2019 Progress Report to the Australian Medical Council and Medical Council of New Zealand

Royal Australasian College of Physicians

August 2019

College details

Name:	The Royal Australasian College of Physicians (RACP)
Address:	145 Macquarie Street, Sydney NSW 2000
Date of last AMC accreditation decision:	2015 (2014 reaccreditation assessment)
Periodic reports since last AMC assessment:	2015, 2016, 2017, 2018
Reaccreditation due:	March 2021
This report due:	26 August 2019
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The RACP trains, educates and advocates on behalf of physicians and trainee physicians across Australia and New Zealand.

The College represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine and addiction medicine. In the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients.

The College offers 61 training pathways. These lead to the award of one of seven qualifications that align with 45 specialist titles recognised by the Medical Board of Australia and allow for registration in nine vocational scopes with the Medical Council of New Zealand.

Contents

Executive summary

Our goal

The goal of our program of Education Renewal is to improve physician education, to reflect the changing nature of medicine and to ensure the most effective care for the community.

Through a series of interrelated projects planned for implementation over the coming years we aim to help improve the trainee journey and the experience of educators, and to provide support for our current and future physicians.

We are progressing towards competency-based training programs, a new accreditation system, enhanced support resources for trainees and supervisors, and an improved continuing professional development framework.

Our progress

In the last year we have implemented initiatives which link to Australian Medical Council standards, conditions and recommendations.

We have confirmed plans for implementation of our new Basic Training program from 2020 and the training and assessment requirements for trainees at our early adopter settings.

We have completed the scoping phase for renewal of our 38 Advanced Training curricula and have made good progress towards confirming the common standards for them.

We have improved the examination processes through our new marking rubric for the Divisional Clinical Examination, post-examination candidate surveys and initiatives around item writing.

We have delivered an expanded range and number of education resources to support our members in training, supervision and practice. More members are accessing our College Learning Series, podcasts, curated collections, and e-learning modules focused on cross-specialty topics and physician health and wellbeing.

The consumer voice has been further embedded in our activities and we have consumer representation on our peak education committee. We have progressed priority areas of our Indigenous Strategic Framework and our Physician Health and Wellbeing Strategy.

Our current focus

We are preparing for implementation of our new Basic Training program next year. With our early adopter sites now confirmed, we are working to support our supervisors and trainees in readiness for implementation.

We are finalising the outstanding elements of the new program and building an online technology system to support its implementation. Our members will be actively involved in the testing and validation process to ensure the new technology system is fit for purpose and able to facilitate the training process.

We continue to prioritise communication, training, support and change management with the help of member champions. We are focused on actively engaging with jurisdictions across Australia and New Zealand to communicate impending changes and identify and mitigate any issues of concern.

We remain committed to carefully progressing with these complex and wide-reaching innovations to ensure that the intended benefits are realised for our members and ultimately, their patients and communities.

Summary of 2019 progress

Physician Health & Wellbeing Strategy
2019–2021

100 new lectures; **12** new podcasts; and **8** new Paediatrics & Child Health lectures

5,900 College Learning Series registrants

111 Supervisor training workshops

Technology system build

Better governance and program management

Governance improvements

Indigenous Strategic Framework progress

Better training programs

Better support and resources for members

New Basic Training program structure, assessment programs and **implementation schedule** from **2020**

38 Advanced Training curricula scoped for renewal

Advanced Training common curricula standards drafted

2018 Physician Training Surveys completed

Remaining open conditions

C4	Finalise the RACP Standards Framework and strategies for incorporating those standards into the Basic and Advanced Training curricula.
C5	Complete the Basic Training curricula review, including the integration of the Professional Qualities Curriculum and its implementation.
C6	In relation to the Advanced Training curricula: (i) Complete the review and implementation plan for the revised Advanced Training curricula. (ii) Implement the revised Advanced Training curricula.
C9	Develop and implement a structured approach to ensure the trainee's increasing degree of independence is systematically evaluated.
C11	Ensure that the summative assessments apply reliable and valid methodologies and are aligned to both Basic Training curricula.
C12	Ensure that the summative assessments apply reliable and valid methodologies and are aligned to all Advanced Training curricula.
C14*	Develop and implement an assessment strategy for domains in the Professional Qualities Curriculum.
C18	Implement processes for health care administrators, other health care professionals and consumers to contribute to evaluation.
C20*	Develop and publish the College's selection criteria, including the weighting and marking system of the various elements.
C21*	Monitor the consistent application of selection policies across all training sites.
C25*	Develop and implement a formal selection process for supervisors, including criteria for selection.
C32*	Articulate, in partnership with the Specialty Societies, the role of College oversight in Advanced Training and post fellowship subspecialty training.
C33*	Demonstrate that corporate governance is in place, properly prescribed and communicated.

* Condition links to achieving strategic goals of our Indigenous Strategic Framework (see Standard 1).

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

2018 AMC assessment: Standard Substantially Met

Conditions open: Condition 33 (new condition)

Standard 1. The context of training and education

Significant developments since last report

Changes and developments in governance of the RACP are reported below under Condition 33.

Progress against accreditation condition

Condition 33 (new Condition)

Demonstrate corporate governance is in place, properly prescribed and communicated.

Prescription and communication of corporate governance

The RACP's primary corporate governance document is its Constitution. The Constitution states that the Board is to govern the College according to specific powers conferred upon it.

The role of the Board is prescribed. We have an established Board Charter By-Law to promote high standards of governance across the College and its College bodies, and to clarify the role and responsibilities of the Board and of the Chief Executive Officer.

Our interim Chief Executive Officer is a governance professional from the Australian Institute of Company Directors. We have a team of skilled staff to support our governance function including our General Counsel and Assistant General Counsel and our Company Secretary and Assistant Company Secretary. The Company Secretary reports directly to the Board.

We have a suite of RACP governance documents covering strategy, policy and guidelines as well as approved RACP by-laws for all College bodies. These documents are all publicly accessible on our website (Figure 1). Relevant governance documents are included in new committee member induction packs and as periodic agenda items. This ensures committee members are made aware of relevant governance provisions and that they are regularly reviewed and updated.

Directors and Members of the College must observe and maintain the highest possible standards of behaviour and ethics and treat all members of the College community with fairness, dignity and respect. The RACP Code of Conduct sets the expected standards for membership of, and work at, the College.

Our Working Together Policy aims to ensure that the RACP provides a working and training environment that is safe and without risk to health. It describes the practices expected in College activities and training programs and within the various workplaces and training environments where College staff, members and overseas trained physicians (OTPs) are located.

Figure 1. Landing page for RACP governance documents

RACP Board >	Governance documents >
The RACP Board governs the College and represents all College members in guiding decision-making across various aspects of the RACP.	A comprehensive collection of RACP governance documents covering strategy, policy and guidelines.
General Meeting & Annual Reports >	**By-laws** >
View past Annual Reports and General Meeting minutes including supplementary documentation.	Approved RACP by-laws, which can be read in conjunction with the Constitution.

Establishment of Governance Committee

We have re-established a Governance Committee (see A1.1 for the Governance Committee By-Law). Its purpose is to provide advice and recommendations to the Board about the governance of the RACP. In March 2019 the Board appointed a community member with governance expertise to chair the committee. In August 2019, a further four members were appointed to the committee.

Other governance improvements

Earlier this year the Board committed to work with the Australian Charities and Not-for-profits Commission (ACNC) to improve Board culture and governance, and specifically to work with a governance expert approved by the ACNC to assist in improving the operation and effectiveness of the Board.

Our interim Chief Executive Officer has been working actively with the ACNC to implement the voluntary compliance agreement: keeping the Australian Medical Council and the Medical Council of New Zealand informed of progress in the ACNC relationship, sharing critical information with both bodies through the chief executive officers of each organisation and being available to answer any questions from these bodies.

We have selected an external governance expert as required in the ACNC compliance agreement and are waiting for ACNC endorsement of our selection before contracts are signed and the governance expert begins their review of the board culture and governance.

Once appointed the ACNC-approved governance expert will examine our election processes which we will soon commence for our next Board and senior committees.

We are reviewing our Conflict of Interest Policy and developing supporting guidelines to assist in the identification, management and recording of interests and to ensure transparent decision-making processes.

We have implemented probity reviews on College activities as standard practice and have improved our risk capability to ensure our governance processes and risk assessments are appropriate to assisting delivery of our specialist medical programs and assessments.

We have implemented an external legal review process to examine all outstanding whistle blower and code of conduct matters within the College, using Corrs Lawyers to ensure independence.

The Board is planning to undertake a review of organisational and College body delegations with a governance-centric focus.

Board membership changes

In recent months there have been several changes and developments in RACP governance. In March 2019 we successfully filled two vacant community director positions on the RACP Board. The appointment of a Community Director with legal expertise and a Community Director with education and information technology expertise strengthens the governance skill base and experience of the RACP Board.

Current Membership of the RACP Board is set out in Figure 2. Expressions of interest are being canvassed to fill the vacant position of Trainee Director.

Figure 2. RACP Board Directors

A/Prof Mark Lane

President, RACP

Prof John Wilson

President-Elect, RACP

Dr Jeff Brown

President, New Zealand

Prof Niki Ellis

Member Director

Prof Paul Komesaroff

Member Director

Monica Schlesinger

Community Director

Dr Jacqueline Small

Member Director

Rob Stewart

Community Director

Tony Tenaglia

Community Director & Honorary Treasurer

Appointment of Chief Executive Officer

In May 2019 the RACP President announced the appointment of our new Chief Executive Officer, Peter McIntyre, experienced in leading large professional member-based organisations and working in highly regulated, complex stakeholder sectors. Our new Chief Executive Officer will commence later in 2019 with interim arrangements to continue until then.

Publication of Strategic Plan

In December 2018 the Board published its Strategic Plan 2019–2021. The plan is publicly available and has been widely disseminated to our members.

The strategic plan includes an introduction from the President, overview of the membership, our role and what we value, Indigenous statements and six strategic goals (Figure 3) for the period 2019–2021.

Figure 3. RACP strategic goals 2019–2021

Each goal has linked actions for year one and years two and three.

Conversation with the Board

Our Board Directors continue to meet with members at various locations around Australia and New Zealand, following face-to-face Council and Board meetings.

These forums provide an opportunity for collegial and open discussion with members covering education and training, workplace issues, the culture of the College, and any other issues members wish to raise for discussion. Training issues are a major feature of these meetings and provide the Board with helpful insights about member views and experiences of our education program. We share a summary of key matters discussed with the broader membership via the President's eBulletin.

Embedding the consumer voice in our activities

Our Consumer Advisory Group has met five times since its formation in May 2018, most recently in May 2019 at the RACP Congress in Auckland, New Zealand. Several of our CAG members were involved in the Congress as award judges and presenters, actively participating in the discussion of physician care. The group's membership has expanded to include an experienced Indigenous consumer advocate.

In addition, our Consumer Advisory Group members have joined key RACP Committees to embed the consumer perspective when discussing and directing College policies and decisions. These include: College Education Committee, College Policy and Advocacy Committee, College Council, and New Zealand Council. CAG members have also joined our Integrated Care Committee and Podcast Editorial Group.

The Consumer Advisory Group is making progress against its Board endorsed 2019–2020 Work Plan. Each of the following Work Plan objectives is supported by a deliverable measurement of success:

- Support consumers/carers as educators in developing understanding of the shared role of the patient/carer in clinical decision-making.

- Promote the importance of cultural competency and how this is supported and assessed in the workplace of trainees and their supervising physicians.

- Foster engagement of consumers in research conducted by RACP members.

- Ensure consumer participation at the RACP Congress 2019 and 2020.

- Increase profile of the Consumer Advisory Group internally and externally.

- Assist shaping the RACP's policy and advocacy agenda through consumer perspectives.

- Develop a network of engagement with consumer agencies that are aligned with the purpose of the College, to promote awareness of the RACP Consumer Advisory Group and its work.

Program management

Our Strategic Coordination Unit has improved program management oversight and project management tools to support current projects in achieving objectives and timeframes.

Reconsideration, review and appeals process

Data on reconsiderations and reviews is provided in Appendix 2. No appeals were lodged in 2018.

The following are outcomes of the processes for evaluating reconsiderations and reviews relating to training programs to identify system issues for 2018:

- 70% of reconsideration, review or appeal decisions are notified in less than 12 weeks.
- Analysis has shown that committees usually vary their decision where an applicant submits additional information or evidence. A minority are varied where the applicant demonstrates exceptional circumstances.
- Committees will consider deferring an original decision pending submission of additional information in the interest of transparency and fairness, despite any delay it may cause.
- The number of reconsideration, review and appeal applications has reduced by approximately 40% since 2017 due to the below strategies being implemented:

- We support good decision-making and we continue to review our communication with trainees and training settings to promote better understanding of the documentation required at the time of application and the importance of supplying all relevant information.
- We reviewed our training program requirements for 2018–2019 to make them clearer.
- We continue to deliver good governance and decision-making training to new staff and committee members to support defensible, robust and clear decision-making that conforms to our processes and policy.

Educational expertise and exchange

The College Education Committee continues to have an appointed member with specialist skills in education and training, and our education working groups comprise members with experience in medical education. The Board has also appointed a community director with educational expertise.

We continue to look to best practice demonstrated in other relevant programs to inform this work. Collaborative partnerships with other educational institutions continue, including our Tripartite Alliance with The Royal Australasian College of Surgeons, The Royal Australian and New Zealand College of Psychiatrists, the Australian and New Zealand College of Anaesthetists and The Royal College of Physicians and Surgeons of Canada, as well as The Committee of Presidents of Medical Colleges, among others.

Our education staff and members have exchanged ideas and learnings in medical education by attending and presenting at national and international medical education conferences.

Educational resources

There have been some changes to staffing arrangements and new appointments to support our education, training and continuing professional development function.

Appointment of Interim Dean of the College

The Dean's role has been refocused on critical representational and high-level priorities, while diverting operational matters of their office to a new Directorate of Professional Practice.

To test these changes, we appointed Dr Anne Cunningham as interim Dean of the College before formally advertising the permanent Dean role later this year.

Dr Cunningham had previously been the Education Lead Fellow of the College and has retained the research and educational renewal project functions within the Office of the Dean. An interim Director of Professional Practice has also been appointed to manage operational matters.

Additional resources to support implementation of the new Basic Training program

The Board has approved additional human resources for implementation of the new Basic Training program and Training Provider Accreditation System.

We have commenced the first phase of recruitment of these additional resources, beginning with appointment of a Senior Implementation Lead to plan and manage a strategy for health jurisdictions and services to plan, get ready and implement the new Basic Training program and Training Provider Accreditation System. The position is responsible for leading the development of a change and readiness strategy for implementation of these programs, targeting health jurisdictions, health districts and training providers. Supporting this role will be staff to develop and deliver training materials and

further the establishment of training networks. Together, these new appointments will be responsible for full implementation of the new training program, supported by our new technology system.

We are in the process of recruiting a Data Migration Analyst to ensure the development and delivery of datasets for the College's new Training and Accreditation Management System. The role will provide input to our data strategy and migration plan and will be involved end to end in data creation and migration, data cleansing, data governance set-up and business engagement through to data testing and migration.

We have also appointed a Business Analyst responsible for translating business requirements into detailed function specifications and developing appropriate process maps and business rules. This person will perform quality assurance testing on the configuration of the new technology to support the new Basic Training program and training provider accreditation.

There are several other roles that will be recruited over the remainder of 2019 and into 2020 to support the planned implementation and change activities and provide cover for key staff involved in the configuration of the technology and preparation for pilot and early adopter activity.

Interactions with the health care sector

Promoting training and professional development within the sector

We continue to evolve our working relationships with health-related sectors of society and government, and relevant organisations and communities to promote the training, education and continuing professional development of medical specialists.

The President, President-elect and senior RACP office bearers and staff routinely interact with health care sector representatives through a range of forums and events where issues of mutual interest are discussed, and relationships fostered.

We are developing a strategy to engage with health departments in Australia and New Zealand (A1.2) with the aim of raising awareness and building support for implementation of our new accreditation standards for training providers and our new Basic Training program.

This year we will be working closely with the hospitals who have nominated to be early adopters for our new Basic Training program from 2020 (see Condition 5).

Relationships with local communities, organisations and individuals in the Indigenous health sector

Since publication of our Indigenous Strategic Framework (ISF) (Figure 4) in December 2017, we have progressed several priority areas. Our ISF provides the foundation and roadmap for how we will address Indigenous health inequities, grow the Indigenous physician workforce, and educate and equip the physician workforce on Indigenous health and culturally safe clinical practice.

Indigenous perspectives are essential across all areas of College governance and activity to further the strategic goals of our ISF. Indigenous perspectives will also be significant in informing our approach to open accreditation conditions 14, 18, 20, 21, 25, 32 and 33.

Figure 4. Landing page for RACP Indigenous Strategic Framework 2018–2028

In May 2018, our Māori Health Committee and Aboriginal and Torres Strait Islander Health Committee held a joint hui (meeting) in Auckland, New Zealand.

The joint hui was an historic moment for the Indigenous Fellows and Trainees of both our Indigenous committees, and the College with attendees participating in whakawhanaungatunga (building of relationships).

The two committees proposed that a joint meeting with the Board should take place to discuss how a justice and equity approach for First Nations peoples should be central to the RACP including within the governance structures and by-laws. The Board has since invited the two Indigenous committees to a joint meeting in December this year to progress this agenda.

In New Zealand:

- We have amended the New Zealand Committee By-law to expand on references to Tikanga Māori concepts and to provide further detail and context for the development of cultural competency of Fellows, trainees and RACP staff.
- We are progressing the appointment of a Kaitohutohu Ahurea (Cultural Advisor) to work closely with our New Zealand committees and staff to ensure mātauranga Māori (Māori knowledge) and tikanga (protocols) are incorporated across the diverse work streams and activities of the College. The Kaitohutohu Ahurea will also assist with the ongoing efforts to develop whakawhanaungatanga and manaakitanga (relationships and support) among Māori RACP Fellows and trainees.

- To ensure that we support the growth of the Māori physician workforce, we are also working to strengthen our relationship with Te Ohu Rata o Aotearoa (Te ORA) Māori Medical Practitioners Association (see Standard 7).

