



Australian
Medical Council Limited

2026 Monitoring Submission to the Specialist Education Accreditation Committee

Royal Australasian College of Physicians

Contents

Monitoring submissions by accredited specialist medical colleges	ii
Monitoring submission procedures	ii
Guidance of how to provide the requested information	iii
Guidance on format and submitting to the AMC	iv
Trainee Committee submission.....	v
Further Information.....	v
Monitoring Submission Template	vi
Summary of 2025 findings.....	vii
<i>Section A – Reporting against the standards and accreditation conditions</i>	1
<i>Section B – Summary of significant developments</i>	107

Monitoring submissions by accredited specialist medical colleges

Once the AMC has accredited programs and their providers, under the *Health Practitioner Regulation National Law* it must monitor the program and provider to ensure that they continue to meet the accreditation standards.

The AMC seeks submissions from accredited specialist medical colleges to satisfy this monitoring requirement. Monitoring submissions ensure that the AMC is informed of developments within individual colleges and of responses to recommendations and conditions in colleges' accreditation reports.

Monitoring submission procedures

The Specialist Education Accreditation Committee considers monitoring submissions in the following way:

- AMC staff seek commentary on the submissions from an experienced AMC reviewer.
- AMC staff may ask the college to clarify information in the submission at the request of the reviewer.
- The Specialist Education Accreditation Committee's, Progress Monitoring Sub Committee, considers the monitoring submission and the commentaries on them.
- The Sub Committee reports to the Specialist Education Accreditation Committee on its findings in relation to each college. Any matters that may affect the accreditation status of a college are reported in full to the Committee for a decision.
- The Committee needs to decide if, on the information available, it is substantially satisfied that the program(s) and the provider continue to meet the accreditation standards. It takes account of both the submission overall and the provider's response to any conditions on accreditation.
- The Committee makes one of the following decisions:
 - 1 the submission indicates that the program and provider continue to meet (or substantially meet) the accreditation standards, or
 - 2 further information is necessary to make a decision, or
 - 3 the provider and program may be at risk of not satisfying the accreditation standards.
- After the Committee has made its decision, AMC staff send the AMC's findings and feedback on the monitoring submission to the provider including:
 - Whether standards are met, substantially met or not met
 - Conditions which are satisfied and do not need to be addressed again.
 - Any questions concerning the submission or supplementary information required
 - Any issues that the provider should address in the next report.
- If the Committee considers that the provider may be at risk of not satisfying the approved accreditation standards, then the issue is referred to the AMC Directors, as per the *AMC Unsatisfactory Progress Procedures*. Providers are also advised if any major changes require assessment via correspondence and/or site visit.

For bi-national colleges, the monitoring submission is also provided to the Medical Council of New Zealand to be considered by its Education Committee.

The *Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs by the Australian Medical Council 2023* are available on the AMC's website [here](#).

The *Procedures for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs by the Australian Medical Council 2024* are available on the AMC's website [here](#).

Guidance on how to provide the requested information

Section A: Reporting against the standards and accreditation conditions

The following should be addressed for each standard:

1. College activity towards satisfying AMC conditions or otherwise addressing the accreditation standards rated as 'substantially met' or 'not met'
2. Requests for additional information from the AMC response to the 2025 monitoring submission (if applicable)
3. Statistics and annual updates, if requested

Please append documents, such as policy or discussion papers as evidence of changes or plans described.

1. Addressing accreditation conditions

The [AMC Accreditation Report](#) on the College's programs includes a series of commendations, quality improvement recommendations, and conditions on the accreditation. The AMC sets conditions when a program and provider substantially meet the accreditation standards but do not fully meet the all the requirements. Conditions are intended to lead to the program meeting the standard in "a reasonable time"¹.

The AMC has included all conditions with dates up to and including 2026.

Please provide an update on conditions due by or before 2025.

The College **may choose** to provide an update on progress towards conditions due in 2026.

AMC staff can organise advice to a college on specific conditions, if necessary.

- Please explicitly address each of these conditions individually providing: a summary of the action(s) taken to address the condition, and details of the outcome(s) of that action. Where applicable, include a summary outlining the reasons for a particular course of action, along with any available evidence that the college considers demonstrates that the action(s) have or are likely to satisfy the accreditation standard.
- For colleges with multiple training programs, please indicate which training programs are covered by each college response. If policy and process varies from program to program, please explain significant variations. AMC conditions and recommendations that apply to multiple training programs should be addressed for each such program.
- If the College believes it will not be able to address 2025 (or earlier) conditions in the timeframe detailed in the accreditation report, please outline the reasons why and indicate when it is likely be addressed or what other arrangements are in place to meet the related standard/s that are currently 'substantially met'.

When assessing the education provider's response against a condition, the AMC reviewer will be looking for the following:

1. What work the education provider has undertaken in the monitoring period to address the condition.
2. Does the information provided satisfy the condition, or otherwise address the standard/s that are substantially met.
3. If the condition is not satisfied and the relevant standard/s have not otherwise been met, what else does the education provider need to do and/or provide in order to close the condition.

¹ Section 48 Health Practitioner Regulation National Law

2. Statistics and annual updates

Please provide annual data and/or an annual update under the relevant accreditation standard on:

Standard 1

- The number of appeals heard by the college and the outcome of those appeals, for each of the key assessments/progress decisions

Standard 5

- Each summative assessment activity (e.g. Part 1 and Part 2 exams) and the number and percentage of candidates sitting and passing each time they were held
- Combined summative assessment data showing the number and percentage of Indigenous trainees and Specialist International Medical Graduates sitting and passing each time they were held

Standard 6

- Evaluations undertaken, the main issues arising from trainee evaluations and supervisor evaluations and the college's response to them
- Evidence of actions stemming from MTS results
- Evidence of actions stemming from the Torohia, Aotearoa New Zealand's new medical training survey.

Standard 7

- The number of trainees entering each college training program, including basic and advanced training
- The number and gender of trainees undertaking each college training program
- The number of trainees exiting from each program (prior to attaining Fellowship)
- The number of trainees who completed training in each program (attained Fellowship)

Standard 9

- The numbers of applicants and outcomes for Specialist IMG assessment processes for the last 12 months, broken up according to the phases of the specialist international medical graduate assessment process.

The data should reflect both Australian and Aotearoa New Zealand activity for bi-national training programs.

Section B: Summary of significant developments

This section gives the AMC information on the continuing evolution of the College's programs and assists the AMC to determine if these programs are continuing to meet the approved accreditation standards.

Please provide a brief summary of significant developments completed or planned.

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program.

Guidance on format and submitting to the AMC

The AMC appreciates a focused approach to the information colleges provide in their monitoring submissions. As a guide, a report of no more than approximately of 30-50 pages overall is preferred. Lengthy reports on all the changes in the training programs are not required.

The monitoring submission is a standalone document with a separate, indexed folder of the appendices sent by email to the AMC. We ask that the submission is provided to the AMC using the template provided below. **Please do not submit a separately formatted document.**

Formatting guidelines

- Number appendices according to the relevant standard. For example: Appendix 1.1 and 1.2 are the first two appendices for Standard 1
- Provide an electronic link to the appendices if an appendix and the relevant page/s is referred to in the submission.
- Provide any spreadsheets as 'protected' Excel/Access sheets to improve readability.
- Please ensure that both the submission and the collated appendices are 'searchable' by use of the 'find' function

Please note the College must use the template provided by the AMC. Monitoring Submissions not submitted in the AMC template will not be accepted.

Trainee Committee submission

As part of its accreditation processes, the AMC invites trainees to provide feedback concerning the strengths, and areas for improvement in the processes and programs of accredited education providers, in the interests of quality improvement.

For a number of years, the AMC has invited the Trainee Committee of colleges undergoing an accreditation extension submission to provide its own submission addressing the accreditation standards. From 2025, the AMC has extended this process to invite Trainee Committees to provide comments annually, at the time of the College submitting its monitoring submission to the AMC.

The AMC will invite the College's Trainee Committee to coordinate a submission, addressing the accreditation standards. The College will be copied into all of our correspondence to the Trainee Committee regarding providing this feedback.

The AMC will consider the submission from the Trainee Committee alongside the College's monitoring submission. This process is strictly confidential, and submissions are kept internal to the AMC.

Trainee feedback is one source of information available to the AMC. The AMC would not change the accreditation status of a specialist medical program on the basis of a trainee committee submission alone. The AMC may notify the College if significant concerns or suggestions for improvements were raised in the trainee committee and seek the College's feedback before making any decisions that affect the College's accreditation.

Further Information

Please contact Simon Roche, Policy and Programs Officer, via email at specaccred@amc.org.au if you have any questions about the submission.

Monitoring Submission Template

College Details

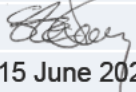
(Please correct or update these details if necessary)

<i>College name</i>	<i>The Royal Australasian College of Physicians</i>
<i>Address</i>	<i>145 Macquarie Street, Sydney, NSW 2000</i>

Accreditation History

<i>Date of last AMC accreditation decision</i>	<i>2024</i>
<i>Periodic submissions since last AMC assessment</i>	<i>Nil.</i>
<i>Next accreditation decision due</i>	<i>31 March 2029</i>

To be completed by the College

<i>Officer at College to contact concerning the submission</i>	<i>Libby Newton</i>
<i>Email</i>	<i>Libby.Newton@racp.edu.au</i>
<i>Phone number</i>	<i>+61 2 8076 6374</i>
<i>Submission verification</i> <i>The information presented to the AMC is complete and represents an accurate response to the relevant requirements, signed by the Chief Executive Officer/executive officer responsible for the program/s</i>	
<i>Verified by</i>	<i>Steffen Faurby, CEO</i>
<i>Signature</i>	
<i>Date</i>	<i>15 June 2026</i>

Summary of 2025 findings

Standard	2025 Findings	No. of Conditions remaining
Overall	Substantially Met	32
1. The context of education and training	Substantially Met	5
2. The outcomes of specialist training and education	Substantially Met	2
3. The specialist medical training and education framework	Substantially Met	5
4. Teaching and learning methods	Substantially Met	2
5. Assessment of learning	Substantially Met	6
6. Monitoring and evaluation	Substantially Met	3
7. Issues relating to trainees	Substantially Met	4
8. Implementing the training program – delivery of educational resources	Substantially Met	5
9. Assessment of specialist international medical graduates	Met	0

Section A – Reporting against the standards and accreditation conditions

Standard 1: The context of training and education

Areas covered by this standard: governance of the college; program management; reconsideration, review and appeals processes; educational expertise and exchange; educational resources; interaction with the health sector; continuous renewal.

1. Activity against conditions

Condition 1				Due Date: 2025
<i>Undertake the Education Governance Review and provide details regarding the outcomes and next steps, detailing:</i> <i>i. the scope of the consultation process.</i> <i>ii. changes and impact on educational governance, with details on enabling all relevant groups to contribute to decision making.</i> <i>iii. changes and impact on corporate governance, with details on the priority given to education relative to other activities</i> <i>iv. impacts to the sequencing of activities of the Curriculum Renewal (Standard 1.1 and 1.2)</i>				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			(i), (ii), (iii), (iv)	
2025 AMC commentary				
i. The scope of the extensive consultation process has been clearly described in the submission, with details given of the multi-faceted nature. It has clearly been both broad and deep, although the overall numbers of individual College members who have contributed is relatively small considering the very large membership. It appears that the consultation process has been essentially completed, although discussions with the three Faculties are ongoing about how they will be represented in the new committee structure. ii. The planned changes to educational governance are clearly described in the submission, and it appears that all relevant groups will be able to contribute to decision-making. The trainee's submission does not make specific reference to these governance changes, but as they have been involved in the Educational Governance Review (EGR) it is assumed that they have no concerns about what is proposed. The College is asked to provide evidence of this to close this part of the condition. iii. It is stated that changes to corporate governance are relatively minor, although there will be some changes to operational procedures and delegations which will start to be implemented in Stage 2 (second half of 2025). Consultation on corporate governance changes took place in May and June of this year.				

iv. Based on additional information provided by the College on 15 December 2025, the College clarified there has been no direct impact of the Education Governance Review on the Curriculum Renewal and related activities or the planned sequencing of activities. The completion of stage 1 of the Education Governance review, transitioning Overseas Training Physicians, CPD and Divisional Assessment functions (a total of 16 College bodies) to the new structure has been completed. Stage 2 involves Training Program Management, Curriculum and Faculty Assessment functions of education governance and transition of relevant training program committees/subcommittees will continue till end of 2025. The College Education Committee has been expanded to include nominees of the Aboriginal and Torres Strait Islander Health Committee and Māori Health Committee, as well as representatives from all three Faculties. Stage 3 focusing on Accreditation functions is due for implementation in early 2026. The AMC would welcome an update from the College in 2026 and welcome discussion on the progress of the EGR and its implementation.
2026 College response
i) Consultation status As previously reported, the Education Governance Review (EGR) was informed by a structured and multi-stream consultation program undertaken between late 2023 and 2024. Engagement included College committees, training committees, faculty leaders, trainees, Fellows, and Indigenous health governance groups, using written submissions, surveys, targeted briefings, and deliberative forums. Although response numbers were low relative to overall college membership, responses were from representative bodies, who relayed the voices of a larger constituency. Consultation on the overall model and its implementation approach is now complete. We consider that this component of the condition is Satisfied. ii) Educational governance arrangements and trainee input The revised education governance framework consolidates decision-making while maintaining defined input pathways for training programs, faculties, trainees and specialist communities. Trainees were directly represented throughout the EGR process, including through formal submissions and participation in consultation forums and working groups. No objections to the proposed educational governance arrangements were raised by trainee bodies during consultation or implementation planning, and subsequent engagement has focused on operational transition matters rather than governance structures. We consider that this component of the condition is Satisfied. iii) Corporate governance changes Changes to corporate governance arising from the EGR are limited and primarily relate to updated delegations and operational procedures needed to support the revised education governance model. These changes are being introduced progressively and, as advised in the last submission, do not alter the College's overarching corporate governance framework. All training program management committees have had their operational procedures and delegations documents finalised and are now in effect, with updates to these made as needed over time. We consider that this component of the condition is Satisfied. iv) Implementation progress and sequencing Following clarification provided in December 2025, implementation has continued as planned without impact on Curriculum Renewal or its sequencing. • Stage 1 has been completed, transferring Overseas Trained Physicians, CPD and Divisional Assessment functions (16 bodies) into the new structure. • Stage 2 has been completed, covering Training Program Management, Curriculum and Faculty Assessment functions, with transition of program-level

committees continuing through 2025. During this stage, the College Education Committee has been expanded to include nominees of the Aboriginal and Torres Strait Islander Health Committee, the Māori Health Committee, and representatives from all three Faculties.

- **Stage 3** focused on accreditation function and is planned for implementation in early 2026, wrapping up at the end of June 2026.

An evaluation approach has been developed for all three stages of implementation, and the project team will complete associated activities in partnership with operational staff. The purpose of the evaluation is to assess the impact of the newly implemented education governance structure on the RACP's ability to effectively support its strategic priorities in medical education, professional standards, and member engagement. A baseline survey has been provided to Stage 2 standing committees prior to closure of that stage. Other methods will include focus groups and interviews analysis of committee documents, meeting attendance and decision-making metrics. An interim evaluation review will be conducted six months post-implementation and a comprehensive evaluation review will be conducted 12 months post implementation, with annual review cycles thereafter.

The College welcomes the opportunity to update the AMC further during 2026 and to discuss implementation progress as Stage 3 is completed. **We consider that this component of the condition is Progressing.**

Condition 2				Due Date: 2026*
<i>To achieve Indigenous Strategic goals within the College, in genuine partnership with Indigenous peoples, develop and implement:</i> i. <i>a governance and resourcing plan for this work to be undertaken in a culturally safe manner, eliminate the cultural loading of Indigenous staff and empower Indigenous leadership (Standard 1.1 and 1.2). – due 2025* - Satisfied</i> ii. <i>a well-resourced plan to embed cultural safety training or CPD activities for all College committees, fellows, educational leaders and supervisors and assessors, trainees, specialist international medical graduates and College staff. The aim is to build institutional knowledge across the College of Indigenising and decolonising practices and self-reflection (Standard 1.7, 3.2, 5.2, 8.1 and 9.1). – due 2026*</i>				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
				(i)
2025 commentary				
ii. Work on an Operational Leadership Model for Indigenous Affairs has been undertaken during the first half of 2025, and the submission gives details of the goals and expected outcomes for this work, and this appears to have been done in partnership with Indigenous leaders. The final organisational chart of the structure of the Operational Leadership Model for Indigenous Affairs (Figure 2.2 in the submission) shows two direct reporting lines to the CEO for the Tumuaki/Head of Māori and Equity, and for the Head of Indigenous Affairs (both 1 FTE and under recruitment) and six new positions, two of which are to be confirmed in next year's budget. The				

completion of this work appears to satisfy this condition, but ongoing reporting of the successful implementation of this should be requested to ensure that it meets the goals of eliminating cultural loading and empowering Indigenous staff.

Part ii is to be reported in the next submission.

2026 College response

Colleges may choose to provide an update on progress towards conditions due in 2026

Condition 3				Due Date: 2026
<i>Develop and implement mechanisms to embed consumer and community engagement and leadership in governance and decision-making, and in the co-design of education and training programs (Standard 1.1 and 1.6.1)</i>				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
2025 AMC commentary				
<i>No response required in 2025</i>				
2026 College response				
<i>Colleges may choose to provide an update on progress towards conditions due in 2026</i>				

Condition 4				Due Date: 2026* Implement due in 2025
<i>Develop and implement processes and metrics to improve and monitor reported delays: - due 2025*</i>				

i. <i>in responses to Member enquiries about specialist medical training with evidence of sustained ability to address concerns in a timely manner. (Standard 1.2.1, 1.5 and 7.3) - due 2026*</i> ii. <i>to the successful certification of completion of specialist medical training (Standard 1.2.1, 3.2 and 3.4) – due 2026*</i>				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			X	
2025 AMC commentary				
Several initiatives are described in the submission which should enable better monitoring of delays, as well as improving of some processes. These include simplifying, standardisation, and better resourcing of the management of training enquiries by the Member Support Centre, improving processes and structures for making expedient training decisions via the Education Governance Review, and the implementation of two new technology initiatives (the Training Management Platform and Project TRELLIS, a whole of College service and technology transformation program). These last two initiatives will not be fully implemented until 2026. Some data are given on the large number of queries received by the MSC, as well as the number and delays in handling of complaints. Again, this aspect of College’s responsiveness to its members concerns will require ongoing monitoring and reporting. Further updates are requested from the College in the 2026 submission.				
2026 College response				
i) Member enquiries about specialist medical training The College has continued to strengthen its approach to managing and monitoring member enquiries about specialist medical training through a combination of structural, resourcing and reporting initiatives. An operations-focused administration team has been established within Training Services to centralise the processing of key training requirements, including trainee registrations, Advanced Training Research Projects (ATRP) and Supervisor’s Reports. This has increased overall capacity and enabled program teams to focus more consistently on responding to member enquiries in a timely manner. The Member Support Centre (MSC) has been further resourced and upskilled to resolve Tier 1² training enquiries at first point of contact, including extensions to training requirements and enquiries relating to PREP and new curricula. This has reduced escalation volumes and improved response times for higher-complexity matters managed by Training Services. Oversight of enquiry handling has been strengthened through the establishment of an Advanced Training Senior Executive Officer (SEO) Subject Matter Expert (SME) Lead role with responsibility for member engagement and reporting. This role provides active monitoring of enquiry volumes, response patterns and compliance with College service standards, supported by improved source system logging and coordinated reporting between Training Services and the MSC. Early outcomes include				

² An interaction that can be answered by the Contact Centre, Regions or other front-line team using existing or easily created documentation about College activities, processes and online systems.

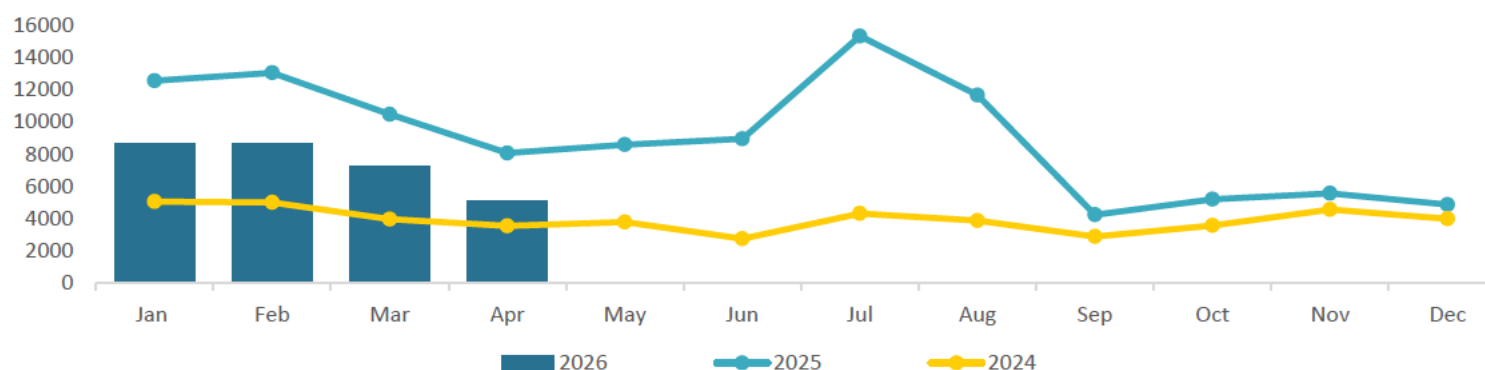
improved coordination of member communications, proactive management of enquiry spikes following major announcements, and more consistent responses during disruption events such as natural disasters.

A review of the Advanced Training Leadership Group has resulted in the formation of SEO SME Leads to support improved high-level oversight of operational priorities – each SME Lead has a defined portfolio. The SEO SME Lead for the Member Engagement and Reporting remit has been established to monitor enquiry handling and source system logging of Advanced Training enquiries to ensure compliance with College standards. This is newly implemented and has seen short term positive outcomes including the following:

1. Strategic relationship with the MSC Team to provide training for enquiries, leading to the resolution of enquiries at first point of contact for ATRP enquiries, requirement extensions and Tier 1 member enquiries. Access and training for source trackers to the MSC team to provide up to date information regarding the submission of ATRPs.
2. Oversight and updates to both the AT and MSC teams regarding communications to members (these often generate a large volume of enquiries) and for any incidents including natural disasters and emergencies that require immediate communication and support to members.
3. Increased oversight of actions which generate increases in enquiries, and collaboration to ensure said enquiries receive prompt and consistent responses from both AT and MSC teams. Additional assessment is currently underway to further understand high-enquiry points and what actions can be taken to address these enquiries at the source (e.g. improvements to public information and member messaging).
4. Agreements and guidelines for further training are in progress.

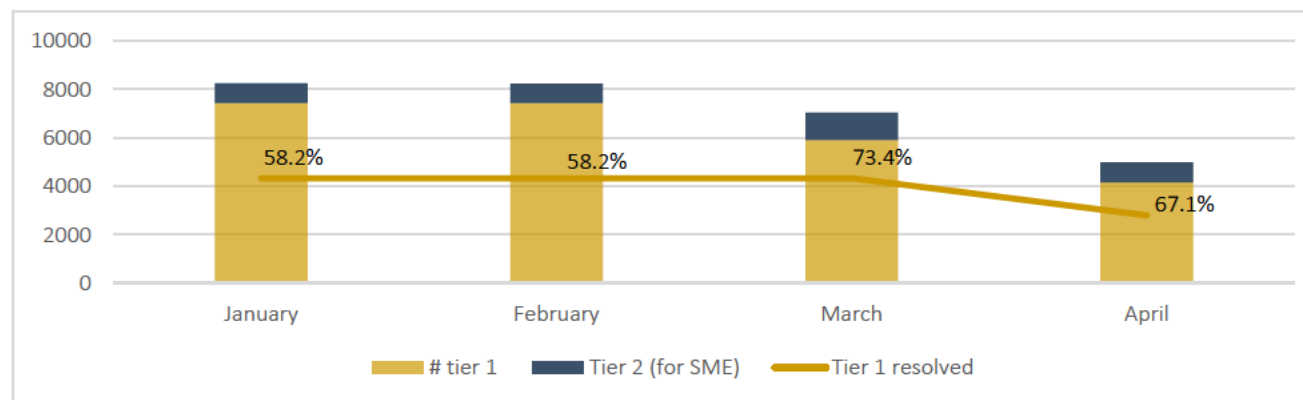
Monthly Senior Leadership Team (SLT) enquiry reports continue to provide routine visibility of enquiry volumes, themes and performance trends across the MSC. Inbound enquiries in 2026 thus far are significantly lower than they were for 2025, as shown in Figure 1.1 below. As at April 2026, the top enquiry area for 2026 continues to be regarding User IDs and multi-factor authentication, followed by training registration and CPD topics (noting the February registration deadline and March CPD reporting deadline would have impacted this).

Figure 1.1 Enquiry volumes over time



As shown in Figure 1.2 below, we are improving in our ability to resolve Tier 1 enquiries at the point of first contact.

Figure 1.2 Enquiry types, volumes and first contact resolution rates in 2026



We continue our longer-term investment in improved digital foundations for member support. More information on progress with the Training Management Platform (TMP) is provided in Condition 14. An update on our project TRELIS is provided in Section B.

ii) Certification of completion of specialist medical training

Improvements to enquiry management and operational oversight also support more timely progression of trainees toward certification of specialist medical training and Fellowship. Centralisation of administrative processing and clearer roles between the MSC and Training Services have reduced delays caused by incomplete documentation and inconsistent hand-offs.

In parallel, the Education Governance Review has streamlined decision-making pathways for training-related determinations, reducing escalation layers for certification-related issues. Longer-term improvements to certification timeliness are expected as the TMP and Project TRELIS are progressively implemented through 2026, providing improved workflow visibility, tracking and reporting across training progression milestones. These initiatives are not yet fully deployed but are integral to the College's broader strategy for sustained monitoring and reduction of delays. Refer to Section B for an update on TRELIS.

The College recognises the need for continued reporting to demonstrate sustained improvement and will continue to monitor enquiry handling and certification processes, supported by routine data reporting and governance oversight, in future submissions. We have the strategies in place, with evidence of early success, to address this condition. **We recommend this Condition is assessed as Progressing.**

Condition 5				Due Date: 2027
<i>Develop and implement a systematic collaboration and consultation program with jurisdictions and health services in Australia and Aotearoa New Zealand. Consideration must be given to the impact of program development on workforce and improving physician recruitment and retention in regional, rural, and remote settings (Standard 1.6.1, 1.6.3, 7.1 and 8.2)</i>				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
2025 AMC commentary				
<i>No response required in 2025</i>				

2. Requests for additional information

Requests for additional information from the AMC response to the 2025 monitoring submission	
Request	College Comment
The College is asked to provide further information on how governance and financial stability are being assured, and any implications for the delivery of education and training.	As the AMC is aware, on 18 May 2026 the Australian Charities and Not-for-profits Commission (ACNC) advised the RACP of immediate governance actions affecting Board composition. Dr Sharmila Chandran has been suspended as a Responsible Person, Director, and President-elect until 20 September 2026. The ACNC has also appointed Adjunct Professor Susan Pascoe AM as an Acting Responsible Person and Independent Interim Board Chair and President to support the College in addressing identified governance concerns. In late May, the ACNC also appointed Elizabeth Jameson AM, as an additional director in place of Dr Sharmila Chandran during her period of suspension. Following the AGM held on 29 May, the successful candidates from the 2026 College elections assumed office in accordance with the Constitution and election process. At the time of writing, 9 June 2026, the directors recognised by the ACNC are:



**Adjunct Professor
Susan Pascoe AM**
Interim President &
Independent Chair of
the Board



Dr Julian Kelly
President-Elect



**Dr Nicholas
Buckmaster**
Member Director



Dr Nixon Chan
Trainee Director



**Associate Professor
Janak de Zoysa**
Member Director



Elizabeth Jameson AM
Independent Director



**Adjunct Associate
Professor Anthony
Sasse**
Member Director



**Professor Tissa
Wijeratne**
Member Director

The Board has committed to working constructively with the ACNC to meet its obligations under the Governance Standards and to strengthen governance arrangements. Notwithstanding these developments, the College remains focused on maintaining continuity of its core functions, including training, assessment, accreditation, education, advocacy and member services, while responding to ongoing regulatory matters. SafeWork NSW notices remain in effect and the ACNC investigation is ongoing.

In parallel with responding to immediate regulatory actions, the College is considering a structured approach to governance stabilisation and longer-term reform, recognising the systemic nature of the issues identified. We are in the early stages of developing plans to establish an independent Constitutional and Governance Review and Reform Working Group, with the intent for this to be chaired by an external governance expert. While plans are yet to be fully developed and endorsed, the concept is that the Working Group's remit would be to review constitutional settings, governance culture, role clarity, accountability frameworks, behavioural expectations and conflict management processes, as well as consider how governance arrangements can better support cultural safety, equity and Indigenous governance commitments. Through broad consultation with

	members and stakeholders, the Working Group would develop evidence-based recommendations to support both immediate stabilisation and longer-term reform. The Working Group would draw on a breadth of skills and perspectives across the College, including representation from the Māori Health Committee, the Aboriginal and Torres Strait Islander Health Committee, and the broader membership, to support transparency, credibility and meaningful engagement. This independent, transparent approach is intended to support restoration of confidence and provide a constructive pathway forward. The RACP will continue to keep the AMC informed of further governance developments, including seeking AMC input where appropriate. At this stage, the Board matters have not had any notable impact on the delivery of training and education. Our core education governance structures continue to function without any effects from the Board changes. Member sentiment and engagement is affected, however, by the Board matters, and we are actively monitoring the risk this has on delivery of training and education. In terms of assurance of financial stability, the College's financial statements for the year ended 31 December 2025 have been independently audited, with the auditors issuing an unqualified opinion confirming that the accounts present a true and fair view in accordance with applicable accounting standards and legislative requirements. The Board continues to maintain appropriate oversight of financial performance, liquidity, and risk, including compliance with all borrowing arrangements. The College remains financially stable and committed to the prudent stewardship of members' funds in support of its strategic priorities. At 31 December 2025, the RACP's financial position, as detailed in our 2025 Annual Report, demonstrates that the College remains financially robust. The College's core operations continue to generate a surplus, which, combined with accumulated surpluses from prior years, has been strategically reinvested in major initiatives to deliver curriculum renewal and strengthen information technology and the Training Management Platform. The level of investment in these strategic initiatives has exceeded the surplus generated from core operations, resulting in a deficit for the General Fund. This position, where core operations remain surplus generating but are offset by planned strategic investment, is expected to continue for at least the next two years. The College has minimal long-term liabilities and holds sufficient funds to cover more than six months of operating costs. This strong financial position enables it to withstand the impact of unforeseen events that could materially increase expenditure or reduce revenue. Financial governance continues to operate through the College's established governance and oversight arrangements. The Finance and Risk Management Committee continues to perform its usual remit, including oversight of financial performance, risk management, investment management, and compliance with approved financial policies and delegations. The approved Delegations Schedule remains in place and continues to guide decision-making and financial approvals across the College. This ensures that appropriate controls and accountabilities continue to operate during the current period of Board transition. The appointment of Nick Buckmaster as Honorary Treasurer also provides continuity of financial oversight while broader governance matters are being progressed. Taken together, these arrangements provide assurance that the College's finances continue to be responsibly managed, monitored, and governed, and that there are no current implications for the delivery of education and training.
--	--

The College is asked to report on the measures being implemented to address delays in communication of RRA decisions, monitoring outcomes and the expected role of new membership services in improving responsiveness.	We have implemented a range of measures to address delays in communicating Reconsideration, Review and Appeal (RRA) decisions, alongside strengthening monitoring and system oversight. Improvements to RRA documentation packs have been introduced to support clearer, more efficient decision-making, and new reporting categories are now in place to provide greater visibility of emerging issues. Timeliness is being actively monitored, with current data showing that 66% of reconsideration decisions and 43% of review outcomes were delivered within policy timeframes. Delays have largely been associated with committee scheduling requirements and the provision of additional documentation by applicants. Further system-level changes are expected to improve responsiveness. Governance reforms under the Education Governance Review, including the establishment of the Training Management Program Committee and Accreditation Committee in early 2026, are anticipated to streamline decision-making processes and reduce delays in trainee and accreditation-related reviews. In parallel, enhanced monitoring approaches - such as dedicated tracking tools for RRA outcomes and timeframes - support more consistent oversight. Collectively, these measures, alongside the evolving role of Membership Services in coordinating and supporting communication processes, are expected to contribute to more timely and responsive delivery of RRA outcomes in 2026. The College will report on the impact of these measures in its next report.
---	---

3. Statistics and annual updates

Please provide data in the tables below showing:

- the number of reconsiderations, reviews, and appeals that were heard in **2025**, the subject of the reconsideration, review or appeal (e.g. selection, assessment, training time, specialist international medical graduate assessment) and the outcome (number upheld, number dismissed).
- the outcomes of its processes for evaluating the reconsideration, reviews and appeals to identify system issues.

Please do not alter the text in the table.

