

# 2025 AMC Monitoring Submission

## Report on 2025 Conditions and Data

### AMC Findings - Royal Australasian College of Physicians

Periodic reports since last AMC assessment	Nil.
Next accreditation decision due	31 March 2029

#### Explanation of findings

Under the Health Practitioner Regulation National Law, the AMC can accredit a program of study if it is reasonably satisfied that: (a) the program of study, and the education provider that provides the program of study, meet the accreditation standard; or (b) the program of study, and the education provider that provides the program of study, substantially meet the accreditation standard and the imposition of conditions will ensure the program meets the standard within a reasonable time.

*The AMC uses the terminology of the National Law (meet/substantially meet) in making decisions about accreditation programs and providers.*

**Providers must satisfy conditions on accreditation in order to meet the relevant accreditation standard. The AMC provides feedback on the conditions using the following:**

Findings against conditions	
Unsatisfactory	The College may not meet the related accreditation standard and AMC should investigate further.
Not Progressing	No progress or overly slow progress given the timeframe on the condition.
Progressing	Indicates satisfactory progress against the condition, with further reporting necessary.
Satisfied	The College has satisfied all requirements and can cease reporting against the condition. Condition is marked as satisfied

#### Please note that this response contains:

Part A	<i>Summary of the overall findings relating to the College's 2025 monitoring submission.</i>
Part B	<i>Detailed responses to information reported against the standards, including feedback to support further reporting on remaining conditions on accreditation</i>

**Part A: Summary of the overall findings relating to the College’s 2025 monitoring submission.**

Overall Summary of the Royal Australasian College of Physicians Report on 2025 Conditions and Data
<p>Of the 32 conditions placed on the College at the time of full reaccreditation in 2024, the College was required to report on 10 conditions in 2025, either in full or in part.</p> <p>The submission demonstrates that substantial work is underway across a number of major reform areas, and progress is evident in several key initiatives. While this activity is acknowledged, the timelines for completion remain ambitious given the volume of concurrent projects being undertaken. Ongoing reporting will be required to demonstrate that progress is sustained and that planned initiatives translate into measurable improvements in practice and outcomes.</p> <p>Concerns remain regarding the extent to which trainee engagement has been evidenced in work undertaken under several conditions that directly affect trainees, particularly in relation to assessment and experiences of discrimination. The College is expected to provide clearer evidence in its next submission of meaningful engagement with trainees and of how trainee feedback has informed decision-making and resulted in demonstrable change.</p> <p>The overall assessment against the accreditation standards remains unchanged from the end of the 2024 accreditation visit. Standard 9 remains Met, while all other standards remain Substantially Met. Overall, the accreditation standards continue to be Substantially Met.</p>

Standard	2024 Findings	2025 Findings
<b>Overall</b>	<b>Substantially Met</b>	<b>Substantially Met</b>
1 The context of education and training	Substantially Met	Substantially Met
2 The outcomes of specialist training and education	Substantially Met	Substantially Met
3 The specialist medical training and education framework	Substantially Met	Substantially Met
4 Teaching and learning methods	Substantially Met	Substantially Met
5 Assessment of learning	Substantially Met	Substantially Met
6 Monitoring and evaluation	Substantially Met	Substantially Met
7 Issues relating to trainees	Substantially Met	Substantially Met
8 Implementing the training program – delivery of educational resources	Substantially Met	Substantially Met

Standard	2024 Findings	2025 Findings
9 Assessment of specialist international medical graduates	Met	Met

*Part B – Detailed responses to information reported against the standards, including feedback to support further reporting on remaining conditions on accreditation.*

## 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		To be met by: 2025		
Undertake the Education Governance Review and provide details regarding the outcomes and next steps, detailing:				
<ul style="list-style-type: none"> <li>i. the scope of the consultation process.</li> <li>ii. changes and impact on educational governance, with details on enabling all relevant groups to contribute to decision making.</li> <li>iii. changes and impact on corporate governance, with details on the priority given to education relative to other activities</li> <li>iv. impacts to the sequencing of activities of the Curriculum Renewal (Standard 1.1 and 1.2)</li> </ul>				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
			(i), (ii), (iii), (iv)	
2025 AMC commentary				
<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> <li>iv. <i>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.</i></li> </ul>				

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.