In Australia:

- The Aboriginal and Torres Strait Islander Health Position Statement was developed by the Aboriginal and Torres Strait Islander Health Committee. This statement sets out the RACP's principles and positions, and our policy contribution. It combines the RACP's existing support for Constitutional recognition of Australia's First Peoples, development of a Treaty, a human rights approach to health equity, and advocacy for the health benefits of genuine reconciliation.
- Our ATSIHC has members nominated by the National Aboriginal Community Controlled Health Organisation (NACCHO) and the Australian Indigenous Doctors' Association (AIDA) and provides a valuable mechanism for furthering our partnership with those key organisations.
- We are currently recruiting a Project Lead – Aboriginal Initiatives, an Aboriginal and Torres Strait Islander targeted role, to assist us to deliver on our goals and vision in relation to growing the Indigenous physician workforce.
- We continue to sponsor the Australian Indigenous Doctors' Association (AIDA) conference. At the Perth September 2018 conference we ran a workshop focussed on growing the Indigenous physician workforce. We are a gold sponsor in 2019, participating in the *Growing Our Fellows* workshop for medical specialties and running a conference workshop. The RACP President will participate in the 2019 conference.

We have received positive feedback on our Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence resource and our eLearning@RACP digital platform, with almost 300 members currently enrolled.

We have engaged a consultant to develop guidelines and strategy to support the attraction of Indigenous trainees (Māori and Aboriginal and Torres Strait Islander peoples) into our Basic Training program as well as their retention (see Standard 7).

Specialist Training Program and Integrated Rural Training Program

Trainees can experience working with Aboriginal and Torres Strait Islander health service providers and communities through the Australian Commonwealth funded Specialist Training Program and Integrated Rural Training Program. These programs provide training positions outside the larger metropolitan public hospitals, enabling doctors to gain a wider breadth of experience in expanded settings.

The Integrated Rural Training Program initiative is a targeted expansion of the Specialist Training Program. These posts are designed to enable trainees to complete most of their training time within a rural region, with limited metropolitan rotations as necessary to meet RACP standards.

We were allocated 19 Integrated Rural Training Program training positions by the Commonwealth in 2019 and are filling the available positions through an expression of interest process.

Continuous renewal

We continue to review our structures, functions and resource allocation to meet needs and evolving best practice as part of our continuous renewal processes and curricula renewal work.

We have a comprehensive evaluation program, as detailed under Standard 6.

Standard 2

The outcomes of specialist training and education

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

2018 AMC assessment: Standard Substantially Met

Conditions open: Condition 4

Standard 2. The outcomes of specialist training and education

Significant developments since last report

There has been no significant change to our educational purpose.

We have improved how we engage health consumers in the development of our training programs, including appointment of a Consumer Representative on our peak education body, the College Education Committee. Our Education, Learning and Assessment Directorate has also engaged with the Consumer Advisory Group, providing updates on education renewal projects and seeking input as needed.

The education goal in our new RACP Strategic Plan (see Standard 1) includes incorporating Indigenous health content into training curricula and beginning implementation of our framework to increase the number of Indigenous physicians in our training programs. We have taken steps forward with this in 2019 (see Standard 7) as we progress work within our Indigenous Strategic Framework.

We continue to work closely with a diverse range of RACP accredited training settings and jurisdictional representatives to ensure workplace requirements are properly considered in the context of planned changes to our training programs.

Our progress in defining program and graduate outcomes for our new training program curricula is described below (see Condition 4).

Progress against accreditation condition

Condition 4

To enable the definition of consistent and clear graduate outcomes across all specialties that are aligned to community need, finalise the RACP Standards Framework and strategies for incorporating those standards into the Basic and Advanced Training curricula. (Standard 2.3.1)

2018 AMC Commentary

The College reported in 2017 that it had completed the Professional Practice Framework (formerly referred to as the Standards Framework) that defines ten domains of professional practice for RACP physicians. For each domain of the Framework, a Professional Standard describes the expectations for all graduates of RACP training programs. This framework is being incorporated into the renewed Basic Training Curricula Standards and also applies to the College's CPD programs. The renewal of the Advanced Training Curricula is in its early stages and the College has indicated a timeline for implementation in 2023 (previously 2020). The College has developed a clear program plan and implementation strategy for advanced training with a scoping exercise of the advanced training programs to be completed by 2018, the analysis of which will be available in early 2019.

The AMC requests the College provide an update in the 2019 report on any outcomes from the integration of the Professional Practice Framework in the Basic Training Curricula, the progress of integration in the Advanced Training Curricula and how the framework has aligned to community needs.

The AMC notes the College has a focus on strengthening relationships with health services and jurisdictions through consultation.

Basic Training curricula – integration of Professional Practice Framework

The RACP Professional Practice Framework has been integrated into the new Basic Training curriculum model.

We consider that integration of the Professional Practice Framework (Figure 5) into the Basic Training curricula is complete pending implementation of our new Basic Training program (see Condition 5).

Figure 5. RACP Professional Practice Framework
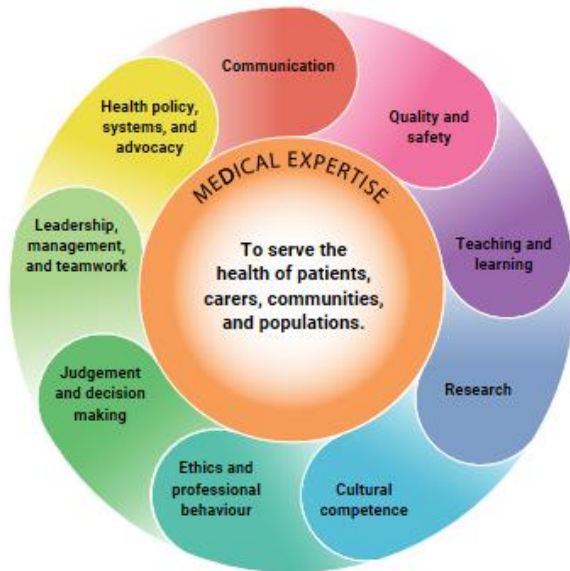
Learning goal nine (Figure 6) of the new Basic Training program is 'professional behaviours', encompassing all of the Basic Training competencies.

Figure 6. Learning goals of the new Basic Training program

1. Clinical assessment (EPA1)
2. Communication with patients (EPA2)
3. Documentation (EPA3)
4. Prescribing (EPA4)
5. Transfer of care (EPA5)
6. Investigations (EPA6)
7. Acutely unwell patients (EPA7)
8. Procedures (EPA8)
9. Professional behaviours (Competencies)
   The 'professional behaviours' goal encompasses all of the Basic Training competencies
10. Knowledge (Knowledge Guides)
    The 'knowledge' goal encompasses each of the knowledge guides

The Basic Training competencies outline professional behaviours, values and practices expected of a trainee by the end of training. They are organised according to the 10 domains of the RACP Professional Practice Framework (Figure 5). These will be continually assessed in the workplace throughout the phases of Basic Training, appearing as recurring items in rotation and phase plans and progress reports. In addition, the competencies reflecting the Professional Practice Framework

are articulated and mapped in the Basic Training Entrustable Professional Activities (EPAs) which, alongside knowledge, make up the 10 learning goals of the new Basic Training program.

Advanced Training curricula – integration of Professional Practice Framework

As with Basic Training, we are embedding the RACP Professional Practice Framework in the new Advanced Training curricula through the RACP curriculum model. The Professional Practice Framework is reflected in the draft common competencies and Entrustable Professional Activities for our Advanced Training curricula and will be assessed throughout the training program (see Condition 6).

Alignment of Professional Practice Framework to community needs

The purpose statements for Basic and Advanced Training programs include developing a workforce of physicians who 'provide safe, quality health care that meets the needs of the communities of Australia and New Zealand'.

Central to the RACP Professional Practice Framework is the goal of serving the health of patients, carers, families, communities and populations. This goal underpins our established principles of patient-centred care and consumer engagement.

We are unclear about the intent of the 2018 AMC commentary seeking an update on 'how the framework has aligned to community needs'.

We have involved consumer groups in consultation to ensure the consumer perspective informs the curricula framework and its alignment to community needs, the Professional Practice Framework Professional Standards and a wide range of stakeholders, including consumer groups, have been consulted on Basic Training competencies. Similarly, consumer groups will be consulted to guide the development of the Advanced Training curricula.

Emergent areas of medical practice continue to be incorporated in our training programs in response to community need.

Standard 3

The specialist medical education and training framework

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

2018 AMC assessment: Standard Substantially Met

Conditions open: Condition 5, Condition 6, Recommendation HH

Standard 3. The specialist medical training and education framework

Significant developments since last report

We have continued to progress the renewal of our curricula to align with the revised [RACP curriculum model](#) (Figure 7).

Figure 7. RACP curriculum model
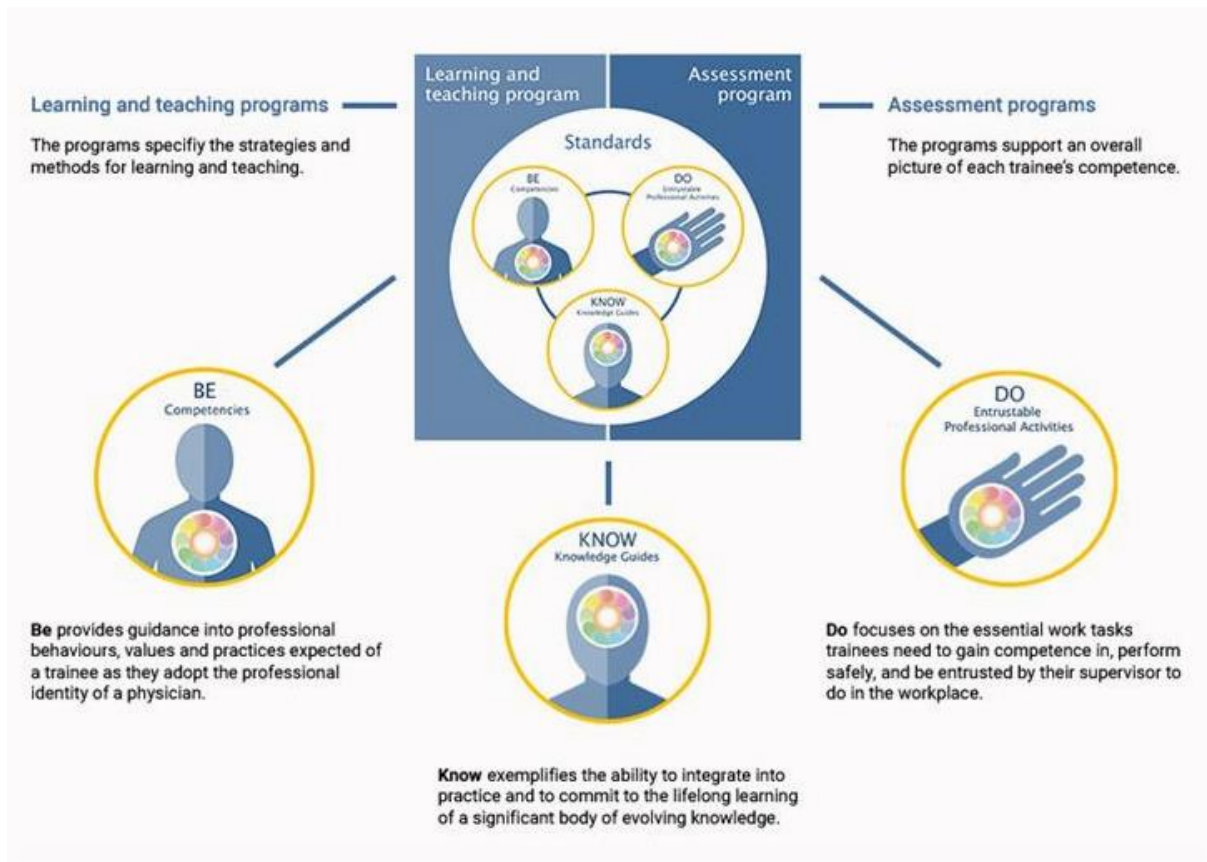
This progress is detailed below in [Condition 5](#) and [Condition 6](#).

Management of transition between Basic and Advanced Training

We are preparing the project plan for our management of the Advanced Training Curricula renewal process with the aim of having this finalised by November 2019. The project plan will provide more clarity on the timeline and staging of the 38 reviews, which will enable us to consider this in conjunction with the timeline for the rollout of the new Basic Training program, and begin to identify impacts on trainees, transition arrangements between the Basic Training and Advanced Training programs, and requirements for communication to trainees.

Progress against accreditation conditions

Condition 5

Complete the Basic Training curricula review, including the integration of the Professional Qualities Curriculum, and its implementation. (Standard 3.2)

2018 AMC Commentary

The College has progressed significantly with the Basic Training Curricula renewal. The College Education Committee finalised and approved the Basic Training curricula standards in August 2017. The standards, including Competencies, Knowledge Guides and Entrustable Professional Activities, were released to Directors of Physician Education, supervisors, and Basic Trainees in June 2018. The College's new approach integrates the Professional Qualities Curriculum into the revised RACP curriculum model (as detailed under Condition 4).

The new Basic Training program comprises three phases: Foundation, Consolidation and Completion. The College plans to embed a selection program within Basic Training (although it has paused this based on its 2018 stakeholder consultation and the need to first finish and implement the curriculum), offer written examinations more frequently and emphasise workplace-based assessment.

The College has demonstrated ongoing work on the implementation of the Basic Training Curricula and in mid-2018, started implementing the new Basic Training curricula with the release of the Basic Training Curricula Standards.

As well as implementing selection plans, there remain four important curricular components (assessment program; learning and teaching programs; training requirements, policies and processes; and implementation and transition plans) to be developed along with supportive technology for the implementation of the curriculum.

The College held a number of basic training curricula forums in September 2018 aimed at involving stakeholders in the development and implementation planning. The College stated it will be submitting assessment processes and blueprints for approval in November 2018.

The College has progressed the renewal of the Basic Training Curricula. It was noted the College's proposed implementation date is now 2020, with an early adopter cohort from November 2019 following notice given to trainees in December 2018. The College had signalled in its 2017 progress report that it would not meet the deadline for this condition in 2018. The College is asked to consider how changes in the curriculum will be communicated to trainees planning to sit the 2020 Divisional Written Examination in Adult Medicine, and Paediatrics and Child Health.

The AMC also notes the College still has plans to hold the Divisional Written Examinations more frequently and is considering reintroducing computer-based examinations in future to facilitate this.

Our new Basic Training program is in the final stages of development with the aim of finalising remaining curricula components (training requirements, policies and processes, and implementation and transition plans) by the end of 2019.

In June 2019 the College Education Committee endorsed a plan for the consideration of outstanding elements of the program and reviewed implementation readiness criteria and contingency plans.

Integration of the Professional Qualities Curriculum

We have incorporated the Professional Qualities Curriculum into the new Basic Training curriculum, which integrates medical expertise with professional qualities. Professional behaviours are identified as one of the learning goals of Basic Training, against which trainees will be continuously assessed throughout training.

The Professional Qualities Curriculum has been a key reference document for the new curricula. Once in place, the new curricula will take over the function of the Professional Qualities Curriculum (see Condition 4).

Early Adopter Implementation Plan

We have reached an important milestone with approval of the implementation plan for our new Basic Training program. We have also confirmed four early adopter sites across Australia and New Zealand: Gold Coast University Hospital, The Townsville Hospital, Women's and Children's Hospital, Adelaide and Starship Children's Hospital, Auckland.

In June 2019 the College Education Committee approved an implementation schedule for the new Basic Training program commencing in 2020 (November 2019 in New Zealand), which extends early adopter implementation over two years (Table 1). This was in response to several factors, including the complexity and consultation requirements for the development of parts of the learning, teaching and assessment programs, the updated timeline for technology development and testing, and the expressed need of supervisors and trainees to thoroughly test program elements.

The new schedule will see all training settings implementing the new program for all Basic Trainees from 2023.

Table 1. Implementation schedule for the new Basic Training program

Phase of training	Training year			
	2020 NZ Dec 19 – Nov 20 AU Feb 20 – Jan 21	**2021** NZ Dec 20 – Nov 21 AU Feb 21 – Jan 22	**2022** NZ Dec 21 – Nov 22 AU Feb 22 – Jan 23	**2023** NZ Dec 22 – Nov 23 AU Feb 23 – Jan 24
Foundation (BT1)	New program introduction Early adopter settings PREP All other settings	New program Early adopter settings PREP All other settings	New program All training settings	New program All training settings
Consolidation (BT2)	PREP All training settings	New program Early adopter settings PREP All other settings	New program All training settings	New program All training settings
Completion (BT3)	PREP* All training settings	PREP* All training settings	New program Early adopter settings PREP* All other settings	New program All training settings

*   The Written Examination will be blueprinted to the new program knowledge guides (part of the curricula standards) from 2020 onwards.

Notice of changes being provided (at a minimum):

- June–November 2019: Notice of changes for Basic Trainees entering their first training year at early adopter settings in 2020
- November 2019: Notice of changes for Basic Trainees entering their first or second year of

Basic Training at all training settings in 2022

- November 2021: Notice of changes for all Basic Trainees at all training settings in 2023.

Trainees in the PREP training programs will transition to the new program over 2022–23.

The purpose of an incremental rollout of the new Basic Training program to early adopter training settings is to:

- Test the new training program. Evaluate the delivery of a phase of training in an authentic training environment and identify opportunities for improvement of the training program.
- Test supporting materials and activities. Evaluate the implementation of support activities to inform planning for full implementation of the new training program.
- Develop a network of change champions. Foster relationships with stakeholders interested in leading and advocating for the change to the training program.

Learning and teaching program

Our new Learning and Teaching Program (A1.2) was approved in November 2018 pending additional consultation on the clinical experience requirements which we expect to finalise in November 2019 (see Standard 4).

Assessment program

In June 2019 we confirmed the assessment program and toolkit (A1.3) to be built in our new online technology system. This followed input from a range of committees. Those consulted will have another opportunity to view, test and provide feedback on the assessment tools once they have been built in the online environment. Data on the impacts and benefits of the assessment tools from early adopter experiences will be shared (see Standard 5).

Education technology

We have contracted technology vendor BPAC NZ Limited to develop the online system to support our new Basic Training program. The part of the system supporting the new training programs is currently expected to be ready for use from February 2020 (see Recommendation QQ).