Requests for Reconsideration in 2025 (per program)			
Subject of Reconsideration	Number of reconsiderations	Outcome	
		Upheld	Varied
Accreditation and training programs			
Approval/certification of training	40	21	19
Assessment - Research Project	2	0	2
Assessment - other	2	1	1
Post Fellowship Specialty Recognition	1	1	0
Recognition of Prior Learning	12	10	2

Site accreditation	2	2	0
Training Support Pathway referral	2	2	0
Total accreditation and training decisions	61	37	24
Overseas Training Physician (OTP)			
Comparability decision	30	25	5
Requirements for supervised practice	9	2	7
Unsatisfactory performance under supervised practice	4	3	1
Total OTP decisions (interim assessments)	43	30	13
Total decisions	104	67	37

Requests for Review in 2025 (per program)			
Subject of Review	Number of reviews	Outcome	
		Upheld	Varied
Accreditation and training programs			
Approval of/progression through training	7	6	1
Assessment – other	2	1	1
Post Fellowship Specialty Recognition	1	1	0
Recognition of Prior Learning	4	4	0
Site Accreditation	2	1	1
Total accreditation and training decisions	16	13	3
Overseas Training Physician (OTP)			
Comparability decision	9	2	7
Unsatisfactory performance under supervised practice	1	0	1
Total OTP decisions (interim assessments)	10	2	8
Total decisions	26	15	11

Requests for Appeal in 2025 (per program)			
Subject of Appeal	Number of appeals	Outcome	
		Upheld	Varied
Accreditation and training programs			
Approval of/progression through training	1	0	1
Total accreditation and training decisions	1	0	1
Total decisions	1	0	1

Evaluation of RRA requests and outcomes

There was a substantial reduction in reconsideration activity from 2024 to 2025, with total reconsiderations falling from 139 in 2024 to fewer than half that number in 2025. This decline was most evident in Advanced Training approval and certification decisions, which remain the largest source of reconsiderations but reduced markedly year-on-year (e.g. AU AT approval/certification decreasing from 77 cases in 2024 to 34 in 2025). Despite this reduction, the distribution of RRA activity remained consistent, with Advanced Training decisions continuing to account for the highest volume of requests, likely reflecting the large volume of decisions made in this area. The increase in decision activity due to increased OTP applications is the most likely source of increased volumes of OTP related reconsideration requests.

In contrast, review volumes remained relatively stable between the two years (20 in 2024 compared to 26 in 2025), and appeal volumes remained very low across both years.

There are also notable differences in outcomes. In 2024, the majority of reconsideration decisions were affirmed (87 affirmed vs 52 varied). In 2025, almost half of reconsideration decisions resulting in a varied outcome, often following submission of additional information. Consistent with 2024 (where 70% of reviews upheld original decisions), review outcomes in 2025 continued to predominantly affirm the original decision (around 90%), indicating stability in decision-making at this stage. We feel these trends are positive signals of maturing towards more robust, consistent standards-based yet human-centred decision making.

Standard 1 Appendices

Nil.

Standard 2: The outcomes of specialist training and education

Areas covered by this standard: educational purpose of the educational provider; and, program and graduate outcomes

1. Activity against conditions

The numbering of conditions matches that used in the AMC Accreditation Report.

Please address each of these conditions individually.

Condition 6				Due Date: 2026
<i>Implement appropriate steps, in partnership with Indigenous representatives, to consult with Indigenous stakeholders, internal and external, to ensure relevant program and graduate outcomes align with the implementation of the Indigenous Object and related initiatives (2.1, 2.2 and 2.3)</i>				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
2025 AMC commentary				
<i>No response required in 2025</i>				
2026 College response				
<i>Colleges may choose to provide an update on progress towards conditions due in 2026</i>				

Condition 7				Due Date: 2026
<i>In relation to developing the Cultural Safety domain and professional standard, explicitly define program and graduate outcomes within Basic and Advanced Training programs to demonstrate increasing competence. (2.2 and 2.3)</i>				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied

2025 AMC commentary				
<i>No response required in 2025</i>				
2026 College response				
<i>Colleges may choose to provide an update on progress towards conditions due in 2026</i>				

2. Statistics and annual updates

Nil.

Standard 2 Appendices

Nil.

Standard 3: The specialist medical training and education framework

Areas covered by this standard: curriculum framework; curriculum content; continuum of training, education and practice; and curriculum structure

1. Activity against conditions

The numbering of conditions matches that used in the AMC Accreditation Report.

Please address each of these conditions individually.

Condition 8	Due Date: 2026*
<i>In relation to the curriculum renewal:</i>	

i. <i>provide detailed report on the full implementation of the two basic training curricula and the six Wave 1 advanced training program curricula. – due 2025* - Satisfied</i> ii. <i>provide implementation plans and curriculum documents for Waves 2 and 3 curricula. – due 2026*</i> iii. <i>provide monitoring and evaluation plans for Wave 1, 2 and 3, including monitoring related to areas where new fellows feel least prepared for professional practice (including health policy, systems and advocacy; cultural safety and equity; and research (3.2) – due 2026*</i>				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
				(i)
2025 commentary				
i. A detailed overview and implementation timeline of the Curricula Renewal Program has been given, as well as specific information on the rollout of the two Basic Training (BT) and six Wave 1 Advanced Training (AT) curricula, which commenced in 2025. Approximately 1900 trainees are now enrolled in the new curricula, over half of whom are in Basic Physicians Training (Adult). Detailed statistics are given on the breakdown of trainees in other programs, and a comprehensive time lien is given for the rollout of Wave 1. Work is continuing towards the implementation of Waves 2 & 3, and it is stated that “we continue our work towards development and implementation of the remainder of our curricula within Waves 2 and 3. As depicted in Figure 8.3, 18 curricula are confirmed as awaiting implementation in 2026, and subject to further discussions, the remaining 15 are to be scheduled for implementation in either 2026 or circa 2027” Based on this information it appears that the CRP is on track to meet the modified targets stated during last years’ accreditation visit. Parts (ii) and (iii) are due in 2026 and should be reported in the next submission.				
2026 College response				
<i>Colleges may choose to provide an update on progress towards conditions due in 2026</i>				

Condition 9	Due Date: 2026
<i>Critically review mechanisms, not restricted to the Advanced Training Research Project (ATRP), for trainees to develop and evidence the research competencies as specified in the curricula. If the ATRP is retained as one of these mechanisms, appropriately revise the requirement to improve constructive alignment, improve flexibility and trainee experience and ensure the operationalisation does not unduly impede completion of training (Standards 3.2.8 and 5.2)</i>	

Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
2025 AMC commentary				
<i>No response required in 2025</i>				
2026 College response				
<i>Colleges may choose to provide an update on progress towards conditions due in 2026</i>				

Condition 10				Due Date: 2026
Aligned with the Cultural Safety domain of the Professional Practice Framework, develop, update or curate robust curriculum content with relevant competencies on:				
i. culturally safe practice				
ii. health and wellbeing of Aboriginal and/or Torres Strait Islander peoples and Māori (Standards 3.2.9 and 3.2.10)				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
2025 AMC commentary				
<i>No response required in 2025</i>				
2026 College response				
<i>Colleges may choose to provide an update on progress towards conditions due in 2026</i>				

Condition 12				Due Date: 2026
Critically review and improve processes to approve/amend proposed periods of training for trainees to: i. Ensure incumbent trainees are not unduly affected by changes to accredited training positions ii. Ensure trainees have sufficient access to information, such as timely training approval/progression decisions and clarity on outstanding training requirements, to inform necessary adjustments to training plans and avoid inadvertently prolonging training [Standard 3.4 and 8.2]				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
2025 AMC commentary				
<i>No response required in 2025</i>				
2026 College response				
<i>Colleges may choose to provide an update on progress towards conditions due in 2026</i>				

2. Statistics and annual updates

Nil.

Standard 3 Appendices

Nil.

Standard 4: Teaching and learning methods

Areas covered by this standard: teaching and learning approach and methods

1. Activity against conditions

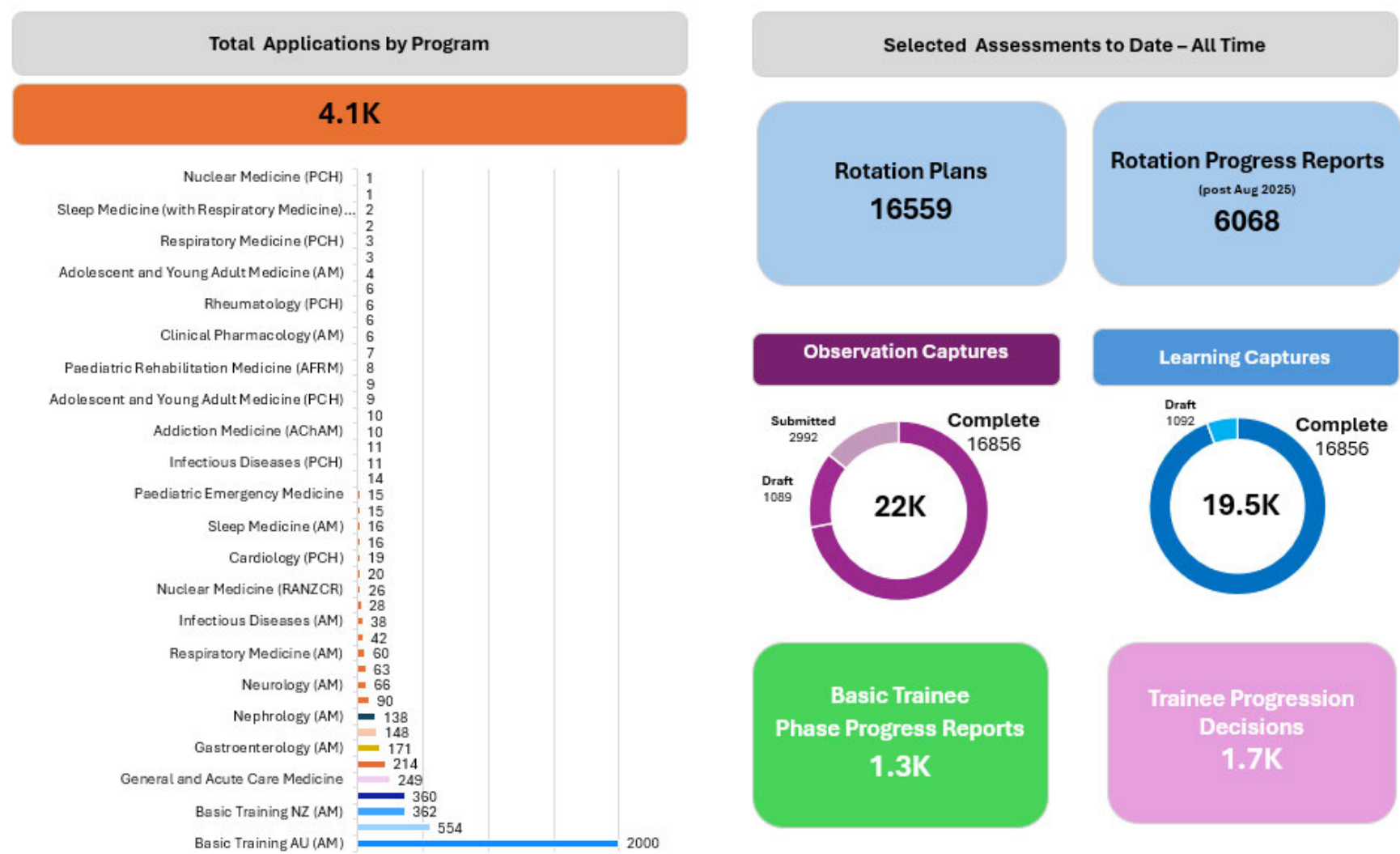
The numbering of conditions matches that used in the AMC Accreditation Report.

Please address each of these conditions individually.

Condition 13				Due Date: 2026
Address variability in basic and advanced training program learning experiences across training sites and networks by developing or curating centralised teaching and learning resources:				
i. Learning resources should be constructively aligned to key curricula content.				
ii. Equity of access should be promoted for resources relevant to examination preparation.				
iii. The impact of learning resources should be monitored to ensure a balance of teaching and learning modes. (Standards 4.1 and 4.2.2)				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
2025 AMC commentary				
<i>No response required in 2025</i>				
2026 College response				
<i>Colleges may choose to provide an update on progress towards conditions due in 2026</i>				

Condition 14				Due Date: 2025
Implement the Training Management Platform with appropriate monitoring and evaluation processes to demonstrate effectiveness of supporting curriculum renewal and assessment (Standard 4.2 and 5.1)				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			X	
2025 AMC commentary				
The Training Management Platform (TMP) went live on 4 November 2024, but various components of it are staged, with the most recent (Horizon 3) intended to come online in August 2025. Although this is delayed by 3 months from the original project plan, it is stated that the completion of the rollout is still on-track and under budget. Details are given of the number of staff and trainees engaged with the TMP and how these numbers will increase next year, as well as the fact that feedback has been sought, received and collated from users to use for quality improvement. Clearly, the implementation of the TMP is still a work in progress, and it is too early to comment on whether it has been successfully implemented. The view of the Trainees is expressed in their submission that the College should be commended on <i>“Investment in and commitment to digital education solutions (e.g. TMP), and ongoing investment in systems which support the customer service functions of the College (e.g. Project TRELLiS, enabling infrastructure for the Member Support Centre)”</i> but there is no specific comment about the performance of the TMP since it went live at the end of 2024. An update from both the College and the Trainees is requested for 2026, as evidence of evaluation (of effectiveness) is required to close the condition.				
2026 College response				
Since going live in November 2024, the Training Management Platform has supported core training functions, with subsequent releases progressively extending capability across curricula, assessment and progression workflows. Two major enhancement releases were delivered in December 2025 and February 2026. These releases responded directly to member and staff feedback, delivering improvements such as simpler assessment tools, streamlined workflows and automations, and expanded supervisor editing permissions. With the successful February release now complete, TMP has formally transitioned into a business-as-usual continuous improvement model led by the Education Learning and Assessment Education Development & Improvement and Technology teams. Use of TMP to support curriculum renewal and assessment There are approximately 2260 new curricula trainees in 2026. TMP is now the primary platform supporting delivery of the renewed curricula for programs that have transitioned. It is being used to manage core training activities, including assessment submission, progression reviews and curriculum-aligned requirements, and is embedded in routine workflows for trainees, supervisors and College staff, as shown by figures provided in Figure 4.1. As additional programs are onboarded, the number of active users continues to increase, with implementation supported by targeted communications, training materials and helpdesk arrangements.				

Figure 4.1 TMP usage statistics, as at May 2026



Later stages of implementation are focused on enhancing assessment functionality, reporting capability and integration with related College systems. These elements are critical to supporting end-to-end training pathways and are being delivered incrementally to allow monitoring of performance and user experience as functionality expands.

Continuous Improvement: Team, Governance and Priorities

New capability has been established across ELA and Technology teams to support ongoing enhancements and user adoption. A TMP BAU Governance Group oversees ongoing delivery, which are jointly informed by operational, educational, member engagement and technical stakeholders to ensure TMP enhancements remain aligned with curriculum, assessment and member experience requirements.

Key focus areas include:

- product strategy and vision
- development and release delivery
- technical support and issue resolution
- user enablement and adoption.

Feedback from members and staff since go-live continues to inform improvement planning and prioritisation. User feedback, operational support trends and evaluation findings are regularly reviewed to identify enhancement opportunities, with current priorities focused on improving usability, navigation and streamlining key workflows to deliver the greatest benefit to members and staff.

This work is actively monitored through established governance and continuous improvement arrangements. Supporting this, a TMP subject matter expert (SME) Group has been established to provide ongoing input into: enhancement prioritisation, sharing feedback, identifying improvement opportunities and validating user needs.

Future Delivery Model

We are adopting an iterative development cycle with quarterly releases, enabling:

- incremental delivery of value
- regular feedback loops
- responsive updates as needs evolve.

The initial delivery cycle ([Cycle 1](#)) ran from March to May 2026, with three further cycles planned through late 2026 and early 2027. Cycle 1's improvements are shown in Figure 4.2 below. Figure 4.3 illustrates the continuous improvement process and priorities for the TMP.

Figure 4.2 Cycle 1 of TMP improvements

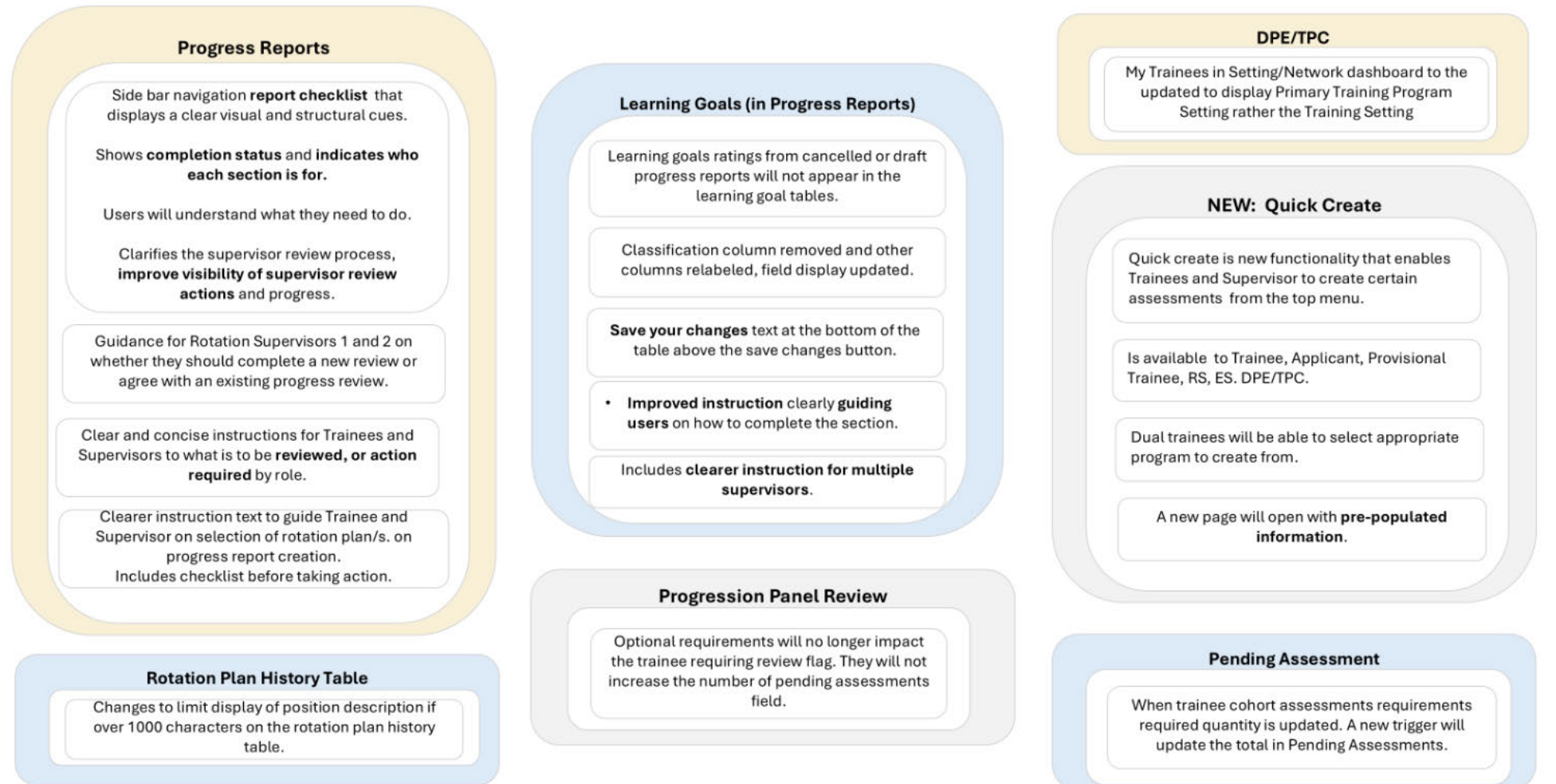


Figure 4.3 TMP continuous improvement priorities



While there is still important work underway to further improve the user experience, TMP has a clear prioritisation approach and strong foundation as we enter this next phase.

Monitoring and evaluation arrangements

We have established a clear process for staff to submit feedback about TMP and any supporting resources, including suggestions for improvement. This can include feedback that members share directly with staff. We track all TMP and new curricula feedback received via our contact logs and use these as additional sources for informing monitoring and evaluation activities.

The broader curriculum renewal evaluation framework, whilst not directly focussed on evaluating the TMP, is looking at program participant experiences, including interaction with enabling technology. The 2025 curriculum renewal evaluation (further discussed in Standard 6 and provided in Appendix 4.1) explicitly identified TMP as a key enabler of curriculum delivery and assessment and assessed early performance, user experience and alignment with intended educational outcomes. Findings confirmed that TMP is supporting implementation of renewed curricula while also identifying areas for improvement, particularly in usability, reporting and system integration.

These findings have been translated into a defined set of recommendations and actions, which are being actively tracked through implementation governance arrangements. Actions include targeted system enhancements, refinements to user guidance and prioritisation of functionality needed to support assessment and progression decisions.

Routine monitoring now includes:

- analysis of system usage and adoption across programs and user groups, via our curricula renewal program evaluation
- review of service and support issues raised through formal channels
- structured collection and review of user feedback to inform iterative improvement.

Oversight is provided through regular reporting to College education committees and executive governance forums, ensuring that TMP performance and risks are monitored as part of core education governance.

Next steps and evidence of effectiveness

As curriculum rollout progresses toward completion, evaluation will increasingly focus on outcome measures, including support for timely assessment, consistency of progression decisions and alignment between curriculum intent and operational practice. These outcomes will provide the evidence base required to demonstrate TMP's effectiveness in supporting curriculum renewal and assessment.

We recommend this condition is assessed as Satisfied as the TMP is now supporting all core program functions and has transitioned to a BAU enhancements model. Further monitoring and evaluation to appraise effectiveness in supporting the new programs will be captured via curricula renewal program evaluation plans and reported on in future years under Condition 8.

2. Requests for additional information

Requests for additional information from the AMC response to the 2025 monitoring submission	
Request	College Comment
The College is asked to provide an update on the implementation of the TMP.	Please see the update provided above in response to Condition 14

3. Statistics and annual updates

Nil.

Standard 4 Appendices

Appendix 4.1 [New Curricula Program Evaluation 2025](#)

Standard 5: Assessment of learning

Areas covered by this standard: assessment approach; assessment methods; performance feedback; assessment quality

1. Activity against conditions

The numbering of conditions matches that used in the AMC Accreditation Report.

Please address each of these conditions individually.

Condition 15				Due Date: 2025
Provide detailed transition plans for the assessment programs of the new curricula. The plans should describe:				
i. Contingency plans in the event of disruption or delay.				
ii. A program of training and resources for supervisors delivering workplace-based assessment				
iii. Integration of all forms of assessment into a programmatic assessment approach and how progression decisions are made.				
iv. Consideration for streamlining efficiencies for trainees in joint training in appropriate disciplines (Standard 5.1, 5.2, 7.4 and 8.1)				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			(i) (ii) (iii) (iv)	
2025	AMC commentary			
i. An example is given of how contingency planning processes were used recently due to the delay in the release of H3 of the Training Management Platform (TMP), at a time when trainee reports need to be uploaded into the system. Essentially there was a rapid pivot to a manual system (slightly different for advanced trainees who used email), and this appears to have been successful. However, no further detail is given about any contingency plans in the face of other types of disruption.				
ii. A roadmap has been developed for implementation of the required updates to the Supervisor Professional Development Program (SPDP) with the following three priorities: (1) align SPDP content with new curricula and embed culturally safe supervision training, (2) align the five-week online course content with the SPDP face to face and virtual workshop content, and redesign the SPDP to reflect current educational design best practice. It is stated that priorities 1 & 2 will start to be implemented by November 2025, whilst work on priority 3 will begin next year.				
iii. It is stated that the new curricula are designed with a programmatic assessment approach in mind. However, this is clearly still a work in progress, and it is unclear to what extent work-based assessment will ever replace traditional examinations. For example, it is stated that “Existing RACP exams should be retained in assessment systems unless or until there is an equivalent process to assess against, maintain and communicate curriculum standards”. A principle on the transition				

to programmatic assessment has been developed which is that: *“The coordinated, purposeful selection and integration of multiple methods of assessment to gather frequent, meaningful feedback for learning, and when aggregated longitudinally inform robust decision-making about trainee progress towards attainment of RACP training program curriculum standards and learning goals. Trainees’ professional learning trajectory can be tracked using aggregated data from multiple sources over time.”*

- iv. There are no joint training programs in Wave 1 of the new curricula implementation, but it is stated that planning is underway for waves 2-3 in 2026 to try to streamline processes to make it more efficient for trainees. It is expected that the full rollout of the TMP will facilitate this.

The overall assessment against this condition is that work is progressing across many fronts, but it is not yet possible to close this condition.

2026 College response

We have continued to strengthen transition planning for assessment programs under the new curricula, with increased maturity across contingency planning, approaches to supervisor capability development, programmatic assessment design, and appraising joint training arrangements. While implementation is ongoing, further detail is now available to demonstrate readiness and risk management as curricula are embedded.

iii) Contingency planning for disruption and delay

Contingency planning has been formalised and tested during implementation of the Training Management Platform (TMP). As previously advised to the AMC, following delays to the Horizon 3 release, a documented contingency plan was enacted to ensure continuity of assessment and reporting processes, including temporary manual submission pathways and modified processes for advanced trainees. This approach enabled progression and reporting requirements to continue without interruption and has since been documented as a reference model for future disruptions.

Beyond system-specific scenarios, broader contingency principles have now been articulated for program-level assessment delivery. These include pre-defined escalation pathways for technology failures, alignment with College-wide IT incident management arrangements, and the use of alternative manual tools or short-term modifications to assessment requirements where appropriate. TMP now houses the full suite of planned learning and assessment tools for new curricula, enabling central oversight and consistent contingency responses if local disruption occurs.

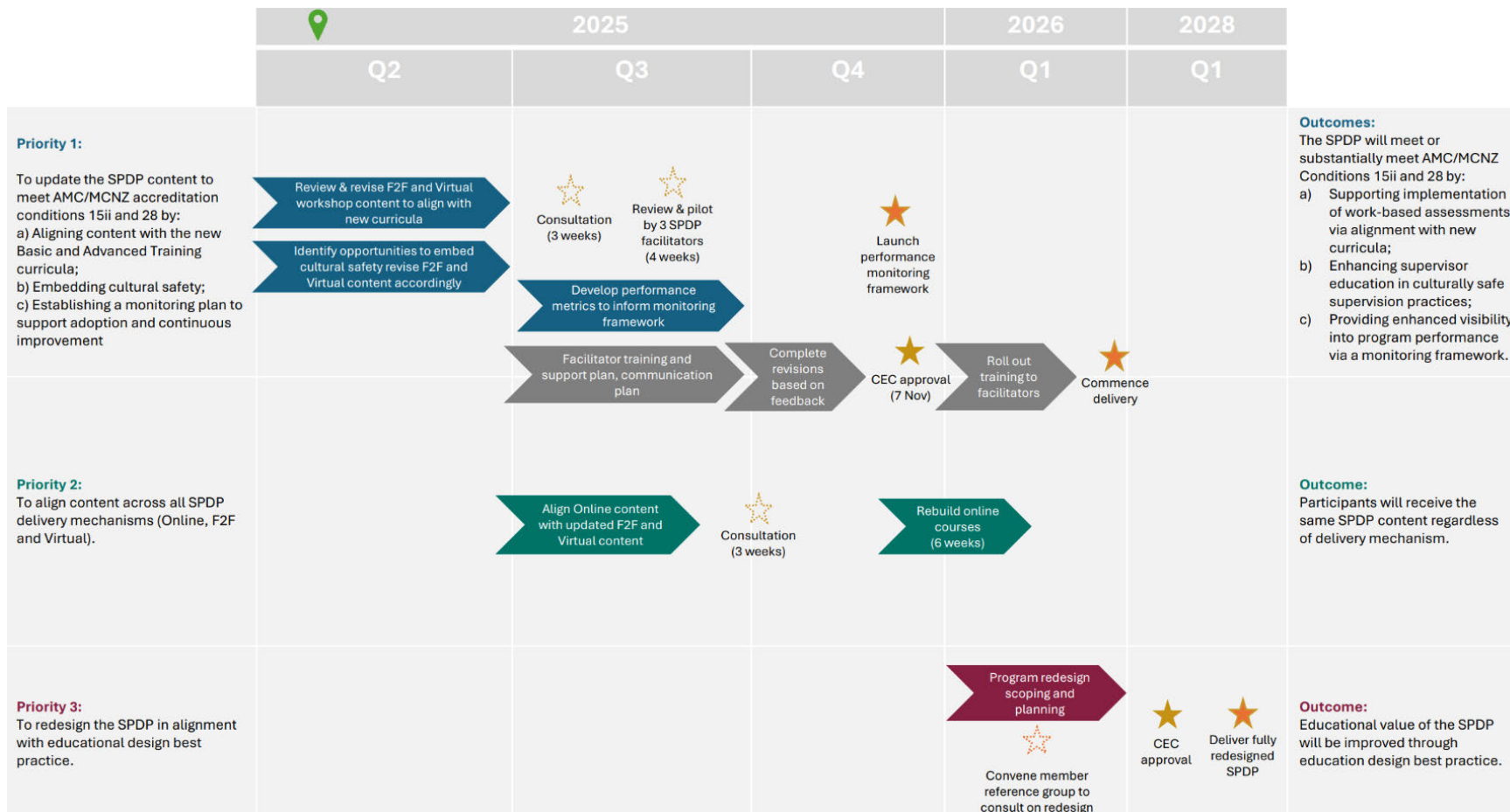
Contingency plans for high-stakes assessments, as previously comprehensively reported to the AMC in our Accreditation Submission in 2024, continue to be in place and regularly reviewed and updated. These include coordinated risk mitigation strategies, crisis communications arrangements, and contingency plans for alternative exam delivery should disruptions occur. These plans are reviewed ahead of each exam cycle and published to support transparency. Recommendations from the Review of Paediatric Clinical Examination in Australia and Aotearoa New Zealand are also being implemented to further enhance exam safety for candidates, examiners, patients, and their families/whānau/carers. Details of these examination-specific plans are made available to candidates on our website, for example, [Adult Medicine DCE](#) and [Divisional Written Examination | February 2026](#).

The RACP feels this component of Condition 15 to be Satisfied and if the AMC does not concur with this perspective, we request greater clarity from the AMC in terms of expectations for closure of the condition.

iv) Training and resources for supervisors

We are well progressed with achieving our structured roadmap (Figure 5.1) for updating the Supervisor Professional Development Program (SPDP) to support delivery of workplace-based assessment under the new curricula. The roadmap prioritises alignment with renewed curricula and assessment expectations, embedding culturally safe supervision practices, and improving coherence between online and workshop-based learning.

Figure 5.1 SPDP Update Roadmap



We have completed work on Priority 1 and 2, with updated SPDP content with the SPDP Monitoring and Evaluation Framework now introduced. We will review this Framework for updating as needed when we enter the Content Design Phase of Priority 3.

Across all priorities, the Head of Indigenous Affairs Australia, team Subject Matter Experts (SME) and Tumuaki / Head of Māori and Equity were engaged to ensure cultural safety perspectives were captured.

For priority 3, redesign of SPDP, in February 2026, we completed our Discovery phase to inform the end-to-end redesign. The Discovery phase builds on the recommendations stemming from the SPDP Evaluation delivered in 2024 and explores how the SPDP program can be improved from both a delivery and content perspective. The Discovery phase began with hypothesis workshops to assess the current state of the SPDP, which then informed consultation of key stakeholders and SMEs. Across Dec 2025 and Jan 2026, qualitative interviews were held with a range of facilitators, supervisors, ATs (who have completed at least one workshop), and staff.

The findings of the Discovery phase illustrated that:

- course content was widely considered practical, relevant and applicable to the day-to-day work of all participants, including Advanced Trainees, however would like less emphasis on theory and shorter sessions.
- While no significant content gaps were identified, we confirmed that the redesign is driven by structural, operational and education design factors rather than content gaps alone. Suggestions for additional content to be considered during the Design phase include:
 - people management
 - leadership skills
 - supporting rural and regional supervisors
 - managing high-performing trainees and not just those in difficulty.
- The importance of cultural safety content was emphasised, noting that the current approach is insufficient for such a critical topic. How this will be addressed will be scoped during the Design phase in alignment with the College's broader cultural safety strategy.

