formative assessment requirements for training which was undertaken in 2013, the deadlines of which were 31 January 2014 respectively for Australia and 31 December 2013 respectively for New Zealand.
2. 2013 PREP completion is estimated based on the requirements for full time trainees doing a 12 month rotation.
3. PQR optional for Paediatrics & Child Health trainees.

Table 8: 2013 Completion of PREP Basic Training Formative Assessment and Teaching and Learning Tool Requirements (Australia and New Zealand)

Basic Training - Completion of 2013 PREP Requirements	Paediatrics & Child Health		Adult Medicine	
	Australia	New Zealand	Australia	New Zealand
Number of PREP trainees	616	131	1982	377
Learning Needs Analysis (LNA)				
% complete	92%	98%	98%	98%
Mini-Clinical Evaluation Exercise (Mini-CEX)				
% complete	89%	98%	88%	98%
Professional Qualities Reflection (PQR, formerly SIAT)				
% complete	n/a	n/a	94%	98%

Tables 9 – 33: Completion of PREP 2013 Advanced Training Formative Assessment and Teaching and Learning Tool Requirements

The tables below represent PREP requirement completion rates for Advanced Trainees in 2013, the deadline of which was 31 January 2014.

Table 9

Addiction Medicine (Australia & NZ)	Chapter of Addiction Medicine
Number of PREP trainees	14
Learning Needs Analysis (LNA)	
% complete	64%
Case-based Discussion (CbD)	
% complete	61%

Table 10

Cardiology (Australia)	Cardiology, Adult Medicine	Cardiology, Paediatrics & Child Health
Number of PREP trainees	111	9
Learning Needs Analysis (LNA)		
% complete	84%	100%
Mini-Clinical Evaluation Exercise (Mini-CEX)		
% complete	84%	100%
Case-based Discussion (CbD)		
% complete	85%	100%

Table 11

Clinical Genetics (Australasia)	Clinical Genetics, Adult Medicine	Clinical Genetics, Paediatrics & Child Health
Number of PREP trainees	2	9
Learning Needs Analysis (LNA)		
% complete	100%	89%
Case-based Discussion (CbD)		
% complete	100%	97%

Table 12

Community Child Health	Community Child Health, Paediatrics & Child Heath
Number of PREP trainees	24
Learning Needs Analysis (LNA)	
% complete	77%
Mini-Clinical Evaluation Exercise (Mini-CEX)	
% complete	79%
Case-based Discussion (CbD)	
% complete	76%

Table 13

Clinical Pharmacology (Australasia)	Clinical Pharmacology, Adult Medicine	Clinical Pharmacology, Paediatrics & Child Health
Number of PREP trainees	4	2
Learning Needs Analysis (LNA)		
% complete	100%	100%
Mini-Clinical Evaluation Exercise (Mini-CEX)		
% complete	N/A	N/A
Case-based Discussion (CbD)		
% complete	100%	100%

Table 14

Endocrinology (Australia)	Endocrinology, Adult Medicine	Endocrinology, Paediatrics & Child Health
Number of PREP trainees	101	21
Learning Needs Analysis (LNA)		
% complete	99%	100%
Mini-Clinical Evaluation Exercise (Mini-CEX)		
% complete	99%	88%
Case-based Discussion (CbD)		
% complete	97%	94%

Table 15

Endocrinology & Chemical Pathology (Australia)	Endocrinology & Chemical Pathology, Adult Medicine	Endocrinology & Chemical Pathology, Paediatrics & Child Health
Number of PREP trainees	5	0
Learning Needs Analysis (LNA)		
% complete	100%	N/A
Mini-Clinical Evaluation Exercise (Mini-CEX)		
% complete	50%	N/A
Case-based Discussion (CbD)		
% complete	50%	N/A

Table 16

Gastroenterology (Australia)	Gastroenterology, Adult Medicine	Gastroenterology, Paediatrics & Child Health
Number of PREP trainees	85	12
Learning Needs Analysis (LNA)		
% complete	98%	100%
Case-based Discussion (CbD)		
% complete	94%	100%

Table 17

General and Acute Care Medicine (Australia)	General and Acute Care Medicine, Adult Medicine
Number of PREP trainees	130
Learning Needs Analysis (LNA)	
% complete	**90%**
Mini-Clinical Evaluation Exercise (Mini-CEX)	
% complete	92%
Case-based Discussion (CbD)	
% complete	93%