We know that we need to fully test the new technology system as it is built by obtaining feedback from supervisors and trainees to ensure it works as intended.

To test and validate elements of the technology system we have established an Education Technology Development Advisory Group (ETDAG) together with a Technology Testing Group and an Early Adopter User Experience Group.

Governance and policies

We expect to finalise governance arrangements for the new program and education policy updates in August 2019.

Our transition policy will be informed by the early adopter experience and finalised in 2020.

Training requirements for implementation of the new Basic Training program

We have confirmed training requirements for early adopter trainees in their Foundation phase (first year) in 2020 which will include a transition from PREP to new program elements (Figure 8). We will ensure that any trainees who are at early adopter sites will not be negatively impacted through their

participation.

We will be working closely with our early adopter sites in the coming months to prepare for implementation and will communicate our progress and plans to the membership.

Figure 8: Early adopter Foundation Phase training requirements

Early adopter training settings 2020

FOUNDATION PHASE TRAINING REQUIREMENTS

Learning program requirements

12 months FTE of clinical experience in approved training rotations*

* See the 2020 PREP Basic Training program handbooks for details on approved training rotations. These requirements are likely to change in 2021; transition arrangements will be communicated to affected trainees.

6 learning courses:

1. RACP induction module*
2. RACP Communication Skills module
3. RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence module
4. RACP Ethics module
5. RACP Leadership, Management and Teamwork module*
6. Advanced Life Support / Advanced Paediatric Life Support course or equivalent.

* Module is not yet available.

These courses can be completed in any sequence over the course of training, though it is recommended that trainees complete them in the Foundation phase.

Teaching program requirements

During their training, trainees are required to have named individuals or entities for the following supervision roles:

Network Director (where a network exists only)
Director of Physician or Paediatrician Education
Education Supervisor
Rotation Supervisor
Progress Review Panel*
People may act in multiple supervision roles.

* Progress Review Panels will be introduced in the second half of 2020.

Assessment program requirements

1 Registration form

Between October 2019 and January 2020 (before starting the Foundation phase)

	First half of 2020 using the Basic Training Portal	Second half of 2020 using the new system
	1 Learning Needs Analysis Between December 2019 and February 2020 (at the start of the Foundation phase)	**1** Learning plan Learning plan to cover the phase and rotations ~June 2020
	1 Professional Qualities Reflection Between December 2019 – ~May 2020	**6** Learning capture ~June 2020 – January 2021 Minimum of one per month
	2 Mini-Clinical Evaluation Exercise Between December 2019 – ~May 2020 Approximately one per quarter	**6** Observation capture ~June 2020 – January 2021 Minimum of one per month
	~2 Ward/Service Consultant Reports* ~December 2019 – ~May 2020 At the end of each rotation * Not collected on the Basic Training Portal	**~2** Rotation progress reports ~June 2020 – January 2021 At the end of each rotation
	1 Mid-phase (year) progress report ~May 2020	**1** Phase progress report Towards the end of the phase (year) of training

Transitional arrangements for additional program changes starting in 2021 will be developed based on the principle of avoiding disadvantage to trainees.

Communication with trainees and supervisors

We are focused on readying for application of the elements of the new program, commencing in 2020 with our early adopter implementation. Trainees are being advised of the use of the revised curriculum, i.e. the Knowledge Guides, throughout the communications regarding the Divisional Written Examination 2020, including on the exam section of the website and supporting information. Additional information will be included in newsletters and communications to DPEs. Candidates will also be informed of changes through the 'Instructions to Candidates', a document sent to all candidates upon examination registration, and through other communications.

Condition 6(i)

In relation to the Advanced Training curricula:

(i) Complete the review and implementation plan for the revised Advanced Training curricula, including the integration of the Professional Qualities Curriculum. (Standard 3.2)

2018 AMC Commentary

The College has indicated that priority was given to the review and implementation of the new Basic Training program. The impact of this was slowed progress on reviewing the 38 new Advanced Training Curricula. The College is adopting a similar approach used in the renewal of the Basic Training Program to inform the Advanced Training Program renewal. The scoping exercise is targeted to be completed and analysed by early 2019. The

data will assist the College to make decisions about which programs to prioritise for renewal and the outcome will be presented to the College Education Committee for approval. Following the completion of the scoping exercise, a series of activities will be undertaken to review the curricula. Planning for early implementation of the Advanced Training Curricula will occur at the end of 2020 with full implementation by 2023.

The College is developing a program review plan for each specialty including:

- *current state analysis including selection processes, training requirements and assessment activities*

- *equivalent international curricula*

- *known issues and risks with the current program*

- *numerical data including numbers of trainees and supervisors*

- *median, minimum and maximum time taken to complete training and completion, and withdrawal rates.*

The College is aiming to build a robust common template to apply across advanced training programs to maximise alignment and efficiency in specialty-specific reviews.

It should be noted the 2015 accreditation report identified that summative assessments ensure all trainees completing training programs have met required outcomes for advanced training programs rather than simply completing the required training time. The reform of the advanced training curricula was to develop a systematic approach to integrating summative assessment tools across all training programs. The outcomes of the training program should be reflected in the College's suite of assessment tools. The supervisor report on trainee progress was highlighted as an important element of summative assessment and the monitoring of the quality of reports was raised as a concern. (Condition 12, Standard 5.1 and 5.4)

The College is making steady progress in the renewal of the advanced training program. However, it is noted this condition is unlikely to be addressed in the short term as the renewal of the advanced training program is in the early stages. In the 2019 report, the AMC requests the College provide a detailed update of the review of the advanced training program, particularly the integration of the Professional Qualities Curriculum, as well as the outcome of the scoping exercise.

We have 38 existing Advanced Training (AT) curricula. These are primarily syllabi focusing on the specialist medical knowledge and skills required in each Advanced Training program.

The purpose of Advanced Training curricula renewal is to:

- shift RACP training programs to a hybrid time and competency-based training model
- align the Advanced Training programs with the RACP curricula frameworks and models
- update and rationalise existing curricula content and training requirements in Advanced Training programs
- provide enhanced, flexible and well-governed curricula to meet the needs of our future professional, educated medical workforce.

Figure 9 illustrates the key phases for renewal of our Advanced Training curricula.

Figure 9. AT Curricula Renewal Process: Stages

1. Planning

In September 2018 the College Education Committee Chair requested that planning packs be completed by the Chairs of the 30 committees involved in Advanced Training curricula renewal to:

- nominate a lead Fellow for curricula renewal
- evaluate the current state of the curriculum (what is and isn't working well)
- map relevant stakeholders
- assess readiness for curricula renewal and detail any additional support required.

This information was collated, analysed and reported to the College Education Committee, Curriculum Advisory Group, Advanced Training committees, and other committees consulted on curricula renewal.

Advanced Training committees subsequently revisited their planning packs in the first half of 2019 to:

- consider and validate the planning pack analysis
- consider an additional package of evaluative data, where available
- respond to additional questions about trainee selection and training provider accreditation to inform other Education Renewal projects.

This information will inform process design and planning of project activities for 2020.

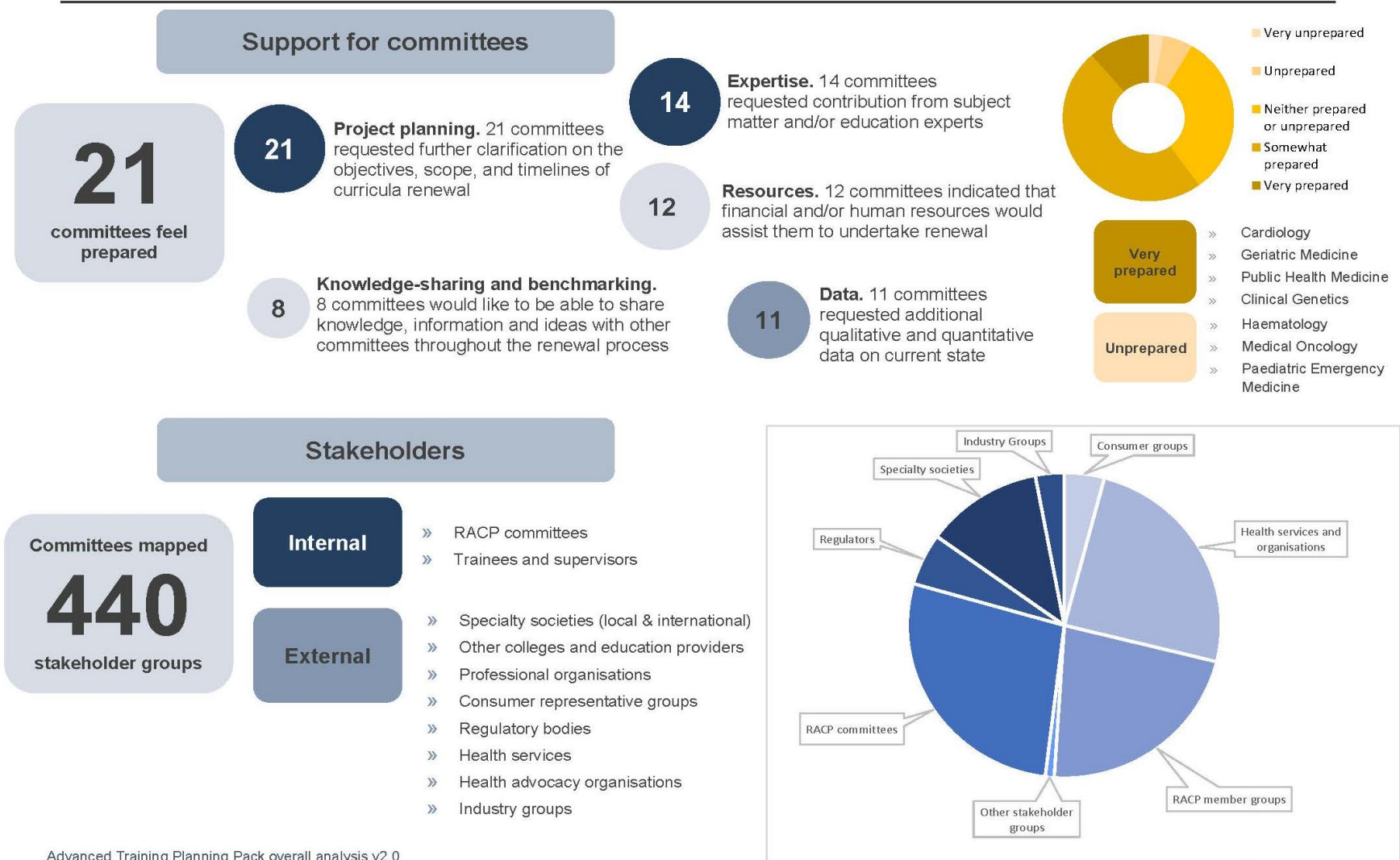An overall analysis of the second planning pack submissions is below (Figures 10, 11, 12, 13).

Figure 10. Advanced Training curricula planning pack analysis

Figure 11. Advanced Training curricula overall themes

	Themes		
Curriculum standards and outcomes	**Common content**	**Learning and teaching**	**Assessment**
Committees identified that some **current curricula have gaps**, due to changes in the specialty, and technical aspects that need to be modernised. **Standard expected** at the end of training needs to be clarified and made explicit. There needs to be a method of formally addressing aspects of **knowledge not covered in day-to-day work**.	Committees requested some areas of **common content,** including transitioning patients from paediatric to adult care, and child protection training for paediatrics trainees. Trainees are clinically ready by the end of training but have **skill gaps around some areas of specialist practice** such as supervising others, working with hospital administrators, managing legal issues.	Rotations to a **range of training sites** provides valuable depth and breadth of experience. There is general support for **increasing core training time**. **Training experiences** should be more aligned with specialist practice. **Demands on supervisors** are increasing with changes in trainee numbers. There needs to be more **standardisation of training experiences** across sites to ensure trainees receive appropriate opportunities to learn. **Procedure numbers** require review in some programs.	**Feedback about work-based assessment tools is mixed.** Some committees report satisfaction with tools whilst others report a tick-box approach. Assessment tools need to be **more aligned to the curriculum** and **marking scales better defined.** Some committees favour introducing **standardised, objective assessments** such as examinations, particularly at the end of training. More robust **assessment of competence** is required throughout and at the end of training. Some committees have expressed interest in exploring alternatives to the **RACP Research Project**.
Learning resources and technology	**Selection and progression**	**Governance and support**	**Other**
General support for modular, flexible **online learning courses**. **Online tools** may promote more consistent or standardised delivery of training.	Trainees enter training with **different levels of experience, skills, and knowledge**. Imbalances in **trainee and supervisor numbers**. Supervisor's limited insight into trainees' prior performance can hinder remediation of **Trainees in Difficulty**.	The **responsibilities** of the trainee, supervisor, overseeing committee, training site, and College need to be better defined. **Supervisors need more support**, including increased access to supervisor workshops, to help them prepare for upcoming accreditation requirements. Some committees **outsource their assessments** and **learning resources** to external organisations.	Committees want to **empower trainees** to coordinate their own learning and ensure they meet the training requirements. Current state evaluation has elicited **issues likely to be outside the scope** of curricula renewal. Issues with **accuracy of data** obtained from College systems. Committees consider that the **handbook update process** causes delays in addressing gaps in the training programs. Committees would benefit from **education in CBME principles and best practice.**

Figure 12. Advanced Training curricula overall support for committees and stakeholders

Support for committees

21 committees feel prepared

21 Project planning. 21 committees requested further clarification on the objectives, scope, and timelines of curricula renewal

8 Knowledge-sharing and benchmarking. 8 committees would like to be able to share knowledge, information and ideas with other committees throughout the renewal process

14 Expertise. 14 committees requested contribution from subject matter and/or education experts

12 Resources. 12 committees indicated that financial and/or human resources would assist them to undertake renewal

11 Data. 11 committees requested additional qualitative and quantitative data on current state

Very unprepared
Unprepared
Neither prepared or unprepared
Somewhat prepared
Very prepared

Very prepared
» Cardiology
» Geriatric Medicine
» Public Health Medicine
» Clinical Genetics
» Haematology
» Medical Oncology
» Paediatric Emergency Medicine

Unprepared

Stakeholders

Committees mapped
440
stakeholder groups

Internal
» RACP committees
» Trainees and supervisors

External
» Specialty societies (local & international)
» Other colleges and education providers
» Professional organisations
» Consumer representative groups
» Regulatory bodies
» Health services
» Health advocacy organisations
» Industry groups

Advanced Training Planning Pack overall analysis v2.0

Industry Groups
Consumer groups
Specialty societies
Health services and organisations
Regulators
RACP committees
RACP member groups
Other stakeholder groups

Figure 13. Advanced Training curricula consideration for project planning

Considerations for project planning

1   **Curriculum standards.** Make the outcomes of training more explicit and have more robust methods for measuring the required standard.

2   **Common content.** Conduct robust consultation on common curricula content and allow for tailoring for non-clinical programs.

3   **Program alignment.** Improve alignment of learning, teaching, and assessment with the desired outcomes of the program (curriculum standards).

4   **Evidence-based approach.** Explore a variety of existing data sources to inform the current state evaluation.

5   **Committee support.** Plan a renewal process that is efficient and provides optimal support for committees within available resources. Allow committees to choose from a range of support packages to suit their needs. Educate committees in the principles of and best practice in competency-based medical education.

6   **Flexibility.** A one-size-fits-all approach will not work for all programs. Provide flexibility within a structured approach by offering content and support package options.

7   **Benchmarking.** Provide opportunities for committees to share information, explore areas of congruence, and benchmark their program with other Advanced Training programs.

8   **Project scope.** Clearly define the scope of the curricula renewal project to clarify the types of issues that the project will address.

9   **Issue management.** Consider how to address emerging issues that cannot be addressed through curricula renewal. Examples include sustainability of trainee and supervisor numbers, availability of training positions, and a desire to grow the specialty.

2. Common content

We have defined the purpose of Advanced Training as to develop a workforce of physicians who:

- have received breadth and depth of focused specialist training, and experience with a wide variety of health problems and contexts
- are prepared for and committed to independent expert practice, lifelong learning and continuous improvement
- provide safe, quality health care that meets the needs of the communities of Australia and New Zealand.

We have completed, analysed and reported the current state scoping exercise to Advanced Training committees and are progressing definition of graduate and program outcomes for the new Advanced Training curricula.

Figure 14 below illustrates the planned mix of common and program-specific content for Advanced Training curricula.

Figure 14. AT curricula renewal content mix
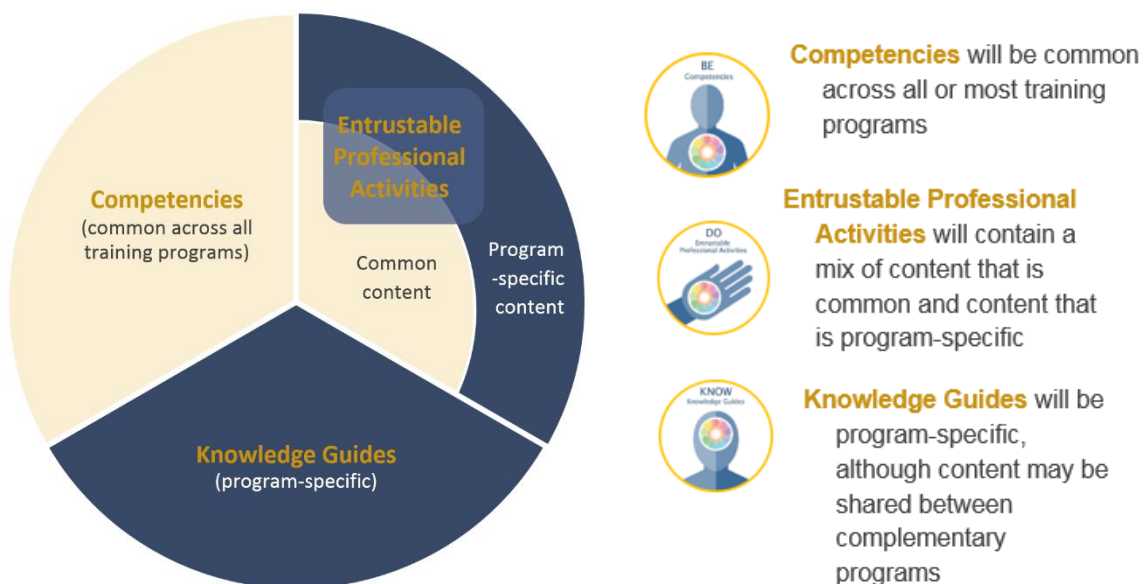
Our draft common Competencies and Entrustable Professional Activities link directly to domains of the RACP Professional Practice Framework. Competencies will be common across all or most Advanced Training programs. Some customisation may be necessary for non-clinical specialties though many of the non-clinical skills around domains such as communication, teaching and learning, ethics and professional behaviour, and leadership, management and teamwork are applicable across all physician training programs.