Condition 2		To be met by: 2026*		
To achieve Indigenous Strategic goals within the College, in genuine partnership with Indigenous peoples, develop and implement:				
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*				
ii. 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*				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
				(i)
2025 AMC commentary				
i. 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 not required to be reported on in 2025.				

Condition 3		To be met by: 2026		
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)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
2025 AMC commentary				
No response required in 2025				

<b>Condition 4</b>		To be met by: 2026* Implement due in 2025.		
Develop and implement processes and metrics to improve and monitor reported delays: - due 2025*				
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*				
ii. to the successful certification of completion of specialist medical training (Standard 1.2.1, 3.2 and 3.4) – due 2026*				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
			X	
<b>2025 AMC commentary</b>				
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 TRELis, 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.				

<b>Condition 5</b>		To be met by: 2027		
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)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
<b>2025 AMC commentary</b>				
<i>No response required in 2025</i>				

## 2 Statistics and annual updates

<b>AMC commentary – statistics and annual updates against Standard 1</b>
Data is provided on the numbers of reconsiderations (139), reviews (20) and appeals (4) for 2024 which show an increase since the last year reported to the AMC in the reaccreditation submission and some narrative is provided around the likely COVID-related reasons behind this, as well as the increase in numbers of overseas trained physicians (OTPs). It is stated that most of the outcomes were communicated to trainees within 12 weeks, although it is acknowledged that for many related to Advanced Training the delay was longer (43%), and the reason given is to do with delays in waiting for the next relevant committee meeting. The submission says that this is an area they are hoping to improve upon, but no details are given as to how this will be achieved. This issue was raised multiple times with the AMC team during last years’ accreditation visit and progress on this is an imperative.

The fees for reviews and appeals have been substantially reduced:

Appeal application fee - reduced from \$7915AUD/\$8274.77NZD to \$4990AUD/\$5216.81NZD

Review application fee - reduced from \$1322AUD/\$1382.09NZD to \$950AUD/\$993.19NZD

### Summary of College performance against Standard 1

Overall, the responses by the College to the conditions under Standard 1, both for those that required completion by 2025, and those for reporting in later years, shows substantial work in progress which if successfully implemented should greatly improve educational governance and the College’s responsiveness to members concerns. Whilst the College is to be commended for this work, ongoing monitoring of the successful implementation of these initiatives is required. Standard 1 should remain ‘Substantially Met’.

The College has established a top-level Education Committee reporting directly to the Board, which provides some reassurance that appropriate educational governance structures are in place and broadly aligned with models used by other colleges. However, there remains concern regarding the stability of the broader corporate governance arrangements and the limited operational experience within the Board. The AMC considers it essential to monitor whether these factors may impact the College’s ability to achieve its educational and training objectives.

The AMC also notes the College’s response to Condition 2, which indicates resources have been allocated and planning undertaken over the past 12 months. While this is acknowledged, the College has not provided details on its financial position. The College is requested to provide further information in its next submission on how governance and financial stability are being assured, and any implications for the delivery of education and training.

In relation to Cultural Safety, there is some uncertainty about the College’s capacity to progress further work. The AMC will continue to monitor developments closely.

The AMC also notes delays in communication of RRA decisions, sometimes up to 12 weeks. Could the College please report in the next submission on the measures being implemented to address these delays, monitoring outcomes and the expected role of new membership services in improving responsiveness.

## 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

Condition 6		To be met by: 2026		
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)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
2025 AMC commentary				

No response required in 2025

Condition 7				To be met by: 2026
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)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
2025 AMC commentary				
No response required in 2025				

### Summary of College performance against Standard 2

No specific reporting on conditions was required under this standard for 2025.

Standard 2 remains Substantially Met.

## 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

Condition 8				To be met by: 2026*
In relation to the curriculum renewal:				
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*				
ii. provide implementation plans and curriculum documents for Waves 2 and 3 curricula. – due 2026*				
iii. 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*				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
				(i)
2025 AMC 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 line is given for the rollout of Wave 1.				

- ii. 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.