Table 18

General Paediatrics	General Paediatrics
Number of PREP trainees	285
Learning Needs Analysis (LNA)	
% complete	74%
Mini-Clinical Evaluation Exercice (Mini-CEX)	
% complete	77%
Case-based Discussion (CbD)	
% complete	77%

Table 19

Geriatrics (Australia)	Geriatrics, Adult Medicine
Number of PREP trainees	171
Learning Needs Analysis (LNA)	
% complete	99%
Mini-Clinical Evaluation Exercise (Mini-CEX)	
% complete	99%
Case-based Discussion (CbD)	
% complete	99%

Table 20

Haematology (Australia)	Clinical Haematology, Adult Medicine	Clinical Haematology, Paediatrics & Child Health	Joint Haematology, Adult Medicine	Joint Haematology, Paediatrics & Child Health
Number of PREP trainees	1	0	109	7
Learning Needs Analysis (LNA)				
% complete	100%	N/A	95%	85%
Mini-Clinical Evaluation Exercise (Mini-CEX)				
% complete	100%	N/A	94%	85%
Case-based Discussion (CbD)				
% complete	**100%**	N/A	95%	100%

Table 21

Immunology (Australia & NZ)	Clinical Immunology, Adult Medicine	Clinical Immunology, Paediatrics & Child Health	Joint Immunology Adult Medicine	Joint Immunology, Paediatrics & Child Health
Number of PREP trainees	7	7	20	4
Learning Needs Analysis (LNA)				
% complete	100%	100%	100%	100%
Case-based Discussion (CbD)				
% complete	100%	100%	100%	100%

Table 22

Infectious Diseases (Australia)	Infectious Diseases, Adult Medicine	Infectious Diseases, Paediatrics & Child Health
Number of PREP trainees	49	13
Learning Needs Analysis (LNA)		
% complete	98%	100%
Case-based Discussion (CbD)		
% complete	100%	100%

Table 23

Infectious Diseases & Microbiology (Australasia)	Infectious Diseases & Microbiology, Adult Medicine	Infectious Diseases & Microbiology, Paediatrics & Child Health
Number of PREP trainees	23	2
Learning Needs Analysis (LNA)		
% complete	100%	100%
Case-based Discussion (CbD)		
% complete	100%	100%

Table 24

Medical Oncology (Australia)	Medical Oncology, Adult Medicine	Medical Oncology, Paediatrics & Child Health
Number of PREP trainees	106	16
Learning Needs Analysis (LNA)		
% complete	93%	100%
Mini-Clinical Evaluation Exercise (Mini-CEX)		
% complete	100%	100%
Case-based Discussion (CbD)		
% complete	99%	100%

Table 25

Neonatal/Perinatal Medicine	
Number of PREP trainees	70
Learning Needs Analysis (LNA)	
% complete	90%
Direct Observation of Procedural Skills	
% complete	87%
Case-based Discussion (CbD)	
% complete	84%

Table 26

Nephrology (Australia)	Nephrology, Adult Medicine	Nephrology, Paediatrics & Child Health
Number of PREP trainees	63	4
Learning Needs Analysis (LNA)		
% complete	95%	100%
Mini-Clinical Evaluation Exercise (Mini-CEX)		
% complete	95%	100%
Case-based Discussion (CbD)		
% complete	95%	100%

Table 27

Neurology (Australia)	Neurology, Adult Medicine	Neurology, Paediatrics & Child Health
Number of PREP trainees	47	5
Learning Needs Analysis (LNA)		
% complete	98%	99.95%
Mini-Clinical Evaluation Exercise (Mini-CEX)		
% complete	98%	99.95%
Case-based Discussion (CbD)		
% complete	98%	99.95%

Table 28

Nuclear medicine (Australia)	Nuclear Medicine, Adult Medicine
Number of PREP trainees	8
Learning Needs Analysis (LNA)	
% complete	100%

Table 29

Palliative Medicine (Australia & NZ)	Palliative Medicine, Adult Medicine	Palliative Medicine, Paediatrics & Child Health	Chapter of Palliative Medicine	
Number of PREP trainees	54	7	22	
Learning Needs Analysis (LNA)				
% complete	90%	100%	80%	
Mini-Clinical Evaluation Exercise (Mini-CEX)				
% complete	81%	100%	77%	
Case-based Discussion (CbD)				
% complete	79%	100%	83%	