The common competencies and EPAs will be an anchor for our assessment programs and continually assessed in the workplace throughout the phases of Advanced Training, appearing as recurring items in rotation and phase plans and progress reports.

The common standards for our Advanced Training curricula need to be acceptable to stakeholders in Advanced Training. Building on the Curriculum Advisory Group's work in drafting common curricula standards for Advanced Training, we have undertaken a consensus building process.

We used a modified Delphi method conducted via two rounds of email, initially involving a geographically diverse group of 355 invited members of our 46 Advanced Training and education committees and the Curriculum Advisory Group. Respondents were asked to rate the degree of relevance of each common standard to the respondent's specialty (each EPA and each set of competencies). This was followed by face-to-face group discussions and a further rating process at our June 2019 Advanced Training Forum. The report (A3.1) from our Advanced Training Forum summarises these activities.

We will consult more broadly on the draft common curricula standards with members, consumers and other stakeholders over the remainder of 2019 and we are aiming to finalise these by the end of the year.

3. Program-specific content

Once we have determined the common content for Advanced Training, we will develop program-specific content, adapting some of this content from the current curriculum.

The Advanced Training curricula standards will directly link to medical expertise and a high level of professional skills outlined in the Professional Practice Framework. They will be supported by:

- Learning and Teaching programs that help trainees direct their own learning as well as guide supervisors and accredited training settings in planning and delivering teaching activities; and
- an Assessment program that uses multiple measures to assess trainees' knowledge, skills and professional qualities over time.

We will be building on the Basic Training program and the new learning and assessment tools for Basic Training, enabled by technology to ensure the programs are appropriately and constructively aligned. We are currently reviewing the options for the approach and the time-line for program-specific content, which will be reviewed by the College Education Committee in November 2019.

Condition 6(ii)

In relation to the Advanced Training curricula:

    (i)   Implement the revised Advanced Training curricula (Standard 3.2)

We have made good progress in 2019 in completing the scoping work for renewal of our 38 Advanced Training curricula and we are progressing towards confirmation of the common curricula standards for Advanced Training. We need to finalise the common template that applies to all Advanced Training programs before we start specialty-specific reviews, to maximise alignment across programs.

We are on track to have a detailed plan for program-specific reviews and common curricula standards confirmed by the end of 2019, and to begin program-specific reviews in 2020.

The project timeline that was previously presented to the AMC indicating the start of implementation of the new Advanced Training programs is being revised. Further development on the program-specific content needs to be completed to enable detailed implementation planning.

The communication and implementation strategy for the new Advanced Training curricula will be informed by our early adopter experience with Basic Training.

Once we have agreed on the approach for the program-specific content and have approval of the common content (November 2019), we will draft a business case for the Board on the project scope, timeline and resources required to deliver the renewed curricula for Advanced Training.

Progress against accreditation recommendations

Recommendation HH

Clarify in partnership with key stakeholders the linkages between the first two years of postgraduate experience and College training programs.

2018 AMC Commentary

The College continues to progress its collaborations with key stakeholders and the AMC looks forward to the College's update in view of the new program and the proposed selection principles.

The College reports under its new Learning and Teaching, and Assessment programs that the selection process into the RACP Basic Training can occur during PGY2 in some jurisdictions and notes the recent reforms of Medical Intern Training will need to be considered when they are available.

The College intends to continue its collaboration with its key stakeholders at each level and articulates its selection criteria clearly.

We continue to collaborate with key stakeholders in prevocational training at local, state and national levels on areas of mutual concern and interest.

We have contributed to early consultations with the AMC who are in the early stages of conducting a review of the National Framework for Medical Internship.

We will need to consider the capabilities articulated for these two years of training and how they link with the entry to Basic Physician Training.

Our progress with the Entry into Training Project is reported under Condition 20.

Standard 4

Teaching and learning

Areas covered by this standard: practice-based training, teaching and learning approaches and methods, practical and theoretical instruction, increasing degree of independent trainee responsibility

2018 AMC assessment: Standard Met

Conditions open: Condition 9, Condition 32, Recommendation ZZ

Standard 4. Teaching and learning

Significant developments since last report

Resource development

We continue to expand our suite of online learning resources and have released a new course on 'Ethics'. This course focuses on the sorts of ethical issues that are a constant feature of health care. Other online learning resources which have recently been released include 'Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence,' 'Research Supervision', 'Quality and Safety' and 'Clinical Genomics for Physicians', which was developed in collaboration with the Kinghorn Centre for Clinical Genomics at the Garvan Institute.

Ten new Online Learning Resources are being developed in 2019, including 'Divisional Examination Readiness', 'Advocacy for Physicians' and a resource on the new MyCPD Framework.

We have released a Curated Collection of resources on Clinical Audit to support Fellows with undertaking activities for the Measuring Outcomes category in the MyCPD framework. The collection was peer reviewed by Fellows and includes valuable 'how to' guides for conducting an audit. The resource also includes information on standards, tools and supporting evidence, and a list of potential clinical audit ideas.

Expansion of interactive online College Learning Series

The interactive College Learning Series was introduced in February 2018 and is regularly reviewed to ensure training is clinically appropriate and current. It benefits trainees, educators and Fellows as well as the wider health sector. Over 350 recorded lectures on Adult Medicine are now available online and more than 100 new recorded lectures have been made available on the interactive online College Learning Series (CLS).

Currently we are expanding the College Learning Series to provide recorded lectures on Paediatrics and Child Health. Working closely with Paediatric teaching hospitals across Australia we aim to develop a comprehensive Paediatrics lecture program for the series. The first content went live in June 2019.

The recorded lectures are clinically reviewed, mapped to the Basic Training curriculum and made available to all our members. The number of members (trainees and Fellows) enrolled in the College Learning Series has increased significantly from 3,200 to 5,900 over the last year.

We are fostering wider engagement with Fellows across further states and territories in Australia and in New Zealand in the development of content for the series.

Progress against accreditation conditions

Condition 9

As part of the curriculum review, develop and implement a structured approach to ensure the trainee's increasing degree of independence is systematically evaluated.

2018 AMC Commentary

The College's curricula renewal has focused on embedding a competency-based program, a core part of which is the introduction of Entrustable Professional Activities (EPAs).

In 2017, the College published eight EPAs for basic trainees to use as a learning resource. An observation assessment tool is being developed and the design is expected to be submitted to the College Education Committee for approval by end of 2018. The tool will be mainly used to ensure that learning is captured and guided by the expectation trainees become more independent as they progress in training.

As part of the Supervisor Professional Development Program, the College conducted 111 workshops across Australia and New Zealand with over 2,000 supervisors attending in 2018.

The current Advanced Training Curricula aim to assess trainees' increasing development in the workplace and to better enable this with the introduction of EPAs over time.

The AMC notes that the College has indicated this condition will likely be satisfied after 2019 with the renewed Basic Training Program scheduled for early adopters and then implementation by 2020.

In the 2019 report, the College is asked to provide an update on the implementation of EPAs in the renewed basic and advanced training programs, the development of the assessment tool, as well as how this has been communicated to trainees and supervisors.

The Entrustable Professional Activities are a standard against which trainee performance and progress towards independence will be measured throughout training using the assessment toolkit. The toolkit includes learning observations, learning captures and progress reports. The Entrustable Professional Activities are critically embedded into the Basic Training program by forming eight of the 10 learning goals that trainees are assessed against throughout their training.

We have confirmed the assessment program blueprint and the assessment toolkit for the new Basic Training program, with the individual assessment forms now being built into the new online system.

We continue to build the capabilities of our educational leaders and supervisors and will be focusing on supporting them to understand the learning goals (incorporating the Entrustable Professional Activities) and other components of our new program.

Our Supervisor Professional Development Program workshops focus on strategies to guide trainees towards expert performance, help with differentiated instructions for multi-level groups, create activities for trainees of different levels, and assess trainees' overall performance and progression towards independence. We are developing support resources and training materials specific to the new Basic Training program. We continue to familiarise trainees and supervisors with competency-based concepts and components of the new program.

A similar process will be followed as we renew our Advanced Training curricula.

Condition 32

Clarify, in partnership with the Specialty Societies, the role of College oversight in post Fellowship subspecialty training. (Standard 4.1.3)

2018 AMC Commentary

In 2014, the AMC set a recommendation: Clarify in partnership with the Specialty Societies, the role of College oversight in post fellowship subspecialty training. The AMC has converted this recommendation to a condition and changed the wording as shown above, reflecting the importance of these relationships to delivery of specialist training. The College is progressing in the completion of the work.

In 2018, the College reported all Specialty Societies are actively progressing models of collaboration schedules – four have completed while the others are in varying stages of completion.

A master schedule is being established to facilitate this sensitively, to respect the Societies' need to determine their own schedules. The College Education Committee Chair is meeting with Specialty Society leaders to determine timelines for collaboration objectives.

While the College is responsible for the overall training curriculum, the AMC notes progress in this area largely depends on each Society's capacity and commitment. Given the College's overall plan of curriculum renewal, it is important that advanced training and post fellowship subspecialty training be given equal importance and priority by the College and Specialty Societies.

The AMC requests that the College reports on its progress in engaging with the Specialty Societies to clarify the College's role and move forward the models of collaboration, providing an update on the master schedule in the 2019 report. The College should also provide examples of post fellowship subspecialty training and how this training is delivered.

Progress with Model of Collaboration schedules

We continue to progress the Model of Collaboration (MoC) schedules with specialty societies. A further four schedules have been completed, bringing the total to eight completed with the following societies:

- Medical Oncology Group of Australia
- Australasian Society for Infectious Diseases
- Australian and New Zealand Society for Geriatric Medicine
- Australian and New Zealand Society of Occupational Medicine
- Rehabilitation Medicine Society of Australia and New Zealand
- Society of Obstetric Medicine of Australia and New Zealand
- Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine
- Paediatric Society of New Zealand

In the next six months we expect to complete schedules with the following societies:

- Cardiac Society of Australia and New Zealand
- Internal Medicine Society of Australia and New Zealand
- Australasian Sleep Association
- Thoracic Society of Australia and New Zealand

The value of the MoC process remains establishing a greater understanding between societies and the College of their respective roles across four domains of activity. It has been instrumental in providing a framework by which the Australasian Sleep Association and the Thoracic Society of Australia and New Zealand could resolve and agree on their roles in relation to governance of their respective RACP training programs. These societies' draft MoC schedules are now expected to progress to completion.

Smaller specialty societies continue to face capacity and staff resourcing issues which have hindered their progress in drafting their schedules. The College is developing a master schedule, which is designed to alleviate these resource pressures whilst continuing to allow societies to establish their own schedules.

Post Fellowship training

We consider post Fellowship training to be a Fellow undertaking one of our Advanced Training programs in another specialty.

Specialty societies may independently develop and publish a range of guidelines and educational resources which can be used by our members for continuing professional development in the specialty.

We have also been piloting a [specialty society webinar series](#) in collaboration with the specialty societies. The webinars, designed by the societies, are run through our webinar service and offered to the relevant societies' members through a dedicated resource page on our website. This initiative allows us to collaborate to deliver up to six one-hour webinars per year focused on specialty specific content that can be used as a Continuous Professional Development (CPD) tool for specialty societies and their members. Applications for the 2019 series closed in mid-April and applications were received from eight specialty societies. The 2019 series will run between June and November offering 35 webinars in total. We are exploring the option of extending any unused webinar slots to Advanced Training Committees whose affiliated specialty societies may wish to design and facilitate educational resources for College trainees.

Progress against accreditation recommendations

Recommendation ZZ

Demonstrate that the College articulates its learning model clearly for trainees and supervisors and demonstrate alignment of trainee experience and curricula to that model. (Standard 4.2.1, 4.2.2 and 4.2.3)

2018 AMC Commentary

In the College's 2019 report, the AMC requests an update on how the learning model is reflected in the Learning Needs Analysis tool and EPAs, and how this is assessed when accrediting a training site under the New Training Provider Accreditation Standards (Standard 8.2). The College should also advise how this model will be embedded in the revised Advanced Training Curricula (Standard 3) and how the learning model has been better communicated to the trainees.

The AMC has changed this condition to a recommendation in 2019. Trainees seemed unaware of the 70:20:10 model. The College indicated it was used, mainly as guidance without exact percentages for trainees and supervisors to adhere to. Whatever model the College applies, it needs to be better communicated. The College's primary focus should be on renewal of the Advanced Training Curricula, and the condition has been changed to a recommendation.

The Learning, Teaching and Assessment structure defines the framework for delivery and trainee achievement of the curricula standards in the Basic Training program. We are focusing on communicating this structure with our membership. The Entrustable Professional Activities are curricula standards not assessment tools.

The learning program requirements define the expected experiential and formal learning activities trainees must undertake, with the experiential (clinical experience) requirements to be finalised in August. In the new program the Learning Needs Analysis will be replaced by the Learning Plan tool. Our new Basic Training Learning, Teaching and Assessment programs are attached (A1.2)

Learning opportunities will be defined for each training rotation and blueprinted to the 10 Basic Training learning goals; trainees will be able to use this information to create learning plans that align learning activities with the curricula standards (A1.3).

Building on our new Training Provider Accreditation Standards we have now drafted accreditation requirements for our Basic Training program. We began consulting on these with stakeholders from June 2019.

The common learning and teaching methods for Advanced Training will be defined once the common curricula standards have been finalised. These are likely to build on the models and methods used in

reviewing the Basic Training curricula. A Learning, Teaching and Assessment structure for Advanced Training has been developed and will be consulted on throughout 2019 (A4.1).

Communication of the learning model and requirements of the new Basic Training program has primarily been through our website.

We will communicate more broadly in the second half of 2019, once the experiential (clinical experience) requirements have been confirmed by the College Education Committee.

Standard 5
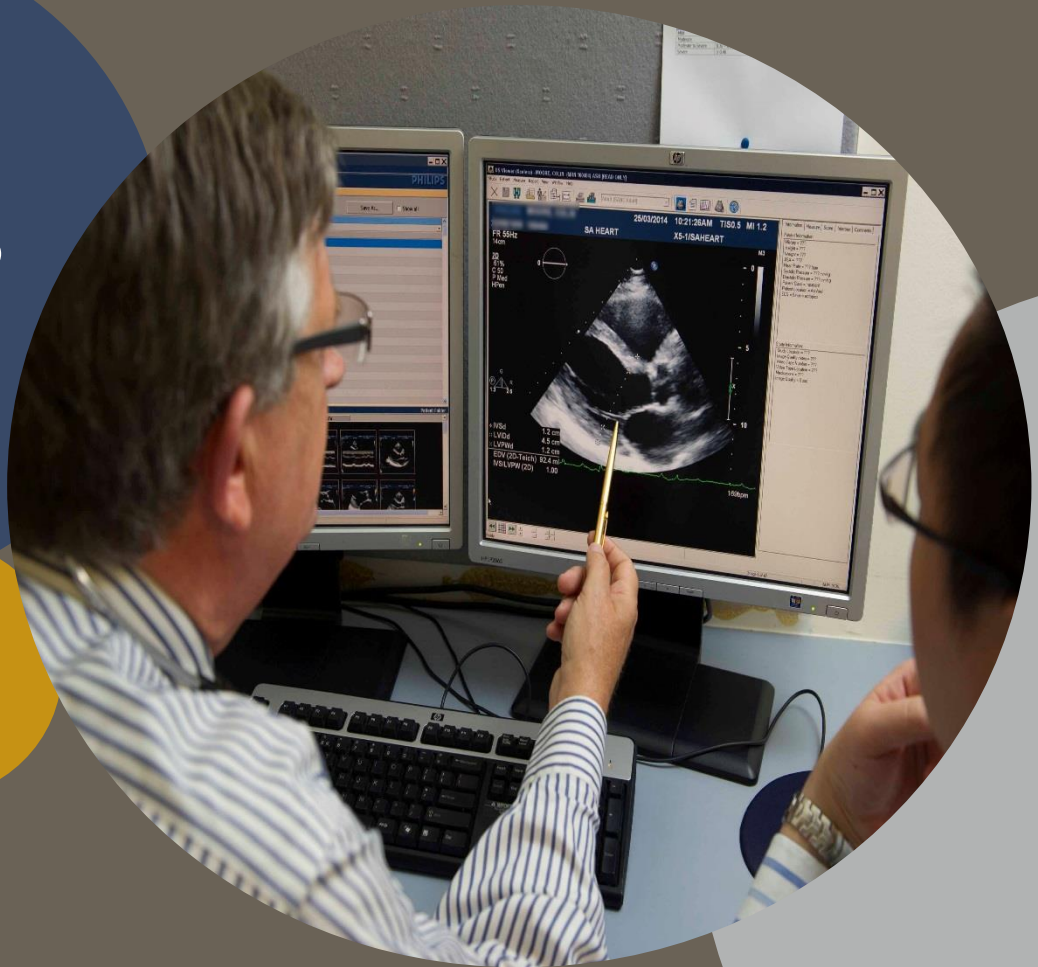
Assessment of learning

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

2018 AMC assessment: Standard Substantially Met

Conditions open: Condition 11, Condition 12, Condition 14, Recommendation LL, Recommendation MM

Standard 5. Assessment of learning

Significant developments since last report

Shift towards programmatic assessment

We are progressing towards a more programmatic approach to assessment.

Response to inquiry into cancellation of 2018 computer-based written examination

Earlier this year we shared with our membership the findings of the independent inquiry (A5.1) commissioned into the cancellation of the computer-based 2018 Divisional Written Examination. The review covered implementation of the computer-based examination and addressed events on and preceding 19 February 2018. It included recommendations on how we could improve our processes to move forward.

The inquiry findings are being used to inform future implementation of computer-based testing (CBT). We have already addressed a number of the findings through improvements to communication strategies (see Standard 7), project management frameworks and other initiatives. Our response to the report recommendations is summarised in Table 2.