The Delivery Model Design phase runs from March to May 2026. It involves a series of co-design workshops with key stakeholders and SMEs, focused on key pain points and opportunities identified throughout the Discovery phase. Ideas generated will be refined, prototyped where possible and tested with the key SPDP service users including SPDP staff, past and prospective Workshop Participants and Facilitators. The ideas will be iterated on and then will be subject to prioritisation by key stakeholders in the business. The outcomes of this will be fed into final outputs, which are likely to include, subject to change:

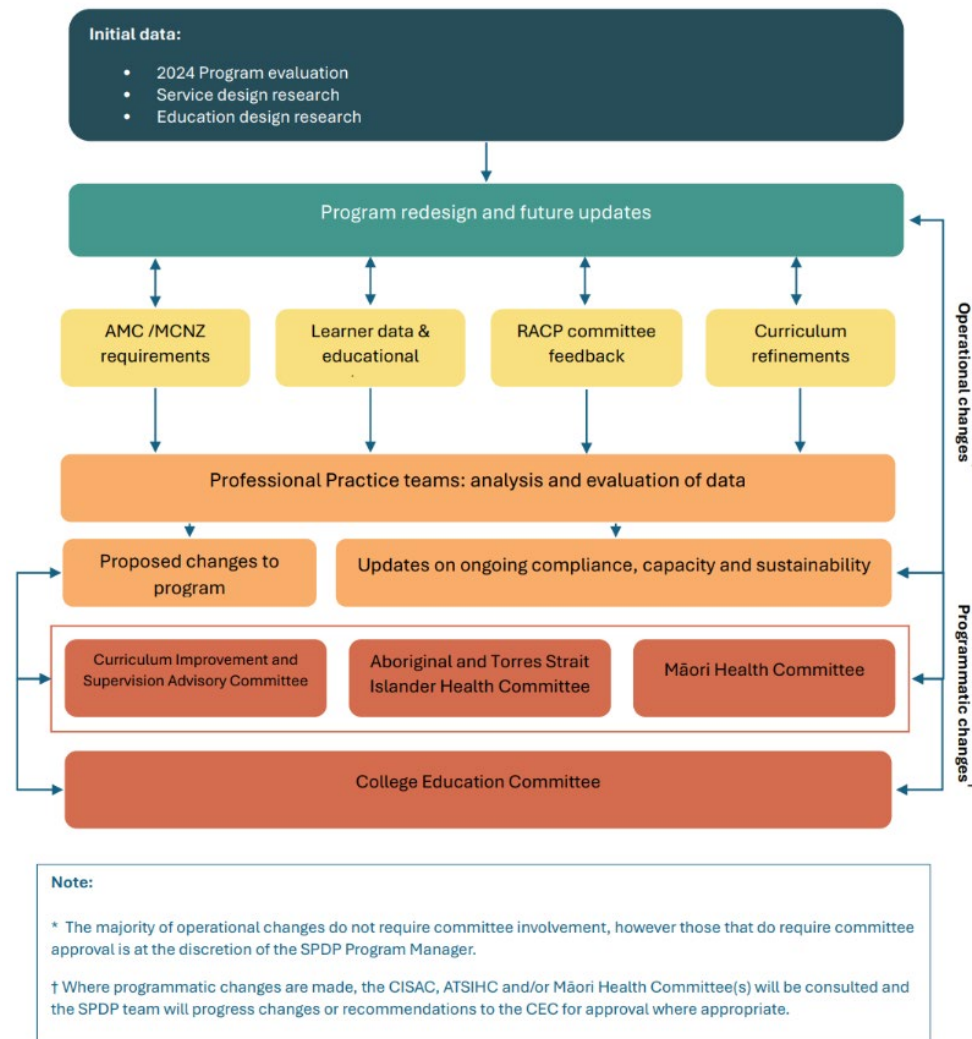
- future state service blueprint of the proposed delivery model
- future state customer journey map
- requirements and recommendations for the content, including cultural safety
- proposed roadmap for delivery and implementation – outlining proposed owners, impact metrics and dependencies.

In July 2026, the College Education Committee (CEC) will be presented with outcomes of the Delivery Model Design phase for review and endorsement before the project proceeds to content design phase, and implementation.

As part of Priority 1, an SPDP Monitoring and Evaluation Framework was designed and introduced. This is summarised in Figure 5.2. Its aim is to evaluate SPDP effectiveness, including uptake, engagement and alignment with assessment capability expectations. We will review this Framework for updating as needed when we enter the Content Design Phase of Priority 3. Its core objectives include:

1. Programmatic monitoring - to ensure the program has met its broader requirements, including AMC conditions, and encompassing alignment with the curricula, learning outcomes and broader RACP strategy
2. Curriculum monitoring - to ensure the program aligns with the new competency-based curricula and is fit for purpose to support supervisors in their roles
3. Embedding cultural safety - to ensure cultural safety is embedded throughout the program in that in and of itself the embedding and its subsequent monitoring and evaluation, is conducted in a culturally safe manner
4. Education outcomes - to provide mechanisms for ensuring that workshop learning objectives and outcomes are aligned with curricula and achieving their intended purpose
5. Quality assurance and continuous improvement- collecting and analysing participant feedback, identifying pain points and opportunities to refine the program over time and ensure that we are progressing towards addressing AMC/MCNZ and other expectations for program outcomes.

Figure 5.2 SPDP Monitoring and Evaluation Framework components



In addition to this work on the SPDP, our suite of outreach and support for supervisors and assessors of the new programs has expanded. Outreach services were designed and delivered to engage and equip stakeholders with the knowledge and ability to adopt the changes. There are three tiers of outreach services with appropriate interventions selected to meet the needs of users: passive, proactive and personalised (see Figure 5.3). In terms of products to support the outreach

services tiers, we also designed three levels of products, selected and developed according to user needs: essential, expanded and program-specific supports (see Figure 5.4).

Figure 5.3 Outreach Service Tiers

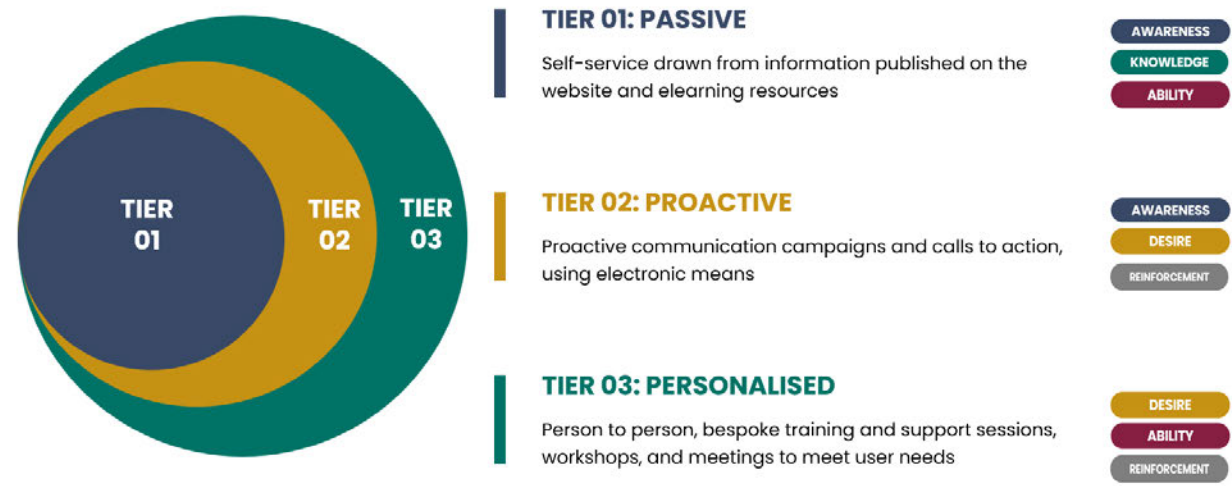
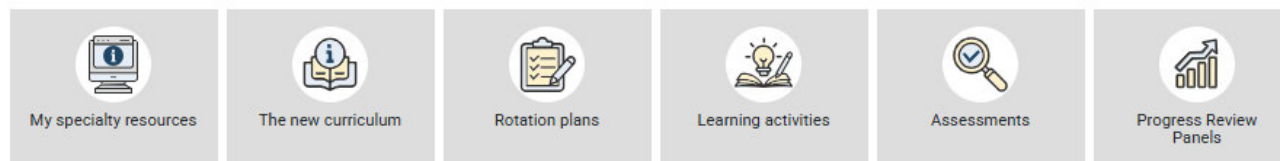


Figure 5.4 Supporting Products for Outreach Services



We continuously review and expand our range of resources for supervisors in the new program and have these [centrally indexed for easy access](#) (refer to Figure 5.5 below). These range from general education about the new programs (e.g. [What's changing with the new RACP curriculum](#)), to instructional guides such as [how to give feedback on an observation capture](#), to a Progress Review Panel workshop series. Program-specific supports are also accessible through this hub, including resources such as examples of completed [rotation plans](#), [learning captures](#), [observation captures](#) and [progress reports](#).

Figure 5.5 Curriculum Resources for Supervisors



We have bolstered the use of these on-demand self-service resources through both proactive and personalised on-request implementation supports. For example, over 2025 to 2026 we offered approximately 320 information and training sessions for supervisors and trainees to support the new curricula rollout and help familiarise users with the new curricula, learning and assessment tools, and TMP.

We recommend this component of the Condition is assessed as Satisfied as we have delivered a comprehensive program of training and resources for supervisors delivering workplace-based assessment, and will continue to mature this overtime. Reporting on the wider work for SPDP Priority 3 will be provided in future years in response to Conditions 20 and 28.

v) Programmatic assessment and progression decisions

The new curricula have been explicitly designed around a programmatic assessment philosophy, with coordinated use of multiple assessment methods to support longitudinal judgement and decision-making. Under this approach, workplace-based assessments, supervisor reports and other assessment evidence are aggregated over time to inform trainee progression towards curriculum standards. This principle has now been formally articulated and embedded in assessment design documentation.

While traditional examinations continue to play a role to maintain and demonstrate achievement of standards, implementation activity is focused on strengthening the coherence between assessment components and improving how evidence is synthesised for progression decisions. TMP is being used to support this aggregation of evidence and visibility of trainee learning trajectories, enabling more robust and transparent decision-making as programs transition.

Our update against Condition 17 provides more detail about the Cross College Examination Review and future directions for examinations in our programmatic assessment system.

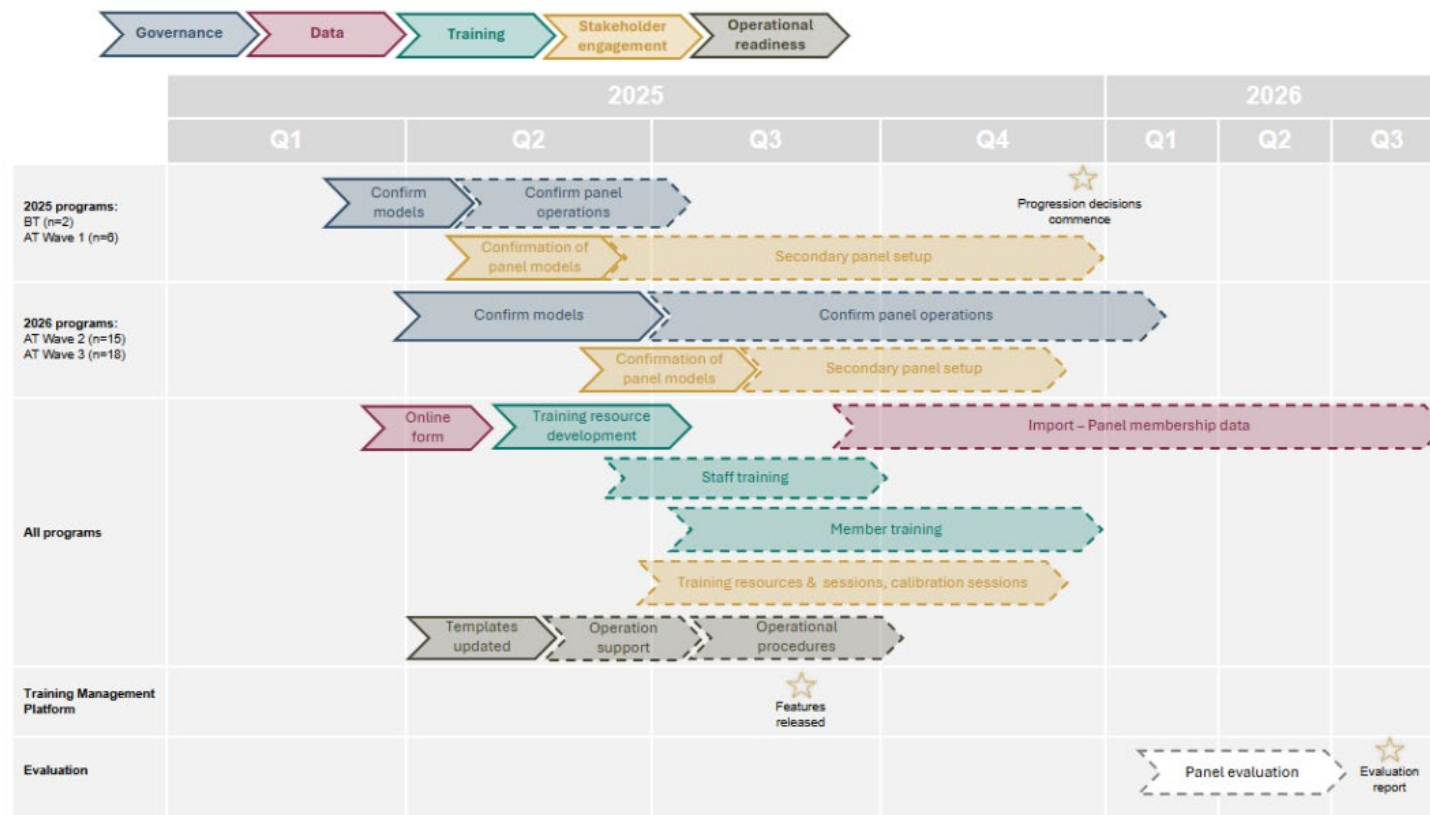
The establishment and implementation of Progress Review Panels (PRPs) has been approached as a structured, multi-stream program of work aligned to the broader transition to programmatic assessment. See Figure 5.6. A formal implementation plan was developed to support consistent rollout across programs, focusing on:

- governance
- data

- training resources
- stakeholder engagement
- operational readiness.

This approach emphasises early engagement with Advanced and Basic Training Committees to determine panel models and key governance arrangements, including confirmation of primary panel roles (often at committee level), parameters for secondary panels where applicable, and escalation pathways for progression decisions. These governance decisions are being progressed iteratively through existing committee forums, supported by tracking and communication mechanisms to ensure alignment across specialties and readiness for implementation.

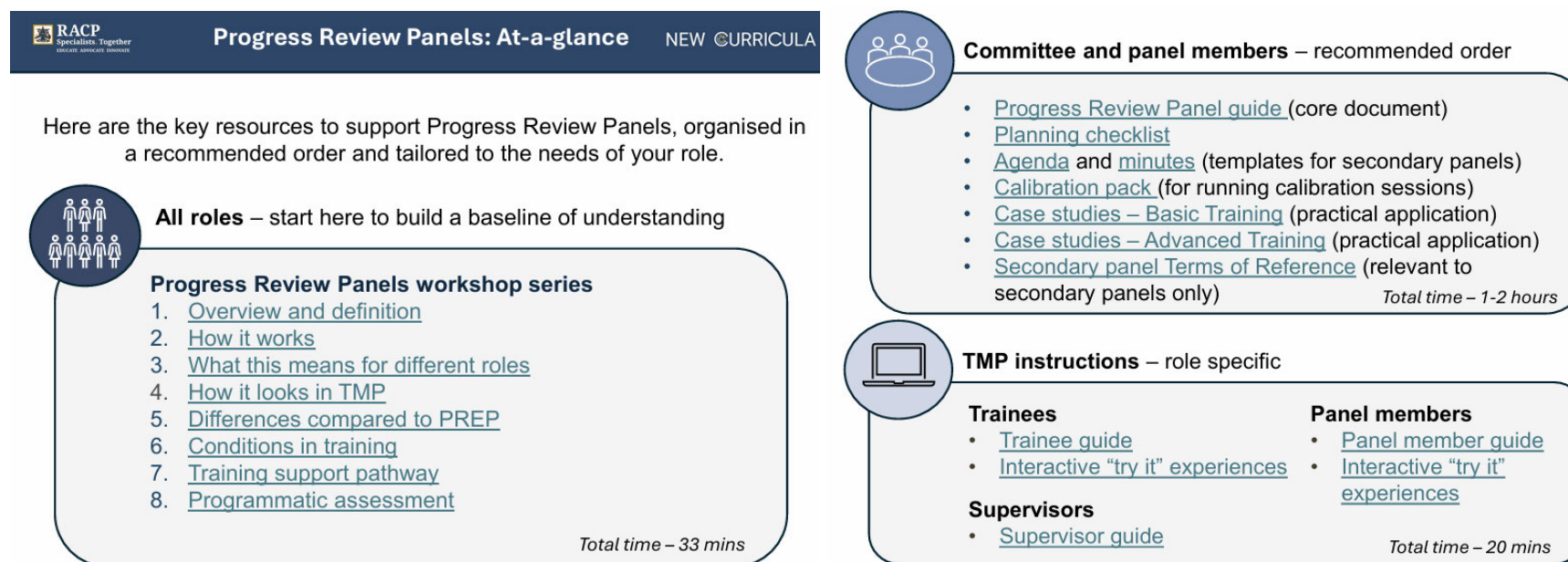
Figure 5.6 Progress Review Panel Development and Implementation Model



Implementation has been designed to operate in parallel across these streams, with supporting infrastructure progressively put in place. This includes development of standardised data collection processes (including online setup forms), integration of panel membership and trainee data into TMP to support decision-making, and a comprehensive suite of training and resources for both panel members and staff. Operationally, clear procedures, templates, and administrative supports have been established to enable panels to function effectively, alongside targeted stakeholder engagement and communication plans. Progress to date indicates strong uptake of the PRP model across both primary (committee-based) and secondary panels, with panels actively contributing to progression decision-making in TMP, supported by ongoing training, calibration, and refinement activities as programs transition to the new curricula.

Our new curricula change hub includes a suite of resources for supporting Progress Review Panels (Figure 5.7) including the [PRP At-a-glance guide](#).

Figure 5.7 Progress Review Panel Support Resources



Our evaluation of PRP implementation is underway and will be delivered to the College Education Committee in July. We will report on findings to the AMC following that as part of ongoing reporting against Condition 8.

The RACP considers this component of Condition 15 to be Satisfied as the design features of programmatic assessment and its use for progression decisions are all in place. Achievement of these goals will be reported on in future years against Condition 8 as part of the evaluation of the new curricula.

vi) Joint training and streamlining efficiencies

Although no joint training programs were included in the first wave of curriculum implementation, detailed planning has progressed for joint programs to be included in subsequent waves. Draft joint training guides have been developed for several disciplines, outlining streamlined requirements, concessions and alignment

between RACP and Royal College of Pathologists of Australasia (RCPA) expectations depending on training context. These materials demonstrate early efficiencies for trainees undertaking joint training while broader arrangements continue to be negotiated. See Appendix 5.1 for an example of one of these guides, noting that they have not yet been finalised and published.

Operational discussions with RCPA have taken place throughout 2025, including formal meetings and presentations focused on efficiencies, assessment alignment and future models for joint training. While longer-term approaches remain under discussion, the College is proceeding with implementation of agreed principles for existing joint programs, supported by TMP and guided by a shared custodianship approach to training oversight.

We recommend this component of this Condition is assessed as Progressing and invite the AMC to establish mutual expectations for collaboration and progress across all colleges involved in streamlining joint training arrangements.

Condition 16				Due Date: 2026
Ensure that there is robust assessment related to competencies regarding Aboriginal and/or Torres Strait Islander Peoples' and Māori health, equity and cultural safety. Appropriate consultation with relevant stakeholders must be prioritised in development, implementation and monitoring of these approaches (Standard 5.2)				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
2025 AMC commentary				
<i>No response required in 2025</i>				
2026 College response				
<i>Colleges may choose to provide an update on progress towards conditions due in 2026</i>				

Condition 17				Due Date: 2025
Undertake and provide recommendations of the Cross College Examinations Review, detailing alignment to contemporary assessment practice. The review should consider:				

i. The role of high-stakes single point in time assessments in the revised assessment program, considering how fit-for-purpose these are across a range of program and training contexts. - Satisfied ii. The optimisation of comparability of clinical examinations across sites. iii. The impact of the cost of examinations for the College and trainees (Standard 5.2, 5.4 and 7.4). - Satisfied				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			(ii)	(i), (iii)
2025 AMC commentary				
i. The College has provided an update on the work of the Cross College Examinations Review (CCER), which has considered the role of high-stakes, single-point-in-time assessments. The CCER Advisory Group has concluded that “existing RACP exams should be retained within RACP assessment systems unless or until there is an equivalent process to assess against, maintain, and communicate curriculum standards.” The College argues that such examinations currently remain the most reliable mechanism for ensuring standards are maintained, with work-based assessments serving a complementary role within a broader programmatic approach to assessment. While this position is clearly articulated, the rationale provided centres primarily on maintaining current standards rather than evaluating whether alternative approaches could achieve similar or improved outcomes. The Committee encourages the College to continue deeper consideration of the purpose and form of high-stakes assessments within a programmatic assessment framework, including exploration of potential alternative models or modifications to current examination formats. Based on additional information provided to the AMC on December 15, 2025, it is noted that plans are in place to continue transforming the College’s assessment practices. The consideration and outcomes by the College Education Committee at the November 2025 meeting are noted, and the strengthening of current systems with the design of future systems will be of interest in future reporting to the AMC. The AMC does not prescribe the assessment approach for an education provider and recognises that the College has provided a rationale for continuing its high-stakes examinations in the new training program. As discussed above, the College is encouraged to continue to assess the utility of the methods it employs, in consultation with its stakeholders, particularly the trainee cohort.				
ii. The College has outlined several principles and processes intended to strengthen comparability of examinations across sites, including enhanced examiner training and cross-fertilisation of examiners between countries. It also reports the introduction of two new roles at 2025 DCE examination centres — a Quality Assurance Lead, to oversee site-level processes and ensure consistent delivery, and a Candidate Support Officer, to provide on-the-day support for candidates. These initiatives represent positive steps toward improving standardisation and candidate experience. The Committee notes the critical feedback provided by trainees, including suggestions for strengthened trainee advocacy, and encourages the College to continue refining these approaches to ensure equity and consistency across all examination sites. While the College has outlined mechanisms aimed at ensuring comparability across sites, there remains uncertainty about how effectively these measures will operate in practice and how they align with contemporary assessment practice as outlined in the condition. The College is asked to provide information on any monitoring and evaluation conducted to determine steps				

taken to optimised comparability of assessment experiences and outcomes across jurisdictions, including Aotearoa New Zealand, have been realised. This may have to be related to installation of new roles, a QA Lead and a Candidate Support Officer, or other mechanisms employed.

- iii. The cost of written and clinical examinations is given for both Australia and Aotearoa New Zealand, and points made to justify these costs. The cost of examinations does not appear to have been extensively considered in the CCER; however, the application of programmatic assessment principles and related strategies may support greater success in high-stakes single-point examinations in future. The additional information provided by the College on 15 December 2025 indicates that its examination fees are among the lowest across specialist medical colleges in Australia. The College also has payment plans for candidates to pay by instalments. Exam fees are waived for trainees who identify as Aboriginal and/or Torres Strait Islander, Māori or Pacific peoples. Exam fees for Aotearoa New Zealand-based trainees employed by Te Whatu Ora are reimbursed by their employer, depending on employment conditions.

2026 College response

The Cross-College Examinations Review (CCER) has progressed from initial review activity into a structured transition phase focused on aligning RACP examinations with contemporary assessment practice. Work has centred on strengthening current examination delivery, establishing robust monitoring arrangements, and setting a clear pathway toward establishing a comprehensive programmatic assessment system where the contribution of different formats and the focus of assessment practices are clearly identified in the learning and decision functions of the assessment system.

Alignment with contemporary assessment practice

Following completion of the CCER review phase in 2025, a workplan (Appendix 5.2) has been developed to guide the transition toward programmatic assessment in Basic Training through to 2028. The roadmap adopts an “evolution not revolution” approach, prioritising improved transparency, feedback and governance of existing examinations before structural redesign. The roadmap actions reflect contemporary assessment principles that emphasise longitudinal evidence, multiple data points and defensible decision-making rather than reliance on single episodic examinations.

The draft roadmap proposes three coordinated streams of work:

- **Stream 1** – Increase support activities for existing assessment structures: strengthen transparency, feedback, and alignment so that Divisional Written Examination (DWE) and Divisional Clinical Examination (DCE) results serve as confirmation of competence rather than unexpected outcomes.
- **Stream 2** – Future system - structural change and integration (programmatic assessment design): builds the governance and validity architecture of programmatic assessment by analysing LTA data, modelling PRP decision logic, and integrating longitudinal evidence across learning and summative assessments.
- **Stream 3** – Building the learning function of assessment: ensures that assessment itself drives the development of clinical reasoning, reflection, professionalism, and contextual knowledge (rather than a predominant focus on exam results and performance measurement). This includes embedding case-based synthesis activities, revisiting patients or clinical problems over time, and capturing the richness of real-world learning within Progress Review Panel (PRP) evidence.

These streams explicitly address examiner calibration, decision-making processes and the integration of workplace and examination data, ensuring alignment with modern assessment theory while retaining examinations as anchor points during transition.

We have introduced greater flexibility in examinations, a key principle of adult learning and competency-based education theory through two key changes:

1. Changed the eligibility criteria for the DWE to allow trainees who successfully complete the Foundation Phase (first year) of Basic Training to potentially be eligible to attempt the DWE for the first time in the Consolidation Phase of training (usually second year). Trainees who are awaiting progression decisions will have their eligibility assessed based on demonstrated completion of phase requirements, including 'progressing' recommendations. This change applies to all exam sittings from February 2027.
2. Increased the DCE attempt limit from three to four attempts, effective from 2027. The change applies to all current Divisional Basic Trainees who have not yet exhausted their DCE attempts, including those who have undertaken, or will undertake, a third DCE attempt from the May/June 2026 examination onward. This change aligns with the increased attempt limit for the DWE which was changed from three to four attempts, effective from 2024.

We're implementing several measures to support these changes:

- clear communication to trainees emphasising that earlier DWE sitting is optional and should be based on readiness
- expanded learning resources, including access to previously used DWE items to support self-directed learning and familiarity with exam standards
- ongoing monitoring and information gathering to understand sitting patterns and support capacity planning.
- Training settings are encouraged to support trainees in assessing readiness.
- Actively preparing extra resources for trainees preparing for examinations.

Concurrently, in the first half of 2026, a review of activity across the Faculties and Chapters, relating to their point-in-time examinations, curricula renewal, improvements already in progress, and elements of the CCER Roadmap for Basic Training that are common to all RACP exams, will be undertaken to broaden the overall CCER roadmap to include these programs.

Optimising comparability across sites and jurisdictions

Monitoring of comparability across examination sites has been strengthened through analysis of DCE outcomes across jurisdictions, including Aotearoa New Zealand. Pass rates were examined across sites with sufficient candidate volumes to allow meaningful comparison. Across the full monitoring period, most sites demonstrated outcomes within the range expected from normal statistical variation once site size was controlled for. One site identified a lower than expected outcome and upon investigation, aggregated analysis showed improvement in more recent year-specific results, indicating no ongoing site-specific issue. Overall, these analyses support broad comparability of outcomes across examination sites.

In parallel, operational mechanisms to support comparability have been embedded in examination delivery. These include enhanced examiner training and calibration activities, increased cross-site and cross-jurisdiction examiner participation, and the introduction of two new roles at examination centres in 2025: a Quality Assurance Lead to oversee consistency of processes and delivery at site level, and a Candidate Support Officer to provide on-the-day candidate support. These roles provide a platform for more systematic monitoring of examination delivery and candidate experience.

Monitoring and evaluation of effectiveness

Evaluation of examination comparability and quality is being addressed through both outcome analysis and process monitoring. Quantitative analysis of pass rates provides one stream of evidence, while qualitative data from examiner feedback, Quality Assurance Lead reports and candidate support mechanisms informs

understanding of site-level delivery and equity of experience. Findings are reviewed through existing assessment governance structures, with escalation mechanisms in place where potential risks to consistency are identified.

Further work on monitoring and evaluation will be informed by the working day in 2026 focused on assessment of clinical competence, particularly the DCE. This forum will draw on findings from previous reviews and bring together representatives from education, training, assessment committees, trainees and cultural advisors to refine transition steps and identify targeted improvement projects. Outputs will be consolidated into a CCER workplan for endorsement by the College Education Committee.

We held a working day in May 2026 focussed on the assessment of clinical competence, particularly the DCE in Basic Training (BT). It drew together findings of the Paediatrics and Child Health DCE review regarding the structure of DCE and other known challenges. Attendees included a selection of representatives from education, training and assessment committees in BT, trainees, cultural advisors. The key outputs of the day will be an updated workplan and transition pathway. These will be presented to the College Education Committee in July, seeking sign off for implementation. Outputs will be managed as discrete projects, rather than activity under the CCER banner, and hence this branch of the project will also be undertaken as business as usual.

Transition to targeted implementation projects

By mid-2026, the CCER will transition from a standalone review to a set of discrete, targeted implementation projects embedded within Assessment Services (Appendix 5.2), in collaboration with relevant RACP Units and member committees. These projects will focus on priority areas such as examiner training and calibration, DCE decision-making frameworks, and integration of longitudinal assessment data to support progression decisions. Ongoing monitoring of effectiveness and comparability will be overseen through routine education governance processes.

The RACP considers that Condition 17ii is Satisfied, as we have demonstrated that there is comparability of clinical examination results across sites and have adequate monitoring systems in place to detect any issues with comparability should these emerge in future.

Condition 18				Due Date: 2025
As a priority, effectively respond to trainee concerns reported regarding the 2021 Paediatrics and Child Health Divisional Clinical Examination about discriminatory behaviours to provide assurance of a fair and equitable process. (Standard 5.2, 5.4 and 7.3)				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			X	
2025 AMC commentary				
The College has provided a detailed response to this Condition, outlining its actions following the independent external review into the clinical examinations conducted in 2021–2023, chaired by Maria Dew KC. The review’s 18 recommendations were accepted in full by the College, and work has commenced on implementing a range				

of strategies intended to address the issues identified. Eight initiatives are reported as completed; however, it remains to be seen what impact these have had and how effective the reforms are when data from the 2025 PECS/PEES are analysed.

The AMC considers that further work is required to demonstrate meaningful engagement with stakeholder concerns, to provide transparency about how feedback has informed change, and to clarify the rationale for decisions taken regarding examination processes and structures.

Based on additional information provided by the College on 15 December 2025, the AMC acknowledges the volume of work completed by the College since the submission of the monitoring report in May 2025. While the review was informed by concerns from the Paediatric and Child Health Divisional Clinical Examinations (DCE) conducted in Aotearoa New Zealand in 2021, it is recognised that the College's actions take into account the binational nature of the DCE and the complete suite of examinations. The AMC has also had meetings with trainees to understand the impact of the alleged discriminatory behaviours in the examination, as well as the impact of the College's response. The AMC thanks the College for facilitating these conversations, as they have been useful in informing the trainee experience of actions taken.

The College advised that a 12-month implementation report will be released to members in January 2026, reporting on the activities and new initiatives implemented in the 2025 Paediatrics & Child Health and Adult Medicine DCE in both countries. The 12-month implementation report also outlines the enhancements planned in response to 2025 feedback, and plans to expand these activities across all Division, Faculty and Chapter examinations in 2026 and beyond.

One key initiative implemented in 2025 was examiner training on concepts related to bias and racism. The evaluation of this training revealed that it met learning outcomes, with improvements in understanding bias, structural racism, and cultural safety. External providers are being appointed to co-design and deliver additional bias and cultural awareness education activities in 2026. The Candidate Support Officer pilot was also implemented in 2025 to provide support to trainees on exam day. It is noted that the latter was positively received, and the role will be continued in 2026. Feedback from candidate and examiner surveys, as well as positive responses to these surveys, is noted.

The new Examiner Code of Conduct and Examiner Conduct Management Procedure were approved in November 2025 and set out the professional and ethical expectations for all examiners acting on behalf of the College. The Code complements the RACP Code of Conduct and articulates standards relating to assessment integrity, fairness, confidentiality, respect, and accountability, while the accompanying Procedure provides a structured and proportionate framework for managing concerns about examiner conduct, including informal and formal pathways that support procedural fairness, examiner development, and continuous improvement.

In the 2026 monitoring submission, the AMC asks the College to report or provide updated information on:

- Progress of the implementation plan and related activities.
- The role and impact of the Candidate Support Officer and Quality Assurance Leads in 2026.
- Further examiner training activities in 2026 to improve cultural safety, discrimination and address bias.
- The Examiner Code of Conduct and Examiner Conduct Management Procedure.
- Methods to engage with trainees in Australia and Aotearoa New Zealand on approaches to the design and implementation of actions in response to the findings, and timeframes for engagement (undertaken since last report or planned).

- A summary of trainee feedback (positive and concerned, from trainee representatives and broader cohort) along with the College's response – ideally, this would be in the form of a communication sent to trainees. The AMC is keen to understand any continuing concerns or emerging concerns, and whether there has been positive feedback on steps taken or on the opportunities to engage. The AMC is also seeking an update on whether there are differences in feedback e.g. representatives compared with the wider trainee cohort, or trainees in Aotearoa New Zealand compare with trainees in Australia. The AMC recognises that the RACP will submit mid-2026 and the update will reflect this timeframe.
- Depending on the timing of the monitoring submission request, this may only be fully reported in 2027.
- Approaches to and available outcomes of activities conducted by the RACP to monitor the effectiveness and impacts of the actions taken. This could include analysis of exam performance data, noting this assessed across a number of years. It may also include other data such as surveys and focus groups with trainees, and the number of complaints received from trainees regarding discrimination. The AMC is keen to understand any differences in trainees' perspectives so demographic information and training program jurisdiction information would be helpful. As the RACP will submit mid-2026, this update may focus on approaches and timelines with limited data and outcomes available. It is recognised that a fuller would be possible in 2027.