Table 30

Paediatric Emergency Medicine (Australia & NZ)	Paediatric Emergency Medicine, Paediatrics & Child Health
Number of PREP trainees	27
Learning Needs Analysis (LNA)	
% complete	100%
Mini-Clinical Evaluation Exercise (Mini-CEX)	
% complete	100%
Case-based Discussion (CbD)	
% complete	100%

Table 31

Respiratory Medicine (Australia)	Respiratory Medicine, Adult Medicine	Respiratory Medicine, Paediatrics & Child Health	Sleep Medicine, Adult Medicine	Sleep Medicine, Paediatrics & Child Health
Number of PREP trainees	87	16	19	2
Learning Needs Analysis (LNA)				
% complete	94%	94%	95%	100%
Mini-Clinical Evaluation Exercise (Mini-CEX)				
% complete	92%	94%	100%	50%
Case-based Discussion (CbD)				
% complete	91%	94%	100%	50%

Table 32

Rheumatology (Australia)	Rheumatology, Adult Medicine	Rheumatology, Paediatrics & Child Health*
Number of PREP trainees	31	2
Learning Needs Analysis (LNA)		
% complete	100%	50%
Mini-Clinical Evaluation Exercise (Mini-CEX)		
% complete	100%	0
Case-based Discussion (CbD)		
% complete	100%	0

*1 Paediatric trainee will be submitting a Special Consideration form as she has not completed the PREP tools due to illness.

Table 33

Sexual Health Medicine (Australia and New Zealand)	Sexual Health Medicine, Adult Medicine
Number of PREP trainees	7
Learning Needs Analysis (LNA)	
% complete	93%
Mini-Clinical Evaluation Exercise (Mini-CEX)	
% complete	93%
Case-based Discussion (CbD)	
% complete	86%

Faculties Formative Assessment Completion

The tables below represent PREP requirement completion rates for Faculty trainees in 2013.

Table 34: Occupational and Environmental Medicine PREP Completion

Occupational and Environmental Medicine (Australia and New Zealand)	
Number of PREP trainees	123
Learning Needs Analysis (LNA)	
% complete	60%
Mini-Clinical Evaluation Exercise (Mini-CEX)	
% complete	86%
Case-based Discussion (CbD)	
% complete	76%
Direct Observation of Field Skills (DOFS)	
% complete	72%

Table 35: Rehabilitation Medicine PREP Completion

Rehabilitation Medicine (Australia and New Zealand)	**Adult/General**	**Paediatric**
Number of PREP trainees	109	7
In-Training Long Case Assessments		
Number complete	123	8
% complete	As trainees are still sending in their supervisor reports containing ITLCAS a percentage cannot be calculated/given	As trainees are still sending in their supervisor reports containing ITLCAS a percentage cannot be calculated/given
Trainee Term Evaluation Forms		
Number complete	141	4
% complete	76%	40%

Table 36: Public Health Medicine PREP Completion

Public Health Medicine (Australia and New Zealand)	
Number of PREP trainees	81
Learning Contract Reports (LCRs) completed	
% complete	100%
Oral Presentation Assessments (formative only) submitted	
% complete	100%

Section 4: Summative Assessment Results

Table 37: Divisional Program Summative Assessment Results

2013 Divisional Written Examination	Australia			New Zealand		
	Sat	Passed	% Passed	Sat	Passed	% Passed
Adult Medicine	760	529	70%	78	57	73%
Paediatric	239	173	72%	31	27	87 %
2013 Divisional Clinical Examination	**Australia**			**New Zealand**		
	Sat	Passed	% Passed	Sat	Passed	% Passed
Adult Medicine	732	516	71%	68	52	77%
Paediatric	245	164	67%	33	26	79%