Table 2: Response to recommendations of independent inquiry into computer based 2018 RACP exam

Board Governance	
1. Clearer guidance on Board roles and responsibilities	Improvements to guidance for Board members on their roles and responsibilities is outlined under Standard 1.
2. Improve the quality and relevance of information presented to the Board including reducing unnecessary or procedural information	Our new Computer-Based Testing (CBT) 2021 Working Party and project team will be asked to review this recommendation and report to the Board relevant and quality information to inform efficient and effective decision making. Updated reporting templates will facilitate this for the CBT and other key projects.
3. Ensure that sufficient information on both benefits and risk of key projects are presented to the Board, with sufficient follow-up on strategy delivery	We have implemented better risk reporting strategies for key projects including detailed Situation Management Plans (SMPs) for exams, risk registers and templates for reporting. Risks and risk management are routine agenda items at project team meetings, project board meetings and other relevant group meetings. Project methodology has been improved to enhance information provided to the Board and Senior Leadership Group, highlighting benefits and risks. A dedicated Project Manager has been designated for the CBT 2021 project.
Culture and Structure	
4. Consider how to address the negative aspects of the 'risk-averse' organisational culture	Our new CBT project team will leverage the experience gained by the 2018 incident and has coordinated a series of procedures to communicate to all relevant project stakeholders. This includes several Situational Management Plans (SMPs), risk registers and established communication plans that anticipate potential issues and have drafted communication in advance.
5. Consider how to break down divisional silos and overcome hierarchical information blockages	The governance of the CBT project has been streamlined to include a Project Team that will coordinate and focus on the project rather than multiple projects. The team will be responsible for communicating to all stakeholders and outlining requirements to other groups including Procurement and IT. The change management strategy for CBT 2021 includes stakeholder

		identification and impact assessment (internal and external) along with a communication strategy.
Stakeholder Communications		
6.	Improve incident response and crisis communication plans	The new CBT project team will leverage the experience gained by the 2018 incident and has coordinated a series of procedures to communicate to all relevant project stakeholders. This includes several Situational Management Plans (SMPs), risk registers and established communication plans that anticipate potential issues. They have also drafted communications in advance of potential issues.
7.	Provide clear and open communication with trainees and DPEs regarding exam failure scenario procedures and contingency plans	Situational Management Plans for all RACP exams are now routinely made available to all stakeholders. Our CBT 2021 project will utilise user centred design principles, including engagement with our members during the design and implementation phases, to ensure the solution meets user needs. We will pilot CBT with self-selected candidates in 2021. We will inform these candidates and their DPEs of contingency plans and procedures for CBT administration and implementation.
RFP & Contracting Procedures		
8.	Ensure a complete set of College requirements is referenced in Requests For Procurement (RFPs) and contracts	A dedicated Project Manager and Business Analyst will develop and finalise a detailed set of requirements with the CBT Working Group and staff to ensure a complete and comprehensive set of requirements is included in the RFPs and the final contract. RFP and contracting procedures have been improved for all contracts.
9.	Ensure that the College retains sufficient control and oversight of any outsourced services	Control of all outsourced services will be built into the project requirements. The new requirements will outline control of services such as ensuring the exclusive use of testing centres and ensuring that all invigilators follow the RACP standard as outlined in our defined guidelines. This is a key focus of all new contracts.
CBT Exam Validation		
10.	Plan and undertake sufficient pilot testing and pre and post deployment CBT testing procedures	Pilot, pre and post deployment testing is planned to be built into the RFP, contract and project development, implementation and roll out plans as managed by the dedicated Project Manager. Each phase of the project will inform the subsequent phase. Currently, the pilot test will be held in 2021 with self-selected candidates (up to 10–15% of total candidates). The pilot testing will be carefully planned and closely monitored, with communicated contingency plans in place.
11.	Review Divisional Written Examination design delivery methods to enhance trainee welfare	We have an overarching wellbeing strategy that considers the welfare of trainees and candidates. As part of this strategy, trainees will have access to the Training Support Program (TSP). The Trainees' Committee will be regularly updated on the progress of the CBT Working Group and will be consulted on the proposed implementation strategy. From a content perspective, candidates will be provided with the examination blueprints and they will be able to access the Knowledge Guides that are the underlying source of the examination as part of the new curriculum. Further, the Divisional Examination committees are developing a document clarifying the purpose of the examination to ensure the examination tests appropriate knowledge. We have also implemented Post Examination Candidate Surveys for all RACP examinations so that we receive anonymous feedback from candidates. Survey findings will inform recommendations to assessment committees for continuous improvement.

Blueprinting of the 2019 Written Exam to the new Basic Training curricula

The 2019 Divisional Written Examinations are now completed and were blueprinted to the new Basic Training Curricula (Table 3). This process included familiarising all item developers and exam committee members with the new Knowledge Guides, weighting the topic areas best assessed using the multiple-choice format and coming to a consensus of the topic areas and questions to be assessed. All questions within the item bank are now categorised with the new blueprint/Knowledge Guide areas. Items were strategically chosen to ensure the blueprint was comprehensively sampled for the 2019 examinations.

Table 3: Divisional Written Examinations blueprint for the new Adult Medicine Basic Training curricula

Topic Area	# Questions	% Questions	Blueprint Target	Difference
Cardiology	13	7.6%	7%	0.6%
Dermatology	0	0.0%	1%	- 1.0%
Endocrinology	13	7.6%	6%	1.6%
Gastroenterology	11	6.5%	7%	-0.5%
General Medicine	19	11.2%	10%	1.2%
Genetic & Metabolic Medicine	7	4.1%	3%	1.1%
Geriatric Medicine	10	5.9%	5%	0.9%
Haematology	11	6.5%	7%	-0.5%
Immunology & Allergy	11	6.5%	6%	0.5%
Infectious Diseases	12	7.1%	7%	0.1%
Medical Obstetrics	0	0.0%	1%	-1.0%
Medical Oncology	9	5.3%	6%	-0.7%
Nephrology	11	6.5%	7%	-0.5%
Neurology	12	7.1%	7%	0.1%
Palliative Medicine	0	0.0%	1%	-1.0%
Pharmacology, Toxicology	10	5.9%	6%	-0.1%
Respiratory & Sleep Medicine	13	7.6%	7%	0.6%
Rheumatology	8	4.7%	6%	-1.3%
TOTAL	**170**	**100.0%**	**100%**	**0%**

Within General Medicine	# Questions	% Questions
Intensive Care	4	2.4%
Epidemiology	7	4.1%
General Medicine	5	2.9%
Psychiatry	3	1.8%

Based on the blueprint's weighting of curriculum areas, a gap analysis is currently being used to determine areas where more items need to be developed. The blueprint is provided for evaluation within the Assessment Summary Reports and will be annually reviewed by the Divisional Written Examination Committee. Consideration is being made to make the blueprint available to all candidates by including a table outlining the range of questions from each topic area on the College website.

Progress against accreditation conditions

Condition 11

As part of the Basic Training curricula review, ensure that the summative assessments apply reliable and valid methodologies and are aligned to both Basic Training curricula

2018 AMC Commentary

The College is adopting a programmatic approach to assessment and the new Basic Training Assessment programs will be blueprinted to the Basic Training curricula standards consisting of ten learning goals. The shift from high stakes exams/assessment to multiple data collection points with ten learning goals increases reliability and validity. The learning goals for Basic Training will be mapped to the appropriate phases of training and form the basis of blueprinting assessment tools to the curricula.

The College is still working on the development of a Basic Training "Assessment Toolkit", currently being consulted on more broadly. The proposed toolkit will include:
- *Annual registration to enrol trainees and assess entry criteria*
- *Monthly learning capture to show evidence of work-based learning*
- *Monthly to quarterly EPA observations*
- *One phase plan and progress report to plan learning and assess progress per phase*
- *One rotation plan and progress report per rotation*
- *Written examination, offered twice a year*
- *Clinical examination*
- *Situational Judgement Tests*
- *Selection interviews to assess candidate suitability for physician training based on selection criteria*

The College has indicated this condition will not be met in 2018 with the renewed Basic Training Program scheduled for early adopter and incremental implementation by 2020.

In the 2019 report, the AMC requests that the College provides an update on the progress of the development of the assessment toolkit and blueprinting.

Our new Basic Training program will have a programmatic approach to assessment. This shift away from reliance on individual high-stakes assessments to a focus on a program of assessment will enable decisions to be made based on multiple data points, increasing reliability and validity.

The new Basic Training Assessment program is blueprinted against the Basic Training curricula standards (Figure 17). Expected outcomes of the program will be assessed using appropriate assessment methods and tools from our assessment toolkit.

Ten learning goals have been identified for use in the assessment program and these link directly to the Basic Training Curricula Standards and form the basis of the assessment blueprint (Table 4).

The learning goals for Basic Training will be mapped to the appropriate phases of training and will form the basis of blueprinting assessment tools to the curricula.

Table 4. Basic Training program assessment blueprint

Learning goals	Assessment tools						
	Registration form	Learning Capture	Observation Capture	Rotation Plan and Progress Report	Phase Plan and Progress Report	Written Examination	Clinical Examination
1 Clinical assessment	x	Could assess	Could assess	Will assess	Will assess	x	Will assess
2 Communication with patients	x	Could assess	Could assess	Will assess	Will assess	x	Could assess
3 Documentation	x	Could assess	Could assess	Will assess	Will assess	x	x
4 Prescribing	x	Could assess	Could assess	Will assess	Will assess	Could assess	Could assess
5 Transfer of care	x	Could assess	Could assess	Will assess	Will assess	x	x
6 Investigations	x	Could assess	Could assess	Will assess	Will assess	Could assess	Could assess
7 Acutely unwell patients	x	Could assess	Could assess	Will assess	Will assess	x	x
8 Procedures	x	Could assess	Could assess	Will assess	Will assess	x	x
9 Professional behaviours	x	Could assess	Could assess	Will assess	Will assess	x	Could assess
10 Knowledge	x	Could assess	Could assess	Will assess	Will assess	Will assess	x

Our assessment toolkit for the new Basic Training program is highlighted in Figure 15 below.

Figure 15. Basic Training program assessment toolkit

Registration form
- Enrol trainees and assess entry criteria
- College-run (centralised)

Learning capture
- Trainee enters evidence of work-based learning linked to learning goals
- Work-based

Observation capture
- Supervised observation of trainees' performance linked to learning goals
- Work-based

Rotation plan and progress reports
- Plan learning and assess progress for the rotation
- Work-based

Phase plan and progress report
- Plan learning and assess progress for the phase of training
- Work-based

Written Examination
- Assess trainees' applied knowledge
- College-run (centralised)

Clinical Examination
- Assess trainees' ability to perform clinical assessment of patients
- College-run (centralised)

The assessment requirements for the new Basic Training program are set out in Figure 16.

Figure 16. Assessment requirements summary

Assessment requirements summary

What do I need to do?	When do I need to do it?
Assessment program requirements	
	Once at the start of training
1 Registration form	• Before starting the Foundation phase
	Each phase of training (each year)
12 Learning capture	• Minimum of one per month
12 Observation capture	• Minimum of one per month
4 Rotation plan and progress reports	• At the start and end of each rotation • Minimum of one per three months
1 Phase plan and progress report	• At the start and end of each phase of training • Minimum of one per year with recommended mid-year check-in
	Once over the course of training
1 Written Examination	• At the start of the Completion phase* *The RACP is working towards offering two written exams per year; which will create an option for trainees to sit it in the Consolidation or Completion phase.
1 Clinical Examination	• Mid-way through the Completion phase.

Condition 12

As part of the Advanced Training curricula review, ensure that the summative assessments apply reliable and valid methodologies and are aligned to all Advanced Training curricula.

2018 AMC Commentary

The development of the advanced training curricula review is progressing slowly with regard to the originally expected timeline. The project planning framework submitted by the College during the visit suggested that deadlines for this condition would be hard to accurately predict. It is unlikely that the College will be able to satisfy this condition by 2020 given the current delayed progress in implementation of the Basic Training curriculum and assessment approaches.

The AMC requests that the College provides a detailed update in the 2019 report, including progress against planned timelines.

A detailed update on our review of Advanced Training curricula is provided in our response to .

Condition 14

Develop and implement an assessment strategy for domains in the Professional Qualities Curriculum.

2018 AMC Commentary

The Professional Qualities Curriculum has been integrated into the Professional Practice Framework.

The current Basic Training and Advanced Training program requirements are underpinned by relevant curricula and the Professional Qualities Curriculum. Assessment is done through the Professional Qualities reflection tool and Supervisor's reports.

The new Basic Training curricula is mapped to domains in the Framework as the renewed Advanced Training curricula will be. Integrating professional qualities within the new Competencies will enable better assessment of these domains.

The progress against this condition is overly slow. The College is relying on EPAs largely to satisfy this requirement. EPA development is at an early stage consisting of a 'prototype' development. The full EPA development may require a deadline of 2020 – 2021 and the development of the EPA methodology will need to be accompanied by new supervisor training, this is recognised but yet to be developed. The EPAs may not be suitable for measuring all domains, and the College may need to consider other assessment types. Engagement of supervisors and trainees will be critical to a successful roll out.

The Professional Qualities Curriculum has been superseded by the Professional Practice Framework and new curricula framework which addresses Condition 14.

In the new Basic Training program, Entrustable Professional Activities are curricula standards, not assessment tools.

The Basic Training Program Assessment Blueprint (Figure 15 above) sets out the range of assessment tools that will be employed throughout the course of the program.

'Professional behaviour' is one of the 10 key learning goals of the new Basic Training program, covering the competencies component of the curricula standards. This directly links to the Professional Practice Framework and will be continuously assessed in rotation and phase progress reports throughout the program.

EPAs form eight of the ten learning goals and embed most of the competencies as exemplar behaviours.

Although the Professional Qualities Curriculum has been integrated into the Professional Practice Framework, all Faculty OSCEs and Clinical Examinations now include assessment of professional qualities using Global Rating Scales and rubrics similar to those of the CLEAR marking guide.

Progress against accreditation recommendations

Recommendation LL

Provide enhanced structured feedback to individual examiners on their own performance to enhance the performance of the clinical examination.

2018 AMC Commentary

The College continues to provide pre-examination calibration sessions as per the 2017 report.

In 2017, a pilot analysis of clinical examiner feedback on their "leniency/stringency" or Hawk/Dove tendencies proved unsuccessful and was not developed in 2018. The College has started to roll out a semantic differential marking rubric. The College is still formulating a process for examiner feedback using the revised marking rubric.

The AMC looks forward to the College's update on the rollout of the semantic differential marking scheme in the 2019 report. 2019

We continue to provide pre-examination feedback to examiners through calibration sessions. Calibration sessions undergo regular review to ensure that they are providing relevant and targeted training for examiners.

The recommendations from the RACP's CLinical Examination Assessment Review (CLEAR) project have been implemented for the 2019 examination. The following improvements are of note:

- The purpose of the examination has been clarified and provided to candidates through a series of communication avenues, including the Instructions to Candidates and the RACP website. All examiners are provided with this clarified definition of the examination during calibration and throughout the examination process.
- The reviewed Marking Guide has also been adopted to provide candidates and examiners with improved clarity on the competencies being assessed.
- The new marking scale is linked to curriculum competencies and now uses a 6-point scale rather than a 19-point scale. The inter-rater reliability has improved greatly and the methods of determining the final consensus scores have also been significantly improved.
- The approach used to determine candidate pass and fail outcomes has been revised. A new compensatory score combination approach has addressed the issue of weighting of the long and short cases. An evaluation of this approach found that it better distinguishes between candidate performance that meets the standard and performance that does not. The overall pass rate using this approach is similar to the traditional pass rate (based on the 2019 Paediatric examination pass rate of 76.9% in 2018 using the traditional approach and 76.3% in 2019 using the CLEAR approach). Candidates have been informed of this new approach and provided with individual feedback based on the new grid.
- The approach of documenting candidates who encounter procedural issues has improved with the introduction of a more formal Incident Report form that guides the recording of the incident and how it was handled.

With the new scoring approach, the next phase of the project will focus on providing examiners with greater feedback on their performance. Initial analysis suggests that the consistency of scoring between examiner pairs has greatly improved.

Recommendation MM

Adopt recommendations from the external review on assessment regarding: timing of the clinical examination; conducting the written examination twice a year; and decoupling the medical sciences and clinical applications paper of the written examination.

2018 AMC Commentary

Paediatrics and Child Health have already changed timing. Adult Medicine currently has no firm plans to change timing due to not wanting to reduce the gap between the written and clinical examinations. Two factors are impacting the College's ability to conduct the written examination twice a year: the failure of the computer-based written examination in 2018 and the need for larger examination item banks. Progress is being made with both these factors. The College recognises that a computer-based testing process running twice per year in Adult Medicine will require further recruitment and item writer development to ensure that quality items are produced.

The AMC has removed the component of the recommendation concerning decoupling the Divisional written examination papers. The College has provided its case for not making this change, following feedback and consultation with the membership.

We have formed a working group to review the future of the Divisional Clinical Examination, with a focus on both the capacity of the Clinical Examination and the timing and scheduling of the exam.

We have also established a working group to identify the requirements for, and communication of, a transition to computer-based testing.

To offer the Divisional Written Examination more than once per year we need a large and robust item bank. To facilitate this, we have created a program of training for interested Fellows in writing multiple choice exam items. This initiative has had excellent uptake and we anticipate it will assist in building the item bank.

Standard 6

Monitoring and evaluation

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

2018 AMC assessment: Standard Met

Conditions open: Condition 18, Recommendation NN

Standard 6. Monitoring and evaluation

Significant developments since last report

Evaluation

Medical education research and evaluation is a key priority and function for us in our role as a provider of specialist medical training. Research and evaluation activities guide innovation, ensure quality improvement of the training programs and embed change in a robust evidence-base.

We continue to be guided by our overarching strategy for evaluating the impact of our program of Education Renewal with the aim of monitoring changes intended to improve physician training and health care experiences and outcomes.

The knowledge gathered through this systematic mapping process will inform quality improvement in the design and delivery of our training programs. It can also be shared with others involved in medical education to inform future approaches to similar initiatives.

We have prioritised sharing these learnings through conference presentations and peer-reviewed publications to contribute to global discussions on medical education, particularly in the unique geographical and health system context of Australia and New Zealand.