Condition 9				To be met by: 2026
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)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
2025 AMC commentary				
<i>No response required in 2025</i>				

Condition 10				To be met by: 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>				

Condition 11				To be met by: 2025
Articulate the new curricula for the two basic training programs with the early years of training (PGY1 & 2) (Standard 3.3)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
				X
2025 AMC commentary				
A detailed response has been given to this Condition, but with specific references to Victoria, NSW and Aotearoa/New Zealand only, and no references to other jurisdictions. In Victoria, there appear to be concerns about having sufficient training positions to satisfy the needs of those completing PGY2 as part of the National Framework for Prevocational Medical Training (NFPMT) and those entering the Foundation Year of Basic				

Training (BT). Details are given of a stakeholder workshop held in December 2024, and a variety of criteria for eligibility of training positions for entry into BT were discussed. The possibility that positions can satisfy the requirements of both is under active consideration.

There is no evidence given of significant progress in NSW on these matters, and it is stated that there are difficulties in Aotearoa/New Zealand, with “educational leaders struggling to continue to implement the New Zealand Curriculum Framework for Prevocational Medical Training in conjunction with RACP BT.” Whilst it is clear that this issue is under active consideration by the College, there is currently only evidence of progress in Victoria and substantial difficulties remain elsewhere. The situation in all jurisdictions should be addressed to satisfy this condition.

The AMC notes that there has been work done between the College and the AMC’s Prevocational Accreditation Committee (PreVAC) to map the experience and assessment requirements between BPT1 training and the National Framework for Prevocational Medical Training which shows that both can be attained within the same posts. There was also work done with PMCV around accreditation of these posts, but it is evident that there are some BPT1 positions in Victoria that have not been accredited by PMCV for PGY2, and PMCV are uncertain of their capacity to accredit them. The AMC acknowledges that there are ongoing discussions between PreVAC and the College to progress this work further with jurisdictions.

Based on additional information provided to the AMC on 15 December, the mapping of the Basic Training Program to the second year of the National Framework for Prevocational Medical training has been completed. The College has therefore satisfied the intent of the condition. The AMC remains interested in any perspectives the RACP may have on impacts of changes in the prevocational space on selection into specialist training and will maintain open dialogue with both the RACP and Prevocational Training stakeholders regarding this.

<b>Condition 12</b>				<b>To be met by: 2026</b>
Critically review and improve processes to approve/amend proposed periods of training for trainees to:				
<ul style="list-style-type: none"> <li>i. Ensure incumbent trainees are not unduly affected by changes to accredited training positions</li> <li>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]</li> </ul>				
<b>Finding</b>	<b>Unsatisfactory</b>	<b>Not progressing</b>	<b>Progressing</b>	<b>Satisfied</b>
<b>2025 AMC commentary</b>				
<i>No response required in 2025</i>				

<b>Summary of College performance against Standard 3</b>
Two conditions under this standard required reporting by 2025. Condition 8 (i) can be said to be Satisfied (with (ii) and (iii) to be reported on next year), and Condition 11 requires work across all jurisdictions. This Standard remains Substantially Met.

## Standard 4: Teaching and learning methods

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

### 1 Activity against conditions

Condition 13		To be met by: 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:				
<ul style="list-style-type: none"> <li>i. Learning resources should be constructively aligned to key curricula content.</li> <li>ii. Equity of access should be promoted for resources relevant to examination preparation</li> <li>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)</li> </ul>				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
2025 AMC commentary				
No response required in 2025				

Condition 14		To be met by: 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				
<p>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.</p> <p>The view of the Trainees is expressed in their submission that the College should be commended on “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 TRELlS, enabling infrastructure for the Member Support Centre)” 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.</p>				

### Summary of College performance against Standard 4

Only Condition 14 required a report in 2025, and this is progressing. Successful implementation of the TMP, with satisfactory evaluation of its performance by all end-users, is a critical piece of the overall quality improvement activities of the College, and an update next year is of vital importance.

Standard 4 remains Substantially Met.