The findings are derived from sources provided by the College, trainee submissions and meetings. The AMC appreciates the time taken to prepare documentation and arrange meetings to support triangulation of information. As discussed with the College, having the opportunity to hear from a wide range of trainees supports engagement activities, and the AMC would appreciate hearing more of the trainee voice and experience in future submissions. The AMC would also like to discuss with the College about opportunities to speak with Aboriginal and/or Torres Strait Islander, and Māori trainees to determine the impact of changes on them.

To satisfy this condition, the College must provide evidence of trainees' involvement in evaluation and decision-making processes and explain how trainees continue to participate in these processes, as the College implements and reviews its responses. Performance analysis of exams and feedback from trainees should be provided to demonstrate the effectiveness of the action plans the College is implementing. The response should also include information on the changes to the administration of the DCE in Australia and Aotearoa New Zealand.

2026 College response

The College has continued to prioritise reforms arising from the independent external review into the 2021 Paediatrics and Child Health Divisional Clinical Examination. This work has focused on responding to trainee concerns regarding discriminatory behaviours, strengthening examination governance, and supporting confidence in the fairness, equity and integrity of examination processes.

Progress of implementation and transparency

The review recommendations have progressed in accordance with the College's [2026 Implementation Plan](#), as summarised in Table 5.1, which consolidates actions completed in 2025, activities currently underway, and further enhancements planned for 2026. A 12-month implementation report was released to members in early 2026, describing how feedback from trainees and other stakeholders has informed changes to examination delivery, governance and support arrangements. The report also outlines how these initiatives are being extended beyond Paediatrics and Child Health to support broader improvements across other examinations.

Table 5.1 PCH DCE review response implementation plan overview

Recommendation	Phase 1: 2025	Phase 2: 2026		
	DCE	DCE	DWE	Faculty & Chapter Exams
• Key principles to be adopted	Complete	BAU	BAU	In progress
• Publication of the Report	Complete	N/A	N/A	N/A
• Candidate information and Q&A sessions	Complete	BAU	BAU	In progress
• Training for examiners	Complete	BAU	N/A	In progress
• Unconscious Bias Training and Cultural Awareness Training	Complete	In progress	N/A	In progress
• Manuals for examiners	Complete	BAU	N/A	In progress
• Training for College Chairs	Partially complete	In progress	In progress	In progress
• College Examination Moderators to attend in Aotearoa New Zealand	Pilot established	Pilot to continue	N/A	BAU
• Conflicts of Interest Policy and Register	Complete	BAU	N/A	In progress
• Case complexity	Partially complete	BAU	N/A	N/A
• Clinical examination changes to be considered	Complete	N/A	N/A	N/A
• Improved feedback to candidates	Complete	BAU	N/A	In progress
• Ethnicity, gender and medical qualification data	Complete	In progress	In progress	In progress
• College Committee structure to be simplified	Complete	N/A	N/A	N/A
• Complaints process to include the ability to seek review of examination outcome	Complete	N/A	N/A	N/A
• Complaints process to be simplified	Complete	BAU	In progress	In progress
• Clinical Examination Fee	Complete	In progress	In progress	In progress
• Apology	Complete	N/A	N/A	N/A

Candidate Support Officer and Quality Assurance Lead roles

The Candidate Support Officer (CSO) and Quality Assurance Lead (QAL) roles have continued in 2026 as part of the College's response to the external review and its commitment to strengthening candidate support, assessment integrity, transparency and equity in the DCE. Evaluation of the 2025 CSO and QAL pilots has informed

revisions to the guidelines to clarify the purpose, scope, responsibilities and limitations of each role, supporting more consistent implementation across examination sites in Australia and Aotearoa New Zealand.

The CSO role provides candidates with a visible and accessible point of support on examination day. CSOs assist with general enquiries, provide reassurance and personal support, help candidates feel informed, respected and heard, and escalate wellbeing or immediate concerns through defined pathways. Available feedback indicates that the CSO role has contributed positively to candidates' perceptions of safety, support and procedural fairness, while maintaining clear boundaries between candidate support and the assessment process. 2026 enhancements focused on clearly defining the role, responsibilities, eligibility, and limitations, strengthening escalation pathways for candidate wellbeing, and ensuring alignment of terminology and messaging across all materials. Our [CSO Guide](#) provides more details. Supporting resources, including FAQs and a recorded briefing, have also been developed to support consistent understanding and implementation across Australia and Aotearoa New Zealand.

The QAL role provides structured, observational and improvement-focused oversight of selected DCE settings. QALs monitor adherence to College standards and documented processes, document observations, and identify examples of good practice and opportunities for improvement. QAL feedback is incorporated into post-examination review and governance processes to support examiner calibration, standardisation, transparency and continuous improvement across Australia and Aotearoa New Zealand. In 2026, the QAL pilot was expanded to include both Divisions with updated guidance materials to reflect feedback and findings from the 2025 pilot, with clarified expectations through aligned terminology, including the use of commendations. Guidance on identifying and reporting good practice has been strengthened, and the report mechanism has been updated to better capture clear and actionable feedback. More information is provided in our published [QAL Guide](#).

Outcomes and impact for 2026 will be available in late 2026, following completion of the DCE cycle and associated evaluation activities, including feedback from candidates, examiners, Local Examination Organisers, Candidate Support Officers, and Quality Assurance Leads.

Examiner conduct and accountability

The [Examiner Code of Conduct](#) and [Examiner Conduct Management Procedure](#), approved in late 2025 and effective from January 2026, set out the professional, ethical and behavioural expectations for all examiners across the College's Divisions, Faculties and Chapters. The Code applies to all examination-related activities, including preparation, delivery, marking, moderation and review, and outlines expectations for professionalism, impartiality, respectful behaviour, confidentiality, fairness, equity, accountability and continuous improvement. It aligns with the RACP Code of Conduct and underpins the management of examiner conduct concerns.

The Examiner Conduct Management Procedure establishes a structured, transparent and proportionate process for identifying, assessing and managing concerns about examiner behaviour. It includes pathways for informal resolution, formal review and escalation, supported by defined roles, documentation requirements and indicative timeframes. The procedure also clarifies the distinction between candidate complaint pathways and internal examiner conduct management processes, ensuring concerns are addressed through appropriate mechanisms while maintaining procedural fairness and the integrity of assessment processes.

Together, these documents strengthen risk management and quality assurance by promoting consistent expectations, supporting examiner development, and ensuring concerns are managed in a fair, proportionate, and evidence-informed manner. They also support alignment with relevant College policies and external regulatory expectations.

Examiner training

Examiner education addressing bias, racism and cultural safety was implemented for DCE Examiners in 2025, with evaluation confirming achievement of learning outcomes related to awareness of bias, structural racism and culturally safe assessment practice. The training explores how racism, bias and power dynamics can influence assessment, and supports examiners to strengthen critical self-awareness, reflect on privilege and positionality, and apply practical strategies to support culturally safe, fair and equitable examination environments.

In 2026, the College is extending this work through additional externally co-designed training activities for all Division, Faculty and Chapter Examiners (and for all accreditation assessors and Directors of Physician/Paediatric Education), reinforcing the expectation that examiner conduct reflects both assessment expertise and cultural safety principles.

The College has engaged two independent providers to co-design and deliver the training:

- [The Australian Indigenous Doctors' Association](#), a not-for-profit professional association supporting Aboriginal and Torres Strait Islander medical students and doctors
- [Shea, Pita & Associates](#), an Indigenous-owned organisation delivering wellbeing- and outcome-focused consultancy services in Aotearoa New Zealand and internationally.

The training focuses on the impact of racism, bias, and power dynamics in assessment, and supports the development of cultural safety, equity, and Indigenous rights in examination settings. It includes reflection on privilege and positionality, alongside practical strategies to support fair and culturally safe assessment practices.

All examiners are required to have completed RACP Racial Bias and Cultural Awareness Training in 2025 or prior to examining in 2026.

- Examiners who did not complete RACP Racial Bias and Cultural Awareness Training in 2025, or new Examiners in 2026, are required to attend a *Module 1: Foundation Training* webinar before examining in 2026.
- Examiners who attended an RACP Racial Bias and Cultural Awareness Training webinar or in-person training at the National Examining Panel (NEP) and Senior Examining Panel (SEP) Calibration (Australia) or Examiner Calibration (Aotearoa New Zealand) in 2025, do not need to attend a 2026 webinar.
- Examiners who are members of the NEP or SEP in Australia, or an Examiner in Aotearoa New Zealand, will complete *Module 2: Continued Learning* during the annual calibration days in their country.

The program will continue to be refined following evaluation of the 2026 training cycle.

Engagement with trainees and use of trainee feedback

The College has continued engagement with trainees in Australia and Aotearoa New Zealand through multiple mechanisms, including structured surveys, meetings with trainee representatives, and facilitated discussions involving the AMC.

In response to identified engagement needs and emerging issues, several trainees requested additional targeted consultation and feedback sessions with the Taskforce and the Executive General Manager, Education, Learning and Assessment. These sessions were held with the College Trainees' Committee (CTC) Executive Group (Australia and Aotearoa New Zealand) and focused on specific, high-impact topics such as proposals for video or audio recording and tangible changes to examination-day processes. The College Trainees' Committee Executive Group was also consulted to review and provide feedback on all planned trainee

communications ahead of each membership update. This targeted engagement approach enabled focused risk-based discussion on complex or sensitive issues while avoiding consultation fatigue and supporting delivery within compressed timeframes.

To further mitigate engagement and implementation risk during periods of rapid development, trainees were also provided with dedicated email channels to raise feedback directly with the Taskforce. This multi-layered engagement model balanced inclusivity, responsiveness and efficiency, and provided assurance that trainee perspectives informed design and implementation decisions without compromising governance, role boundaries or delivery timelines.

In 2025, we undertook the following trainee consultation activities:

- At the time of the Review Report release (January 2025):
 - members of the College Trainees' Committee and Aotearoa New Zealand Trainees' Committee were invited to dedicated briefing and feedback sessions.
 - whole trainee cohort was invited to attend one or more of four specific trainee briefing sessions.
- Since the Review Report was released, quarterly briefing papers were supplied to Trainees' Committees including:
 - College Trainees' Committee
 - Aotearoa New Zealand Trainees' Committee
 - QLD Trainees' Committee
 - NSW/ACT Trainees' Committee
 - VIC/TAS Trainees' Committee
 - SA/NT Trainees' Committee
 - WA Trainees' Committee.
- Trainee Representatives on all other consulted/informed committees also received the quarterly briefing papers and shared feedback from their trainee cohort. E.g. all Assessment, Education and Basic Training Committees; Division, Faculty and Chapter Councils and committees etc.

Trainee feedback has informed refinement of examination support measures, communication approaches and examiner accountability mechanisms. Table 5.2 summarises the key areas of feedback raised by trainees throughout 2025 and actions taken. Whilst feedback from peak trainees' committees in early 2025 indicated a desire for more radical and structural change, following the implementation of the 2025 initiatives, feedback in Q4, 2025 indicated ongoing support from the peak trainees' committees and positive reinforcement for the speed and volume of changes implemented in 2025.

Table 5.2 Summary of trainee feedback and actions taken in response

Report Recommendation	Topic	Summary	Action
3	Candidate information sessions and FAQs	CTC reported access and content issues with revised FAQ document and requested recording candidate information sessions.	FAQs were updated to improve clarity and access in May 2025. A candidate information session recording has been made available in 2026.
3	Web page updates	CTC requested greater clarity on special consideration processes in relation to complaints, conflicts of interest, bias and racism etc.	CTC was engaged to provide feedback on updated website content to clarify the special consideration, conflicts of interest and complaints processes relevant to examinations. A new flow chart to demonstrate the process was published in response to their request for clarity.
4 and 5	Examiner training	Trainees raised concerns about completion rates.	To balance rapid implementation and delivery of the 2025 DCE, examiner training was strongly recommended. Additional sessions were commissioned and delivered during and after business hours to support as many examiners completing the training as possible. Trainees received completion and evaluation data which also informed 2026 plans. With respect to trainee feedback and the RACP's commitment to the ISF and Indigenous Object in the RACP Constitution, this training has become a requirement for 2026 examiners. Lead indicators from 2026 trainee consultation on this activity have been positive, specifically from Aotearoa NZ and PCH AU. One PCH AU trainee representative noted that 'there has been positive feedback from trainees on the bias training...it was clearly worthwhile'.
8	Candidate Support Officer development	Trainee feedback indicated the need for dedicated on-site trainee support to support meaningful change and enhance candidates' experience.	Whilst not specifically a recommendation of the Review Report, the CSO role was developed in response to trainee feedback after the Review Report was released.
11	Video and audio recording	Early trainee feedback indicated a strong desire for the implementation of video and / or audio recording in response to Recommendation 11.	Addressed in the first update to members following the release of the Review Report (February 2025) and a commitment made to completing the feasibility study. Trainees received the results of the feasibility study in August 2025.
1, 3, 15 and 16	Special	Trainees advocated for more tangible	Revisions to the Special Consideration for Assessment Policy and Application Guide

	Consideration for Assessment policy changes related to bias and racism	mechanisms to address adverse examination experiences.	came into effect on 1 March 2025. Key updates include expanded eligibility criteria, clearer documentation requirements, specified outcome guidelines, and a streamlined application process with defined deadlines. Additional improvements to support greater clarity and consistency and account for discrimination, bias and/or racism encountered during an assessment were published in early 2026.
17	Clinical Examination Fees	Trainees raised concern about the cost of repeat attempts and strongly supported alternate options in line with Recommendation 17.	We updated the relevant DWE and DCE webpages to help promote transparency about how examination fees are determined and utilised. The updates explain that fees fund the delivery of each exam and support the complex operational, logistical, and quality assurance activities required to manage large-scale assessments across multiple locations. An assessment was completed to explore the feasibility of reducing clinical examination fees for candidates undertaking a second or subsequent attempt. This review considers financial hardship frameworks, practices adopted by other specialist medical colleges, and the financial implications for the College. The assessment will be presented to the Finance and Risk Management Committee and RACP Board in 2026.

Summary feedback themes and the College's responses have been communicated to trainees, providing transparency about how concerns have influenced decision-making. Implementation updates were prepared by the taskforce, reviewed by the CTC Executive, sent to trainees and published on the website in: [February 2025](#), [March 2025](#), [May 2025](#), [August 2025](#) and [February 2026](#).

Further engagement activities are planned in 2026, including targeted opportunities to hear directly from Aboriginal and Torres Strait Islander and Māori trainees, to understand differential experiences and ensure that reforms are having their intended impact across diverse trainee groups.

Monitoring effectiveness and outcomes

The effectiveness of actions taken is being monitored using multiple data sources, including examiner and candidate surveys, feedback captured through CSO and QAL roles, trends in complaints relating to discrimination or conduct, and analysis of examination performance over time. Given the mid-2026 timing of this update, outcome data is still emerging; however, monitoring approaches and timelines are clearly established, enabling more robust longitudinal evaluation in future reporting cycles. Our update under Condition 26 includes discussion on how we are working to improve trainee engagement and include trainee voices in college activities, such as the PCH DCE Review Response.

Administration of the DCE across jurisdictions

All reforms apply consistently across AM and PCH DCEs delivered in Australia and Aotearoa New Zealand. The binational implementation of examiner standards, support roles and monitoring processes reflects the College's commitment to equity of assessment experience and outcomes regardless of examination location.

We acknowledge that addressing findings of the review requires sustained action, transparency and meaningful engagement with trainees. The focus for 2026 is on embedding and expanding reforms, strengthening evaluation of impact, and continuing to centre trainee experience in refining examination design and delivery.

Further details on our progress are available in our 12-month implementation plan, provided in Appendix 5.3.

The RACP considers that this Condition is Satisfied, as, for the DCE, we have provided evidence of trainees' involvement in evaluation and decision-making processes, along with ongoing mechanisms to participate in these processes (further outlined in Condition 26); we have provided performance analysis of exams and feedback from trainees to demonstrate the effectiveness of the action plans the College is implementing; and we have outlined in the response to this Condition and the response to Condition 17 changes to the administration of the DCE in Australia and Aotearoa New Zealand. This progress is reinforced through updates provided in Standard 6. We are well advanced in expanding these changes throughout all RACP assessment processes, ensuring that the PCH DCE review drives wider system change beyond just the findings related to the DCE.

Condition 19				Due Date: 2026
Evaluate the quality and timeliness of examination feedback to trainees with a view to improvement and consideration for inclusion of supervisors in the feedback process (Standard 5.3)				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
2025 AMC commentary				
<i>No response required in 2025</i>				
2026 College response				
<i>Colleges may choose to provide an update on progress towards conditions due in 2026</i>				

Condition 20				Due Date: 2027
Develop and implement mechanisms to quality assure the implementation of programmatic assessment, including workplace-based assessments, in contributing to learner development and accurate and fair progression decisions (Standard 5.4, 8.1 and 8.2)				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
2025 AMC commentary				
No response required in 2025				

2. Statistics and annual updates

Please provide data for 2025 in the table showing each summative assessment activity (e.g. Part 1 and Part 2 exams) and the number and percentage of trainees who passed at their first, second, third and subsequent attempts.

Table 5.3. Summative assessment results (2025)¹

Assessment Activity	1 st attempt			2 nd attempt			3 rd attempt ²		
	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed
Divisional Written Examination									
Adult Internal Medicine (FEBRUARY)	754	601	79.7%	51	16	31.4%	41	8	19.5%
Adult Internal Medicine (OCTOBER)	108	79	73.1%	122	75	61.5%	29	14	48.3%
Paediatrics & Child Health (FEBRUARY)	214	176	82.2%	9	3	33.3%	9	5	55.6%
Paediatrics & Child Health (OCTOBER)	46	36	78.3%	36	12	33.3%	■	■	■

	1 st attempt			2 nd attempt			3 rd attempt ²		
Assessment Activity	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed
Divisional Clinical Examination									
Adult Internal Medicine	760	652	85.8%	145	112	77.2%	33	24	72.7%
Paediatrics & Child Health	229	198	86.5%	22	17	77.3%	9	7	77.8%
Advanced Training – Faculty and Chapter programs									
Australasian Chapter of Sexual Health Medicine (AChSHM) exit assessment	8	6	75%				-	-	-
Australasian Faculty of Rehabilitation Medicine (AFRM) Fellowship Clinical Examination (FCE) Adult Medicine	38	21	55.3%	15	10	66.7%			
AFRM Fellowship Written Examination (FWE) Multiple Choice Questions (MCQ) Adult Medicine	41	27	65.9%						
AFRM FWE Modified Essay Questions (MEQ) Adult Medicine	42	32	76.2%						
AFRM Faculty Clinical Examination (FCE) Paediatrics & Child Health Division				-	-	-	-	-	-
AFRM Entry Phase Examination (EPE) OSCE	62	52	83.9%	-	-	-	-	-	-
AFRM FWE MCQ Paediatrics & Child Health				-	-	-	-	-	-
AFRM FWE Short Answer Questions (SAQ) Paediatrics & Child Health				-	-	-	-	-	-
Australasian Faculty of Occupational and Environmental Medicine (AFOEM) Stage A Written	11	11	100%				-	-	-
AFOEM Stage B Written	9	6	66.7%	9	9	100%			

Assessment Activity	1 st attempt			2 nd attempt			3 rd attempt ²		
	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed
AFOEM Stage B Practical	9	6	66.7%	6	4	66.7%	█	█	██
Australasian Faculty of Public Health Medicine (AFPHM) Clinical Exam	38	33	86.8%	█	█	██	█	█	█

¹ Exam is considered sat if a candidate attended the assessment.

² 3rd or greater attempt category includes a small number of candidates who have sat the assessment four or more times.

In the table below, please provide combined summative assessment data **for 2025** showing the number and percentage of the cohort who passed at their first, second, third and subsequent attempts.

Table 5.4. Stratified summative assessment results (2025)

Cohort	1 st attempt			2 nd attempt			3 rd attempt		
	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed
Aboriginal and/or Torres Strait Islander trainees	See Appendix 5.4								
Māori trainees									
Pacific Peoples trainees									
Specialist International Medical Graduates	-	-	-	-	-	-	-	-	-

Notes

The College uses two measures to describe candidate examination activity.

1. Examination sittings – this is the number of times a candidate has attempted (presented for/sat) an exam. It includes exam attempts that did not count towards their allotted attempts at the exam.
2. Examination attempts – This measure describes the number of exam sittings that have counted towards using an allotted examination attempt. Candidates are assigned an allotted number of attempts for each examination, as defined in training requirements and policies. Examination sittings can be waived as counting towards allotted examination attempts in extenuating circumstances, either for individual trainees (eg through the Special Consideration for Assessment Policy) or across a cohort or subcohort (e.g. interim measures for responding to COVID-19 impacts or in the case of the CBT failure).

The data in these tables is based on examination attempts, as there are a range of factors that would confound interpretation of examination sitting data. Candidates on their 3rd, 4th or 5th attempt have

been grouped in the 3+ attempts category.

A list of examinations for which cohort-level decisions were made to not count the examination sitting towards an allowable examination attempt is provided in Table 5.5.

Table 5.5. Exam instances where Sitzings did not count as Attempts

Exam	Year	Cohort	Reason
Divisional Clinical Exam – AM & PCH	2020	All	COVID-19 impacts and use of alternative delivery approach the delivery of the exam.
Divisional Clinical Exam – AM	2021	ACT and NSW candidates	COVID-19 impacts and use of alternative delivery approach the delivery of the exam.
Divisional Clinical Exam – Paediatrics & Child Health	2021	NSW and VIC candidates	COVID-19 impacts and use of alternative delivery approach the delivery of the exam.
Divisional Written Exam – AM & PCH	2021 – October	All	Pilot of CBT delivered examination
Divisional Written Exam – AM & PCH	2022 – February	All	CBT failure
Divisional Written Exam – AM & PCH	2022 – March	All	Impacts of previous CBT failure
AFPHM Oral Exam	2021 – March	All	COVID-19 impacts
AFPHM Oral Exam	2021 – October	All	COVID-19 impacts
AFRM FCE General	2021	All	COVID-19 impacts
AFRM Mod 1	2021	All	COVID-19 impacts
AFRM Mod 2	2021	All	COVID-19 impacts

Standard 5 Appendices

Appendix [5.1 DRAFT Guide for Joint Trainees for the New haematology curriculum](#)

Appendix [5.2 Workplan for CCER – Draft Roadmap to 2028](#)

Appendix [5.3 2026 Implementation Plan Summary February](#)

Appendix [5.4 Stratified summative assessment results](#)

Standard 6: Monitoring and evaluation

Areas covered by this standard: program monitoring; evaluation; feedback, reporting and action

1. Activity against conditions

The numbering of conditions matches that used in the AMC Accreditation Report.

Please address each of these conditions individually.

Condition 21				Due Date: 2026
<i>Facilitate systemised options for supervisors of training to provide feedback on the training program. This may be aligned with accreditation of training site/network activities (Standard 6.1.1 and 8.2.1)</i>				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
2025 AMC commentary				
<i>No response required in 2025</i>				
2026 College response				
<i>Colleges may choose to provide an update on progress towards conditions due in 2026</i>				

Condition 22				Due Date: 2026
<i>Define and apply approaches to monitor and evaluate how well the training program meets patient and community needs in matters of care quality and safety (Standard 6.2).</i>				

Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
2025 AMC commentary				
<i>No response required in 2025</i>				
2026 College response				
<i>Colleges may choose to provide an update on progress towards conditions due in 2026</i>				

Condition 23				Due Date: 2025
<i>Strengthen monitoring and evaluation activities by enhancing 'loop closure' mechanisms for contributing stakeholders, both internal and external (Standard 6.3)</i>				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			X	
2025 AMC commentary				
Whilst there is work being undertaken to strengthen loop-closure mechanisms through the Education, Research and Evaluation Strategy, this work is still in development and has not yet been implemented or evaluated. Strategic intent alone does not constitute effective loop closure; evidence of feedback, action and reporting back to contributing stakeholders is required.				
2026 College response				
We have implemented a mature, operational knowledge-translation approach that demonstrably closes feedback loops with evaluation participants. Across accreditation, curriculum, and examiner training evaluations, stakeholders - including Fellows, trainees, College teams, committees - were engaged at multiple stages through interviews, surveys, workshops, and committee consultations. Participant feedback directly informed concrete actions. Importantly, findings,				

recommendations, and agreed actions were systematically reported back to contributors via direct emails, committee papers and presentations, published summaries, conferences, and calibration and training sessions, enabling validation of decisions and transparency of outcomes. Implementation of actions is monitored over time, with updates provided as part of subsequent cycles, ensuring feedback loops remain active and iterative rather than one-off. This sustained engagement and reporting demonstrates evidence-based loop closure through feedback, action, and accountability, fully addressing the AMC’s requirement beyond stated strategic intent.

Case studies to demonstrate our achievement of this Condition are provided below.

- Accreditation Renewal Evaluation - Stakeholder feedback from Fellows, accreditors, trainees, and training settings was gathered through interviews, committee engagement, and direct reporting of interim findings at calibration days. All evaluation interview participants received a draft copy of the findings to review and validate. This feedback led to tangible changes including redesigned site visit schedules, improved self-assessment tools, and the embedding of risk-based approaches into accreditation processes. Findings and agreed actions were systematically reported back through emails, committee presentations, and conference dissemination, with implementation monitored across subsequent accreditation cycles.
- Recognition of Prior Learning (RPL) Policy Review – This policy review is a pleasing example of how we used rapid co-design methods with members, including trainees, to assess issues and develop improvements as well as a model that we will build on for future work. A full update on the RPL Policy Revision is provided in Section B. During the Monitor & Evaluate phase, we gathered comprehensive information from existing contact logs and committee feedback registers (leveraging these existing resources reduced burden on members to re-contribute information) to define the review scope. The Revision phase involved several co-design workshops with key stakeholders, an impact assessment, and preparation of consultation materials, which were distributed in February 2026 for a three-week feedback period. In March, all feedback was incorporated into the final policy and implementation plan. Following approval of the revised policy, our policy implementation plan included an [information pack](#) distributed to review participants, and was made available to the full membership on our website, summarising the feedback and how it was actioned. Further implementation activities (as outlined in Section B) are upcoming and will also reiterate how member feedback informed these changes.
- Curriculum Renewal - Extensive engagement with trainees, supervisors, and College teams through surveys, interviews, and workshops informed improvements to curriculum management and communication practices. Feedback drove enhancements to training program materials and targeted communications, alongside capability building within College teams. As with the Accreditation Renewal Evaluation, we report these findings back to evaluation participants and program stakeholders via a range of methods tailored to their needs. Results, recommendations and progress against these are also publicly available on our website, for example see the [2025 New Curricula Program evaluation | Summary report](#).
- Paediatrics and Child Health Divisional Clinical Examination Review – as outlined in our response to Condition 18, we have worked closely with a wide range of stakeholders to identify solutions in response to the findings of the Review and prioritise these for implementation. We close the loop with all stakeholders on this work via use of committee briefings, candidate information sessions, examiner calibration sessions and targeted communication and [website content](#).

We now have effective loop closure methods refined and routinely in place. **We recommend this Condition is assessed as Satisfied.** We can continue to report on topic specific feedback loops via related conditions.

2. Statistics and annual updates

Please provide data **for 2025** in the table below showing:

- A summary of evaluations undertaken
- The main issues arising from evaluations and the college's response to them, including how the College reports back to stakeholders.

Evaluation activity	Issues arising	College response to issues
Medical Training Survey and Torohia Medical Training Survey Between August-October 2025, the Medical Board of Australia carried out its sixth annual Medical Training Survey (MTS), and the Medical Council of New Zealand launched its first annual Torohia Medical Training Survey. Both are annual surveys exploring the experiences of doctors in training. Of the eligible RACP trainees in each country, 23% (n=1,842) responded to the MTS and 19% (n=205) to the Torohia. RACP findings from the surveys, including breakdowns for training program and comparison to the previous years' results (for MTS) were shared with key stakeholder committees. The RACP promotes the MTS and Torohia results amongst the membership by sharing key findings through a	Bullying, harassment, discrimination and racism in the workplace The incidence of bullying, harassment, discrimination and racism both experienced and witnessed by RACP trainees remains high: • MTS: 23 per cent experienced; 32 per cent witnessed. • Torohia: 25 per cent experienced; 42 per cent witnessed. Need to reduce workloads for trainees 53 per cent of RACP trainees in Australia and 60 per cent of RACP trainees in Aotearoa New Zealand rated their workload as heavy or very heavy. Need for clearer communication from the College regarding trainee requirements • 68 per cent of RACP trainees in Australia and 57 per cent of RACP trainees in Aotearoa New Zealand agreed that the RACP clearly communicates the requirements of training • 57 per cent of RACP trainees in Australia and 49 per cent of RACP trainees in Aotearoa New Zealand agreed that the RACP clearly communicates changes to training programs. Need for continued support for trainee wellbeing • 77 per cent of RACP trainees in Australia and 58	Enact MTS follow up process to identify settings with results that indicate areas of concern or excellence. Encourage all settings to reflect on their survey results via the MTS and Torohia interactive dashboards. Implement New Training Provider Standards & Risk-Based Framework as part of the NHPO recommendations. Collaborate with external bodies on initiatives aimed at improving the culture of medicine such as A Better Culture and Every Doctor, Every Setting (EDES) Framework. Use results to inform the RACP's strategic response to improving workplace cultures. The RACP has established a new Member Support Centre to assist members in navigating the College, improving enquiry responses, and enhancing resolution times to better support member needs. Ongoing work to support change management and implementation of new curricula. The Member Health and Wellbeing Strategic Plan outlines the College's commitment to enhancing member wellbeing at both individual and systemic levels. Individual support is free and readily available through the RACP Support Program and our range of other resources. Initiation of new Workforce and Healthcare Reform Advocacy program which will feature calls for protected training and education time for members.

Evaluation activity	Issues arising	College response to issues
comprehensive communication campaign which includes: • direct emails to Directors of Physician/Paediatric Education (DPEs) encouraging local-level exploration of results • articles in eBulletins • a social media campaign The College also shares MTS results with training settings via its annual survey follow up process. We are exploring with the MCNZ what Torohia data we can access to facilitate a similar process.	per cent of RACP trainees in Aotearoa New Zealand agreed that their workplace supports wellbeing • 56 per cent of RACP trainees in Australia and 35 per cent of RACP trainees in Aotearoa New Zealand agreed that the RACP supports flexible training arrangements • 35 per cent of RACP trainees in Australia and 25 per cent of RACP trainees in Aotearoa New Zealand agreed that the RACP provides access to psychological and/or mental health support services • 36 per cent of RACP trainees in Australia and 18 per cent of RACP trainees in Aotearoa New Zealand agreed that there are safe mechanisms for raising training/wellbeing concerns with the College. Need to legitimise and protect structured teaching and learning time in service delivery contexts • 46 per cent of RACP trainees in Australia and 69 per cent of RACP trainees in Aotearoa New Zealand felt their job responsibilities prevented them from meeting training requirements sometimes or often. • 19 per cent of RACP trainees in Australia and 42 per cent of RACP trainees in Aotearoa New Zealand did not have access to protected study time/leave.	
Curricula Renewal	Stakeholders (external and internal) did not feel adequately prepared for implementation. This was influenced by	To streamline and improve communications and engagement, the RACP Regions team will manage change and communication

Evaluation activity	Issues arising	College response to issues
The evaluation in 2025 expanded on the 2024 evaluation and explored the implementation of the new curricula through the lens of readiness for, and fidelity of, implementation, guided by competency-based medical education (CBME) principles i.e. the five core components of CBME. Methodology included rapid feedback evaluation to inform ongoing implementation. Mixed methods were used: surveys, interviews and focus groups with internal and external stakeholders, including Trainees and Educators; and routinely collected program data such as Customer Relationship Management (CRM) data, web analytics and communications data. In 2025, the 2024 evaluation findings were shared with external and internal stakeholders: reports were available on the RACP website, on the research and evaluation page, and linked on the new curricula web page; findings were presented to relevant	several factors. • Stakeholder communication is an ongoing challenge • Navigation and access to training resources could be improved, though they are valued. • Internal stakeholders had concerns about insufficient resources to manage the scale and complexity of curriculum implementation. While most CBME components were in place at the time of evaluation, findings show variability in implementation amongst stakeholders. The main issues identified are: • CBME familiarity and understanding of the rationale for the change is mixed among stakeholders, risking the new curricula becoming a tick-box exercise. • Early confusion around the assessment and progression scales in the progress report • Engagement with the new curricula, such as the Curricula Standards, is not widespread despite trainees and educators finding these relevant and useful for guiding learning. • Poor curriculum awareness and understanding among some supervisors and assessors which negatively impacts trainee feedback quality and usefulness. • Poor understanding by some of the new assessment tasks and rating scales. • TMP challenges affected stakeholder experience of the new curricula, cutting across all aspects of	amongst their networks and include new curricula updates in local meetings with relevant stakeholders. Training resource navigation and taxonomy will be reviewed and redesigned, aligned to the RACP TRELlS project. Education resources and training are being reviewed for information that promotes the rationale for CBME and intended benefits. This will also be included in discovery and design activities for SPDP Review. A deeper understanding of assessment scales is being explored in the 2026 evaluation to monitor how abiding this confusion is. The use, usefulness, and utility of the CS will be monitored in the 2026 evaluation, to see how these change as program implementation advances. High-impact resources, to support use of the CS and RP in planning learning, will continue to be identified, developed and promoted. The TMP continuous improvement team will investigate linking to the Curriculum Standards in TMP, wherever the learning goals are referenced, to help improve awareness of the curriculum. The Curriculum, Assessment and TMP teams will explore: developing a short summary resource for users to provide clarity for users around requirements and terminology; adjustments that can be made to one of the rating scales; links and resources in TMP and SPDP to clarify rating scales and definitions. To boost user experience and confidence in TMP through ongoing improvements, RACP will communicate updates about TMP enhancements; develop an enhancement roadmap to inform

Evaluation activity	Issues arising	College response to issues
Advanced Training Committees as requested; and findings were shared with internal teams to inform ongoing implementation and program improvements. The 2025 evaluation findings were shared with key internal stakeholders in 2025, via a workshop, to co-develop recommendations and actions for implementation. Wider distribution of the findings, to evaluation participants and external stakeholders, is occurring in 2026 following CEC approval of the summary report. See Appendix 4.1 for a copy of the 2025 CR Evaluation Report.	the new curricula.	users about planned updates; consult with users for enhancement planning; and monitor stakeholder suggestions for TMP improvement.
2025 Network Accreditation Monitoring Following initial evaluation of the network accreditation process in 2024, a monitoring cycle was undertaken in 2025 to explore how participants are experiencing ongoing implementation of the process, the consistency of review practices amongst accreditors, and overall process effectiveness.	Overall, stakeholder feedback was largely consistent with that provided by NSW and Aotearoa NZ stakeholders in the initial 2024 network accreditation evaluation, confirming key areas for improvement. Need to reduce the burden of accreditation Settings reported ongoing frustration with the repetition and complexity of the Self-Assessment Form. The standards were perceived as repetitive, and the combined format including both Adult Internal Medicine and Paediatrics & Child Health requirements within a single setting form was considered impractical and confusing.	The new AMC Model Standards and College-Specific Requirements have now been confirmed. Updated SAFs are being developed to align with these standards and will be consulted on with members prior to their implementation. The revised materials may be implemented initially in Victoria in Q4 2026.