In 2019 we have undertaken targeted research and evaluation activities to support the development and upcoming implementation of curricula renewal to ensure and further embed ongoing quality improvement in training programs.

We have conducted a number of evaluation activities this year including:

- an evaluation of the College Learning Series (CLS) that investigated the use of and satisfaction with the online tools available to the membership. We collected a range of feedback, which will inform future development of the CLS, specifically in respect to those aspects trainees were most satisfied with and accessed most. The evaluation indicated an overall high level of member satisfaction with this online resource.

- a consensus building process for the new Advanced Training curricula common standards. This process helped us to determine and categorise the Advanced Training curricula standards that are common to all, most or some specialty training programs to streamline the development process.

- an evaluation of the Supervisor Professional Development Program (SPDP). The evaluation demonstrated high satisfaction with both face-to-face and online programs, as well as self-reported improvements in supervisory skills. We are currently improving the evaluation tools to enhance evaluation activities.

- the development of a strategy to evaluate the Basic Training early adopter implementation of the new Basic Training program. The findings from this evaluation will inform refinement of aspects of the new program and the College-wide roll out.

- an exploratory study into supervisor perception of the Training Support Pathway. The Pathway, introduced as part of the implementation of the Trainee in Difficulty Support Policy and process in 2016, provides structured support for trainees experiencing difficulties during their RACP training. This evaluation will inform improvements to the Pathway and investigate what further assistance supervisors require to support trainees experiencing difficulty in training.

- a planned evaluation of *The Guidelines for Local Training Providers on Local Selection for Training*. Launched in early 2019, the Guide is a new initiative by the RACP, which aims to support local selection and promote adherence to RACP selection principles. The planned evaluation will assess the impact of the Guide on local selection practices and identify any needed modifications. We are planning to undertake the evaluation after local selection occurs in 2019.

A list of evaluation activities completed since the last progress report is provided in Appendix 2.In addition to our formal evaluations, we use continuous quality improvement as a method to rapidly respond to member feedback about our online resources. Reflective pre and post course evaluations are also used to gain insights into member self-perception of their own learning and the effectiveness of each course.

Trainee and Educator Physician Training Survey

In late 2018, we administered the inaugural Trainee and Educator Physician Training Survey, to which 23% of educators and 35% of trainees responded, representing an increase of 4% and 12% respectively compared to the 2017 pilot. A summary of our findings from the 2018 Trainee and Educator Physician Training Survey is illustrated below (Figures 17 and 18).

Figure 17. Findings from the 2018 Trainee Physician Training Survey

Trainee key findings 2018

Trainees

6,819 trainees approximately **400** settings across Australia and New Zealand invited to participate

35% completed the survey

1,227 Basic Trainees
68% Adult Internal Medicine
26% Paediatrics & Child Health

1,096 Advanced Trainees
20% General Paediatrics
22% General and Acute Care Medicine

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75% Rated their overall training experience as good or very good

54% Rated their daily workload as heavy or very heavy

37% Believe their wellbeing has been at least moderately impacted by their work

21% Have been subjected to bullying, harassment or discrimination

73% Likely or very likely to recommend their setting to other trainees in their program

Trainees who are employed full time work on average **56hrs** per week

Top training experiences

- Social learning
- Experiential learning
- Educational supervision
- Safety and quality

Bottom training experiences

- Trainee wellbeing
- Trainee workload
- Formal learning
- Trainee support

These five trainee questions were rated **most favourably** by trainees…

- Trainees have sufficient opportunities to provide in-patient care (96%)
- Handover supports continuity of care (95%)
- Trainees have sufficient opportunities to work and collaborate with multi-disciplinary teams (94%)
- I am encouraged to take responsibility for my learning, performance, and progression (94%)
- I feel physically safe within the setting (94%)

These five trainee questions were rated **least favourably** by trainees…

- Work in this setting leaves me feeling fatigued (72%)
- Fatigue impacts on performance at work (64%)
- It is difficult to take protected time (57%)
- Wellbeing is impacted by the intrusion of work on family and/or leisure (48%)
- Wellbeing is impacted by balancing work and training requirements (45%)

Figure 18. Findings from the 2018 Educator Physician Training Survey

Educator key findings 2018

Educators

4,649 educators approximately **400** settings across Australia and New Zealand invited to participate

23% completed the survey

529 were employed full time
497 were employed part time

69% have been supervising for more than five years

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85% Rated their overall supervisory experience as good or very good

Educators who are employed full time work on average **61hrs** per week

62% Rated their daily workload as heavy or very heavy

17% Have been subjected to bullying, harassment or discrimination

Top training experiences
- Social learning
- Experiential learning
- Safety and quality

Bottom training experiences
- Educator wellbeing
- Trainee workload
- Training resources

These five questions were rated **most favourably** by educators…

- Trainees have sufficient opportunities to provide in-patient care (97%)
- Handover supports continuity of care (97%)
- Trainees work and collaborate with colleagues (97%)
- Trainees work and collaborate with multidisciplinary teams (96%)
- I understand how to report patient safety incidents and near misses (96%)

These five questions were rated with **least favourably** by educators…

- Work in this setting leaves me feeling fatigued (67%)
- Ease of claiming unrostered overtime (55%)
- Wellbeing is impacted by being short-staffed (48%)
- Fatigue impacts on performance at work (47%)
- Wellbeing is impacted by intrusion of work on family life and/or leisure (42%)

These five questions relating to educators having **time**, **skills** and **resources** were rated **least favourably**

- Appraise supervisors (leadership roles only) (21%)
- Support trainees undertaking a research project (28%)
- Undertake supervisor appointment and induction (leadership roles only) (29%)
- Support and manage trainees in difficulty (37%)
- Support and manage supervisors (leadership roles only) (37%)

We are completing a detailed analysis of the survey results before reporting more widely to our stakeholders in the coming months. The planned release of the survey findings has been advertised via the 2018 Survey Guide and [RACP website](#) and is also planned to be communicated in the September Quarterly, President's Message and Trainee News.

Our communications team is actively engaged in the findings release, and a communications plan is being developed that will cover:

- Broad data trends
- Response rate and how to get the most from the findings
- The purpose of the surveys as quality improvement tools
- How to access and use the online dashboard
- Member access to the summary findings
- Contacts for further information or support.

Survey respondents will receive direct communication from the survey provider, Engine Group, once findings are available to view on the new online dashboard.

Preparations for the 2019 surveys have commenced. The 2019 survey will be conducted in October 2019.

New online dashboard

Survey provider Engine Group was engaged to build a new online dashboard for stakeholders which will facilitate the release of survey findings. The dashboard is an interactive visual representation of the survey data, underpinned by a framework and wireframes (Figure 19) presented in a comprehensive and easily digestible format. The wireframes provide a static representation of the dashboard tabs: the response rate, trainee indices, trainee and educator indicators, respondent profile and satisfaction measures.

Figure 19. Sample wireframe for the new online dashboard

The dashboard will allow Directors of Physician Education (DPEs), CEOs and other physician training stakeholders to access the data at specified levels. Members can also access the dashboard at an 'all settings' level and compare training setting data using filters to extract the information they require. We plan to launch the dashboard in the second half of 2019.

Managing a concern process

A concern is defined as an unfavourable response where there is an increased likelihood of an adverse impact on:

- workplace training environment and functions
  - o patient or doctor safety
  - o quality of the training environment
  - o progression of trainees
- health and wellbeing of an educator or trainee.

The RACP has a duty of care to ensure the safety of patients, its trainees and educators. Our Physician Training Surveys ask trainees and educators to respond to questions that can reveal a concern related to the safety or wellbeing of a patient, trainee or educator either immediately or in the long-term. Our process for managing these concerns aims to address this responsibility.

In 2018, we initiated the *Managing a Concern* process (Figure 20) to support the findings of the Physician Training Surveys. The purpose of this process is to identify and manage areas where a likelihood of a workplace training or health and wellbeing concern is uncovered and to provide advice to training settings on the response and action required.

Figure 20. Managing a Concern process
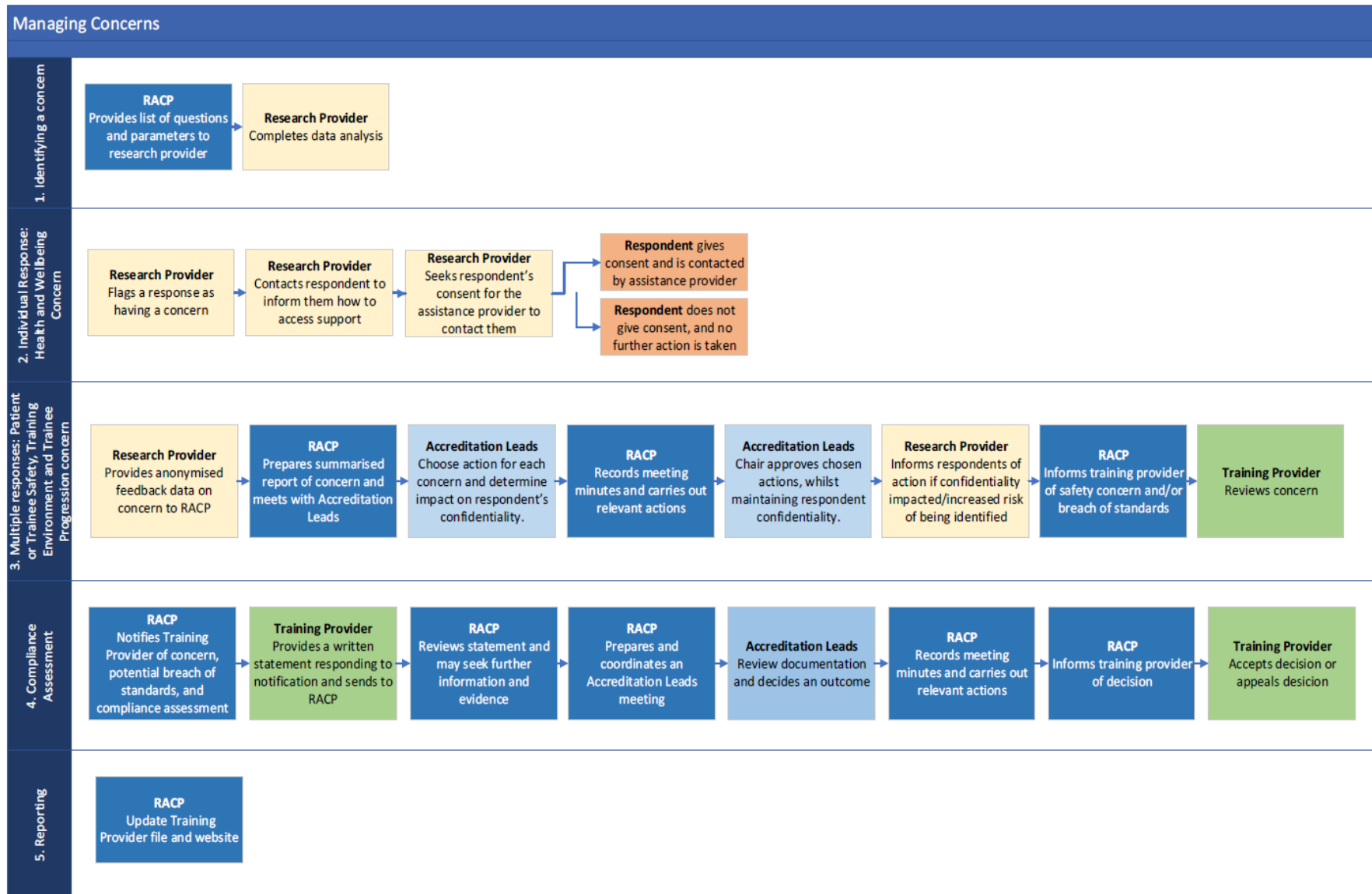
Progress against accreditation conditions

Condition 18

Implement processes for health care administrators, other health care professionals and consumers to contribute to evaluation.

2018 AMC Commentary

The College is engaging consumers through the Consumer Advisory Group and the consumer engagement webpage. Significant work is underway in this area.

The Education Renewal project has a stakeholder consultation register and engagement with health departments through Basic Training Curricula Renewal Forums in Sydney and Auckland in September 2018. The College plans targeted engagement of health departments in 2019. The AMC looks forward to the College's update on developments in the 2019 report.

A key focus in 2019 is to engage and prepare our stakeholders for the implementation of the new Basic Training curricula and new Training Provider Accreditation Program.

Our new Health Department Engagement Plan (A1.4, see Standard 1) provides the basis for how we will update jurisdictional Health Departments on progress with the Educational Renewal projects and discuss potential impacts on health agencies. A comprehensive stakeholder analysis has also been undertaken as part of the Education Renewal Program Change and Communication Plans. This has been used to communicate updates and seek feedback on key project initiatives, including an invitation to express interest to participate as an early adopter of the new Basic Training program, and consultation on the draft Basic Training accreditation requirements.

We have recruited a Senior Implementation Lead who will develop and manage a strategy for health jurisdictions and services to plan, prepare, implement and feedback on these new projects of work.

Key responsibilities of the new role include:

- Leading the development of a change and readiness strategy for implementation of the new Basic Training program and Training Provider Accreditation Renewal targeting health jurisdictions, health districts and training providers.
- Leading the strategy to facilitate the establishment of networks across Australia and New Zealand.
- Collaborating with team leads across Education, Learning and Assessment on the development of resources to support the change and readiness of key member stakeholders (DPEs, supervisors and trainees).
- Lead the development of associated training and implementation plans and collateral in collaboration with other teams within the College (project planning, change management, communication, digital and information technology).
- Collaborate with stakeholders including health jurisdictions and committees.
- Oversee and manage the coordination of targeted training for health jurisdictions, health districts and training providers.

The Senior Implementation Lead will be responsible for collaborating with stakeholders and ensuring that health care administrators and other health care professionals have the opportunity to feedback into the implementation of the new programs of work.

As reported under Standard 1, the College Education Committee, responsible for overseeing trainee education and the monitoring and evaluation of our training programs, has expanded its membership

to include a consumer representative. This further embeds the consumer voice and its influence in shaping our education programs and their evaluation.

We feel this recommendation has been satisfied and we will continue to monitor and report on any changes in future reports.

Progress against accreditation recommendations

Recommendation NN

Share information about the quality of training by uploading training site accreditation reports to the College's websites.

2018 AMC Commentary

There is a plan to pilot a new Training Provider Accreditation Program in 2019, which will include executive summary reports for all training settings being available to trainees and fellows on the College website. The College is asked to provide updates in the 2019 report.

In preparation for the pilot of the new Training Provider Accreditation Program, draft accreditation requirements for Basic Training (A6.1, A6.2) are undergoing consultation on (see Standard 8). The accreditation requirements describe the level of quality expected of training providers offering a Basic Training program. The focus of the requirements is to facilitate and support the delivery of Basic Training. The requirements include executive summary reports for all training settings being made available on the RACP website. Recommendation QQ provides an update on the technology configuration and timeframes that will support the Training Provider Accreditation Program pilot.

Standard 7

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

2018 AMC assessment: Standard Substantially Met

Conditions open: Condition 20, Condition 21, Recommendation QQ

Standard 7. Trainees

Significant developments since last report

Physician Health and Wellbeing Strategy

One of our key priorities is to take an active role with our sector partners to shape a healthier work culture for doctors and all health sector professionals, which will also benefit the health and safety of patients.

In 2017 the Board established the Physicians Health and Wellbeing Reference Group to develop and implement an integrated health and wellbeing strategy, which would build upon our existing wellbeing activities and include new initiatives to address newly recognised gaps. The focus of this work is on strengthening our culture and operations in key areas that positively contribute to member wellbeing.

To facilitate this work, we have developed the Physicians Health and Wellbeing Strategy 2019–2021 (Figure 21). Our vision is to create a strong community of doctors by collaborating with workplaces to proactively advance the health and wellbeing of our members and enhance the provision of high-quality health care to the community. As set out in the RACP Strategic Plan 2019-2021, the Physicians Health and Wellbeing Strategy outlines five strategic priorities, confirming our commitment to the mental health and wellbeing of members over the next three years:

Figure 21. Physician Health and Welling Strategy 2019–2021

Physician Health and Wellbeing Strategy on a page 2019 – 2021

RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

Realising our vision

Our Role

To promote the health and wellbeing of physicians and physician trainees in order to enable high quality and safe patient care.

Our Vision

A stronger community of doctors supported by the RACP. By collaborating with workplaces we will proactively advance the health and wellbeing of our members and enhance the provision of high-quality health care to the community.

To achieve these objectives

Leadership

Lead by example, with courage and compassion, to promote the development of positive cultures and the principles of good work within our clinical and training environments.

Education

Embed health and wellbeing into our professional standards, curricula, Continuing Professional Development programs and learning resources. Proactively share these with our members and partner organisations.

Standards & Accreditation

Strengthen the accreditation framework to ensure that standards relevant to health, wellbeing and good work are clear, achievable and consistently applied.

Advocacy

Across the health system, champion the importance of doctors health and wellbeing to the delivery of safe, high-quality, compassionate clinical care for our patients through a healthy, engaged and productive physician workforce.

Adding Value

Through leadership, education, setting standards and advocacy, support our members to prioritise their own health and wellbeing as a critical component of professional medical practice at all stages of career.

We will focus on these action areas

- Review existing College policies and procedures to build a positive culture, to prevent discrimination and to address unacceptable behaviour.

- Identify and address barriers to equity and diversity of representation in the College and College governance.

- Make explicit statements about and advocate for safe and healthy workplaces for physicians and physician trainees.

- Establish a clear acceptable conduct policy and process that integrates with the RACP supervisor training and site accreditation standards.

- Strengthen and embed health, wellbeing and good work principles into professional standards, curricula and Continuing Professional Development programs.

- Provide supervisors and educational leaders with the skills to identify and respond to trainees who have or are at risk of having mental ill-health.

- Establish metrics and monitoring dashboard to measure, benchmark and report on members wellbeing and healthy workplaces.

- Develop and use an evidence base to inform training settings and workplaces of identified health and wellbeing issues and workplace hazards.

- Use the site accreditation standards to support training settings and workplaces to respond to identified health and wellbeing issues and workplace hazards.

- Reduce the stigma associated with vulnerability and mental ill-health, and promote help-seeking behaviour.

- Establish best practice principles and guides for safe and positive training and workplace environments.