Table 38: Faculty Program Summative Assessment Results

2013 Faculty of Occupational and Environmental Medicine			
Assessment	**Sat**	**Passed**	**% Passed**
Written – Stage A (August 2013)	11	7	64%
Written – Stage B (August 2013)	19	12	63%
Practical - Stage B (November 2013)	18	15	83%
2013 Faculty of Public Health Medicine			
Assessment	**Sat**	**Passed**	**% Passed**
Oral Examination (November 2013)	19	15	79%
2013 Faculty of Rehabilitation Medicine			
Assessment	**Sat**	**Passed**	**% Passed**
Module 1 Written Assessment March 2013	24	14	58%
Module 1 Written Assessment Sept 2013	26	14	54%
Module 2 Clinical Assessment June 2013	46	32	70%
Fellowship Written Examination May 2013	33	22	67%
Fellowship Clinical Examination Aug 2013	50	18	36% *
Fellowship Paediatric Written Exam May 2013	3	2	67%
Fellowship Paediatric Clinical Exam Aug 2013	3	3	100%

*A Panel has been convened to undertake a review of the Fellowship Clinical Exam. The panel have completed a report which is will be presented to the AFRM Education Committee and Council for action.

Table 39: Summative assessment pass rate per attempt (last 5 years)

Training Program	Year	1 Attempt		2 Attempts		3 Attempts		4 Attempts		5 + Attempts	
		Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Divisional written exam, Adult Med	2009	404	87%	45	10%	13	3%	1	0%	3	1%
	2010	435	79%	75	14%	28	5%	8	1%	3	1%
	2011	445	80%	73	13%	25	4%	6	1%	8	1%
	2012	485	84%	59	10%	18	3%	12	2%	3	1%
	2013	490	84%	62	11%	17	3%	9	2%	7	1%
Divisional written exam, Paeds	2009	124	82%	23	15%	2	1%	1	1%	2	1%
	2010	145	87%	14	8%	4	2%	0	0%	3	2%
	2011	151	80%	27	14%	6	3%	4	2%	1	1%
	2012	156	83%	16	9%	10	5%	4	2%	1	1%
	2013	165	83%	18	9%	11	6%	3	2%	1	1%
Divisional clinical exam, Adult Med	2009	371	81%	71	15%	13	3%	4	1%	0	0%
	2010	400	82%	65	13%	20	4%	3	1%	1	0%
	2011	411	77%	103	19%	15	3%	4	1%	2	0%
	2012	422	76%	94	17%	29	5%	5	1%	4	1%
	2013	444	77%	102	18%	21	4%	7	1%	2	0%
Divisional clinical exam, Paeds	2009	112	81%	22	16%	2	1%	0	0%	2	1%
	2010	138	85%	20	12%	4	2%	0	0%	1	1%
	2011	137	75%	35	19%	6	3%	4	2%	1	1%
	2012	133	73%	30	16%	12	7%	6	3%	1	1%
	2013	152	80%	25	13%	11	6%	1	1%	1	1%
AFOEM Stage A, written exam	2009	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	2010	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	2011	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	2012	5	100%	0	0%	0	0%	0	0%	0	0%
	2013	7	100%	0	0%	0	0%	0	0%	0	0%

Training Program	Year	1 Attempt		2 Attempts		3 Attempts		4 Attempts		5 + Attempts	
		Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
AFOEM Stage B, written exam	2009	2	40%	1	20%	1	20%	1	20%	0	0%
	2010	4	80%	1	20%	0	0%	0	0%	0	0%
	2011	6	75%	2	25%	0	0%	0	0%	0	0%
	2012	9	82%	1	9%	0	0%	1	9%	0	0%
	2013	10	83%	2	17%	0	0%	0	0%	0	0%
AFOEM Stage B, practical exam	2009	2	25%	4	50%	2	25%	0	0%	0	0%
	2010	6	86%	1	14%	0	0%	0	0%	0	0%
	2011	5	83%	1	17%	0	0%	0	0%	0	0%
	2012	9	75%	0	0%	3	25%	0	0%	0	0%
	2013	11	73%	3	20%	0	0%	0	0%	1	7%
AFPHM oral examination	2009	16	100%	0	0%	0	0%	0	0%	0	0%
	2010	8	73%	3	27%	0	0%	0	0%	0	0%
	2011	6	86%	1	14%	0	0%	0	0%	0	0%
	2012	1	50%	0	0%	1	50%	0	0%	0	0%
	2013	15	94%	1	6%	0	0%	0	0%	0	0%
AFRM Module 1 written assessment	2009	20	74%	4	15%	2	7%	1	4%	0	0%
	2010	21	70%	6	20%	2	7%	0	0%	1	3%
	2011	22	65%	10	29%	2	6%	0	0%	0	0%
	2012	19	68%	4	14%	4	14%	1	4%	0	0%
	2013	20	71%	8	29%	0	0%	0	0%	0	0%
AFRM Module 2 clinical assessment	2009	24	100%	0	0%	0	0%	0	0%	0	0%
	2010	31	84%	4	11%	1	3%	1	3%	0	0%
	2011	27	96%	1	4%	0	0%	0	0%	0	0%
	2012	28	88%	4	13%	0	0%	0	0%	0	0%
	2013	29	91%	3	9%	0	0%	0	0%	0	0%
AFRM Fellowship	2009	15	94%	1	6%	0	0%	0	0%	0	0%
	2010	15	75%	4	20%	0	0%	1	5%	0	0%