Evaluation activity	Issues arising	College response to issues
The evaluation scope included all Basic Training networks in Queensland and Western Australia accredited in 2025. Data collection involved semi-structured interviews with 45 stakeholders across 8 training networks in Queensland and Western Australia, including DPEs, NDPEs, network administrative support staff, setting executives, and accreditors. Findings from this monitoring cycle were shared with key stakeholders and evaluation participants through presentations at the 2025 Annual Accreditor Calibration Day and at both the Adult Internal Medicine and Paediatrics & Child Health DPE Forums. In addition, the 2025 Network Accreditation Monitoring Report was shared with relevant committees, including the Basic Training Program Committees, the Joint Accreditation Subcommittee, and the new College Accreditation Committee. A further monitoring cycle will	Repetitive network-level processes Settings noted that holding a dedicated network interview at every site visit felt repetitive and was not an optimal use of time, given that similar information about how the network operates was covered multiple times with different groups. Document review limitations may overlook high-risk settings Consistent with earlier evaluation findings, accreditors and settings expressed concerns about the effectiveness of document reviews. NDPEs also noted that the College may be directing its focus toward lower-risk settings, as the routine practice has been to conduct site visits only at Level 3 and Level 2 hospitals, while Level 1 and secondment hospitals typically receive document reviews. This has led to a perception that settings with greater risks to training may not be receiving adequate scrutiny. Some variability in accreditor practices Settings raised observations about the variability in accreditor practices, including the way conditions and recommendations were applied. Some stakeholders felt that the specificity of conditions and recommendations varied across different accreditors and that criteria were not always interpreted consistently across settings within a network. Perceived metrocentricity in accreditor practices	The College has transitioned to conducting a single network-level interview to gather feedback on how the network functions, rather than repeating the interview at every site visit. This change is intended to reduce repetition, streamline the review process, and make more effective use of stakeholders' time. This single network-level interview approach will also facilitate calibration of all accreditors reviewing settings within a network, where it is not possible to allocate the same accreditors to review all settings within that network. The College is now seeking advice from NDPEs on which sites within a network should receive a site visit. Their input will be considered alongside the new risk framework to guide decisions on whether a setting receives a site visit or a document review at its next comprehensive review. The risk framework will be implemented alongside the rollout of the AMC Model Standards. The College is working on improving consistency by enhancing guidance and calibration for accreditors. Guidance and training on conditions and recommendations was provided to Basic Training accreditors at the 2025 Calibration Day, and a one-page reference guide outlining the AMC's formula for writing conditions and recommendations will be included in all accreditor packs. The College will embed equitable consideration for rural and regional settings as a core principle in accreditor training and

Evaluation activity	Issues arising	College response to issues
be undertaken in 2026, focusing on network accreditation experiences in South Australia, with a final Network Accreditation Monitoring Report to be delivered at the end of the year.	Settings reported some concerns around perceived metrocentricity in accreditors' approaches in which accreditors placed disproportionate emphasis on exploring potential issues at regional and rural sites, while giving little attention to considering the metropolitan settings within the same network. This contributed to a sense that accreditors did not consider each setting equitably and that they assumed metropolitan settings were less likely to have issues. Opportunity to showcase and share best practices Settings expressed an interest in using the accreditation process as an opportunity to share best practices and highlight aspects of their training programs they are proud of. They noted that broader sharing of these examples could support quality improvement across other settings. Inconsistently constituted accreditor panels may impact network accreditation fidelity Both setting representatives and accreditors highlighted the desirability of having consistent accreditor panels conduct reviews across all settings within a single training network. Inconsistent panels were seen as affecting the continuity of understanding and the overall fidelity of the review process. Preliminary meetings support accreditor alignment Observation of preliminary meetings held between accreditors and Training Accreditation Services staff in advance of a site visit revealed that these meetings were often essential but missed opportunities to align accreditors	guidance materials, to support fair and contextualised assessment across all settings in a network. Calibration Day will also be used to reinforce equitable assessment principles and share case examples that illustrate rural and regional training environments. Where possible, the College will also endeavour to allocate rural, regional and/or remote accreditation reviews to RRR-representative accreditors. The College is considering ways to enable settings to showcase best practices as part of the accreditation process and to promote broader sharing of these examples. Opportunities may be introduced within site visits or reporting for settings to present practices they wish to highlight. In addition, mechanisms such as best practice exemplars may be developed to disseminate effective practices across settings and networks and support continuous quality improvement. Where possible, and subject to accreditor availability and capacity, the Training Accreditation Services team aims to allocate the same accreditor(s) to review all settings within a network to support consistency and strengthen the fidelity of the review process. Where this is not feasible, TAS will continue to design accreditation schedules so that all settings within a network are reviewed within a four-week period and to arrange single network-level interviews (as mentioned above) to enable accreditors to share insights across settings and maintain continuity in their understanding of the network's context and challenges. The Training Accreditation Services team intends to strengthen the structure and consistency of preliminary meetings by developing and implementing a standard agenda. TAS staff will also conduct a first-pass review of documentation ahead of these meetings to highlight key issues requiring accreditors' attention. In addition, the roles and expectations of accreditors, TAS staff

Evaluation activity	Issues arising	College response to issues
	on core issues heading into a visit. Timeliness of accreditation decisions can be improved Both settings and accreditors identified the need to improve the timeliness of accreditation outcome communication. Delays in receiving decisions or formal correspondence affected settings' ability to plan and respond effectively.	and observers during the meeting will be clarified to support more effective preparation and shared understanding heading into each site visit. The Training Accreditation Services team has strengthened messaging to accreditors and training settings to communicate deadlines for reviewing/submitting paperwork to ensure that items make deadlines for upcoming committee meetings; to expedite decisions. Since August 2025, the team has also been trialling a revised internal Accreditation Subcommittee meeting planning process that includes more advanced KPIs and tracking around pre-and-post meeting activities; to improve outcome letter turnaround timeframes and mitigate delays. Additionally, the team has been enhancing use of circular resolutions to improve accreditation decision-making turnaround timeframes on high impact items (e.g., potential breaches and active management).
Post examination Candidate Surveys (PECS) and Post-Examination Examiner Surveys (PEES) Routine post-examination surveys of candidates and examiners are administered after every Divisional, Chapter and Faculty assessment organised by the College to support quality assurance and improvement of the assessment	Communication of examination details and requirements - Adequacy and timeliness of communication regarding examination could be improved in the lead up to the examinations. - College communication may not provide clarity regarding examination-day processes. Fairness and accuracy of examinations - Occasional issues emerge with examination venues,	Additional candidate resources regarding examination-day processes are in development, such as FAQ documents, downloadable checklists and reference guides. The Examination webpages have been updated to provide in-depth information about what to expect on the examination days and about examination processes. Webpage maintenance processes are in development to ensure regular reviews of online examination content. Candidate Information Sessions were implemented in 2025 to further support candidates in their examination preparation. These sessions have been turned into BAU activities in 2026. The College is considering a venue performance tracking system that records historical candidate feedback about environmental

Evaluation activity	Issues arising	College response to issues
program. Survey links are sent to candidates and examiners after each examination. The surveys usually run for two weeks. Response rates for the 2025 surveys range from 10% to 38% for candidates and 29% to 49% for examiners. Post-examination survey findings are shared with the Assessment Services team to support their continuous improvement processes. Recommendations put forward in the survey reports are actioned at the end of the examination cycle as improvements for the following year, if possible and feasible. Reports summarising key findings are circulated to the relevant Examination Committees overseeing the assessments.	role players/cases/examiners • Candidates continue to have reservations that the DCE process may not be a fair and equitable way to determine competence. Constructive alignment between training experiences, training objectives and assessments • Some candidates don't feel that their training prepared them for the examinations, particularly the DWE, DCE and the AFRM Fellowship Clinical Examination.	factors, consistency of service quality and staff observations during examinations to guide future decision-making. Clear requirements for optimal examination conditions are to be negotiated as part of venue contracts. The College continues to develop strategies to improve role-player/case standardisation including: • establishing standardised criteria for patient selection and documenting key clinical findings to be used as a guideline for examiners. • developing clear patient briefing protocols. The College has established clear and streamlined processes in the Invigilator Manual to ensure a fair and equitable environment for the DWE. The College continues to ensure standardisation in behaviour and marking is high amongst examiners to provide candidates with a fair and equitable assessment. The College has implemented a Conflict-of-Interest register to better manage potential conflicts of interest between candidates and examiners. The College is exploring options to further limit conflict of interests in examination processes and address the potential impacts of examiner hierarchy on examination results. The College is further piloting the Quality Assurance Lead role at several examination sites for the DCE to support consistency with RACP assessment standards and examination processes. The College is exploring the best ways to assess candidates' required level of competence through the Cross-College Examinations Review. The College is considering whether new educational resources are needed to help link examination relevance to training objectives

Evaluation activity	Issues arising	College response to issues
	- Examination content may not reflect the expected standard of clinical knowledge, clinical skills or the learning objectives outlined in the curriculum. Examination preparation resources - There is a need to improve resources for examination preparation. Examination satisfaction - Some trainees are not satisfied with the examination experience. Digital marking system (DSS; DCE only) - Internet quality may affect usability of the DSS. - Time allocations may be inadequate for marking using the DSS.	and day-to-day practice. The College continues to ensure that examinations are mapped to the full breadth of the training curricula and training experiences. The College continues to explore ways to improve examination relevance to clinical practice. The College offers the RACP Support Program for access to a free confidential helpline available 24 hours. The College piloted the presence of Candidate Support Officers at the 2025 DCE to offer support at the examination sites. This initiative will continue in 2026 across all examination sites. Knowledge Guides and online preparation resources are being reviewed in order to identify areas for improvement to enhance their utility for examination preparation. Sample questions and additional preparatory resources for the AFRM Fellowship Clinical Examination have been published on the examination webpage. Reported satisfaction levels and free-text comments of survey respondents are regularly analysed to monitor potential reasons for (dis)satisfaction. The College is looking into improvements such as: - ways to ensure reliable and secure Internet connection on examination sites as this may improve the DSS' usability - providing more training and resources to increase examiners' familiarity with the DSS prior to the examination day - re-assessing time allocations for coming to a consensus, marking and completing the DSS - providing more functionality such as voice-to-text features

Evaluation activity	Issues arising	College response to issues
		to improve the speed of providing feedback. We have provided all Examiners with paper backup scoresheets for each examination date, which can be utilised when the DSS is not accessible.
New Fellow Survey Survey of members one to two years post completion of an RACP Advanced, Faculty or Chapter training program. It aims to address a number of gaps in our knowledge regarding preparedness for unsupervised practice and making the transition from trainee to specialist/consultant. The most recent survey was undertaken in May/June 2025 and 11% (n=94) of new Fellows responded. Overall findings and recommendations from this survey were shared with key stakeholder committees and RACP website. Specialty-specific findings were shared with Training Committees and Specialty Societies where minimum respondent numbers were reached across all survey years	New Fellow preparedness is low in the following domains: • Health Policy, Systems and Advocacy • Research New Fellow perceptions of assessment are changing • Perceived educational utility of the Advanced Training Research Project (ATRP) is low, although this has increased since 2024. • Perceived utility of the work-based assessments is declining over time. Desire for more work/life balance during training 40 per cent of New Fellows were satisfied with their work/life balance while training. New Fellows have limited experience in outpatient clinics, private practice, and rural locations New Fellows commented on the lack of training or preparation for working in outpatient clinics, private practice, and rural locations. Need for more College support for New Fellows • One third of new Fellows perceived the transition from Advanced Training to Consultant/Specialist to be difficult or very difficult • New Fellows have low awareness of existing resources to assist with their transition to	A Health Systems, Policy and Advocacy online course was implemented in 2024. Interim improvements to ATRP requirements, submission process and RPL/equivalency process were implemented from 2023. A holistic review of ATRP requirements is occurring in 2026. Interim improvements to ATRP requirements, submission process and RPL/equivalency process were implemented from 2023 SPDP 3, focussed on work-based assessment, was made mandatory for Advanced Trainees from 2023. Work is underway to update curriculum content with relevant competencies on culturally safe practice, and the health and wellbeing of Aboriginal and/or Torres Strait Islander peoples and Māori. The College is considering alternative options for trainees looking for experience in a broader range of settings as part of Curricula and Accreditation Renewal initiatives (e.g. online courses, resources, information sessions) Administration of funding for training positions that encourage the growth of the specialist workforce in regional, rural and remote areas via the Specialist Training Program (STP), and further extended by the Integrated Rural Training Pipeline Initiative (IRTP)

Evaluation activity	Issues arising	College response to issues
(2021-2025). Additional reports were prepared for relevant staff only, including a rural and remote report, a country report, and a dual vs single program report.	unsupervised practice. • New Fellows would like the College to provide a transitional program to help them adjust to unsupervised practice • Less than a third of New Fellows agree they receive support from the College when needed • Topics most frequently suggested for further support included: managing the transition from trainee to consultant/specialist, career planning and advice, and artificial intelligence in medicine. • New Fellow Survey respondents have expressed a need for additional learning opportunities, as well as mentorship or assistance finding a mentor.	Implementation of the Regional, Rural and Remote Physician (RRRP) Strategy to prioritise, advocate and support regional, rural and remote workforce and training initiatives. Transitional program for new Fellows launched early 2026.
Evaluation of Racial Bias and Cultural Safety Training Mandatory racial bias training was introduced to all Divisional Examiners for the BPT clinical exams in Adult and Paediatric Medicine. This was done in response to the PCH DCE Review. An external provider was contracted to deliver the training to National examiners as part of the calibration day workshops across NZ and AU and a series of webinars was also delivered for all local examiners. The evaluation activities comprised	Findings arising from the evaluation: • Training purpose was clear; facilitators were effective in delivering the information • Participants valued new learning about frameworks to consider racism and opportunities to reflect on bias in the exam • Training could have been more interactive, contextually relevant, and included more practical strategies to apply new learning to the exam situation • Iterative approaches to future training was recommended and it was acknowledged that this training should be done annually • Participants wanted an expansion beyond Māori and to be more inclusive of other cultures • Many participants had lived experience of racism or bias and are actively thinking about and engaging in	College response to issues: • Committee and key stakeholder consultation occurred on the design of 2026 training with new training providers • All sessions will be jointly facilitated by staff from AIDA as well as a Māori training provider • Racial bias and cultural safety training is being delivered as BAU and has expanded to be inclusive of all examiners, including in Faculties and Chapters, all accreditors, and DPEs in 2026 • Training is being contextualised to the audience, will be more interactive with case studies, will provide more opportunities for discussion and will include practical strategies that participants can take away and apply The new style of delivery, expanded delivery options, and revised learning outcomes are being evaluated in 2026 to inform future program design of this training

Evaluation activity	Issues arising	College response to issues
1. Surveys post training and additional questions added to the PECS and PEES 2. Observation of the training sessions 3. Interviews with facilitators and staff observers 4. Interviews with examiners post-training and again post-exam 5. Interviews with internal staff involved with supporting the training implementation and exams. The training is being evaluated again in 2026 with key updates to findings to be made available in September for the Examiners cohort and late November 2026 for the Accreditors and DPEs	talking and learning about these issues • Barriers to being anti-racist in the exams included cognitive load, lack of time, power dynamics, and discomfort to call out the bias • Strategies to facilitate being anti-racist in the exams were identified by participants and included implementing active strategies, calling out bias, continually reflecting and being aware of bias, and committing to being anti-racist all of the time, not just in exams • Outcomes included wanting to learn more, new learning, increased awareness of the issues, increased reflection, being more objective in exams • The training did have some unintended impacts which resulted in examiner backlash and resentment at being made to do the training due to the perception it was a PCH and NZ issue • The framing of the training as being in response to the PCH DCE review contributed to a sense of disengagement and defensiveness for some examiners • There was a lack of perceived relevance and senior college leadership and buy-in which affected attitudes toward the training • 16 recommendations were accepted and endorsed by the relevant committees	
Selection into Training Quality Assurance and Improvement In 2024, the College Education Committee (CEC) began a new	The evaluation phase identified that selection into training is operating as a functioning but fragmented system, with inefficiencies and inequities arising at the interfaces between selection, recruitment, accreditation and	Seven recommendations were put forward in the evaluation report to address the main issues arising from the review. The recommendations relate to both strategic implications and operational improvement opportunities, including leveraging

Evaluation activity	Issues arising	College response to issues
initiative to support the quality assurance and improvement of selection into RACP training programs. This initiative is in response to increased interest by stakeholders, regulators and governments in understanding the activities and outcomes of selection (and by extension, recruitment) processes for training programs and positions. The initiative consists of three phases. Two of the three phases, the Discovery and Evaluation phases, were conducted in 2024 and 2025. The Discovery phase described the current state for selection into Basic (BT) and Advanced Training (AT) in Australia and Aotearoa New Zealand. Methodology involved desktop review of entry and selection processes across jurisdictions and, where possible, stakeholder consultations to validate desktop findings and understand local context. The Evaluation phase appraised the current state of recruitment, selection and entry into BT and AT programs across Australia	governance arrangements. Key issues included: • Fragmentation and weak coordination across the system: Selection into training occurs across multiple interdependent subsystems with differing governance arrangements, policy interpretation, timing and decision-making processes. This contributes to duplication, inconsistent practice and reduced system coherence. • Misaligned recruitment timing across jurisdictions and specialties: Differences in recruitment cycles and offer processes create late withdrawals, repeated selection activity, disruption to workforce planning and inefficiencies across the training continuum. • Limited data visibility and weak feedback loops: The evaluation found fragmented data ownership and limited access to consistent information on selection outcomes, trainee progression and system performance. This constrains transparency, monitoring, continuous improvement and strategic oversight. • Variable confidence in the fairness, transparency and predictive value of selection processes: While structured tools such as interviews, CV scoring and referee reports are widely used, stakeholders raised concerns about their consistency, predictive validity and transparency, including limited feedback to unsuccessful applicants and the influence of informal practices.	accreditation and policy levers, strengthening data feedback systems, harmonising recruitment timing and embedding equity monitoring. The report also identified improved data and information systems as a critical enabler for broader quality assurance and improvement activity. The Response phase, which is the third phase of the initiative, is focused on translating the evaluation findings and recommendations into measurable actions to support continuous improvement, strategic alignment and quality assurance across the training continuum. Consistent with the evaluation report, this phase is being undertaken in collaboration with relevant stakeholders to refine priorities, define practical actions and support implementation planning. To support this work, a Selection Quality Framework (SQF) is being developed in collaboration with stakeholders. The SQF is intended to provide a coherent, binational structure to guide improvement from the current state of selection towards a system that is more coordinated, transparent and equitable. The SQF includes six domains, with establishment of a selection data and insights program and advancement of equity and inclusion identified as priority areas for initial development. These priority domains have been selected to respond directly to key evaluation findings regarding data visibility, equity of access and consistency of selection processes. Co-design of the SQF is being progressed through dedicated stakeholder consultations. A kick-off meeting with stakeholders from equity groups was held in early 2026, with two follow-up workshops planned for Q2 2026 to refine equity goals for selection into training. Two working days with a wider range of stakeholders are planned later in the year to ensure perspectives from a breadth of training programs and jurisdictions inform refinement of the SQF ahead of broader stakeholder consultation

Evaluation activity	Issues arising	College response to issues
and Aotearoa New Zealand with reference to the RACP policy and standards to inform quality assurance and improvement. The evaluation used Systems Evaluation Theory (SET) to examine system purpose, subsystems, boundaries, feedback loops, efficiency and effectiveness. Methods included synthesis of Discovery Phase findings, desktop review, stakeholder scan, focus groups/interviews, surveys, triangulation and thematic analysis. The initiative, its context and aim as well as key insights discovered during the Discovery and Evaluation phases can be found on the RACP webpage. The resulting reports have also been published: Basic Training (BT) Discovery Phase Report Advanced Training (AT) Discovery Phase Report Evaluation Phase Report	• Uneven equity of access to training opportunities: Access to training pathways is affected by geography, visibility to selectors, informal networks, access to research and academic opportunities, and the concentration of high-profile training environments in metropolitan settings. These factors may disadvantage trainees in regional or lower-resourced contexts and contribute to workforce maldistribution. • Structural barriers to progression and continuity of training: In some specialties, fragmented or poorly coordinated pathways, repeated competition for short-term roles, funding constraints, rigid accreditation criteria and inconsistent approaches to recognition of prior learning create avoidable barriers to progression and completion of training. • Need for greater system adaptability to trainee diversity: The evaluation also identified uneven support for flexible, part-time and non-linear training pathways, with implications for equity, retention and responsiveness to the changing profile of the trainee workforce.	and CEC endorsement. Implementation activities informed by the SQF are planned for development in 2027.

The AMC has previously signalled to colleges that it will look at how the results of the MTS can be used in accreditation and monitoring processes. In this section the AMC is asking the College to comment on how it has used, or plans to use the results.

Can the College please provide evidence on actions taken based on MTS results, including:

- Developments and changes made by the College as a result of the MTS
- Future directions and planning based on the results

College response	
Developments and changes made by the College as a result of the MTS?	Areas for development identified from the 2025 MTS and 2025 Torohia were quite similar, although severity of findings did differ across countries. We outline below how the College is addressing concerns from both sources. Bullying, harassment, discrimination, and racism in the workplace Enact MTS follow up process where setting-based survey responses indicate areas of concern. Concern management is integrated into accreditation processes. From 2023 onwards, MTS data has been used to identify settings with results that indicate excellence in areas such as clinical supervision or overall satisfaction. Implementation of New Training Provider Standards & Risk-Based Framework as part of the NHPO recommendations. Inform the RACP's Bullying, Discrimination and Sexual Harassment Action Plan. This initiative will address the College's responsibilities with respect to BDSH in Physician Training Environments. Collaboration with external bodies on a number of initiatives aimed at improving the culture of Medicine, including: • A Better Culture – body of work being led by Royal Australasian College of Medical Administrators (RACMA) using STP FATES funding to develop a framework for improving the culture of medicine • Every Doctor, Every Setting (EDES) Framework – Australian Government funded initiative led by <i>Life in Mind</i> guiding coordinated action on the mental health of doctors and medical students. The EDES Framework brings together evidence-based data on what works to prevent and responds to mental ill-health and suicide. • System-wide work to address Recommendation 13 from the NHPO Report. Need to reduce workloads for trainees Enact MTS follow up process to identify settings with results that indicate areas of concern or excellence. Through a structured communications campaign, all settings are encouraged to reflect on their survey results via the MTS and Torohia interactive dashboards. Call for clearer communication regarding trainee requirements The RACP has established a new Member Support Centre to assist members in navigating the College, improving enquiry responses, and enhancing resolution times to better support member needs.

	Need for continued support for trainee wellbeing The Member Health and Wellbeing Strategic Plan outlines the College’s commitment to enhancing member wellbeing at both individual and systemic levels. Individual support is free and readily available through the RACP Support Program and our range of other resources. A need to legitimise and protect structured teaching and learning time in service delivery contexts Initiation of new Workforce and Healthcare Reform Advocacy program which will feature calls for more structured training and education time for members.
How is the College reflecting on its performance in the MTS?	The RACP undertakes an analysis of the MTS and Torohia results each year, identifying areas in which RACP trainees responded considerably less favourably than the national response, and monitoring progress against past RACP results. Since 2024, the RACP has also been able to explore the MTS results by training program (Basic Training/Advanced Training) and Division (Adult Medicine/Paediatrics & Child Health). The analysis is shared with key RACP training committees, as well as the Training Program Management Committee, the College Education Committee, the Curriculum Improvement and Supervision Advisory Committee, the Board, the College Trainees’ Committee, the Aotearoa New Zealand Trainees Committee, the Aotearoa New Zealand Committee, the College Assessment Committee, the Member Health and Wellbeing Committee, and the Gender Equity and Diversity Advisory Committee. Region-specific MTS results are also shared with our State/Territory Committees to help identify strengths and areas of improvement in various states and territories. These committees are tasked with examining the survey results in conjunction with existing and upcoming projects to identify specific areas within their scope that may require enhanced or new initiatives. The RACP shares MTS and Torohia findings with all staff via the MTS RACP Summary Report and encourages further exploration via the interactive reporting dashboard. Further, the College promotes the MTS and Torohia results amongst the membership by sharing key findings through a comprehensive communication campaign including: • direct emails to Directors of Physician/Paediatric Education (DPEs) encouraging local-level exploration of results • articles in eBulletins • a social media campaign promoting awareness and advocacy. The College explores MTS results with training settings via an annual survey follow up process. This process identifies settings that score more than one standard deviation above the mean setting score on questions related to trainee wellbeing, workload, and/or patient/doctor safety. We then discuss these results with the setting DPE and integrate concerns management into accreditation processes where possible. Results are also escalated to the setting’s executive

	where appropriate. Processes used in the past to manage concerns have successfully raised training settings' awareness of potential areas of concern, prompting local exploration of concerns and providing a strong evidence base for educational leaders to seek resources and support for training from setting executives. From 2023, survey results have also been used to identify high-performing training settings who score more than one standard deviation more favourably than the mean score across all settings in particular areas, such as the quality of clinical supervision. MTS and Torohia findings are also used to set KPIs in operational planning and as evaluation metrics, embedded within a wider reflection framework.
What are the future directions and planning of the College based on MTS results?	The RACP will continue to use the results of the MTS and Torohia to identify strengths and areas of concern and monitor progress towards new actions and initiatives (current actions identified in row 1 of this table). Progress towards these actions will be documented in a centralised research, evaluation and monitoring action plan, with some actions involving long-term change occurring over several years. A separate Indigenous Findings report has also been prepared for the 2025 MTS that will be used to inform future initiatives for our Aboriginal and Torres Strait Islander members.

In 2025, Aotearoa New Zealand launched the Torohia, an annual online survey for doctors in training. In this section the AMC is asking the College to comment on how it has used, or plans to use the results.

Can the College please provide evidence on actions taken based on Torohia results, including:

- Developments and changes made by the College as a result of the Torohia survey
- Future directions and planning based on the results

College response	
Developments and changes made by the College as a result of the Torohia survey?	Where appropriate, we have implemented a unified approach to responding to the MTS and Torohia findings, as themes are similar across both countries. Implementation and details are tailored per country as required to accommodate nuances in findings and different contexts.
How is the College reflecting on its performance in the Torohia?	As above in MTS update
What are the future directions and planning of the College based on Torohia results?	As above in MTS update

Standard 6 Appendices

Nil.

Standard 7: Issues relating to trainees

Areas covered by this standard: admission policy and selection; trainee participation in education provider governance; communication with trainees; trainee wellbeing; resolution of training problems and disputes

1. Activity against conditions

The numbering of conditions matches that used in the AMC Accreditation Report.

Please address each of these conditions individually.

Condition 24				Due Date: 2026
<i>Undertake review of policies, procedures and systems for selection into Basic and Advanced Training in collaboration with relevant stakeholders. Outcomes of this work should include:</i>				
<i>i. determination of an evidence-based framework for selection activities, adaptable to a range of implementation contexts, which ensures these activities are aligned to the College selection principles, and are transparent, feasible, valid, reliable and culturally safe. Specific attention is needed in Advanced Training to reduce variability.</i>				
<i>ii. identify centralised methods to monitor consistent and fair application of the selection policy and processes across accredited training sites and jurisdictions. Clear actions to address inconsistent application and increase transparency in selection must be considered.</i>				
<i>iii. include strengths-based approaches to increase the selection of Aboriginal and/or Torres Strait Islander, and Māori trainees, and trainees with a commitment to rural and/or remote and/or Indigenous health in partnership with stakeholders.</i>				
<i>iv. ensure all information, policies and procedures, related to selection into training are clearly articulated and easily accessible on the College website (Standard 7.1).</i>				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
2025 AMC commentary				

<i>No response required in 2025</i>
2026 College response
<i>Colleges may choose to provide an update on progress towards conditions due in 2026</i>

Condition 25				Due Date: 2026
<i>Develop and commence implementation of a strategic workforce plan that enhances the recruitment, training, retention, and professional development of a physician workforce that serves the healthcare needs of Indigenous populations. (Standard 7.1.3)</i>				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
2025 AMC commentary				
<i>No response required in 2025</i>				
2026 College response				
<i>Colleges may choose to provide an update on progress towards conditions due in 2026</i>				

Condition 26				Due Date: 2025
<i>Identify and implement methods/tools to improve engagement with and amongst trainees, with appropriate consultation with trainees and their representatives. Monitoring and evaluation mechanisms should be included to determine improvement over time (Standard 7.3).</i>				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied

			X	
2025 AMC commentary				
The College acknowledges that this is a challenging area and will require a lot of work over many years, including a ‘paradigm shift’ in how the trainees view the role of the College. An action plan, developed in collaboration with the Trainee’s Committee, focuses on 6 key areas: 1. Raise the profile of the Trainees Committee 2. Improve connections between trainees and their trainee committees 3. Improve connections between College Trainee’s Committee and trainee representatives 4. Evaluate, improve, streamline and reduce College communications to trainees 5. Improve engagement of trainees at critical transition points 6. Increase the resolution rate and reduce response time for trainee queries Timelines are provided for these activities, with completion anticipated over the next two years. While the plan represents a structured and positive approach, there remains limited evidence of responsiveness to the issues and perspectives previously raised by trainees. The Committee considers that further work is required to demonstrate how trainee feedback has informed the design and prioritisation of activities within the action plan, and to ensure that mechanisms for ongoing engagement and accountability are embedded as the work progresses. Regular reporting and annual updates will be important to monitor progress and effectiveness. Future reporting should clearly demonstrate how trainee feedback has directly informed priorities, sequencing and resourcing decisions, and how improvements in engagement will be measured over time.				
2026 College response				
Since the 2025 update, the College has progressed implementation of the Condition 26 Action Plan (Appendix 7.1), along with updating it in response to changing circumstances. Updates to the action plan have been made in partnership with trainees and it’s serving as a good vehicle through which to coalesce discussion and refine approaches to improve the impact of trainee voice and trainee engagement. We also note Board disruption has challenged progress towards more effective trainee engagement. Strengthening engagement structures and connections Progress has been made across the six original priority areas, with a focus on strengthening connections between trainees, their representatives, and the College: • Visibility of trainee representation has improved through updated web content, promotional materials, and inclusion of trainee committee information in orientation and onboarding processes.				

- New communication channels (e.g. a dedicated trainee representative WhatsApp network) have been established to support ongoing, two-way engagement.
- Roundtables and forums (including a pilot trainee representative roundtable) have provided additional platforms for dialogue and peer connection.
- Trainee engagement is being strengthened at a local level through Member Support Officer outreach, orientation activities, and ongoing stakeholder engagement, now embedded as business-as-usual.

These initiatives aim to improve both formal and informal pathways for engagement, supporting moves to a more connected trainee community. There are still challenges to engagement and we will continue our focus to explore ways to address this.

Improving engagement through targeted activities and communications

The College has also progressed initiatives to improve engagement at key points and through relevant activities:

- Development of trainee-led events and conferences, including the Trainee and Early Career Conference (planned for 2026), with a focus on relevance, interaction and career value.
- Implementation of the Event Delivery Improvement Framework, introducing standardised evaluation metrics beyond attendance, including relevance, engagement and impact.
- Increased alignment and promotion of regional trainee events, with improved communication resulting in reduced reports of trainees being unaware of opportunities.