- Work with training sites to develop shared or aligned approaches to managing and supporting wellbeing and cultural change.

- Recognise leadership and the contributions of members in health and wellbeing research and advocacy.

- Prioritise scholarships for active research and pilots aimed at improving physician health and wellbeing.

- Actively promote health and wellbeing and good work resources and services to members and partner organisations.

- Provide opportunities for supervisors to connect and access collegial support.

The key actions for the Strategy have been developed to support all members of the RACP under a model of shared responsibility.

The Strategy is designed to be adapted over time to reflect progress and completed actions, new challenges and priorities, and emerging evidence and opportunities. We have developed a draft implementation plan outlining the actions to be taken, resources required, timeframes and measures of success to achieve our vision and objectives in the Strategy.

Both the Strategy and the implementation plan were approved by the Board in July 2019.

Statement on health and wellbeing by the RACP President

In February 2019, we released a statement on our website promoting safe and respectful working environments. In response to a media story on the effects of bullying and unsafe work practices on junior doctors' health and wellbeing, the RACP President unequivocally condemned bullying or harassment of any kind as 'totally unacceptable; towards Fellows, trainees (accredited or unaccredited), colleagues or staff', emphasising that the 'RACP has zero tolerance for such behaviour'.

In addition, we have recently partnered with the University of New South Wales and the Black Dog Institute to develop a new online mental health training program to assist physician supervisors in supporting trainees (see Standard 8).

Supporting local selection of Indigenous doctors in training

Our Indigenous Strategic Framework (ISF) includes 'growing the Indigenous physician workforce' as one of its five priority areas for addressing Indigenous health inequities.

Under this priority area, the Education Learning and Assessment Directorate has engaged a consultant to develop guidelines and strategy to support the attraction of Indigenous (Māori and Aboriginal and Torres Strait Islander) trainees to our Basic Training program and their retention.

In 2019, several activities have facilitated this work, including:

- drafting resources to support culturally safe and respectful local selection processes
- investigating support services for Indigenous trainees entering and completing the RACP training programs
- researching best practice in other jurisdictions (Australia and New Zealand)
- attending the Māori Health Committee April hui
- attending the joint Māori Health Committee and Aboriginal and Torres Strait Islander Health Committee May meeting
- facilitating a workshop titled 'Widening participation: selection into training' at RACP Congress in May 2019.

We continue to prioritise the development of initiatives towards growing the Indigenous physician workforce and delivering equitable health outcomes for Indigenous peoples in Australia and New Zealand.

In 2019 a record number of seven trainees will be receiving RACP Indigenous Health Scholarships, valued at up to $40,000 each, to cover their training fees over three/four years.

Communications with trainees

Feedback from our recent member survey has lead us to prioritize website improvements.

Improving communication with trainees remains a key challenge and we have developed several strategies to ensure trainees are well informed. Targeted emails and the Trainee News eBulletin have been designed for trainees and include information about examinations, learning resources, events, committee positions and available training positions. Trainees also receive all member communications, including the President's Message and Division and Faculty eBulletins, which contain information relevant to their chosen pathway as well as general College information and news.

In response to the 2018 computer-based written examination failure, we have developed an emergency communications plan for use in examinations. This plan was in place for the 2019 Divisional Written Examination and incorporates email, text messaging and social media. Candidate lists were broken down into location and examination type so that targeted groups of trainees could be easily contacted in the event of an exam disruption. A chain of command was also identified to ensure that messaging could be approved quickly and efficiently.

We recently launched a communication campaign aimed at identifying and addressing common misconceptions held by trainees. This 'mythbusters' campaign is being run on a closed College Facebook group accessible only to trainees. The aim of the campaign is to debunk misconceptions and provide opportunities for trainees to have direct conversations with one another. We have worked closely with the College Trainees' Committee to identify content for this campaign to ensure the needs and views of trainees are met. Feedback from our mythbusters posts is captured and fed back to the appropriate departments for review and response.

We continue to expand our social media reach with a new RACP Instagram account. As our audience grows, it is fast becoming a key platform for engagement with trainees and Fellows and provides an opportunity to highlight our work and showcase achievements.

Our Training Support Unit is developing communication plans to ensure that trainees of all divisions, faculties and chapters are aware of the support and resources available to them. This includes further promotion of the Converge 24/7 counselling service at appropriate touch points, including before and after all examinations, as well as for trainees who are on a second (or more) attempt at an examination.

A Board priority is improving how we facilitate member-to-member communications to improve engagement via the introduction of online communities. We are currently scoping the Online Communities project, the development of a new platform for member-led online communities and forums, which will offer a personalised experience, enable connection between members and provide a new way for members to engage with the College.

Progress against accreditation conditions

Condition 20

Develop and publish the College's selection criteria, including the weighting and marking system of the various elements.

2018 AMC Commentary

In April 2018, the College Education Committee agreed to consultation on a revised selection model for basic training. The College's proposed model has selection into training occurring in PGY2 for commencement in

PGY3.The College's consultation found that the elements of the proposed selection process were supported, but that there was considerable additional detail to be worked out given the current variation in selection across jurisdictions.

Under the new proposed Learning, Teaching and Assessment structure (Condition 5), the first year will act as a selection phase and embedding selection into the Basic Training Program, rather than act as a point in time event.

The College is currently consulting broadly on the structure of the new Basic Training Program, including the proposed selection phase with members and stakeholders – consultation was scheduled to close in October 2018.The College is drafting an entry criteria and selection criteria as part of its 'co-design' approach and expects to complete this as part of the Basic Training, Learning, Teaching and Assessment programs in late 2018.

There is a clear outline on the website of College expectations of its members in recruitment and selection for its training programs, including Advanced Training Programs. The College is making progress in developing the selection criteria and the AMC notes the College indicated it expects to pilot in 2019 with a progressive rollout in 2020. The AMC looks forwards to an update from the College in the 2019 report.

For the implementation of the new Basic Training program at early adopter sites, selection into training will continue to be managed locally with the RACP providing policy and supporting guidelines.

[The Guidelines for Training Providers on Local Selection for Training](#) were published in May 2019. They provide specific guidance to Training Providers on meeting RACP Accreditation Standards relating to local selection (Figures 22, 23). The Guidelines outline how to apply Selection into Training principles in practice and set out a fair, transparent and rigorous process for appointing trainee physicians to vocational training positions. We have received positive feedback from several members, including trainees and Directors of Physician Education, on the quality and utility of the resource.

Figure 22. Website version of Guidelines for Training Providers on Local Selection for Training

Figure 23. Poster version of Guidelines for Training Providers on Local Selection for Training

We are developing an options analysis and a series of recommendations to determine our approach to selection into training going forward. This includes mapping of all the entry into Basic Training jurisdictional business processes by state (and New Zealand) to help clarify local network selection processes. This work will build on all that has been achieved to date, including the design principles that support the new curricula.

In June 2019, the College Education Committee approved formation of the Entry to Basic Training Working Group, who will provide guidance for the Entry into Basic Training Project. As part of its remit, the Working Group will:

- review all existing work undertaken around selection into Basic Training to date
- agree as to the problem(s) the project is trying to solve
- develop various solution options for improving entry into Basic Training
- make recommendations regarding which option(s) provide the best way forward
- develop a plan for implementation of the selected option(s).

Working group members will include those previously part of the Selection into Basic Training Reference Group who would like to be involved, representatives from the Adult Medicine and Paediatrics and Child Health Divisions' Basic Training Committees, the Basic Training Curriculum Advisory Group, the College Trainees Committee and others who have expressed interest during the current review.

Condition 21

Monitor the consistent application of selection policies across all training sites.

2018 AMC Commentary

The College's Training Provider Accreditation Standards (noted under Standard 4) obligate training providers to comply with principles set out in the Selection into Training policy and Recruitment Practices statement. The College has a clear selection and training policy, and recruitment practice statement. The Selection into Training policy has a staged implementation from 1 January 2017 and has been published to allow training providers' time to comply with new standards when they are progressively implemented from 2020.

The development of the Selection into Training Guide, currently undergoing stakeholder consultation, is commendable. The College indicated there are plans to monitor consistent application of selection policies across all training sites. Trainees had provided feedback of being asked discriminatory interview questions and the College is asked to demonstrate how it monitors the application of the selection policies for both basic and advanced training.

The College is making gradual progress and considering this condition relates to the progress of Condition 20, the AMC requests that the College provide further update in the 2019 report.

As set out in the RACP Health Department Engagement Plan (A1.4), we will be consulting with stakeholders during 2019 to further progress the work that has been done over the last five years on selection into training.

We have undertaken high-level mapping and a review of existing recruitment and selection processes for Basic Training in every jurisdiction to identify local practices and to ensure that our Selection into Training Policy is being applied. Follow-up meetings are being held with jurisdictions where issues have been found and with several College Committees to discuss the findings.

The Guidelines for Training Providers on Local Selection for Training will assist in ensuring the consistent application of selection policies across training sites. They also clearly state what interview

questions are and are not appropriate to ensure that sites do not employ discriminatory interview questions.

In addition, the 2018 Trainee Physician Training Survey included a question of trainees as to whether they found that trainee recruitment and selection was fair and rigorous, along with questions about experiencing and/or witnessing bullying, harassment and/or discrimination. Findings from the surveys will be available to Directors of Physician Education and CEOs at the setting and training program level on the new online dashboard. This will help to facilitate the monitoring of selection and recruitment practices for continuous improvement and quality assurance and the sharing of best practice between settings to improve selection processes.

Progress against accreditation recommendations

Recommendation QQ

Improve communication with trainees by:

(i) implementing a communication strategy to ensure consistent and targeted trainee-oriented communication across all College training programs (Closed)

(ii) implementing the Online System for Administration and Reporting (OSCAR) or similar system

2018 AMC Commentary

The College has made significant steps towards the development of an online system for administrators, trainees and supervisors. The process for this development has been well documented. A successful vendor has been engaged, in September 2018. New technology is expected to be piloted in 2019.

Technology implementation build

In March 2019, the Board approved a five-year contract for licensing and implementation services with BPAC NZ Limited to design and build an online solution for the renewed Basic Training and accreditation programs.

Release 1 of the technology build commenced in April 2019. The build has four phased releases, with each phase including rigorous user acceptance testing. Each phase builds on top of the previous build, which means by phase three the system will be ready for Basic Training early adopters' usage and by phase four will be built for training setting accreditation (Figure 24).

Figure 24. Technology Release 1 Phase Build and User Acceptance Testing

Technology Release 1 Phase Build and User Acceptance Testing (UAT)

Project	Q2/19	Q3/19	Q4/19	Q1/20
Technology build phases 1.a Application (1 Apr – 25 Jun) 1.b Course Builder (26 Jun – 20 Aug) 1.c Phase/Rotation Plan (21 Aug – 1 Oct) 1.d TPAR (2 Oct – 10 Dec) Staged & Full Launch ★	Build Release 1 1.a Application Process ★	1.B Course Builder ★ / 1.c Plans / Rotation Plans ★	1.d TPAR ★	Full Launch ★
Phase UAT & End-to-end UAT		1.a △ / 1.b △	1.c △ / 1.d △	Full End-to-End ▲
Sprint Cycle Showcase (fortnightly)	✦ ✦ ✦	✦ ✦ ✦ ✦ ✦	✦ ✦ ✦ ✦ ✦	

Governance

SME Project Team (Weekly)
- Reviews data and build requirements
- Agree key system build decisions
- Validates / signs-off on Sprint functional readiness
- Provides recommendations to PMG

Project Management Group (PMG) (Fortnightly)
- Project oversight and direction
- Approves recommendations & decisions, change requests
- Business readiness for launch
- Internal / external risk and issues escalation, billing

BPAC/RACP Governance (Fortnightly)
- Project status tracking
- Unresolved escalated build issues or defects, billing
- Contract issues

Advisory Group (Monthly)
- Cross member/Trainee/College representation
- Provides guidance and recommendations from UAT member feedback
- Participates in showcases and user acceptance testing

Functional and Technical

EDI & Tech Project Team (Weekly) extension of SME Project Team
- Technical processes, systems integration and validation, testing
- Key build requirements decisions noted
- Validates technical readiness

Functional Lead and SMEs (Weekly)
- Deep dives into specific build requirements and confirms business rules
- Provides and validates content / data for build
- Responsible for program content development

Project Status with BPAC (Weekly)
- Project Management
- Ensures project is on track
- Sprint preparation and review
- Escalation of defects

Consult as needed

RACP Staff
- Participates in phase showcases and phase UAT

RACP SMEs
- Sprint showcases / UAT, design support and phase UAT

Member UAT
- Participates in regular showcases and phased UAT Provides design feedback

Member Engagement
- Participates in regular showcases (Committees/ Forums)

Member testing and feedback

Each build phase will be subject to significant testing by IT, program subject matter experts, business-as-usual operational staff, and members prior to release. There will also be opportunities to showcase the technology to relevant committees at various development points. The early adopters will provide further feedback when they use the technology in both training and real environments.

A number of Fellows and trainees will be involved in the development, governance and oversight of the technology build as part of the Technology User Acceptance Testing group (UAT) and the Early Adopter User Experience Group. Key education and training committee representatives will be present at technology showcases, which will provide an opportunity for them to feed back on the project and suggest future enhancements.

The College Education Committee has also established the Education Technology Development Advisory Group to provide advice to the project team and the Project Management Group on governance, reporting and communications for the project, taking account of established College committees and stakeholder groups, and release and go live readiness (Table 5).

Table 5. Education Technology Development Member Engagement Table

Education Technology Development Member Engagement Table

Group	Delegation / Activities	Members	Engagement Tactic	Engagement Timeline
1. Education Technology Development Advisory Group	• Cross Trainee/Fellow/College representation • Attends a monthly 60-minute meeting • Views Sprint Showcases • Participates in user acceptance testing and documents outcomes against user scripts • Provides guidance and recommendations coming from member groups • Recommends system ready for phased go-live • No other decision-making authority *Meetings will be held via Zoom or in Sydney CBD Office	• The membership will reflect a mix of skills, interest and expertise relevant for the Education Technology Development project. It will reflect the range of stakeholders but not be representative. (See Terms of Reference) plus Early Adopters (EA)	• Directly invite post CEC approval	• Jul 19 – monthly meetings commence • Aug 19 – Showcases • Nov 19, Jan 20 – UAT • Mar 20 – Access training site for continued EA user experience
2. Technology UAT Group	• Views Sprint Showcases • Participates in user acceptance testing • Documents UAT outcomes against user scripts • Provides comments for future system enhancements • No other decision-making authority	• EOI technology demonstration registrants • Early Adopters – DPE, Supervisors, future trainees • 1 x current Trainee of those EA sites	• Directly invite EOI Demo registrants • Directly invite Early Adopter TPD on behalf of EA Setting • Engage post CEC June meeting	• Aug 19 – Showcases • Nov 19, Jan 20 – UAT • Mar 20 – Access training site for continued EA user experience

3. Early Adopter User Experience Group	• Views Sprint Showcases
	• Participates in user experience introductions
	• Provides comment for future enhancements
	• No decision-making authority
		• Stakeholder Committees:
		  o Adult Internal Medicine (AIM) Basic Training Committee
		  o Paediatrics & Child Health (PCH) Basic Training Committee
		  o AIM New Zealand Division Education Committee
		  o PCH New Zealand Division Education Committee
		  o Adult Medicine Division Education Committee
		  o PCH Division Education Committee
		  o Accreditation Sub Committees
		  o Accreditation Working Group
		  o College Trainees' Committee
		  o College Education Committee
		  o Curriculum Advisory Group
		  o College Assessment Committee
		  o Regional Trainee Committees
		• Directors of Physician or Paediatric Education
			• Send an Expression of Interest to invite individuals and Committees to register to be in the group
			• Engage post CEC June meeting
				• Aug 19 - Showcases
				• Mar 20 – Access training site for EA User experience

Standard 8

Implementing the program – delivery of education and accreditation of training sites

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

2018 AMC assessment: Standard Met

Conditions open: Condition 25, Recommendation TT

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

Significant developments since last report

Mental health training for physician supervisors

We are partnering with the University of New South Wales and Black Dog Institute to develop an online mental health training program for physician supervisors to better manage and support the mental health of physician trainees.

Junior doctors have significantly higher levels of psychological distress compared to other doctors further along in their career. To date, interventions for doctors have focused on the individual; however, there is recognition that interventions positioned at the structural and organisational levels also need to be implemented.

Drawing on research on how managers can positively affect staff wellbeing, this project is aiming to design and develop a mobile responsive education program for physician supervisors to better equip them to manage the mental health and work environment of physician trainees.

Specifically, the program aims to:

- build supervisors' confidence in supporting the mental health needs of physician trainees

- promote the implementation of evidence-based responsive and preventative managerial techniques that are most likely to result in a mentally healthy workplace

- enhance mental health literacy and reduce stigmatising attitudes towards mental health matters.

The program content will cover common mental illnesses, helping trainees where there is a concern and minimising mental health risks at work.

The program will be evaluated in two phases. The first phase involved a pilot to ascertain the feasibility and acceptability of the training program, which commenced in April 2019. In the second phase, a Randomised Controlled Trial (RCT) will be conducted across Australia, commencing in the second half of 2019, to examine the efficacy of the program in improving physician supervisors' confidence and their approach to managing trainees experiencing mental health matters.

Training Provider Accreditation Renewal

Our Training Provider Accreditation Renewal project (TPAR) is progressing, with multiple pieces of work having been completed and released in 2018, while new aspects of the work have been undertaken in 2019. Last year, we released the new Training Provider Accreditation Program, Training Provider Standards (for settings and networks), Training Network Principles and the Physician Training Surveys (see Standard 6). These have been well received by our stakeholders. The Framework, Standards and Principles are continuing to be communicated and socialised widely prior to implementation in pilot sites, planned for 2020, while other transition and implementation activities are scheduled for 2020–21.

In 2019, we have continued work with our Accreditation Renewal Working Group to develop the draft Basic Training Accreditation Requirements for Adult Internal Medicine and Paediatrics and Child Health (A6.1, A6.2) and have commenced consultation with internal and external stakeholders.

Part of our focus this year is to transition from development of TPAR to its implementation. We are currently developing processes and procedures to improve transparency and ensure training

providers are well supported throughout the entire accreditation cycle and in all circumstances. Processes in development include:

- Accreditation of a Training Provider
- Change of Circumstances
- Departure from the Training Provider Standards
- Conditional Accreditation.