Training Program	Year	1 Attempt		2 Attempts		3 Attempts		4 Attempts		5 + Attempts	
		Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
written exam	2011	11	85%	2	15%	0	0%	0	0%	0	0%
	2012	25	68%	7	19%	5	14%	0	0%	0	0%
	2013	48	98%	1	2%	0	0%	0	0%	0	0%
AFRM Fellowship clinical exam	2009	15	79%	2	11%	2	11%	0	0%	0	0%
	2010	15	71%	4	19%	2	10%	0	0%	0	0%
	2011	12	60%	5	25%	3	15%	0	0%	0	0%
	2012	12	71%	3	18%	1	6%	0	0%	1	6%
	2013	11	61%	5	28%	2	11%	0	0%	0	0%
AFRM Paeds Fellowship written exam	2009	1	50%	1	50%	0	0%	0	0%	0	0%
	2010	2	100%	0	0%	0	0%	0	0%	0	0%
	2011	2	100%	0	0%	0	0%	0	0%	0	0%
	2012	0	0%	0	0%	0	0%	0	0%	0	0%
	2013	0	0%	0	0%	0	0%	0	0%	0	0%
AFRM Paeds Fellowship clinical exam	2009	0	0%	2	100%	0	0%	0	0%	0	0%
	2010	2	100%	0	0%	0	0%	0	0%	0	0%
	2011	1	100%	0	0%	0	0%	0	0%	0	0%
	2012	2	100%	0	0%	0	0%	0	0%	0	0%
	2013	2	67%	1	33%	0	0%	0	0%	0	0%

Table 40: Trainee numbers – withdrawal from the program before completion

Training Program	Year	Number
Basic Training – Adult Medicine	2009	41
	2010	52
	2011	57
	2012	68
	2013	62
Basic Training – Paediatrics and Child Health	2009	2
	2010	11
	2011	8
	2012	13
	2013	10
Advanced Training – Adult Medicine	2009	2
	2010	4
	2011	3
	2012	7
	2013	12
Advanced Training – Paediatrics & Child Health	2009	1
	2010	0
	2011	1
	2012	1
	2013	6
AFOEM	2009	3
	2010	10
	2011	14
	2012	14
	2013	11
AFRM	2009	11
	2010	4
	2011	7
	2012	9
	2013	4
AFPHM	2009	4
	2010	4
	2011	2
	2012	6
	2013	10
ACHSHM	2009	3
	2010	1
	2011	0

	2012	0
	2013	0
ACHPM:AT	2009	2
	2010	3
	2011	1
	2012	2
	2013	0
ClinDipPallMed:Diploma	2009	14
	2010	4
	2011	7
	2012	7
	2013	2
ACHAM	2009	3
	2010	2
	2011	0
	2012	0
	2013	1

Most common reasons for withdrawal	
Involuntary Withdrawal	• Non completion of training requirements • Loss of contact
Voluntary withdrawal	• Transfer of training programs • Undertaking dual training, and withdrawal from second training program

Section 5: Continuing Professional Development

Table 41: Interim participation Rates for MyCPD program (Australia)

Australia				
Div/Faculty/Chapter	**Participants ***	**2013 completed****	**2013 completed to date (%)**	**2012 completed (%)**
RACP (Adult)	6691	6115	91%	95%
RACP (Paediatrics)	1906	1731	91%	95%
AChAM	81	69	85%	90%
AChPM	194	180	93%	97%
AChSHM	92	86	94%	96%
AFPHM	325	280	86%	93%
AFOEM	238	218	92%	88%
AFRM	377	343	91%	97%
TOTAL	**9904**	**9022**	**91%**	**95%**