In parallel, work is underway to improve communications through:

- agreement to use co-designed communication approaches with trainees as part of Project TRELIS, supporting more targeted, relevant and personalised content; and
- review of communication practices in response to trainee feedback regarding email fatigue and information overload, with adjustments to streamline communications.

Monitoring, evaluation and accountability

Consistent with the AMC's feedback, the College has strengthened its monitoring and evaluation approach to track improvements in engagement over time.

Key mechanisms include:

- Development of standardised evaluation metrics for trainee engagement activities, including post-event surveys and reporting to trainee committees and the CTC.
- Use of multiple data sources, including attendance data, survey results, engagement analytics, and qualitative feedback from trainee representatives.
- Ongoing monitoring of response times and resolution rates for trainee queries through the expanded Member Support Centre and improved governance processes.

Reporting of these measures to the CTC and relevant governance bodies, via this action plan and other activity-specific reports, will support ongoing accountability,

trainee voice and continuous improvement.

New Trainee Voice goal in the Action Plan

Since the 2025 update, the College has introduced an additional goal in the action plan “Goal 7: Establish clear and transparent pathways for trainee voice to contribute to College activities.”

Actions to achieve this goal include:

- ensuring trainee representation across College bodies, working groups and accreditation panels;
- developing clear expectations for engagement with trainees across major initiatives;
- supporting trainee representatives to gather and represent diverse trainee perspectives; and
- embedding feedback and reporting mechanisms to demonstrate how trainee input informs outcomes.

We consider that this condition is progressing, with evidence that trainee engagement activities are becoming more structured, better integrated, and increasingly informed by trainee input. Continued implementation of the action plan, alongside strengthened evaluation and reporting mechanisms, ensure that trainee perspectives continue to shape College priorities and activities. Assuming the wider college environment reaches more stability, we hope that this work will then translate into demonstration of measurable improvements in trainee engagement over time.

Condition 27				Due Date: 2026*
As part of overall strategic and action plans to improve trainee wellbeing and training environments:				
i. develop and implement centralised mechanisms to document, manage and monitor allegations of discrimination, bullying and harassment in accredited training sites. Appropriate timelines for stakeholder response must be determined. – due 2026*				
ii. develop and implement centralised safe, culturally responsive and confidential pathways for trainees to raise concerns about their training environment and resolution of training disputes. Appropriate timelines for stakeholder response must be determined. – due 2026*				
iii. ensure information related to trainee supports and complaints pathways are clearly documented, well-communicated and easily accessible. This may include resituating items on the College website to be more visible (Standard 7.4 and 7.5) – due 2025*				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			(iii)	
2025 AMC commentary				

- iii. The College has provided a detailed update outlining multiple initiatives to improve trainee supports and complaints pathways, including the establishment of the Member Support Centre, the development of a new Complaints Policy and associated online resources, and the refresh of the Training Support Policy and Pathway. The introduction of the Return to Training Pathway and integration of bullying, harassment, and discrimination reporting within accreditation processes are also positive developments.

While these activities demonstrate meaningful progress and a strong level of operational activity, it remains unclear whether the changes implemented will lead to the intended improvements in trainee wellbeing and confidence in available support and complaints mechanisms. The College's own survey data continue to indicate relatively low levels of satisfaction and perceived safety in raising concerns. The Committee encourages the College to ensure that the structural and policy developments are accompanied by ongoing evaluation of impact, greater visibility and accessibility of supports, and communication strategies that promote trust and awareness among trainees.

Overall, part (iii) is progressing, with continued attention required to ensure that these initiatives translate into tangible improvements in trainee experience and outcomes. There is a need to match the governance processes reported under Standard 1 with evidence of trainee engagement on issues that affect them (also an issue under other conditions).

2026 College response

We acknowledge the AMC's 2025 feedback that, while substantial progress has been made in establishing trainee support mechanisms and complaints pathways, further work is required to demonstrate its impact on trainee wellbeing, confidence, and willingness to raise concerns.

Strengthening accessibility and visibility of supports

Since the 2025 update, the College has continued to embed and enhance the accessibility and visibility of trainee supports and complaints pathways. This includes:

- Implementation of a [centralised complaints framework](#), supported by a new Complaints Management Policy and procedures, and associated web-based resources to support navigation and understanding of pathways.
- Establishment and further operationalisation of the Member Support Centre, including training in triage processes for bullying, discrimination and sexual harassment (BDSH), to provide a consistent and accessible first point of contact.
- Ongoing development and release of dedicated [complaints webpages](#), including a new page and webform for [Breach of Training Provider Standards](#), and resources to improve visibility and ease of access for trainees seeking support or raising concerns.

These initiatives are complemented by broader work under the Bullying, Discrimination and Harassment Action Plan, including continued refinement of complaint management processes and alignment with national expectations arising from NHPO and AMC recommendations.

Enhancing structured support pathways

We have also expanded structured support pathways for trainees, including:

- Introduction of the [Return to Training Pathway](#), designed to support trainees returning after extended interruptions of more than 24 months. Trainees

returning after extended interruptions of 13-24 months also have the Return to Training Pathway available to them via an opt in process if they feel they would benefit from additional support.

- The pathway provides a flexible, individualised framework, including the use of a Return to Training Plan to support goal setting, progress tracking, and structured engagement with supervisors.
- Early implementation demonstrates uptake and positive feedback across both Australia and Aotearoa New Zealand, with ongoing monitoring to inform continuous improvement of the pathway in line with trainee needs.

This initiative reflects a broader shift toward proactive, tailored support for trainees, particularly those at higher risk of disengagement and professional isolation.

Exam support pathway

In 2025, the RACP provided specialised examination performance coaching through EAP provider Converge. This trial was offered to all final attempt Divisional Written and Clinical Examination candidates only. In 2026, it was decided to expand this service to all candidates to build upon some of the successes observed in 2025. This is a service provided free of charge to candidates.

In early May 2026, all Divisional Clinical Examination candidates, totalling just under 1300, due to undertake an examination between May and July 2026 across Australia and Aotearoa New Zealand were offered the specialised performance coaching service. Within one week of the service being offered, over 6% of candidates had contacted Converge to register for their services.

Some of the coaching services that candidates can access include:

- **Goal Setting:** Establishing clear, achievable goals to improve focus and motivation.
- **Visualisation:** Imagining successful performance to enhance confidence and reduce anxiety.
- **Positive Self-Talk:** Using affirmations and constructive dialogue to build confidence and manage stress.
- **Arousal Regulation:** Techniques to manage anxiety and maintain optimal arousal levels for performance.
- **Biofeedback:** Monitoring physiological responses to improve awareness and control over physical and mental states.

Following this examination round, we will evaluate uptake and future service needs based on results from this year's implementation.

Examination resources

In addition to this newly expanded examination support service, we have expanded and consolidated resources for examination candidates. More information about Candidate Support Officers for examinations is provided in the update for Condition 18. Our candidate information sessions, now routinely run for each examination, provide information about special consideration, review, reconsideration and appeals processes as well as candidate support mechanisms and targeted support pathways for Aboriginal and Torres Strait Islander and Māori trainees preparing for examinations. The recordings, slides and FAQs of these sessions are hosted on the relevant examination webpages. See the Resources tab of the [Adult Medicine DCE](#) webpage, for example.

Improving confidence through monitoring, escalation and oversight

The College has strengthened mechanisms to ensure that concerns are not only reported but also actively monitored and responded to, including:

- Integration of reporting and data on bullying, discrimination and harassment within training provider monitoring and accreditation processes, enabling identification and escalation of systemic issues within training environments.
- Continued use of structured processes (including potential breach, [monitoring of a training provider](#), [active management](#) and MTS follow-up processes) to support timely investigation and management of concerns at training setting level.
- Early preparation for alignment with emerging national frameworks (e.g. NHPO Framework for Managing Concerns and Complaints about Accredited Specialist Medical Training Settings) for managing concerns and complaints in accredited training settings, supporting consistency, transparency and accountability.

These approaches ensure that complaints pathways are linked to tangible action at both the trainee and training setting level. We do note that due to the nature of the concerns, it will always be challenging to be fully transparent about the work the College is doing to address issues.

Evaluation and measuring impact

In response to the AMC's feedback regarding demonstrated impact, the College is implementing a strengthened evaluation framework to assess whether these initiatives translate into improved trainee experience, confidence and outcomes. This includes:

- Expansion of the Research and Evaluation program to incorporate mixed-methods evaluation, including surveys, interviews, focus groups and analysis of routinely collected data (e.g. CRM and complaints data, web analytics, and communications metrics).
- Development of a Training Support Program monitoring and evaluation program – in the early stages of development, this work is intended to test whether the pathways are working as intended and to guide improvements.

Enhancing communication and trainee engagement

Recognising the need for awareness to be coupled with trust and confidence, we have endeavoured to strengthen our communication approach by:

- Improving the visibility and navigation of support and complaints information on the College website, including clearer signposting and consolidation of resources.
- Embedding communication of supports within key trainee touchpoints (e.g. induction, training program communications, examination information sessions, supervisor interactions).
- Increasing opportunities for trainee engagement and feedback on support mechanisms, including co-design and consultation activities linked to evaluation and action plan implementation.

The College considers that the condition is progressing, with continued focus on co-designing structural and policy improvements that translated into trainee awareness, confidence and outcomes. The strengthened focus on evaluation, communication, and integration with monitoring and accreditation processes directly

addresses the AMC's feedback and will support ongoing improvement in trainee wellbeing and training environments.

2. Requests for additional information

Requests for additional information from the AMC response to the 2025 monitoring submission	
Request	College Comment
The College is asked to report on any actions taken about low recruitment numbers of training programs.	Recruitment to accredited physician training positions is devolved to the employers. The RACP is not involved in this process and has no centralised data source from which to identify whether there are low recruitment numbers for particular training programs. Anecdotally, we do know that there are some challenges recruiting to accredited positions in particular localities and some specialties (e.g. Adult Medicine Division trainees into Adolescent and Young Adult Medicine training and Basic Physician Trainees (BPT) into Addiction Medicine). The drivers of these issues and levers for influence are nuanced, and we are working closely with respective stakeholder groups to address workforce development in a range of ways (e.g. recognition of specialties, award of FRACP for BPTs that complete chapter training programs and the RACP Rural Regional and Remote Physician strategy). Through our work on our Selection into Training Quality Assurance and Improvement Initiative we hope to be in a better position to comment on this in future years.
The College is asked to comment on the high drop-out numbers and clarify if this pattern is normal and provide trends over time.	See Figures 7.1 and 7.2 for withdrawal counts and reasons over the past three years. Basic Training withdrawal rates decreased in 2025, whereas Advanced Training withdrawal rates increased significantly. Withdrawal rates over time are complex to validly interpret. As outlined in the comments under Table 7.3, operational teams in recent years have spent considerable effort auditing records, applying policy-based withdrawal definitions to inactive trainees in our systems. This clean up backlog has contributed to heightened withdrawal counts for 'unknown' and sometimes 'involuntary withdrawal' reasons if the maximum time to complete training was exceeded when the audit occurred, especially in 2025 data. When looking across withdrawal rates for known reasons (eg exam or time limits exceeded, personal/family reasons etc), figures remain relatively consistent across the past three years, suggesting that the drop out situation is reasonably stable. We will continue to monitor this over time, with improved record keeping, with a new category for classifying administrative withdrawal of inactive trainees.

Figure 7.1. Basic Trainee withdrawal counts by reason, 2023-2025

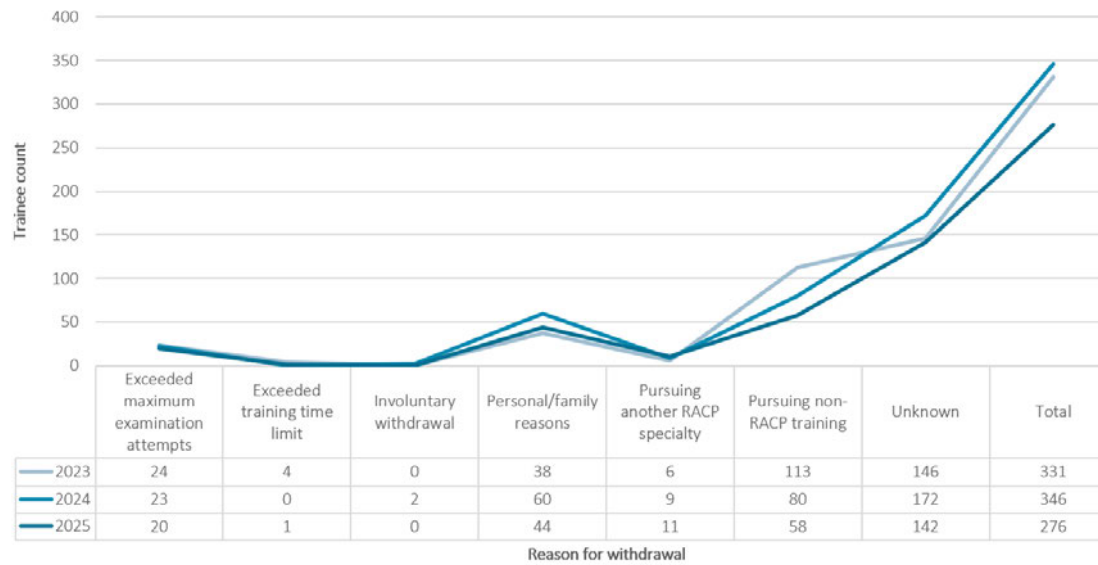
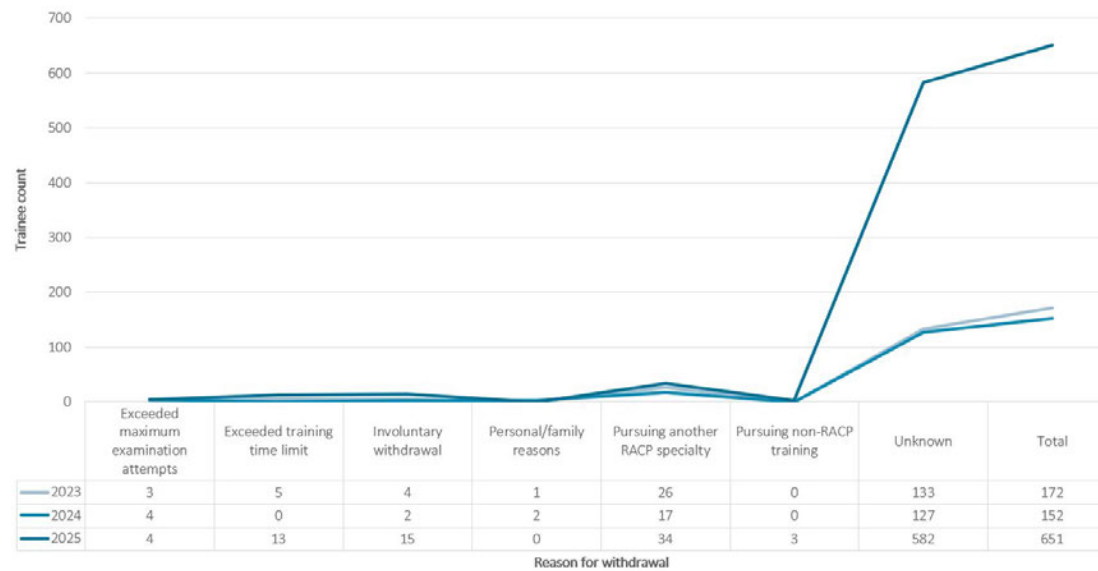


Figure 7.2. Advanced Trainee withdrawal counts by reason, 2023-2025



3. Statistics and annual updates

Please provide data in the tables below showing:

- The number of trainees, including Aboriginal and Torres Strait Islander, Māori, and Pacific Peoples trainees entering the training program, including basic and advanced training **in 2026**, and the number of applicants from these cohorts who applied and were unsuccessful.
- The number and gender of trainees undertaking each college training program **in 2026**
- The number of trainees, including Aboriginal and Torres Strait Islander, Māori, and Pacific Peoples trainees who exited the training program **in 2025** (does not include those trainees who withdrew to take an extended leave of absence)
- The number of trainees, including Aboriginal and Torres Strait Islander, Māori, and Pacific Peoples trainees who completed training (attained Fellowship) in each program **in 2025**
- The number of Fellows of the College in **2026**

Notes on data and interpretation

1. Data was extracted 11 May 2026 and therefore will not reflect registration data for mid-year intakes. Comparability to previous years will be impacted by different reporting deadlines and data extraction dates.
2. **AMD** - Adult Medicine Division
3. **PCHD** - Paediatrics and Child Health Division
4. **Gender.** Disclosing gender to the RACP is optional. The option for members to self-identify as Non-binary for gender was adopted across all College systems in mid-2025. The RACP recognises that Undisclosed and Non-binary are distinct for reporting of gender, however, due to the small volume of members in each of these categories, data has been aggregated to protect identifiability of individuals.
5. **Dual trainees** - are counted under each program in which they commenced/registered/completed training. The total training program commencements/registration/completions are therefore greater than the number of unique trainees commencing. Dual trainees who commenced/registered in/completed a training program and later in the year commenced/registered in/completed a second training program in a different location will be counted as a unique entry under each location.
6. **Applicants who applied and were unsuccessful.** We are unable to provide the number of unsuccessful applicants as this information relates directly to selection into training by the trainee's place of employment. We are working to collate this over coming years.
7. **Data quality and completeness.** Data may not be complete for new trainees, as applications for 2026 training can be made at any point throughout 2026.
8. **Aboriginal and/or Torres Strait Islander, Māori and Pacific Heritage trainee data.** Data for Aboriginal and/or Torres Strait Islander, Māori and Pacific Heritage trainees is provided in Appendix 7.2, as the small cohorts for these groups increase the risk of individual identification.
9. **Withdrawal/exit from training.** Exits include trainees who voluntarily withdrew from training and also trainees who were exited from the program due to progression or performance issues. The quality of data the RACP maintains on reasons trainees voluntarily exit physician training is variable and is subject to trainees first formally notifying the RACP of their decision to exit physician training and secondly providing a reason for their decision. Trainees who discontinued one program to transfer to another have been counted as exiting the original program.
10. **Palliative Medicine.** On 1 February 2024, the Clinical Diploma in Palliative Medicine was renamed the Clinical Foundation in Palliative Medicine. The name change occurred to ensure the RACP is compliant with the TEQSA Act 2011 and program content remains unchanged.

Table 7.1 New trainees in training programs by location, 2026

Number of trainees entering training program in 2026										
Training program	ACT	QLD	NSW	NT	SA	TAS	VIC	WA	NZ	Total
Basic Training										
Adult Internal Medicine - AMD	20	187	210	17	64	14	315	73	105	1005
Paediatrics and Child Health - PCHD	2	59	83	2	19	4	47	14	21	251
Advanced Training – Divisional programs										
Cardiology - AMD	2	16	23	1	3	3	16	2	7	73
Cardiology - PCHD		1			1		1	1		4
Clinical Genetics - AMD			3		1					4
Clinical Genetics - PCHD		1	1		1		1		1	5
Clinical Haematology - AMD		3					3			6
Clinical Haematology - PCHD			1				1			2
Clinical Immunology/Allergy - AMD		2	1	1	2		2			8
Clinical Immunology/Allergy - PCHD		2			2		4		2	10
Clinical Pharmacology - AMD		1	1		2		1			5
Clinical Pharmacology - PCHD										
Community Child Health - PCHD		4	8		1		8	13	6	40
Dermatology - AMD									2	2
Dermatology - PCHD										
Endocrinology - AMD	1	7	19	2	5		15	4	1	54
Endocrinology - PCHD		1	3		1		2	1		8
Gastroenterology - AMD	1	9	13		3	3	14	4	6	53
Gastroenterology - PCHD		1	2		1		1			5
General & Acute Care Medicine - AMD		28	23	8	14	4	89	10	14	190
General Paediatrics - PCHD		20	54	1	7	2	31	13	2	130
Geriatric Medicine - AMD	1	16	28		10	1	41	15	3	115
Infectious Diseases - AMD	2	6	11	2	1		10	2	3	37
Infectious Diseases - PCHD			6				2			8
Medical Oncology - AMD		12	13		4	1	14	4	6	54
Medical Oncology - PCHD		1	3		1		1	1	1	8
Neonatal/Perinatal Medicine - PCHD		6	7		1	1	17	2	4	38
Nephrology - AMD		5	15	3	5	2	10	2	2	44
Nephrology - PCHD							1			1
Neurology - AMD	1	6	24		3	2	19		5	60
Neurology - PCHD			1				2	1		4
Nuclear Medicine - AMD			2		2		2	2	1	9

Number of trainees entering training program in 2026										
Training program	ACT	QLD	NSW	NT	SA	TAS	VIC	WA	NZ	Total
Nuclear Medicine - PCHD			1							1
Paediatric Emergency Medicine (ACEM stream) - PCHD										
Paediatric Emergency Medicine (RACP stream) - PCHD		2	5		4		3			14
Palliative Medicine - AMD		7	7	1	5		6	4	2	32
Palliative Medicine - PCHD		1								1
Respiratory Medicine - AMD	3	9	16	1	7	2	13		4	55
Respiratory Medicine - PCHD		1	2							3
Rheumatology - AMD		5	4		4		5	1	2	21
Rheumatology - PCHD							2	1		3
Sleep Medicine - AMD	1	5	13		2		10	2	1	34
Sleep Medicine - PCHD		2	2				1			5
Advanced Training - Joint programs										
Endocrinology /Chemical Pathology - AMD										
Endocrinology/ Chemical Pathology - PCHD								1		1
Haematology - AMD		9	14	1	2	1	11	3	8	49
Haematology - PCHD		1							1	2
Immunology/Allergy - AMD			4		1					5
Immunology/Allergy - PCHD								1		1
Infectious Diseases/ Microbiology - AMD		2	5		1		2	3		13
Infectious Diseases/ Microbiology - PCHD					1					1
Advanced Training - Chapter programs										
Addiction Medicine			4				1	1		6
Palliative Medicine	1	4	3				1	3	2	14
Sexual Health Medicine			1	1		1	1		1	5
Advanced Training - Faculty programs										
Occupational and Environmental Medicine		1					1	1		3
Paediatric Rehabilitation Medicine							1			1
Public Health Medicine	1	8	9				8	1		27
Rehabilitation Medicine	1	14	23		5	1	13	6		63
Advanced Training - Non-Fellowship programs										
Adolescent & Young Adult Medicine – PCHD			2					1		3
Nuclear Medicine (RANZCR pathway)	1	3	7				5	3	2	21
Other										
Clinical Foundation in Palliative Medicine	1	12	9	1		3	15	7	5	53
Total training program commencements	39	480	686	42	186	45	769	203	220	2670

Number of trainees entering training program in 2026										
Training program	ACT	QLD	NSW	NT	SA	TAS	VIC	WA	NZ	Total
Number of new trainees	39	467	653	39	171	44	732	186	214	2543

Table 7.2 Trainees undertaking each training program in 2026 by gender

Number and gender of trainees undertaking each training program in 2026				
Training program	Woman or Female	Man or Male	Undisclosed, Self-described or Non-binary	Total
Basic Training				
Adult Internal Medicine - AMD	1724	1647	8	3379
Paediatrics and Child Health - PCHD	775	238	7	1020
Advanced Training				
Cardiology - AMD	74	148		222
Cardiology - PCHD	5	13		18
Clinical Genetics - AMD	9	5		14
Clinical Genetics - PCHD	28	10		38
Clinical Haematology - AMD	10	5		15
Clinical Haematology - PCHD	7	2		9
Clinical Immunology/Allergy - AMD	10	6		16
Clinical Immunology/Allergy - PCHD	28	6	1	35
Clinical Pharmacology - AMD	5	5		10
Clinical Pharmacology - PCHD	1	1		2
Community Child Health - PCHD	186	35		221
Dermatology - AMD	9	4		13
Dermatology - PCHD				
Endocrinology - AMD	122	66		188
Endocrinology - PCHD	18	12		30
Gastroenterology - AMD	70	120		190
Gastroenterology - PCHD	11	9		20
General & Acute Care Medicine - AMD	386	380	1	767
General Paediatrics - PCHD	657	215		872
Geriatric Medicine - AMD	274	146	1	421
Infectious Diseases - AMD	67	52	1	120
Infectious Diseases - PCHD	14	10	1	25
Medical Oncology - AMD	124	85		209
Medical Oncology - PCHD	28	12		40

Number and gender of trainees undertaking each training program in 2026				
Training program	Woman or Female	Man or Male	Undisclosed, Self-described or Non-binary	Total
Neonatal/Perinatal Medicine - PCHD	166	47		213
Nephrology - AMD	96	46	1	143
Nephrology - PCHD	5	2		7
Neurology - AMD	62	106		168
Neurology - PCHD	16	8		24
Nuclear Medicine - AMD	7	6		13
Nuclear Medicine - PCHD		2		2
Paediatric Emergency Medicine (ACEM stream) - PCHD				
Paediatric Emergency Medicine (RACP stream) - PCHD	58	24		82
Palliative Medicine - AMD	95	38		133
Palliative Medicine - PCHD	10	4		14
Respiratory Medicine - AMD	77	88		165
Respiratory Medicine - PCHD	16	7		23
Rheumatology - AMD	61	36		97
Rheumatology - PCHD	5	2		7
Sleep Medicine - AMD	14	29		43
Sleep Medicine - PCHD	4	3		7
Advanced Training - Joint programs				
Endocrinology /Chemical Pathology - AMD		1		1
Endocrinology/ Chemical Pathology - PCHD				
Haematology - AMD	107	96	1	204
Haematology - PCHD	10	4		14
Immunology/Allergy - AMD	17	14		31
Immunology/Allergy - PCHD	5	1		6
Infectious Diseases/ Microbiology - AMD	24	29		53
Infectious Diseases/ Microbiology - PCHD	3	5		8
Advanced Training - Chapter programs				
Addiction Medicine	30	25		55
Palliative Medicine	38	35	1	74
Sexual Health Medicine	22	9		31
Advanced Training - Faculty programs				
Occupational and Environmental Medicine	33	61		94
Paediatric Rehabilitation Medicine	12	2		14
Public Health Medicine	59	31	1	91

Number and gender of trainees undertaking each training program in 2026				
Training program	Woman or Female	Man or Male	Undisclosed, Self-described or Non-binary	Total
Rehabilitation Medicine	120	90		210
Advanced Training - Non-Fellowship programs				
Adolescent & Young Adult Medicine – PCHD	21	6		27
Nuclear Medicine (RANZCR pathway)	10	22	2	34
Other				
Clinical Foundation in Palliative Medicine	40	18		58
Total	5885	4129	26	10,040
Number of trainees	5134	3786	23	8943

Table 7.3 Trainees who exited programs, 2025

Trainees exiting from program in 2025 (prior to attaining Fellowship)			
Training Program	Number (%)	Reason for exiting	Total
Basic Training			
Adult Internal Medicine - AMD	18 (7.6)	Exceeded maximum examination attempts	238
	1 (0.4)	Exceeded training time limit	
	35 (14.7)	Personal/family reasons	
	9 (3.8)	Pursuing another RACP specialty	
	47 (19.7)	Pursuing non-RACP training	
	128 (53.8)	Unknown	
Paediatrics and Child Health - PCHD	2 (5.3)	Exceeded maximum examination attempts	38
	9 (23.7)	Personal/family reasons	
	2 (5.3)	Pursuing another RACP specialty	
	11 (28.9)	Pursuing non-RACP training	
	14 (36.8)	Unknown	
Advanced Training – Divisional programs			
Cardiology – AMD	1 (100)	Unknown	1
Cardiology - PCHD	2 (100)	Unknown	2
Clinical Genetics – PCHD	1 (100)	Unknown	1
Clinical Haematology – AMD	3 (50)	Pursuing another RACP specialty	6
	3 (50)	Unknown	
Clinical Haematology – PCHD	1 (50)	Pursuing another RACP specialty	2
	1 (50)	Unknown	
Clinical Immunology/Allergy - AMD	6 (66.7)	Pursuing another RACP specialty	9
	1 (22.2)	Pursuing non-RACP training	

Trainees exiting from program in 2025 (prior to attaining Fellowship)			
Training Program	Number (%)	Reason for exiting	Total
	2 (11.1)	Unknown	
Clinical Immunology/Allergy - PCHD	1 (50)	Pursuing another RACP specialty	2
	1 (50)	Unknown	
Clinical Pharmacology - AMD	6 (100)	Unknown	6
Community Child Health – PCHD	1 (2)	Exceeded training time limit	51
	5 (9.8)	Involuntary withdrawal	
	45 (88.2)	Unknown	
Endocrinology – AMD	5 (100)	Unknown	5
Endocrinology – PCHD	2 (100)	Unknown	2
Gastroenterology – AMD	4 (100)	Unknown	4
Gastroenterology – PCHD	6 (100)	Unknown	6
General & Acute Care Medicine – AMD	1 (0.4)	Exceeded training time limit	293
	3 (1)	Involuntary withdrawal	
	6 (2)	Pursuing another RACP specialty	
	1 (0.4)	Pursuing non-RACP training	
	282 (96.2)	Unknown	
General Paediatrics – PCHD	2 (2.2)	Exceeded training time limit	89
	87 (97.8)	Unknown	
Geriatric Medicine – AMD	1 (25)	Exceeded training time limit	8
	1 (25)	Pursuing non-RACP training	
	6 (75)	Unknown	
Infectious Diseases – AMD	1 (50)	Pursuing another RACP specialty	2
	1 (50)	Unknown	
Infectious Diseases – PCHD	1 (100)	Unknown	1
Medical Oncology – AMD	2 (100)	Unknown	2
Neonatal/Perinatal Medicine – PCHD	47 (100)	Unknown	47
Nephrology – AMD	4 (100)	Unknown	4
Neurology – AMD	2 (66.7)	Involuntary withdrawal	3
	1 (33.3)	Unknown	
Neurology – PCHD	1 (33.3)	Involuntary withdrawal	3
	2 (66.7)	Unknown	
Nuclear Medicine – AMD	2 (66.7)	Involuntary withdrawal	4
	1 (33.3)	Unknown	
Paediatric Emergency Medicine (RACP stream) – PCHD	1 (25)	Exceeded training time limit	4
	1 (25)	Involuntary withdrawal	

Trainees exiting from program in 2025 (prior to attaining Fellowship)			
Training Program	Number (%)	Reason for exiting	Total
	2 (50)	Unknown	
Palliative Medicine – AMD	1 (12.5)	Exceeded training time limit	8
	7 (87.5)	Unknown	
Palliative Medicine – PCHD	3 (100)	Unknown	3
Respiratory Medicine – AMD	1 (100)	Exceeded training time limit	1
Respiratory Medicine – PCHD	1 (100)	Unknown	1
Rheumatology – AMD	1 (100)	Unknown	1
Sleep Medicine - PCHD	1 (100)	Unknown	1
Advanced Training – Joint programs			
Haematology – AMD	6 (75)	Pursuing another RACP specialty	8
	2 (25)	Unknown	
Haematology – PCHD	2 (66.7)	Pursuing another RACP specialty	3
	1 (33.3)	Unknown	
Immunology/Allergy – AMD	3 (75)	Pursuing another RACP specialty	4
	1 (25)	Unknown	
Immunology/Allergy – PCHD	4 (44.4)	Pursuing another RACP specialty	9
	5 (55.6)	Unknown	
Infectious Diseases/Microbiology – AMD	1 (50)	Pursuing another RACP specialty	2
	1 (50)	Unknown	
Advanced Training – Chapter programs			
Addiction Medicine	3 (100)	Unknown	3
Sexual Health Medicine	2 (100)	Unknown	2
Advanced Training – Faculty programs			
Occupational and Environmental Medicine	8 (100)	Unknown	8
Paediatric Rehabilitation Medicine	4 (100)	Unknown	4
Public Health Medicine	5 (50)	Exceeded training time limit	10
	5 (50)	Unknown	
Rehabilitation Medicine	4 (44.4)	Exceeded maximum examination attempts	9
	5 (55.6)	Unknown	
Advanced Training – Non-Fellowship programs			
Adolescent and Young Adult Medicine – PCHD	1 (100)	Unknown	1
Other			
Clinical Foundation in Palliative Medicine	17 (100)	Unknown	17
Total exits from a program	24 (2.6)	Exceeded maximum examination attempts	927
	14 (1.5)	Exceeded training time limit	

Trainees exiting from program in 2025 (prior to attaining Fellowship)			
Training Program	Number (%)	Reason for exiting	Total
	15 (1.6)	Involuntary withdrawal	
	44 (4.7)	Personal/family reasons	
	45 (4.9)	Pursuing another RACP specialty	
	61 (6.6)	Pursuing non-RACP training	
	724 (78.1)	Unknown	
Number of trainees who exited a program	24 (2.7)	Exceeded maximum examination attempts	874
	11 (1.3)	Exceeded training time limit	
	15 (1.7)	Involuntary withdrawal	
	44 (5)	Personal/family reasons	
	42 (4.8)	Pursuing another RACP specialty	
	59 (6.8)	Pursuing non-RACP training	
	679 (77.7)	Unknown	

Could the College please provide comment on its reflections on the withdrawal rate to ensure there is no systemic issue, such as discrimination, bullying or harassment, lack of resources, or lack of support, which could cause withdrawals.