## Standard 5: Assessment of learning

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

### 1 Activity against conditions

Condition 15		To be met by: 2025		
Provide detailed transition plans for the assessment programs of the new curricula. The plans should describe:				
<ul style="list-style-type: none"> <li>i. Contingency plans in the event of disruption or delay.</li> <li>ii. A program of training and resources for supervisors delivering workplace-based assessment</li> <li>iii. Integration of all forms of assessment into a programmatic assessment approach and how progression decisions are made.</li> <li>iv. Consideration for streamlining efficiencies for trainees in joint training in appropriate disciplines (Standard 5.1, 5.2, 7.4 and 8.1)</li> </ul>				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
			(i) (ii) (iii) (iv)	
2025 AMC commentary				
<ul style="list-style-type: none"> <li>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.</li> <li>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 DSPDP 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 &amp; 2 will start to be implemented by November 2025, whilst work on priority 3 will begin next year.</li> <li>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 <i>“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”</i>. A principle on the transition to programmatic assessment has been developed which is that: <i>“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</i></li> </ul>				

*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.

Condition 16		To be met by: 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>				

Condition 17		To be met by: 2025		
Undertake and provide recommendations of the Cross College Examinations Review, detailing alignment to contemporary assessment practice. The review should consider:				
<ul style="list-style-type: none"> <li>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.</li> <li>ii. The optimisation of comparability of clinical examinations across sites.</li> <li>iii. The impact of the cost of examinations for the College and trainees (Standard 5.2, 5.4 and 7.4).</li> </ul>				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
			(ii),	(i) ,(iii)
2025 AMC commentary				
<ul style="list-style-type: none"> <li>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.</li> </ul>				

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 increased 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.

Condition 18		To be met by: 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				
<p>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.</p> <p>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.</p> <p>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.</p> <p>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 &amp; 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.</p> <p>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.</p> <p>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.</p> <p>In the 2026 monitoring submission, the AMC asks the College to report or provide updated information on:</p> <ul style="list-style-type: none"> <li>• Progress of the implementation plan and related activities.</li> <li>• The role and impact of the Candidate Support Officer and Quality Assurance Leads in 2026.</li> </ul>				

- 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.

Condition 19		To be met by: 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>				

Condition 20		To be met by: 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				
<i>No response required in 2025</i>				

## 2 Statistics and annual updates

AMC commentary – statistics and annual updates against Standard 5
<p>Statistics have been provided on the summative assessments completed in 2024. These show relatively high pass rates of generally 80% or higher for those attempting either written or clinical examinations for the first time, with a couple of notable exceptions (Rehabilitation Medicine Clinical, and Occupational and Environmental Medicine Stage B Written). As is to be expected the pass rate declines significantly for those sitting the examinations for a second or third time.</p> <p>The relative summative assessment pass rates in 2024 stratified for candidates identifying as Aboriginal and Torres Strait Islander, Māori, or Pasifika show [REDACTED]. These numbers of candidates are too small to draw any meaningful conclusions about comparative pass rates, and more data tracking trends in pass rates over at least 5 years should be considered.</p>

Summary of College performance against Standard 5
<p>The College was required to report against three conditions (15, 17 and 18) under Standard 5, and three conditions remain for reporting in 2026 (16, 19 and 20). Whilst work is progressing in some areas of the conditions that are reported on, concerns remain, especially about the responsiveness of the College to trainee concerns about discriminatory behaviours in exams. The overall performance against this standard remains ‘Substantially Met’.</p>

## Standard 6: Monitoring and evaluation

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

### 1 Activity against conditions

Condition 21				To be met by: 2026
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)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
2025 AMC commentary				
<i>No response required in 2025</i>				

Condition 22				To be met by: 2026
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).				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
2025 AMC commentary				
<i>No response required in 2025</i>				

Condition 23				To be met by: 2025
Strengthen monitoring and evaluation activities by enhancing 'loop closure' mechanisms for contributing stakeholders, both internal and external (Standard 6.3)				
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.				