Table 42: Interim participation Rates for MyCPD program (NZ)

New Zealand				
Div/Faculty/Chapter	**Participants ***	**2013 completed****	**2013 completed (%)**	**2012 completed (%)**
RACP (Adult)	846	798	94%	96%
RACP (Paediatrics)	314	300	96%	94%
AChAM	11	9	82%	80%
AChPM	41	39	95%	97%
AChSHM	17	17	100%	100%
AFPHM	36	30	83%	93%
AFOEM	51	47	92%	82%
AFRM	24	20	83%	92%
TOTAL	**1340**	**1260**	**94%**	**95%**

Table 43: Interim participation rates for MyCPD program by region

Region	Participants*	2013 completed to date **	2013 completed (%)
ACT	206	198	96%
NSW	3384	3012	89%
NT	89	88	99%
QLD	1639	1535	94%
SA	786	731	93%
TAS	199	191	96%
VIC	2716	2461	91%
WA	868	793	91%
New Zealand	1357	1273	94%
TOTAL	**11244**	**10282**	**91%**

* Participants exclude Non-Fellows, Fellows participating in an alternative program, some Fellows registered and working overseas, some Fellows on an extended absence from practice, and retired, suspended, deceased and Honorary Fellows.

** Completed to date: Fellows will continue to complete their CPD records for 2013 up until the time of their registration renewal (September in Australia; variable in New Zealand).

Section 6: Site Accreditation activities

Notes:

1. The College accredits training sites via a site visit or using paper-based methods
2. Site accreditation activities for Australasian Advanced Training programs, including Chapter training programs, are included in the Advanced Training (Australia) number.
3. The AFPHM Education Committee does not considers sites to be 'not accredited' when they do not have a trainee in place. All AFPHM training positions were accredited at the end of 2013 for Jan 2014.
4. AFOEM did not have a formal Accreditation of Training settings procedure in 2013. AFOEM Accreditation of Training Settings procedure commenced in 2014.

Table 44: 2009 - 2013 Site Accreditation activities

Division/ Faculty/ Chapter	Year	Site visits undertaken	New sites accredited	Sites reaccredited	Sites not granted accreditation
Basic Training					
Adult Medicine – Australia	2009	N/A	N/A	N/A	N/A
	2010	N/A	N/A	N/A	N/A
	2011	34	0	34	0
	2012	14	1	13	0
	2013	14	0	13	1
Paediatrics & Child Health – Australia	2009	N/A	N/A	N/A	N/A
	2010	N/A	N/A	N/A	N/A
	2011	5	0	5	0
	2012	6	0	6	0
	2013	4	0	4	0
Adult Medicine – New Zealand	2009	1	0	0	1
	2010	1	0	1	0
	2011	8	0	8	0
	2012	5	0	5	0
	2013	5	0	5	0
Paediatrics & Child Health – New Zealand	2009	0	0	0	0
	2010	1	0	1	0
	2011	2	0	2	0
	2012	7	0	7	0
	2013	9	1	8	0

Advanced Training					
Australia	2009	81	68	142	9
	2010	89	91	136	17
	2011	162	98	148	21
	2012	109	59	235	29
	2013	124	69	213	21
New Zealand	2009	22	0	22	0
	2010	18	0	17	1
	2011	31	0	31	0
	2012	24	0	23	0
	2013	35	0	34	1
Faculties					
AFPHM	2009	N/A	N/A	N/A	N/A
	2010	0	16	15	0
	2011	0	16	15	0
	2012	0	26	17	0
	2013	0	18	39	0
AFRM	2009	9	0	6	0
	2010	12	0	10	0
	2011	15	0	7	0
	2012	13	2	10	0
	2013	8	0	6	1
AFOEM **AFOEM will undertake site accreditation from 2014**	2009	N/A	N/A	N/A	N/A
	2010	N/A	N/A	N/A	N/A
	2011	N/A	N/A	N/A	N/A
	2012	N/A	N/A	N/A	N/A
	2013	N/A	N/A	N/A	N/A

Australasian College of Physicians occurred in 2008. Since that time the College has continued to progress its agenda of major education reform. Significant advances have been made in the areas of governance, program structure, content and delivery of physician training in Australia and New Zealand. The College has actively responded to reports are submitted to the NZ OTP Assessment Committee which is the decision-making body for recommendations to the MCNZ.

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