Basic Training

Withdrawal counts for Basic Training are somewhat lower than the previous year (n=276 in 2025 compared to n = 346 in 2024). The primary reason for withdrawal, where known, is to pursue non-RACP training (AIM, 19.7% and PCH 28.9%) and Personal/family reasons (AIM 14.7% and PCH 23.7%). As noted in the last submission, we are unable to capture the reasons for withdrawal from a large portion of trainees as they don't continue to engage with the RACP or respond to follow up.

As noted in the update to the AMC in 2025, many trainees undertake the first year of Basic Training whilst exploring and awaiting other career opportunities and feel that this attrition rate is not unreasonable. The introduction of the two year National Framework for Prevocational Training in Australia may have some impact on decreased BT enrolments for 'undecided' trainees, however, it is too early to comment on whether or not this is the case.

Advanced Training

The withdrawal rate for Advanced Training significantly increased in 2025. This increase was the result of an operational initiative to identify, confirm and support Advanced Trainees intending to complete specific PREP Advanced Training programs, and in turn reclassify inactive trainees who no longer wish to continue training in the relevant program. This activity has supported operational efficiency, allowing College teams and Training Program Committees to balance oversight and management of PREP curricula trainees with phased implementation of new curricula.

In past years, College teams have maintained the training records of trainees who did not actively register for periods of Advanced Training in line with the College's registration deadlines, effectively automating the interruption of training status (hereon referred to as 'automatic interruption of training'). This practice peaked from 2020 onwards to provide additional support for trainees during the COVID-19 pandemic. However, this artificially inflated trainee numbers for some programs, removed natural prompts for trainees to actively reflect on and confirm their intention to complete a specific program, and saw many trainees exceed their training time limit (as defined in the Progression Through Training Policy). From 2025 onwards, limits have been imposed on the practice of applying "automatic interruptions of training" and time limit audits will be completed annually. After appropriate notification, withdrawals are processed in line with the College's Progression Through Training Policy.

As in Basic Training, similar challenges exist in obtaining complete and accurate data as to reasons for withdrawal from Advanced Training. A significant proportion of trainees do not provide a reason for withdrawal and do not respond to follow-up correspondence. As noted in previous years, withdrawal figures are for withdrawal from a specific Advanced Training program, however the vast majority continue in another Advanced Training program, with only 3 instances in 2025 where a trainee chose to withdraw from RACP training altogether to pursue non-RACP training.

However, the increased withdrawal rate in 2025 primarily reflects the withdrawal of Fellows from their post-FRACP training in a second or third specialty. The greatest increase in withdrawal numbers is seen in some of our largest Advanced Training programs, including General and Acute Care Medicine, General Paediatrics, Community Child Health and Neonatal and Perinatal Medicine. These are also

Trainees exiting from program in 2025 (prior to attaining Fellowship)			
Training Program	Number (%)	Reason for exiting	Total
programs with high rates of dual training. It is common for trainees to register for dual training in related programs, to complete one program (resulting in admission to Fellowship of the College) and to then fail to complete or maintain a registration in their remaining training program(s). In 2025, concerted action was taken to audit, contact and withdraw a large number of trainees in this cohort. Fellows who discontinue post-FRACP training often cite the demands of their consultant work in their completed specialty, a newly concentrated interest in clinical activities in line with their completed specialty or a general desire to end their training journey. It is anticipated that withdrawal rates for Advanced Training will remain high in 2026 for the reasons outlined above.			

Table 7.4 Trainees who completed training programs by location, 2025

Number of trainees completing training program in 2025 (attained Fellowship)												
Training program	ACT	QLD	NSW	NT	SA	TAS	VIC	WA	NZ	Other	Total	
Basic Training												
Adult Internal Medicine – AMD	12	135	200	12	57	7	215	58	74		770	
Paediatrics and Child Health - PCHD	3	35	63	1	15	1	50	25	33		226	
Advanced Training – Divisional programs												
Cardiology - AMD	3	19	21		6		12	4	3		68	
Cardiology - PCHD		3	1				1			2	7	
Clinical Genetics - AMD			2				2	1			5	
Clinical Genetics - PCHD			2		2		2	1			7	
Clinical Haematology - AMD							3	1	1		5	
Clinical Haematology - PCHD												
Clinical Immunology/Allergy - AMD		2	5					1	1		9	
Clinical Immunology/Allergy - PCHD		2	2		1		2				7	
Clinical Pharmacology - AMD								1			1	
Clinical Pharmacology - PCHD												
Community Child Health - PCHD		5	4		3		5	1		1	19	
Dermatology - AMD				1					2	2	5	
Dermatology - PCHD												
Endocrinology - AMD	2	8	13		1	1	11	3	10	1	50	
Endocrinology - PCHD	1		2					2	1		6	
Gastroenterology - AMD		12	24		2		17	2	9	4	70	
Gastroenterology - PCHD		2									2	
General & Acute Care Medicine - AMD	1	29	15	3	7		40	12	30	1	138	
General Paediatrics - PCHD	2	29	50	3	6	2	39	19	16		163	
Geriatric Medicine - AMD	1	14	27		7		34	11	10	1	104	
Infectious Diseases - AMD		3	11				8	2	2	1	27	
Infectious Diseases - PCHD		1		1			1	2			5	

Number of trainees completing training program in 2025 (attained Fellowship)											
Training program	ACT	QLD	NSW	NT	SA	TAS	VIC	WA	NZ	Other	Total
Medical Oncology - AMD		10	16		1		16	3	6	1	53
Medical Oncology - PCHD		1	2		1		1	1		3	9
Neonatal/Perinatal Medicine - PCHD		3	3		1	1	8	2	3	1	22
Nephrology - AMD	1	5	13	1	3		8		3	5	38
Nephrology - PCHD							1				1
Neurology - AMD		5	21		3		15	4	4		53
Neurology - PCHD		1	3				1				5
Nuclear Medicine - AMD			2				2	3			7
Nuclear Medicine - PCHD			1								1
Paediatric Emergency Medicine (ACEM stream) - PCHD											
Paediatric Emergency Medicine (RACP stream) - PCHD		1	3	1	1		9	1	1		17
Palliative Medicine - AMD	2	6	11			1	6	3	5		34
Palliative Medicine - PCHD											
Respiratory Medicine - AMD		8	15		10		9	4	6		52
Respiratory Medicine - PCHD		1	2		1		1	1		1	7
Rheumatology - AMD		6	8		3		7	1	5	1	30
Rheumatology - PCHD										1	1
Sleep Medicine - AMD	2	6	12		4		10	1	3		38
Sleep Medicine - PCHD		1	3		1		2	1			8
Advanced Training - Joint programs											
Endocrinology /Chemical Pathology - AMD											
Endocrinology/ Chemical Pathology - PCHD								1			1
Haematology - AMD	1	5	9		3		9		3		30
Haematology - PCHD							1				1
Immunology/Allergy - AMD		1	2		1			1		1	6
Immunology/Allergy - PCHD			2								2
Infectious Diseases/ Microbiology - AMD		3	2		1	1					7
Infectious Diseases/ Microbiology - PCHD			1								1
Advanced Training - Chapter programs											
Addiction Medicine		3	3	1	3	1	5	2	4		19
Palliative Medicine	2	15	13	1	5	1	5	3	5		50
Sexual Health Medicine		1	1								2
Advanced Training - Faculty programs											
Occupational and Environmental Medicine		5	1			1		2	4		10
Paediatric Rehabilitation Medicine							1	1			2
Public Health Medicine	2	4	4	1	1	1	10	3	2		28

Number of trainees completing training program in 2025 (attained Fellowship)											
Training program	ACT	QLD	NSW	NT	SA	TAS	VIC	WA	NZ	Other	Total
Rehabilitation Medicine	1	4	7	1	2		7	2	1		25
Advanced Training - Non-Fellowship programs											
Adolescent & Young Adult Medicine – PCHD		1					2		1		4
Nuclear Medicine (RANZCR pathway)		3	6		1		5	2	1	1	19
Other											
Clinical Foundation in Palliative Medicine		31	16	7	8	3	28	11	11		115
Total	36	429	624	34	161	21	611	199	254	28	2397
Number of Trainees	34	406	591	33	151	20	580	189	228	28	2260

Table 7.5 Number of Fellows by location, 2025

Number of Fellows in 2025 ¹				
Category of Fellowship	Australia	New Zealand	Other	Total
Divisions				
Adult Medicine	13,690	1,821	765	16,276
Paediatrics & Child Health	4,139	573	217	4,929
Faculties				
Public Health Medicine	676	75	35	786
Rehabilitation Medicine	753	39	24	816
Occupational & Environmental Medicine	370	67	18	455
Chapters				
Addiction Medicine	267	26	2	295
Palliative Medicine	629	105	16	750
Sexual Health Medicine	172	30	8	210
Total Fellowships^{2,3,4}	20,696	2,736	1,085	24,517
Total Fellows^{2,3,4}	20,023	2,673	1,067	23,763

¹Fellows as at 31 December 2025

²Table does not include non-financial Fellows as at 31 Dec 2025

³Total Fellowships exceed Total Fellows due to individual Fellows holding more than one Fellowship

⁴Figures include Honorary Fellowships

Standard 7 Appendices

Appendix [7.1 Condition 26 Action Plan](#)

Appendix [7.2 Indigenous trainee data](#)

Standard 8: Implementing the training program – delivery of education and accreditation of training sites

Areas covered by this standard: supervisory and educational roles and training sites and posts

1. Activity against conditions

The numbering of conditions matches that used in the AMC Accreditation Report.

Please address each of these conditions individually.

Condition 28				Due Date: 2026
Implement monitoring mechanisms for the Supervisor Professional Development Program to ensure: i. alignment with new Basic and Advanced Training curriculum and competency-based education model. ii. incorporation of cultural safety training to support culturally safe supervision, in alignment with the timelines stipulated in the wider cultural safety training plan referred to in Condition 2. iii. assessors of workplace-based assessments receive appropriate training and resources (Standard 8.1 and 6.1.2)				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
2025 AMC commentary				
<i>No response required in 2025</i>				
2026 College response				
<i>Colleges may choose to provide an update on progress towards conditions due in 2026</i>				

Condition 29				Due Date: 2026
<i>Facilitate the professional development of supervisors and assessors by utilising feedback mechanisms including contributions by trainees (Standard 8.1.3 and 8.1.5)</i>				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
2025 AMC commentary				
<i>No response required in 2025</i>				
2026 College response				
<i>Colleges may choose to provide an update on progress towards conditions due in 2026</i>				

Condition 30				Due Date: 2027
Develop and implement criteria to strengthen the Accreditation Standards to: i. ensure alignment with Basic and Advanced Training program and graduate outcomes. ii. improve support for DPEs and supervisors of training in their training roles (i.e. with protected time, appropriate resources, etc) iii. facilitate support for trainees to attend teaching and access supervision adequate for their learning. iv. include a requirement to ensure clear commitment to Aboriginal and/or Torres Strait Islander and Māori health, equity and cultural safety. v. make provisions for the proportionate assessment of regional, rural and remote training sites, accounting for unique parameters of these locations in Australia and Aotearoa New Zealand (Standard 8.2)				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
2025 AMC commentary				

No response required in 2026

Condition 31				Due Date: 2025
Critically review and analyse Accreditation Processes to:				
i. reduce the impact of logistical requirements of accreditation on training sites, trainees and supervisors by improving communication, notice and purpose of accreditation to achieve robust accreditation. This may involve reducing manual management of administrative aspects of the accreditation process for training sites and accreditation panels. ii. ensure trainees and supervisors are able to raise concerns about delivery of training in safe, reliable and accessible manner. iii. assess whether paper-based accreditation has any impact on trainee and supervisor engagement with the College. iv. ensure Active Management Process clearly states the requirement to notify MCNZ if training site withdrawal is intended (Standard 8.2)				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
			(i), (ii), (iii), (iv)	
2025 AMC commentary				
i. The College is approved as an early adopter of the Model Standards of Accreditation, and they have combined the work previously being done as part of the Accreditation Renewal Project with the NHPO project. Project TRELLIS is including a review of the technology requirements for accreditation to examine if any of these can be streamlined. ii. Several new initiatives have been described to increase the ability of trainees to raise concerns about delivery of training. These are: introduction of a trainee guide to accreditation, development of a ‘potential breach’ form, included an accreditation resource for trainees section on the RACP website updated the monitoring a training provider process iii. This issue has been explored at a workshop in December 2024, and it is stated that College members have concerns about the possible subjectivity of paper-based assessments. A move to ‘risk-based’ accreditation visits is under active consideration to reduce the number of site visits. The following adjustments are being trialed to try to increase trainee engagement: routinising more virtual interviews with trainees where paper-based accreditation occurs, inclusion of all DPES in any network interviews, Inclusion of a network representative throughout all activities in a network’s accreditation iv. The College has updated its active management process to include notification to the Medical Council of New Zealand (MCNZ) when withdrawal of a training site is intended, with an email link established for formal notification. However, the MCNZ has indicated that it would prefer to be informed much earlier in the process. The AMC encourages the College to strengthen its communication protocols to ensure timely engagement with the MCNZ regarding any proposed site changes or withdrawals.				

(i) Reducing administrative burden and improving clarity of accreditation processes

Since the 2025 update, the College has progressed a coordinated program of work to streamline accreditation processes and reduce administrative burden on training sites, supervisors and trainees.

- The College has been approved as an early adopter of the AMC Model Standards of Accreditation, and has aligned this work with the implementation of NHPO recommendations, consolidating previously separate reform programs into a single, coordinated approach. We launched our [new website content on the rollout of the Modell Standards](#) in late May 2026, which outlines that the rollout will commence with Basic Training and Advanced Training in General and Acute Care Medicine in 2027, with other Advanced Training programs from 2028, with exact timelines to be confirmed.
- Project TRELIS is progressing a review of accreditation technology and systems to identify opportunities to reduce manual administrative processes, improve data capture, and enhance efficiency for both training sites and accreditation panels.
- Work is underway to improve communication, notice and clarity of purpose of accreditation activities, with a focus on ensuring training sites and stakeholders understand expectations, timelines and intended outcomes of accreditation processes.

In parallel, the College is moving toward a risk-based approach to accreditation, including consideration of reduced reliance on routine site visits where appropriate. This approach aims to maintain robust oversight while reducing unnecessary logistical burden on stakeholders.

Our Network Accreditation Evaluation Report, delivered in December 2025, explored four key questions, with results summarised below (see Figure 8.1):

Figure 8.1 Summary of results from Network Accreditation Evaluation

How are participants experiencing the ongoing implementation of network accreditation? • Generally positive views of accreditation as a mechanism for driving change, however administrative burden and confusing, repetitive forms remain a concern • Findings reinforce Phase 2 recommendations and highlight additional areas of consideration, such as: • Ensuring visit timetables support accreditor wellbeing and sustained engagement • Embedding equity of consideration for rural and regional sites as a core principle in accreditor training	What evidence indicates accreditation is driving QA and QI within settings and networks? • Accreditation is widely viewed as a useful QA mechanism to highlight gaps • Several examples of change driven directly by accreditation were shared: • Increased protected teaching time • Roster changes to improve clinic access • Reintroduction of trainee feedback survey • Improved desk space for trainees • Accreditation is not currently perceived as a direct driver of QI. However, stakeholders view visits as an opportunity to highlight practices they are proud of, with the hope that the College could share these examples more broadly to encourage QI	How consistent are review practices across accreditor teams, and how does this impact outcomes? • Participants noted variation in: • How conditions vs recommendations are applied, both within accreditor panels and at the subcommittee level • When further information is requested from settings • Calibration day presents a key opportunity to align expectations on review practices • There is a need to update accreditor packs with a quick reference guide on the definitions of a condition and recommendation, along with the AMC's suggested format for conditions	What evidence is there that networks drive equitable access to quality patient care? • Consensus amongst interviewees that networks support workforce in smaller settings, leading to improved access to care. • Examples were shared where early trainee exposure to a regional training site led to trainees returning there after completing their training • However, inequitable trainee allocation across networks, and the RACP's limited influence over this, detracts from this outcome
--	--	---	--

Seven recommendations from the evaluation were consistent with recommendations from the Phase 2 evaluation:

1. **Document reviews:** Enhance the fidelity of document reviews by incorporating targeted virtual engagement with select settings, informed by risk indicators such as time since last site visit, recent conditions in high-risk areas, and relevant trainee survey findings.
2. **Risk framework:** Empower accreditors and Network Directors of Physician/Paediatric Education (NDPE) to jointly make decisions about which Settings receive a visit and which receive a document review.
3. **Accreditor Panel Composition:** Aim for the same accreditors to review all Settings within a network or aim for an overlap between accreditors who conduct site visits and document reviews.
4. **Network Accreditation Inclusivity:** Introduce opportunities for stakeholders from all Settings within a network to speak with accreditors and provide feedback (i.e. include DPEs in Network interview).
5. **Accreditor Preparation:** Include background information about each network in accreditor briefing packs so they understand the context and nuances of each network
6. **Accreditation Outcome Communication:** Improve the timeliness of accreditation decisions to Training Providers to enable earlier action on findings.
7. **Advocacy for Networks:** Educate stakeholders about the valuable role of networks in promoting high quality training

While the purpose of this report was primarily to monitor progress, several consistent themes emerged that have resulted in new recommendations:

8. **Site Visit Debriefs:** Offer settings the option of a combined or separate DPE and executive debrief, to be agreed during the morning DPE interview session.
9. **SAF Distribution:** Before distributing accreditation paperwork, liaise with the NDPE to ensure the College has the correct contacts at peripheral sites across the network.
10. **Addressing Metrocentric-bias:** Embed equity of consideration for rural and regional sites as a core principle in accreditor training and guidance materials to support fair assessment across all settings in a network.
11. **Showcasing Best Practice:** Establish opportunities that enable settings to showcase best practices as part of the accreditation process and consider way to share these with other settings to promote quality improvement.
12. **Improve Accreditor Consistency:** Use annual Accreditor Calibration Days to align expectations on the application of conditions vs recommendations. This should be supported by updated accreditor guidance materials that include standard formulas for writing conditions and recommendations

The Training Accreditation Services team have already incorporated previous recommendations into their workplans for future implementation, and are now focussing on incorporating the new recommendations.

(ii) Strengthening safe, accessible pathways to raise concerns

The College has continued to enhance mechanisms that enable trainees and supervisors to raise concerns about the delivery of training in a safe, reliable and accessible manner. Key initiatives include:

- Introduction of a [trainee guide to accreditation](#) to improve transparency and support understanding of how trainees can engage with and contribute to accreditation processes.
- Development and implementation of a [potential breach reporting process](#), providing a structured and accessible pathway to raise concerns about training environments. Since the process was established in 2022, 28 potential breach notifications have been received. 75% (n=21 of 28) of the potential breaches received during this period were reported by trainees. The number of potential breaches received from trainees continues to increase year-on-year, demonstrating increasing trainee awareness and uptake of the mechanism, and increased engagement of trainees in the accreditation monitoring process.
- Enhancement of the [monitoring a training provider process](#), enabling more systematic identification, escalation and management of concerns. 39% (n=11 of 28) of the potential breaches received since 2022 have resulted in settings being placed on active management. 64% (n=7 of 11) of these settings placed on active management in response to a potential breach have since been removed from active management and returned to standard monitoring; demonstrating that active management resulted in positive action and remediation of concerns at those accredited settings.

More details on this work has been provided in the update for Condition 27. These initiatives are complemented by broader reforms to complaints handling and BDSH processes, supporting alignment between accreditation, monitoring and complaints pathways.

In addition, the College's active management approach enables ongoing follow-up of concerns identified through accreditation, surveys and other channels, ensuring that issues raised are acted upon and contribute to continuous improvement of training environments. **We suggest Condition 31ii is assessed as Satisfied** as we now have expanded systems in place and usage data to show these are being taken up as intended.

(iii) Assessing and improving engagement with accreditation processes

The College has undertaken targeted work to evaluate the impact of accreditation approaches - particularly paper-based accreditation - on trainee and supervisor engagement.

- A workshop conducted in December 2024 identified concerns among College members regarding the subjectivity and limitations of paper-based accreditation assessments, and the potential impact on engagement.
- In response, the College is trialling a number of adjustments designed to strengthen engagement while maintaining efficient processes, including:
 - increased use of virtual interviews with trainees in instances where paper-based accreditation is used;
 - inclusion of Directors of Physician Education (DPEs) in network-wide discussions to ensure broader representation;
 - involvement of network representatives across accreditation activities to strengthen consistency and visibility.

These practical adjustments are being implemented alongside the transition to a risk-based accreditation model, which aims to more appropriately target engagement activities where they are likely to have the greatest impact.

In response to these evaluation findings, in March 2026, the College Education Committee considered a proposal to move to a five-year accreditation cycle for Basic Training (BT). Currently BT sites are accredited on a four-year cycle. The change was proposed to:

- allow for an increased proportion of site assessments to be done via physical visits rather than paper-based assessment

- reduce compliance burden on training settings
- manage accreditor capacity limitations
- recognise gains from enhanced monitoring processes embedded throughout the accreditation cycle
- align with the transition to risk-based approaches to accreditation.

The College Education Committee (CEC) approved the proposal, effective from 2027, but also agreed to perform further analysis on previous breaches and risks in lengthening the accreditation cycle, so that appropriate mitigations can be developed to support effective implementation. We will continue to monitor the impact this has on engagement with accreditation processes through our ongoing Accreditation Renewal Evaluation program.

We suggest Condition 31iii is assessed as Satisfied as the outcomes of the original evaluation that led to this condition have now been actioned, and we have a monitoring system in place to detect, escalate and respond to any further engagement issues.

(iv) Inclusion of MCNZ in Active Management process

We have now completed our work to Satisfy Condition 30iv. We now copy the AMC and MCNZ into all active management correspondence with jurisdictions. This update has also been incorporated into the [active management process](#), which is published on our website.

Monitoring, evaluation and continuous improvement

Consistent with the AMC's feedback, we are strengthening our approach to evaluating whether accreditation reforms are delivering tangible improvements in stakeholder experience and engagement.

- Evaluation of the active management model is examining how effectively concerns identified through accreditation and monitoring processes are followed up and resolved, and how this contributes to improvements in training environments.
- Monitoring reports, including network-level data, are used to identify trends in training environment quality, inform targeted interventions, and assess the effectiveness of accreditation processes over time.
- Findings from evaluation and stakeholder feedback (including trainees and supervisors) are informing iterative refinements to accreditation processes, including communication strategies, engagement approaches, and administrative design.

This work supports a shift from what could tend to be a process-driven accreditation model to one that is data-informed, proportionate, and responsive to stakeholder experience. This has been done along with business-as-usual activities, including 569 comprehensive accreditation reviews of training settings across Australia and Aotearoa New Zealand in 2025.

The College considers that Condition 31 is Satisfied, with significant work underway to modernise accreditation processes, reduce administrative burden, and strengthen pathways for raising concerns. We will continue to report on our progress with the NHPO via those reporting mechanisms.

Condition 32				Due Date: 2026
Develop and implement mechanisms to assess:				
i. whether training sites provide appropriate levels of training to meet the outcomes of Basic and Advanced Training Programs.				
ii. barriers to training progression for trainees in regional, rural and remote sites (Standards 8.2.2 and 8.2.3)				
Finding	Unsatisfactory	Not Progressing	Progressing	Satisfied
2025 AMC commentary				
<i>No response required in 2025</i>				
2026 College response				
<i>Colleges may choose to provide an update on progress towards conditions due in 2026</i>				

2. Statistics and annual updates

Data to be collected as part of NHPO monitoring

Standard 8 Appendices

Nil.

Standard 9: Assessment of specialist international medical graduates

Areas covered by this standard: assessment framework; assessment methods; assessment decision; communication with specialist international medical graduate applicants

1. Activity against conditions

Nil conditions remain.

2. Statistics and annual updates

Please provide data showing the numbers of applicants and outcomes for Specialist IMG assessment processes **for 2025**, broken up according to the phases of the specialist international medical graduate assessment process (e.g. paper-based assessment, interview, supervision, examination). If a binational college, please provide separate figures for New Zealand and Australia. Please provide separate area of need and Specialist IMG figures.

Australian processes

New Applicants ¹ undertaking Specialist International Medical Graduate Assessment	
	Numbers
Number of new applicants in 2025:	Total: 390
	386 applications were received for specialist recognition. 3 applications were received for specialist recognition and area of need combined. 1 application was received for area of need only.

¹If an SIMG is being assessed in more than one specialty, each specialty application is counted separately.

Assessment of Specialist International Medical Graduates	
Phase of IMG Assessment	Numbers
Initial Assessment	
Interim Assessment Decision ¹ :	
• Not Comparable	54

• Partially Comparable	101
• Substantially Comparable	199
Ongoing Assessment	166 ²
Final Assessment	186 ³
Total:	706

¹The total number of interim assessment decisions issued in 2025 (354) differs from the total number of new applications received in 2025 (390). This is because some applications were submitted in 2024 and received their interim assessment decision in 2025. Other applications were received in late 2025 and are still undergoing initial assessment, i.e. they have not yet received an interim assessment decision.

² Total number of SIMGs who commenced supervised practice in Australia in 2025 (including top up training and peer review).

³ Total number of SIMGs who were recommended for specialist registration in 2025.

Aotearoa New Zealand processes

Advice provided to the MCNZ on the equivalence of SIMGs' qualifications, training and experience in 2025.

Preliminary (paper-based) advice							
Outcome	Vocational scope: Internal Medicine	Vocational scope: Paediatrics	Vocational scope: Dermatology	Vocational scope: Rehabilitation Medicine	Vocational scope: Palliative Medicine	Vocational scope: Occupational & Environmental Medicine	Vocational scope: Sexual Health Medicine
Equivalent	5	4	0	0	1	0	1
As satisfactory as	20	1	3	0	0	0	0
Neither equivalent to, nor as satisfactory as	7	1	0	0	1	0	0
Unable to make a recommendation	17	4	1	1	0	2	0
Total	49	10	4	1	2	2	1

Interview advice						
Outcome	Vocational scope: Internal Medicine	Vocational scope: Paediatrics	Vocational scope: Dermatology	Vocational scope: Rehabilitation Medicine	Vocational scope: Palliative Medicine	Vocational scope: Occupational & Environmental Medicine
Equivalent	5	1	0	0	0	0
As satisfactory as	21	7	2	1	2	1
Neither equivalent to, nor as satisfactory as	2	1	0	0	0	0
Total	28	9	2	1	2	1

Standard 9 Appendices

Nil.

Section B – Summary of significant developments

This section gives the AMC information on the continuing evolution of the College’s programs and assists the AMC to determine if these programs are continuing to meet the approved accreditation standards.

Please provide a summary of significant developments completed or planned relevant to the Standards. If a significant development has been made in response to addressing a condition, please only report on this against the relevant condition. The development does not need to be reported twice.

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program.

Summary of significant developments
RACP Strategy 2026–2030 The RACP Strategy 2026–2030 establishes a clear five-year direction for the College, positioning it as a trusted partner shaping the future of medicine and strengthening its contribution to members, the profession, and the broader health system. The Strategy (summarised in Figure B.1) was approved by the Board in December 2025, following extensive consultation with members, employees, and College bodies throughout 2025. It is supported by a structured implementation framework comprising the 2026 Operating Plan (Appendix B.1 RACP 2026 Operating Plan.pdf), Objectives and Key Results (Appendix B.2 OKRs RACP Strategic OKRs.pdf), and a refined Balanced Scorecard, providing a clear basis for delivery, monitoring and accountability over the 2026–2030 period. The Strategy is anchored in four interconnected strategic focus areas, which guide priorities and investment across the organisation: • Member experience: advancing lifelong learning and professional support; • Workforce, Workplace and Community Health: enabling thriving physicians and communities; • Integration and Simplification: simplifying and connecting the College; and • Designed Growth: growing influence and building a sustainable future.

Figure B.1 Strategic Direction on a page



Our five strategic priorities (Figure B.2) explain how we will deliver the strategy.

Figure B.2 Strategic priorities

Cultural Safety	Innovative Professional Content	Committee Adaptation	Data Driven Impact	Enhancing our Partnership Model
Embedding cultural safety and Indigenous led priorities in health delivery and education, ensuring outcomes are shaped by Aboriginal, Torres Strait Islander and Māori communities.	Smart, future focused professional learning and content that prepares you for what's next.	Building an action-driven member engagement platform to complement committees for deeper impact.	Intelligent harnessing of data to help drive insights that shape health delivery and inform policy.	A partnership model that delivers tailored benefits, greater opportunities, and stronger member influence.

The Strategy emphasises the importance of coordinating efforts across the College to deliver more consistent and meaningful outcomes, moving from a fragmented approach to one that is more aligned, evidence-informed, and focused on areas of greatest value.

A key element of the Strategy is its focus on improving the member experience across the full professional lifecycle, with an emphasis on more connected services, better use of digital platforms, and clearer alignment between education, professional development, and member support. The Strategy also highlights the importance of high-quality data and insight, bringing together information from across College functions to inform decision-making, policy development, and advocacy.

Implementation is being progressed through the 2026 Operating Plan (Appendix B.1), which sets out 17 prioritised strategic initiatives for the first year of delivery, alongside foundational work to establish new ways of working, strengthen digital capability (including TRELLiS), and support organisational change. Delivery across the full five-year period is guided by a strategic roadmap that sequences major initiatives, enabling staged implementation and ongoing refinement.

A more integrated operating model is being introduced, including cross-functional “value chains” that bring together expertise from across the organisation to design and deliver key services. The Strategy also reshapes the role of committees, with a stronger emphasis on strategic advice, insight and impact, supported by more flexible engagement approaches to broaden member participation and contribution.

The Strategy reflects a broader shift toward evidence-led decision-making and influence, recognising the importance of credible data, partnerships and focused advocacy in achieving impact. It also embeds key principles such as cultural safety, equity and inclusion across all areas of delivery, ensuring these values are reflected in how services are designed and implemented.

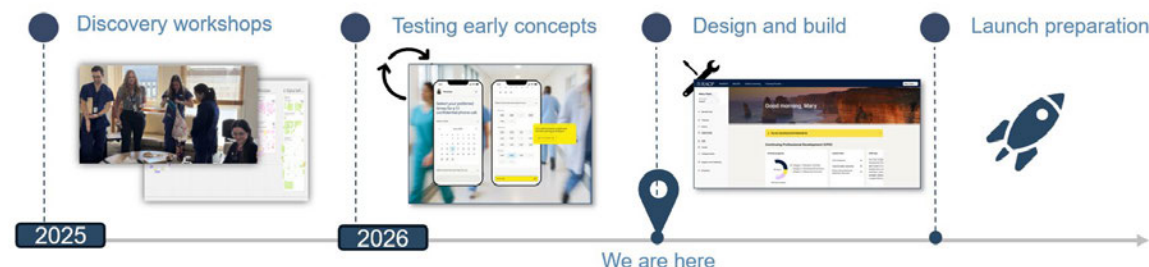
Members are expected to benefit from more coordinated and responsive services, improved digital experience, and greater transparency regarding the College’s activities and impact. These improvements are supported by a focus on prioritisation and efficiency, including reducing low-value activity to ensure effort is directed toward initiatives that deliver meaningful outcomes.

Implementation is currently focused on strategy launch and organisational alignment, including cascading the Operating Plan and OKRs, aligning committee workplans, and progressing operating model design changes. Ongoing monitoring through the Balanced Scorecard and annual reporting of OKRs will support transparency, performance tracking and continuous improvement throughout the life of the Strategy.

TRELLiS

The TRELLiS program is a whole-of-College transformation designed to improve member experience through simpler, more consistent processes, clearer information, more integrated systems and personalised experiences. As summarised in Figure B.3, it has been informed by extensive member consultation across 2025–2026, including consultation sessions, hospital visits, guided exercises and multiple interview rounds, enabling input from a diverse cross section of member representatives.

Figure B.3 High level timeline of TRELLiS phases



A summary of the current pain points and intended future state delivered through TRELLiS is provided in Figure B.4 below. Key functional improvements include the ability to log and track enquiries through a single, traceable request with transparent status updates and clear ownership, more consistent escalation pathways for issues, and improved communication targeting.

Figure B.4 What to expect from TRELLiS



As shown in Figure B.5, the TRELLiS program is being delivered in staged horizons, with enhancements and capabilities progressively delivered overtime once a strong foundation is established.

Figure B.5 TRELLiS Horizons



Horizon 1 is focussed on foundational systems and a new MyRACP interface and is scheduled for release early 2027 – exact dates are being planned with business units in consideration of capacity and critical annual cycle activities. Horizon 1 focuses on:

- Standardising core processes.
- Replacing ageing, disconnected systems.
- Improving how data is presented and connects behind the scenes.
- Delivering a new MyRACP to be the front door to your RACP experience.

Members will see:

- A new MyRACP with clear navigation through our digital ecosystem.
- More intuitive ways to manage details, payments and enquiries
- Better visibility of tasks, progress and next steps.
- A more consistent look and feel across RACP services.

To enable this, and future changes, we will deliver:

- New member management, finance and data systems.
- Stronger integration between systems.
- More reliable processes for staff supporting members.

Program governance is overseen through the TRELLiS Program Control Group, with the CEO as Program Sponsor, and regular reporting on milestones and delivery progress.