**AMC commentary – statistics and annual updates against Standard 6**

The College has provided considerable detail of the outcomes of a range of surveys and other evaluations carried out over 2024. These include:

**Medical Training Survey:** See below for details

**Curricula Renewal:** This covers the initial implementation of the new curricula. It is too early to comment definitively on this aspect of evaluation, but a multi-faceted training package has been developed with on-line resources to provide support during this period

**Accreditation Renewal:** The implementation and outcomes of the network accreditation model introduced under Phase 2 Accreditation Renewal have been fully evaluated. Changes to accreditation processes is a work in progress but is tracking well, and evaluation appears to be comprehensive

**Post-Examination Candidate and Examiner Surveys (PECS/PEES):** The results of these surveys indicate a high degree of dissatisfaction with examinations, including fairness and accuracy and constructive alignment between training experiences and objectives and assessment. The College has provided a comprehensive response to these issues but there is clearly considerable dissatisfaction with examinations.

**Supervisor Voices Survey:** Several areas of concern were raised, particularly concerning the amount of time involved in the supervisor role, the lack of dedicated (protected) time (with 89% reporting none) and lack of recognition (only 29% felt adequately recognised)

**New Fellows Survey:** The most recent New Fellows Survey was conducted in mid-2024 but only 12% responded making it difficult to generalise these results across the broader Fellowship. Generally, the results show a lack of preparation for specialist work including in the areas of health policy, systems and advocacy, research, teaching and learning and cultural safety. There was also concern about the lack of exposure to outpatient clinics and private practice before graduation, and the need for more College support for new Fellows was clear.

**Supervisor Professional Development Program Evaluation:** This has resulted in several suggestions for improvement, and a full program redesign will be undertaken in 2026

**Medical Training Survey: Response to Results:** The College was asked to report specifically on the results of the Medical Training Survey (MTS) and to provide evidence on actions taken based on MTS results, including developments and changes made because of the MTS results, and future directions and planning based on the results. Two main areas are discussed which are bullying, harassment and discrimination in the workplace, clearer communication with trainees, and the protection of teaching and learning time in the context of service delivery. In relation to the first area, there are responses involving both internal and external actions. Internally, there is implementation of a new Training Provider Standards and Risk-Based Framework, and it is also stated that the results will inform the College’s Bullying, Discrimination and Sexual Harassment Action Plan. Clearer communication is expected to be an outcome of the investment in the Member Support Centre. The College was also asked how it was reflecting on its performance and what are the future direction and planning based on the MTS results. Responses have been given to these two questions, but little detail is given about any future plans for improvement.

**Summary of College performance against Standard 6**

The College was only required to report on one condition in 2025, and two conditions remain to be reported on in 2026 so the overall performance against Standard 6 remains ‘Substantially Met’. There appears to be a

lot of evaluation activities being undertaken, and these various activities reveal many areas requiring further attention.

## 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

Condition 24		To be met by: 2026		
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:				
<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> <li>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).</li> </ul>				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
2025 AMC commentary				
<i>No response required in 2025</i>				

Condition 25		To be met by: 2026		
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)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
2025 AMC commentary				
<i>No response required in 2025</i>				

Condition 26		To be met by: 2025		
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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).				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
			X	
2025 AMC commentary				
<p>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:</p> <ol style="list-style-type: none"> <li>1. Raise the profile of the Trainees Committee</li> <li>2. Improve connections between trainees and their trainee committees</li> <li>3. Improve connections between College Trainee’s Committee and trainee representatives</li> <li>4. Evaluate, improve, streamline and reduce College communications to trainees</li> <li>5. Improve engagement of trainees at critical transition points</li> <li>6. Increase the resolution rate and reduce response time for trainee queries</li> </ol> <p>Timelines are provided for these activities, with completion anticipated over the next two years.</p> <p>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.</p>				

Condition 27			To be met by: 2026*	
As part of overall strategic and action plans to improve trainee wellbeing and training environments:				
<ol style="list-style-type: none"> <li>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*</li> <li>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*</li> <li>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*</li> </ol>				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
			(iii)	
2025 AMC commentary				
<ol style="list-style-type: none"> <li>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</li> </ol>				

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).

## 2 Statistics and annual updates

### AMC commentary – statistics and annual updates against Standard 7

Statistics are provided for the number of trainees entering all the training programs in 2025, as well as the breakdown of numbers and gender distribution in each. The numbers who exited and completed each training program are also given. The College has been asked to comment on the withdrawal rate for both basic and advanced training programs, and they have provided responses (see below).