TRELLiS is expected to support several AMC conditions relating to timeliness, engagement and operational efficiency. In relation to Condition 4, enhanced enquiry

tracking, clearer ownership, and improved process visibility are intended to support more timely and consistent responses to member enquiries, alongside improved monitoring of response times and delays. Improved data integration and workflow visibility within MyRACP are also expected to contribute to more efficient progression to certification of completion of training. In response to Condition 26, TRELIS has been co-designed with members, including trainees, and introduces more personalised and relevant communications, clearer task navigation, and improved transparency, which together support more effective engagement; these capabilities also provide a basis for monitoring engagement over time. With respect to Condition 31, the program's focus on standardisation, system integration and reduction of manual administrative burden is intended to streamline processes such as accreditation, including clearer communication, improved visibility of requirements and timelines, and reduced duplication and rework for training sites, trainees and supervisors. We look forward to updating the AMC in future years as we deliver on this landmark initiative for the RACP.

Indigenous Health Leadership Stakeholder Engagement

Stakeholder engagement has involved ongoing consultation with Indigenous physicians, trainees, community leaders, and peak Indigenous health organisations. The College has established and strengthened partnerships with organisations such as the National Aboriginal Community Controlled Health Organisation (NACCHO) and the Australian Indigenous Doctors' Association (AIDA) to support culturally safe care, workforce development, and equitable access to specialist services.

The College maintains strong relationships with Aboriginal and Torres Strait Islander stakeholders, including via the Head of Indigenous Affairs Australia, who has been in regular contact with Medical Advisors, most recently in relation to the diphtheria outbreak and the tragic death of a child in Alice Springs, Northern Territory.

The College has partnered with the [Pūhoro STEMM Academy](#) through a Memorandum of Understanding to support and inspire rangatahi Māori to pursue pathways into medicine and medical careers. This strategic partnership aims to strengthen the future Māori physician workforce by increasing Māori participation, leadership and representation across the health sector.

A key outcome of the partnership is the establishment of the [Ngā Rangatahi Hauora – Future Health Leaders Fund in 2026](#), which provides opportunities for rangatahi to participate in leadership development activities and gain meaningful exposure to medical education and career pathways. The fund will be evaluated after its first year to assess its impact, sustainability and contribution to the College's long-term workforce development goals.

Advocacy efforts have included engagement with government and senior health forums to address systemic inequities affecting Aboriginal and Torres Strait Islander peoples, as well as Māori and Pacific peoples. The College has also continued to strengthen Indigenous representation and leadership within its governance processes, including through initiatives focused on anti-racism, cultural safety, and power-sharing.

Strong partnerships are also in place with the Specialist Training Program (STP), with 62 STP positions currently based in Indigenous settings. Close collaboration with these services supports ongoing progress towards Indigenous health equity and justice, while providing trainees with valuable opportunities to work closely with Aboriginal and Torres Strait Islander communities.

In addition to this work, core initiatives continue, including:

- Work on the **Indigenous Curriculum** is now well established and will be reported on in the next submission.
- The **Indigenous Health Impact Statement** screening and scoping tools were developed in 2026 by the Biyani Team and Te Waka Hauora and are now ready for implementation, with business units responsible for applying them at the initiation of new work; next steps focus on embedding consistent use across the

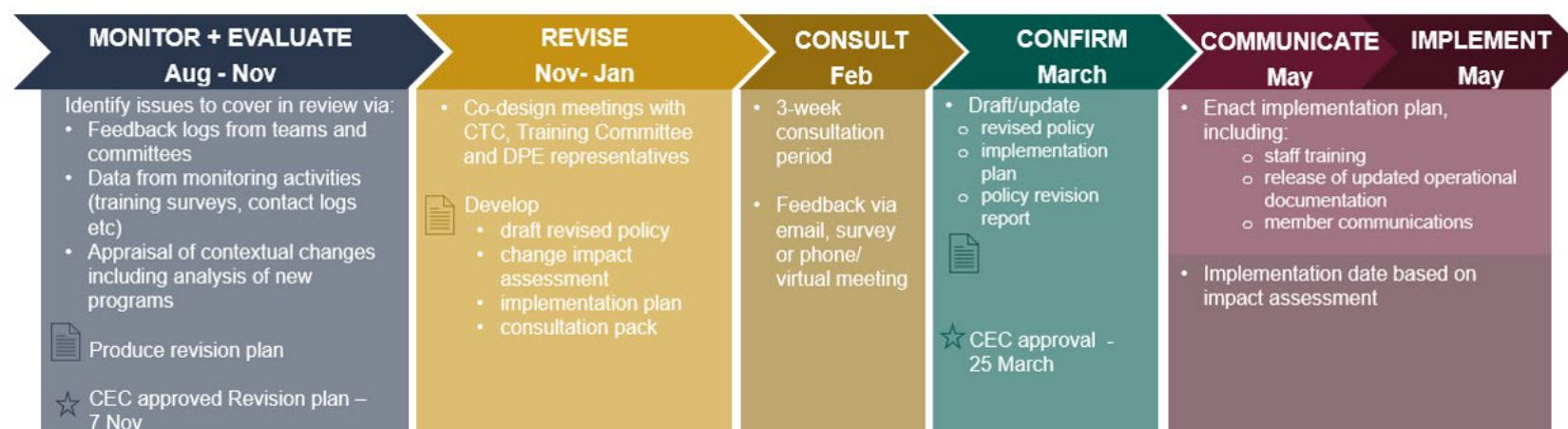
College to ensure early consideration of cultural safety, equity impacts, and appropriate levels of Indigenous engagement.

- Implementation of the **Indigenous Strategic Framework** (ISF) continued in 2026, supported by regular quarterly reporting to Senior Leadership, with progress tracking on workforce growth, cultural safety, and health equity priorities; the Framework remains on track to 2028, with ongoing evaluation and targeted initiatives planned to strengthen impact.
- In 2026, the College maintained alignment between the **Reconciliation Action Plan** (RAP) and ISF priorities, reinforcing commitments across the five dimensions of the reconciliation: race relations, equality and equity, institutional integrity, unity, and historical acceptance. Further work will focus on embedding these commitments into operational activities and strengthening accountability for outcomes.
- Progress in 2026 has strengthened recognition of **Indigenous data sovereignty** principles within College strategies, with increased emphasis on Indigenous leadership, ownership, and decision-making in data-related work, including development of governance approaches to ensure data reflects community priorities and supports self-determination.
- A comprehensive review of the Aboriginal and Torres Strait Islander Curated Collection is underway in 2026 as part of the cultural safety environmental review, with updates being made to include member- and College-facing tools, policies, and resources; this work will be finalised and rolled out in alignment with AMC accreditation findings and recommendations.

Major revision of the Recognition of Prior Learning (RPL) Policy

In late 2025, we commenced a review of the RPL Policy, as part of ongoing program quality assurance and continuous improvement activities. The review was conducted in line with established governance processes and aligned with the College's Policy Framework, as shown in Figure B.6 below.

Figure B.6 RPL policy review timeline



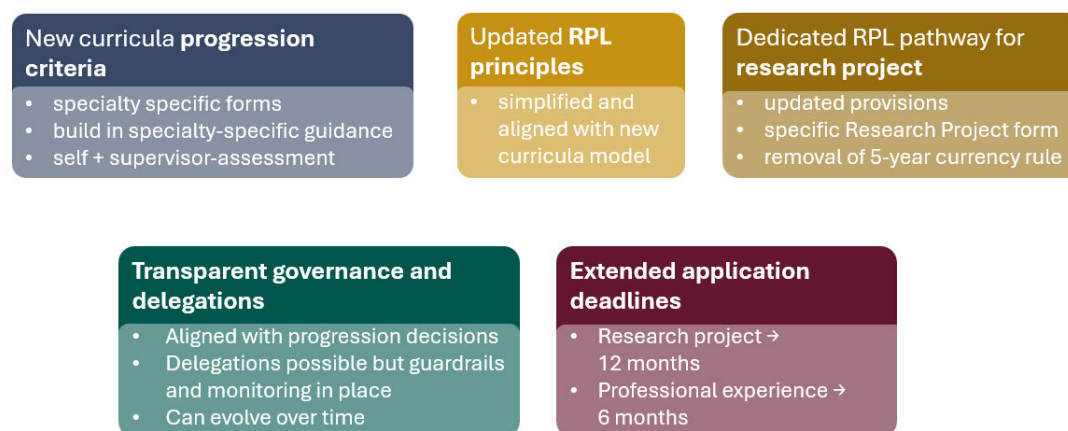
Review purpose and approach

Key drivers for the review were to ensure the policy remains contemporary and fit for purpose for new program curricula and current PREP curricula alike, aligns with education governance structures and responds to member feedback on identified implementation challenges and to continue to support high-quality training. Similarly, the review aimed for greater clarity around eligibility, more consistent application of assessment principles and ensure defensibility of decisions. Training and trainees' committee members, Directors of Physician/Paediatrics Education and the College Training Services' team were consulted via online co-design meetings. Analysis of the external and internal feedback informed the review. A total of 58 Committees, including training program and trainees' committees, as well as DPEs from Australia and Aotearoa New Zealand were invited to provide feedback to the proposed RPL Policy changes. The feedback was then reviewed and incorporated into the policy where suitable. The College Education Committee approved the revised RPL Policy at their meeting on 25 May with the updated RPL Policy being in effect for all RPL decisions made from 1 May 2026 onwards.

Key changes and benefits

The revised RPL Policy introduced the key changes summarised in Figure B.7, which are further outlined in this [quick guide](#).

Figure B.7 Key changes to RPL policy

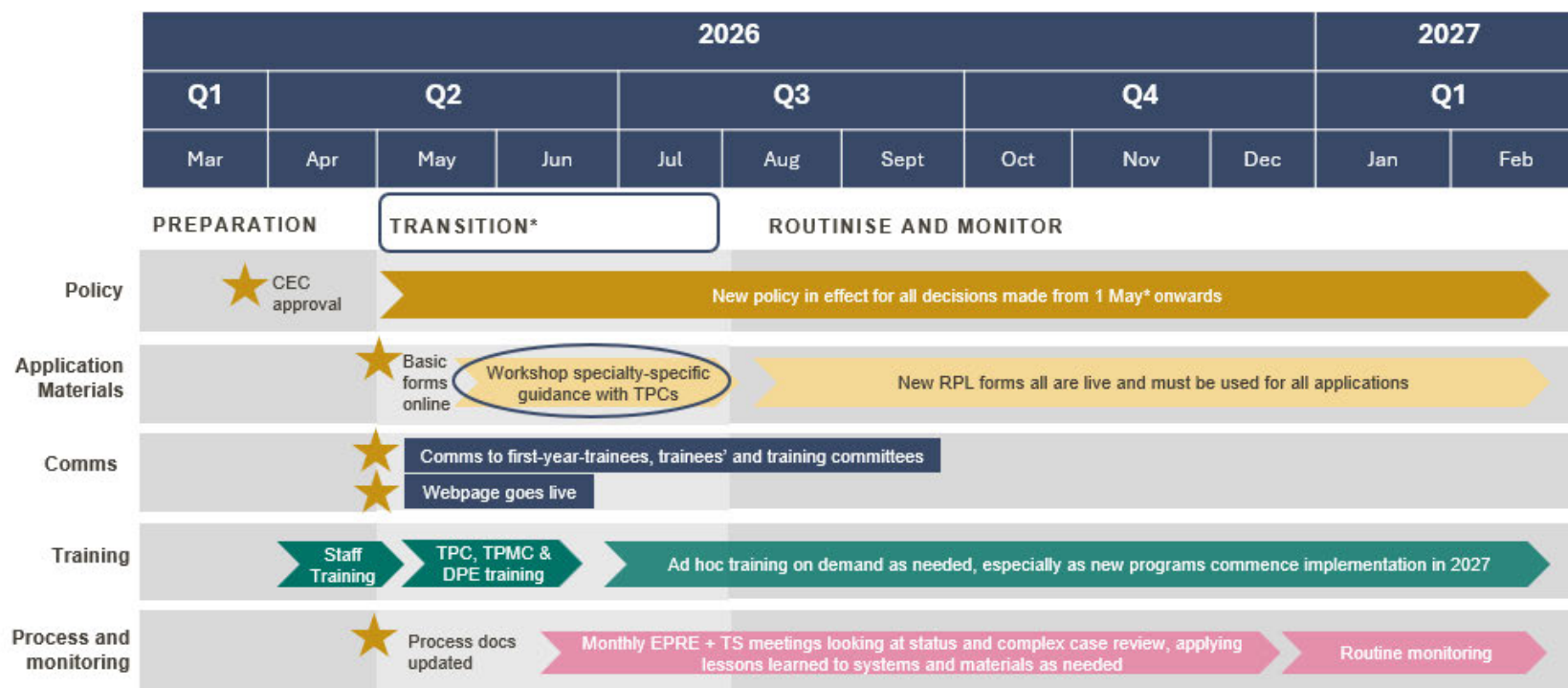


Structured, phased implementation

The implementation of the revised RPL Policy is being undertaken using a structured and phased approach to ensure it is both effective and sustainable. Following College Education Committee (CEC) approval in March, the revised policy is applied to all decisions from 1 May 2026 onwards.

Assessment of the policy changes revealed that none would disadvantage trainees and hence there was no need for a specific notice period to be enacted. Implementation planning was therefore guided by considerations about change management including communication, staff and assessor training and readiness for administrative services as summarised in Figure B.8.

Figure B.8 2026 RPL implementation roadmap



*Leniency in accepting old RPL forms while applying new policy principles

Three separate RPL application forms were introduced to match the three RPL categories – professional experience, research project and other requirements. New Curricula programs' specialty-specific RPL application forms mirror the specialty's learning goals for trainee self-assessment and supervisor endorsement. Program-specific guidance will be developed with new curricula TPCs over the next months to be added to professional experience application forms.

All RPL application forms are available online on the updated [RPL webpage](#) which provides accessible information on the updated policy and processes. During the transition period, legacy forms will be accepted, with new forms becoming mandatory from 1 August onwards.

The updated policy was communicated to first-year trainees, trainees' and training committees and DPEs. Training has been delivered across multiple cohorts, including administrative staff, TPC members, TPMC and DPEs, ensuring a shared understanding of the revised policy and its application.

Continued monthly review meetings between the Training Services team and the Education Policy team will ensure business intelligence is exchanged in order to guide improvements. This is further supported by ongoing, demand-driven training to address emerging needs, particularly as new programs transition into the framework.

Implementation will continue to be monitored closely, especially for complex cases, before moving to routine monitoring from December 2026 onwards.

Improvements to Advanced Training Research Projects process

Since 2024, a number of significant operational improvements have been implemented to strengthen the management and delivery of the [Advanced Training Research Project](#) (ATRP) process. These changes have focused on improving efficiency, streamlining workflows, supporting reviewers, and enhancing the trainee experience.

One of the most significant developments was the creation of a dedicated Operations team (as outlined in Condition 4) to manage ATRP submission rounds across each specialty, amongst other things. This has improved coordination, consistency, oversight, and communication throughout the assessment process, allowing for a more structured and efficient approach to managing submissions and outcomes.

Revised submission dates (March, June, September) have also helped streamline the overall process by improving the distribution of workload across assessment periods and reducing pressure on reviewers during peak times. This has supported more sustainable review timeframes and improved progression of assessments.

The introduction and expansion of ATRP exemption and Recognition of Prior Learning (RPL) pathways (see update earlier in Section B) have further enhanced efficiency by reducing unnecessary assessment requirements for eligible trainees. In addition, updates to the RPL Policy, effective from 1 May 2026, now allow trainees to apply for RPL up to 12 months after commencing Advanced Training, providing greater flexibility and accessibility.

A dedicated ATRP-specific RPL pathway has also been introduced, including updated provisions, a specialised Research Project form, and the removal of the previous five-year currency rule. These changes have simplified the application process and reduced administrative burden for both trainees and reviewers.

Internally, significant improvements have been made to operational processes and tracking systems. Trackers have been refined to include automated formulas for calculating return dates and categorising reviewers based on experience level, improving monitoring, reporting accuracy, and reviewer allocation processes. A recent call-out for additional reviewers also generated interest from 150 new reviewers, strengthening reviewer capacity and supporting future sustainability of the process.

These improvements are already contributing to stronger operational management of ATRP rounds. In the current round we received 287 submissions, 156 trainees have already received their outcomes within eight weeks of the submission deadline, with ongoing reviews continuing to progress. While some applications require additional moderation due to conflicting reviewer outcomes, the enhanced processes and dedicated operational oversight have supported more effective management of this complex and high-volume assessment workload.

In addition to these operational and policy improvements to support a better ATRP experience for trainees and reviewers, we have also commenced a review of the Advanced Training Research Project to ensure it remains fit for purpose, is aligned with contemporary training needs and is operationally effective. We look forward to updating the AMC on this in our next Monitoring Submission.

GenMed Horizons Project (FATES Round 4)

The GenMed Horizons project is a national, two-year initiative funded through the Australian Government's Flexible Approach to Training in Expanded Settings (FATES) Round 4 program, focused on strengthening the visibility, distribution and sustainability of specialist General Medicine across Australia. The project is delivered through a collaborative partnership between the Royal Australasian College of Physicians (RACP) and the Internal Medicine Society of Australia and New Zealand (IMSANZ), enabling coordinated national engagement across Fellows, trainees and health service stakeholders.

The project has a defined two-year delivery timeframe, concluding at the end of 2027, with a structured set of deliverables designed to align specialist training with workforce priorities. These deliverables include:

- national mapping of accredited General and Acute Care Medicine (GACM) training positions and trainees;
- mapping of the specialist General Physician workforce;
- consultation and revision of GACM Advanced Training accreditation standards; and
- establishment of a national community of practice to support ongoing engagement and reform.

A central feature of the project is the deliberate integration of training reform with workforce planning. The dual mapping of training capacity and the existing workforce is generating a comprehensive evidence base to better understand current distribution and identify areas of unmet need. This is supporting more strategic alignment of training opportunities with services required in regional, rural and remote communities, where workforce gaps are most pronounced.

In parallel, the project is progressing a coordinated program of accreditation renewal, aligned with curriculum reform and national workforce policy directions. This work recognises accreditation as a key lever to influence the distribution and quality of training, and to support development of generalist capability across diverse clinical settings, including Modified Monash 2–7 locations. By aligning accreditation standards with workforce priorities, the project strengthens the connection between training pathways and longer-term service delivery outcomes.

Collaboration remains a defining feature of delivery. Through its partnership with IMSANZ, the project is leveraging established networks of members and trainees across Australia and Aotearoa New Zealand to support consultation, co-design and dissemination. Flexible engagement mechanisms, including the Regional, Rural and Remote Physician Special Interest Group, provide an inclusive platform for Fellows and trainees to contribute insights and lived experience to workforce and training reform. This approach supports meaningful, ongoing engagement while strengthening connections between clinical practice, training environments and workforce planning.

The project is also undertaking a structured, user-informed review of accreditation processes, focusing on transparency, responsiveness and fairness. Insights from this work are informing the development of enhanced, evidence-based standards and processes for accreditation of general medicine training settings (in alignment with the NHPO Model Standards project), reinforcing accreditation as a mechanism for driving both training quality and workforce reform.

Overall, Gen Med Horizons is demonstrating strong progress toward its deliverables within the planned timeframe. By integrating workforce mapping, accreditation reform, and national stakeholder engagement, the project provides a coherent and collaborative approach to strengthening the specialist generalist workforce and improving access to care in areas of greatest need.

Further information is available on the [GenMed Horizons webpage](#).

Western Australia Country Health Service Rural Physician Training Pathway

The WA Country Health Service (WACHS) Rural Physician Training Pathway, initially supported through the Flexible Approach to Training in Expanded Settings (FATES) program and delivered in partnership with the College is a pioneering initiative to strengthen the rural specialist physician workforce through place-based training and demonstrate the feasibility of this approach.

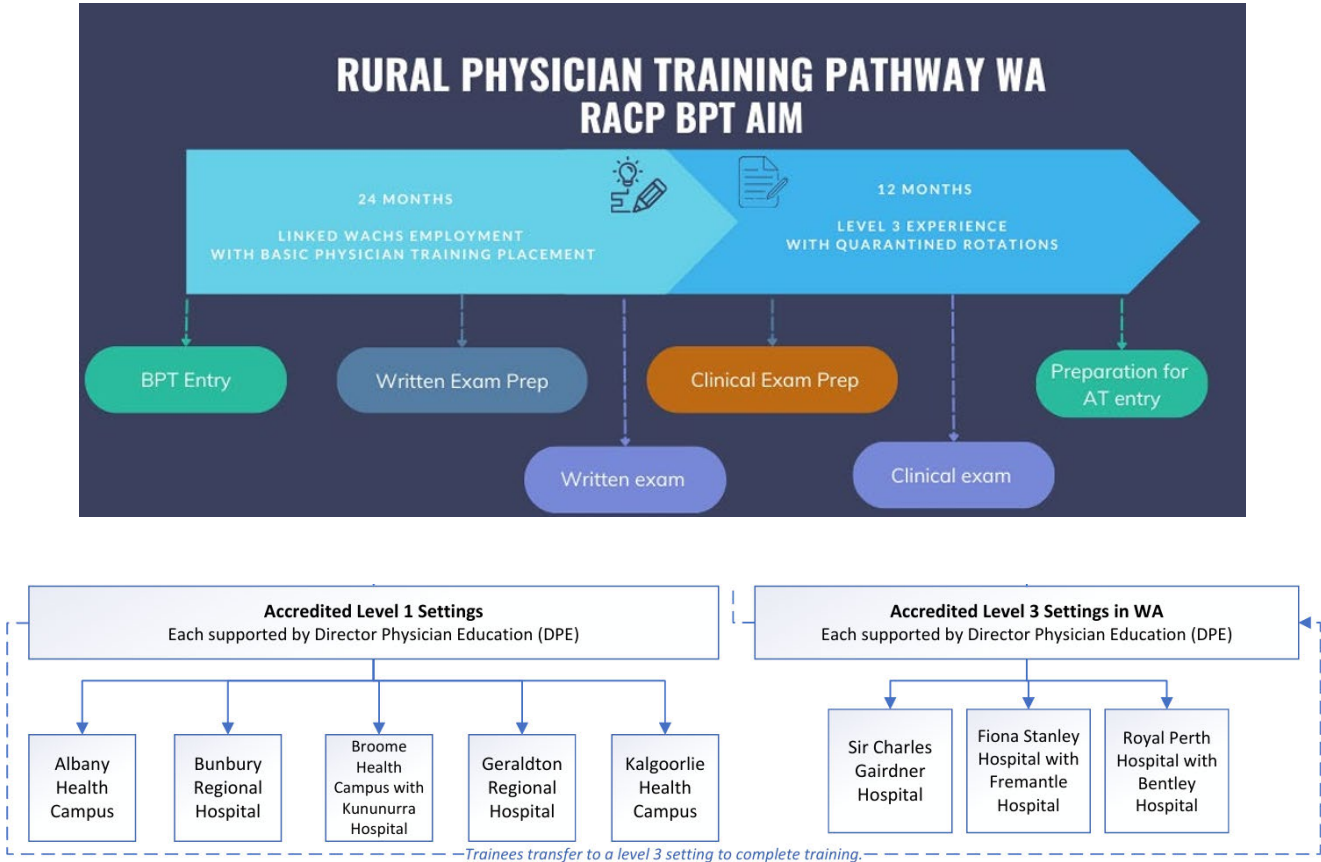
The project successfully designed and implemented Australia’s first fully accredited, regionally based physician training network, focused on Basic Physician Training in regional, rural and remote Western Australia. This model aligns with WACHS’ “Grow Our Own” workforce strategy and broader national workforce reform priorities, embedding training within local communities to support workforce sustainability and retention.

A central feature of the pathway is the deliberate integration of training delivery with workforce planning. The WACHS model prioritises rural immersion over short-term rotations, selecting trainees with demonstrated rural intent and aligning training experiences with local service need. This approach has reinforced the link between training pathways and long-term workforce outcomes, supporting both trainee retention and service continuity in rural settings.

The pathway has been underpinned by a coordinated and supported networked delivery model, which distributes training across multiple sites while maintaining central oversight, as summarised in Figure B.9. Dedicated central roles, including network-level education leadership and program coordination, have enabled consistent training quality, reduced administrative burden on local supervisors, and supported scalability of the model.

This integrated approach demonstrates how initial external project support for scoping (FATES) can facilitate engagement and structured coordination between specialist medical Colleges (RACP) and jurisdictional health services (WACHS) to enable high-quality training pathways that align with workforce need across dispersed rural settings.

Figure B.9 WACHS Rural Physician Training Pathway



Significant progress has been achieved within the FATES funding period. In August 2024, the pathway secured RACP network accreditation with specific flexibility provisions, including approval for extended training time in rural sites beyond standard limits. This outcome illustrates how targeted flexibility within the RACP's accreditation frameworks can support innovative rural training models while maintaining training quality and standards.

Early and sustained engagement between WACHS, the RACP, metropolitan training providers and trainees was critical to pathway design, accreditation success and implementation. Strong jurisdictional and health service executive sponsorship and stakeholder engagement supported alignment with system priorities, while co-design with trainees ensured the pathway remained responsive to their preferences and circumstances. This collaborative approach also enabled cultural change, helping to challenge metropolitan-centric assumptions about training quality and strengthening confidence in rural training models.

The FATES-funded pilot has now been completed and transitioned into ongoing operation within WACHS, with core coordination and education functions embedded into routine workforce and training arrangements. The learnings from development and implementation of the pathway are in turn informing the development of other rurally immersive training pathways in regional WA and with WACHS including those relating to paediatric (RACP) and emergency medicine (ACEM) training.

At the same time, the project has identified a range of system-level challenges relevant to future implementation, including the opportunities for greater flexibility in accreditation and supervision models, improved alignment between employment structures and training pathways, and funding models that support sustainable transition from pilot to business-as-usual delivery.

Notwithstanding these challenges, we're pleased to see that the pathway demonstrates the effectiveness of rural-led innovation and collaborative reform. Key enablers, including trainee-centred design, networked delivery, strong governance, and cross-sector collaboration, provide a replicable, tailorable model for place-based interventions in other jurisdictions.

Commonwealth Specialist Training Program

The Specialist Training Program (STP) remains a critical mechanism supporting equitable access to specialist training and services across Australia, with strong evidence of effective delivery and sector-wide collaboration. As a national initiative funded by the Australian Government, STP enables over 900 training positions across 13 medical colleges, spanning metropolitan, rural and remote, private, and Aboriginal Community Controlled Health Organisation (ACCHO) settings.

Within this framework, the RACP continues to play a significant leadership role, managing approximately 356 STP-funded positions across 23 specialties. These posts are distributed across diverse training environments and aligned to workforce need, supporting both generalist disciplines and smaller, critical specialties. Refer to Figures B.10 and B.11 for a description of the distribution of the posts. The program's design—requiring positions to be delivered in accredited settings and filled to capacity—drives strong partnerships between the College, training sites, and jurisdictions to optimise utilisation and ensure continuity of training.

Figure B.10 2025 STP posts by location

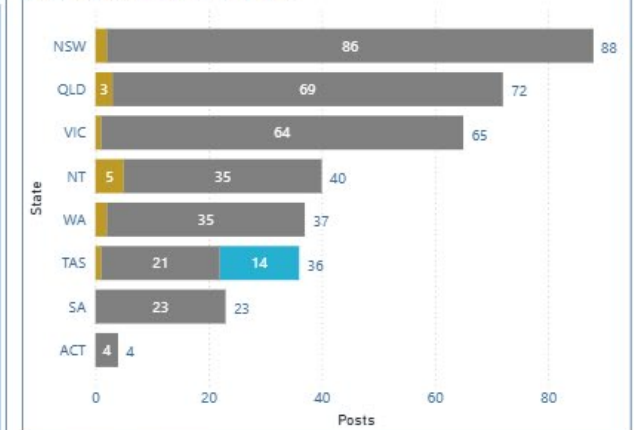
Training Post Locations

Program_Name I RTP STP TAS



Posts by State and Program_Name

Program_Name I RTP STP TAS



Posts by Setting Classification

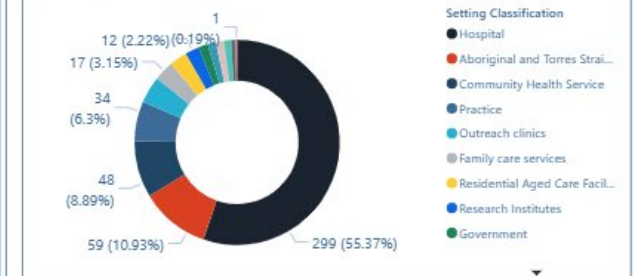


Figure B.11 2025 STP posts by specialty

Specialty	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total
Addiction Medicine						1	2		3
Basic Training				7	1	1	1	10	20
Cardiology		1	1	2		1	1		6
Clinical Genetics								1	1
Clinical Pharmacology					1				1
Community Child Health		8	1	1	1		8	1	20
Endocrinology		1	2	6	1		5		15
Gastroenterology			1						1
General and Acute Care Medicine		12	7	11		13	10	4	57
General Paediatrics		20	7	13	2	8	9	9	68
Geriatric Medicine		10		4	3	2	5	2	26
Haematology		1					2		3
Immunology & Allergy				1	1				2
Infectious Diseases			4						4
Medical Oncology		7	1		2		6		16
Nephrology		1	5	3					9
Neurology		3		1		2	1		7
Occupational and Environmental Medicine		1							1
Palliative Medicine		2		5	4	2	6	6	25
Public Health Medicine	2	6	4	4	3	3	3	3	28
Rehabilitation Medicine		6	1	11	2		2		22
Respiratory & Sleep Medicine		2	1	2	1			1	7
Rheumatology		1		1	1	2			5
Sexual Health Medicine		1	1			1			3
Total	2	83	36	72	23	36	61	37	350

A key strength of the program has been the collaborative approach across the sector, particularly in:

- Workforce planning and allocation, with positions and funding offers determined in line with jurisdictional workforce priorities.
- Partnerships with training providers, including hospitals, private practices, and ACCHOs, enabling training in settings that reflect contemporary models of care.
- Cross-college engagement, particularly through competitive funding streams such as FATES, fostering innovation in areas such as flexible training, accreditation practices, and rural workforce pathways.

The RACP has also demonstrated impact through sector-leading projects, managing approximately \$7.1 million in STP-related initiatives. These include trainee-focused

education and quality improvement programs, Indigenous training initiatives, and innovative pilot programs supporting rural pathways and service delivery in underserved areas, such as the WACHS Rural Physician Training Pathway and GenMed Horizons initiatives outlined above. The success of RACP-led projects in competitive funding rounds, securing a substantial proportion of available funding, reflects both strong collaboration and the College's capacity to deliver scalable, high-value initiatives.

Importantly, the program has maintained robust governance and accountability, including biannual reporting to the Department and annual external financial audits. This provides assurance of program integrity while supporting continuous improvement through shared data and insights.

We have contributed perspectives to inform the STP redesign.

SusQI

The RACP is contributing to initiatives that strengthen workforce capability in sustainable healthcare. Healthcare systems face increasing [climate-related risks](#) that impact access to [quality care and health outcomes](#), while also contributing materially to carbon emissions, with the Australian healthcare sector estimated to account for [approximately 5.5% of national emissions](#). In response, national policy settings—including the Australian Government's [National Health and Climate Strategy](#)—have identified the need to build workforce capability through targeted education and the integration of sustainability into quality improvement processes.

Within this context, the RACP was approved for Commonwealth funding under the Specialist Training Program (STP) Support Project to administer to the University of Notre Dame Australia (UNDA) for the development and pilot of [Sustainable Quality Improvement \(SusQI\)](#) training for RACP STP trainees and their supervisors. SusQI has been developed by the Centre for Sustainable Healthcare, UK and the UNDA has been recognised as a [SusQI Beacon site](#).

The RACP has awarded multi-stage grant funding to the UNDA for the following:

Stage 1: development and pilot of a short-course on using quality improvement processes to achieve environmentally, socially and financially sustainable healthcare. The pilot was co-designed with physicians and trainees and introduces participants to the impact of climate change on human health and health systems, the carbon and waste footprint of healthcare, the principles of sustainable healthcare, quality improvement and the four-step approach of SusQI. The course focuses on actions aligned with [local health system environmental sustainability goals and priorities](#). Feedback from pilot participants indicates they appreciate the flexible delivery and balance between theoretical concepts and locally-contextualised, practical implementation.

Stage 2: delivery of the course on multiple occasions exploring different delivery formats. Concurrently, a local SusQI community of practice in Tasmania amongst STP Trainees and their supervisors to reduce professional isolation and strengthen peer-supported implementation for SusQI projects is being fostered. A comprehensive evaluation of Stage 2 will occur in September 2026.

Stage 3: extend the availability of the SusQI short course to all physician trainees and their supervisors through a fully asynchronous online version available to on the RACP website, make available SusQI case-studies relevant to Australian physicians and trainees, inform local SusQI communities of practice and review the cultural appropriateness of content.

Each stage is being evaluated, informing the development and delivery of subsequent stages. Evaluation draws on post-course surveys, participant feedback discussions

and a project team reflection. This has demonstrated that SusQI is acceptable to trainees, aligned with Australian quality processes and can effectively build workforce capacity to embed environmental, social and financial sustainability into quality improvement for healthcare delivery. SusQI offers a scalable pathway for building climate-resilient health systems and planetary health whilst engaging trainees and their supervisors with quality.

Section B Appendices

Appendix [B.1 RACP 2026 Operating Plan](#)

Appendix [B.2 RACP Strategic OKRs](#)