It is notable that there are some advanced training programs which had no commencements in 2025, and whilst these are generally quite small programs with low overall numbers, it would be informative to know if there are any of these ATPs which are causing some concern in relation to overall numbers of Fellows and the numbers of trainees entering training. For example, there are no new trainees in Clinical Pharmacology (15 in training – 2 completed in 2024) and only two in Paediatric infectious Diseases (25 in training – 4 completed in 2024). Does the College normally review these numbers annually and if so, is there evidence of any actions taken if there are concerns about low recruitment numbers?

The other aspect of these data that stands out is the number of trainees exiting training programs for whom the reasons are given as 'unknown' (60% overall). Whilst it is to be expected that there will be a significant drop-out rate in some well-defined areas, e.g. from basic training into general practice, the data show 2118 trainees commencing in 2025, but nearly 500 exiting for various reasons. Is this rate of drop-out normal, and what is the trend? Of those who exited 346 out of 498 were from basic training, but that still leaves 152 in advanced training who exited and in some of these programs the numbers seem quite high (e.g. Community Child Health (10) and Rehabilitation Medicine (16)) and for most the cause is listed as 'unknown'. It would be informative for the College to comment on these aspects in next year's report.

### Summary of College performance against Standard 7

The College was only required to report on Condition 26 and Condition 27(iii) in 2025, and these are progressing. Three conditions remain open (24, 25, and 27), so the overall performance against Standard 7 remains Substantially Met. Some further analysis of the high rate of withdrawal from some training programs, especially among advanced trainees, would be highly informative.

## Standard 8: Implementing the training program – delivery of educational resources

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

### 1 Activity against conditions

Condition 28		To be met by: 2026		
Implement monitoring mechanisms for the Supervisor Professional Development Program to ensure:				
<ul style="list-style-type: none"> <li>i. alignment with new Basic and Advanced Training curriculum and competency-based education model.</li> <li>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.</li> <li>iii. assessors of workplace-based assessments receive appropriate training and resources (Standard 8.1 and 6.1.2)</li> </ul>				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
2025 AMC commentary				
<i>No response required in 2025</i>				

Condition 29		To be met by: 2026		
Facilitate the professional development of supervisors and assessors by utilising feedback mechanisms including contributions by trainees (Standard 8.1.3 and 8.1.5)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
2025 AMC commentary				
<i>No response required in 2025</i>				

Condition 30		To be met by: 2027		
Develop and implement criteria to strengthen the Accreditation Standards to:				
<ul style="list-style-type: none"> <li>i. ensure alignment with Basic and Advanced Training program and graduate outcomes.</li> <li>ii. improve support for DPEs and supervisors of training in their training roles (i.e. with protected time, appropriate resources, etc)</li> <li>iii. facilitate support for trainees to attend teaching and access supervision adequate for their learning.</li> <li>iv. include a requirement to ensure clear commitment to Aboriginal and/or Torres Strait Islander and Māori health, equity and cultural safety.</li> <li>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)</li> </ul>				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied

2025 AMC commentary
<i>No response required in 2025</i>

<b>Condition 31</b>	To be met by: 2025
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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
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- 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 TRELIs 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 trialled 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.

Condition 32		To be met by: 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>				

## 2 Statistics and annual updates

<b>AMC commentary – statistics and annual updates against Standard 8</b>
<b>Data for Standard 8 collected separately as part of NHPO reporting.</b>

<b>Summary of College performance against Standard 8</b>
Good progress is being made against the requirements under Condition 31, although this cannot yet be closed off, and as several conditions require reporting in 2026 or 2027 (28, 29, 30 & 32), the performance against Standard 8 remains ‘Substantially Met’.

## 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.*

### 3 Statistics and annual updates

<b>AMC commentary – statistics and annual updates against Standard 9</b>
Statistics have been provided on new Australian applications received in 2024 (351) for assessment, as well as a detailed breakdown of the outcome of all SIMG assessments made in that year. Of the interim assessments made, almost 60% (173 out of 290) were found to be substantially comparable. The breakdown

for preliminary assessments for individual specialities in Aotearoa New Zealand is also given, with the largest number being for Internal Medicine (37), followed by Paediatrics (10).

#### Summary of College performance against Standard 9

There are no conditions against this standard and the performance against Standard 9 remains as Met.