This suite of supporting documents also includes accreditation tools and guides for those involved in the training provider accreditation process and will support the overall implementation of the program.

The build for the new online Training and Accreditation Management System (see Recommendation QQ) is progressing and we have designed various forms that will gather accreditation data, record accreditation outcomes and link to associated documentation against the Network, Setting, Site and Training programs. The new online system is integral to the implementation of TPAR and our implementation strategy for both setting and Basic Training accreditation, currently in development, will be integrated accordingly.

Progress against accreditation conditions

Condition 25

Develop and implement a formal selection process for supervisors including criteria for selection.

2018 AMC Commentary

The College has developed the Framework for Educational Leadership and Supervision, which includes eligibility criteria, selection criteria, and desired skills for each supervisor position. It also includes a process for selection, self-assessment, confirmation, appointment and accreditation. The College is offering additional opportunities to meet the eligibility criteria of completing the three Supervisor Professional Development workshops prior to 2020, when the formal selection process will begin.

In the meantime, there is an appointment process with clear expectations, which is supported by anti-bullying, anti-discrimination and harassment policy. The appointment process for supervisors now includes a process to assess and determine the status of supervisors that do not meet requirements, and there is a new complaint management policy and procedure.

It is expected that the College could reasonable satisfy this condition by end of 2019.

Our Educational Leadership and Supervision Framework sets out the eligibility criteria for RACP supervisors. We have implemented a formal appointment process for new supervisors and continue to work towards supporting our existing supervisor workforce to meet the requirement to complete the Supervisor Professional Development Program.

The Supervisor selection process (Table 6) asks supervisors to self-assess against selection criteria for Rotation Supervisor (Basic Training), Educational Supervisor (Basic Training) and Advanced Training Supervisor. Selection criteria includes:

- Knowledge of RACP Training Program requirements, curricula, educational policies and accreditation standards.
- Commitment to meeting the Standards for Educational Leadership and Supervision, and principles outlined in the Educational Leadership and Supervision Policy.

Table 6. The RACP Framework for Educational Leadership and Supervision, Supervisor selection process

	Supervisor selection process		
	Rotation Supervisor (Basic Training)	**Educational Supervisor (Basic Training)**	**Advanced Training Supervisor**
Step 1 Review	Ensure understanding of the expectations of the role by reviewing: • the Rotation Supervisor Role Responsibilities (see Appendix 1a) • the relevant Basic Training Program Requirements handbook (https://www.racp.edu.au/trainees/basic-training/basic-training-program-requirements)	Ensure understanding of the expectations of the role by reviewing: • the Educational Supervisor Role Responsibilities (see Appendix 1a) • the relevant Basic Training Program Requirements handbook (https://www.racp.edu.au/trainees/basic-training/basic-training-program-requirements)	Ensure understanding of the expectations of the role by reviewing the: • Advanced Training Supervisor Role Responsibilities (see Appendix 2) • the relevant Advanced Training Program Requirements handbook (https://www.racp.edu.au/trainees/advanced-training)
Step 2 Self-assessment	Self-assess competence for the role against the Intermediate level of the RACP Standards for Educational Leadership and Supervision.	Self-assess competence for the role against the required skills and capabilities at the Intermediate level of the RACP Standards for Educational Leadership and Supervision.	Self-assess competence for the role against the required skills and capabilities at the Intermediate level of the RACP Standards for Educational Leadership and Supervision.
Step 3 Confirmation	The Training Program Director or Educational Supervisor assesses and confirms suitability for the role based on the eligibility and selection criteria.	The Training Program Director assesses and confirms suitability for the role based on the eligibility and selection criteria.	The Advanced Training Committee confirms appointment via approval of the prospective approval application submitted.
Step 4 Appointment	The Training Program Director is notified by the College of new supervisors listed on trainee application for training forms and confirms approval.	The Training Program Director is notified by the College of new supervisors listed on trainee application for training forms and confirms approval.	The supervisor signs the application for approval in Advanced Training or by using the online registration request upon approval.
Step 5 Accreditation	Undertake ongoing professional development. Rotation Supervisors who have not completed the SPDP Workshop 3: Work-based Learning and Assessment should endeavor to do so within 12 months of appointment to the role.	Undertake ongoing professional development. Educational Supervisors who have not completed all three SPDP workshops should endeavor to do so within 12 months of appointment to the role.	Undertake ongoing professional development. Advanced Training Supervisors who have not completed all three SPDP workshops should endeavor to do so within 12 months following appointment to the role.

In 2018, 2,035 supervisors attended an SPDP workshop. Over 115 SPDP workshops were held across Australia and New Zealand and six SPDP workshops were delivered online (Table 7).

Table 7. Supervisor Professional Development Program Workshops 2018

Workshop	Number of face to face workshops in 2018	Number of online workshops in 2018
SPDP 1	38	2
SPDP 2	45	2
SPDP 3	30	1
SPDP plus one Public Health Medicine	3	
Facilitator training	2	
Director of Physician Education induction	1	

The average number of participants at a face-to-face workshop was 17 (range 6–35) and the average number of participants in an online workshop was 67 (range 50–98).

In 2019 we are continuing to expand our delivery of online modules, which has been positively received by supervisors, and offers more opportunities to take part in the workshops and easier access to them (see Standard 6). To support this, we have trained 10 new facilitators to expand delivery of the online workshop modules. We have scheduled six online modules for 2019, two workshops for each module, and are progressing a schedule of face-to-face workshops in locations around Australia and New Zealand.

We are examining the data on SPDP completion to help inform development of strategies to support the supervisor workforce to complete all modules and achieve accreditation.

Progress against accreditation recommendations

Recommendation TT

Work with employers to develop processes that ensure supervisors at each training site have adequate resources, including time to undertake supervisory activities, and that allow a sufficient amount of contact per week with each trainee.

2018 AMC Commentary

There has been recent discussion at a basic training curriculum implementation meeting in September 2018 about the new training provider accreditation standards, specifically 4 and 5 which are about resources. The College expects to be able to further evaluate the issues from the annual physician training survey for educators.

As part of our new Training Provider Accreditation Program, draft Basic Training requirements (A6.1, A6.2) have been developed, setting expectations that Training Providers will provide the requisite resources and capacity to support supervisors in training our trainees.

Standard 5, Educator Leadership, Support and Wellbeing, of the new Basic Training requirements outlines the maximum capacity to train and provides recommendations for protected time for supervisory activities to ensure supervisors have appropriate support. The standard proposes the maximum number of Basic Trainees for any Rotation or Education Supervisor to have at any one time

and requires that they have allocated time to complete their supervisory responsibilities. The Basic Training requirements, still in draft form, are yet to be approved by the College Education Committee.

We continue to run the annual Physicians Training Survey for Educators (see Standard 6) to monitor and evaluate supervisor workload and support at individual training settings. The wide range of survey questions seek to evaluate resourcing, support and capacity at a training setting.

The new online dashboard (see Standard 6) will allow Directors of Physician Education, CEOs and other physician training stakeholders to access the data (at specified levels) to facilitate continuous improvement of their supervisory workforce. We have also put in place a new *Managing a concern process* to identify and manage any concern that is uncovered in the Survey findings (see Standard 6).

We consider this recommendation has been satisfied and we will continue to monitor and report on any changes in future reports.

Standard 9

Continuing professional development, further training and remediation

Areas covered by this standard: continuing professional development; further training of individual specialists; remediation

2018 AMC assessment: Standard Met

Conditions open: Nil

Standard 9. Continuing professional development, further training and remediation

Significant developments since last report

Alignment to Medical Board of Australia's Professional Performance Framework

We have introduced changes to our Continuing Professional Development (CPD) Framework for 2019 to better align with the Medical Board of Australia's Professional Performance Framework (PPF) and the category of Strengthened Continuing Professional Development, one of the five pillars of the PPF.

The RACP CPD Framework for 2019 (Figure 25) consists of the following three categories and allocation of credits in an hour-based system, a change from the previous five categories which were focused solely on educational activities:

1. Educational Activities (1 credit per hour)
2. Reviewing Performance (3 credits per hour)
3. Measuring Outcomes (3 credits per hour).

The annual minimum CPD requirement is 100 credits, with a maximum 60 credits from each of the above categories.

MyCPD framework and information on the types of CPD activities that can be claimed in each category have been further developed, incorporating Fellows' feedback from across different specialties and our CPD Committee. These developments include examples of different types of CPD (such as non-clinical audit activities) to support Fellows in certain scopes of practice with activities to review performance and measure outcomes.

We continue to inform, support and advise Fellows and other CPD participants of the changes that will be coming into effect over the next few years that will impact the way they record their CPD. Considerable effort has been made to communicate and promote these changes to CPD participants across multiple channels and media, including 2019 MyCPD Changes FAQs webpage on the RACP website and regular news features on how *Fellow CPD Champions* (see Figure 26) are incorporating the CPD changes into their practice and the value and benefits gained (CPD Champion 1 (Figure 26), CPD Champion 2, CPD Champion 3, CPD Champion 4). These developments support Fellows' transition to the PPF strengthened CPD.

Figure 25. 2019 MyCPD Framework

2019 MyCPD Framework

The annual minimum CPD requirement is **100 credits**, each category is capped at **60 credits**.

CATEGORY 1 — EDUCATIONAL ACTIVITIES — 1 credit per hour

Educational activities have traditionally been the major component of CPD and include activities such as lectures, presentations, conference attendance and reading that contribute to a doctor's maintenance, updating and broadening of their medical knowledge.

EXAMPLES
- Lectures / seminars / workshops
- conferences
- Courses
- Reading/research/info searches e.g. Medline
- Publications (including preparation time)
- Teaching/supervision
- Examining/writing examination questions
- Grand rounds / journal clubs
- Hospital and other medical meetings
- Online learning/audio/video
- Committee/working group/council involvement
- Presentations (including preparation time)
- PhD studies/formal postgraduate studies
- Self-assessment programs e.g. MKSAP
- Other educational activities.

CATEGORY 2 — REVIEWING PERFORMANCE — 3 credits per hour

Reviewing performance includes measures that focus on doctors' actual work processes with feedback. The role of peers, co-workers and patients together with their feedback is critical in this process.

EXAMPLES
- Creating/maintaining a professional development plan
- Peer review of performance e.g. Regular Practice Review
- Performance appraisal
- Peer review of medical records
- Peer discussions of cases, critical incidents, safety and quality reviews
- Multi-source feedback from peers, medical colleagues, co-workers, patients, other health practitioners
- Patient feedback studies
- Peer review of journal articles
- Peer review of educational activities
- Participation in the RACP Supervisor Professional Development Program (SPDP)
- Mentoring (that involves review of performance)
- Other activities that review performance.

CATEGORY 3 — MEASURING OUTCOMES — 3 credits per hour

Measuring outcomes for most doctors includes investigating the outcomes of doctors' everyday work by analysing and reflecting on data about their patients' health outcomes.

EXAMPLES
- Practice audits/clinical audits
- Review of medical records
- incident reporting/monitoring e.g. mortality and morbidity reviews
- Review of clinical indicators and guidelines / standards adherence
- Comparison of individual/team data with local, institutional, regional data sets
- Institution audits e.g. hospital accreditation
- Review of individual/team and comparative data from de-identified large datasets e.g. Medicare, PBS
- Audit of medicolegal reports
- Reflection on professional outcomes
- Clinicopathological correlation meetings
- Other activities that measure outcomes.

The examples listed above are the most common activities in each category, however MyCPD is a self-reporting tool with a flexible framework. You are encouraged to confidently use your professional judgement about the categories you use to claim credits for CPD activities relevant to your scope of practice.

Figure 26. CPD Champion 1: Clinical audit a key CPD activity for paediatrician
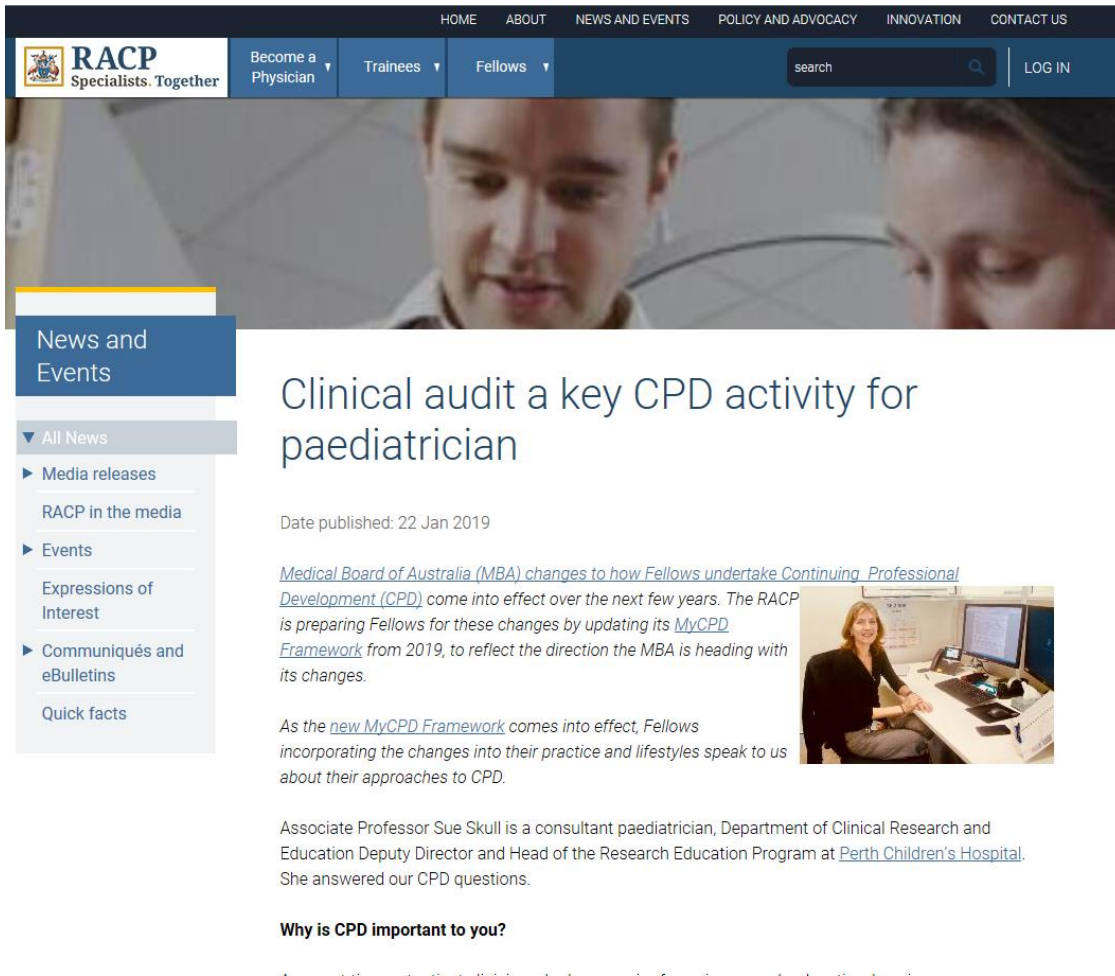
Monitoring of CPD requirements

We had a 98.5% completion rate for 2018 CPD submissions across Australia and New Zealand and successfully completed our annual audit process of 5% of CPD participants. Our processes for raising awareness of CPD requirements and our robust monitoring processes promote a high completion rate.

Continuing Professional Development resources

We continue to expand our range of educational resources that are available to all members, focusing on cross-specialty topics and emerging areas of need. We also provide resources to support new Fellows in their first role as a consultant and to raise awareness of the importance of physician health and wellbeing.

2019 updates to our CPD resources include:

- New e-learning courses on Ethics, Research Supervision, Quality and Safety, and Genomics were launched through our Online Learning Resources @RACP.

- New episodes of our award-winning Pomegranate Health Podcasts consistently ranked among Australia's most popular medical education podcasts, with more than half a million

downloads. Episode 44 Cervical Screening – More is Less (released in February 2019) covers the merits of HPV testing. In excess of 6,500 downloads of this episode occurred within two months – an unprecedented uptake. Episode 41 on the provocative decision by the American College of Physicians to relax glycaemic control targets was also very popular. The popularity of these two episodes indicates the demand for rigorous evaluation of controversial changes to guidelines and practice.

- Addition of content to our digital CPD resources guide, Curated Collections. Our new Curated Collection on Clinical Audit includes a number of valuable 'how to' guides on conducting audits, as well as information on standards, tools and supporting evidence. A list of potential clinical audit ideas was also made available to members.

- Updated iterations of three popular courses in the Online Professionalism Program were delivered by QStream: Diagnostic Error, Cultural Responsiveness and End of Life Care.

- Over 100 additional recorded lectures were made available in Adult Medicine, and a new expansion of our interactive online College Learning Series into Paediatrics and Child Health (see Standard 4).

Multisource feedback (MSF) and Regular Practice Review Framework

We continue to encourage Fellows to complete multisource feedback, as recommended by the Medical Board of Australia's Expert Advisory Group and the Medical Council of New Zealand, and regular practice review, recommended by MCNZ. The RACP is currently supporting Public Health Fellows in a trial of a new multisource feedback tool and process customised for Public Health.

Standard 10

Assessment of specialist international medical graduates

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

2018 AMC assessment: Standard Met

Conditions open: Nil

Standard 10. Assessment of specialist international medical graduates

Significant developments since last report

Numbers of Overseas Trained Physician applications

We continue to assess a large volume of applications from Overseas Trained Physicians seeking the opportunity to practise in Australia or New Zealand. We made a total of 246 assessment decisions and recommendations in 2018.

We assessed 173 applications in Australia and 73 applications in New Zealand covering more than 30 countries across 29 different specialties.

Streamlined process

We have streamlined the process for assessment of applications in New Zealand where the applicant holds a Certificate of Completion of Training (CCT) or Certificate of Completion of Specialist Training (CCST) from the United Kingdom or Ireland. Applicants with one of these qualifications progress through the assessment process without interview unless further clarification is required.

This change was implemented following analysis of assessment outcome data and successful implementation of a similar streamlined process in Australia.

Interviewer training

We have delivered training sessions for Fellows interviewing Overseas Trained Physician applicants. More than 50 Fellows have completed the training, with resulting improvements in the quality of interviews and the interview reports. Interview reports for each application are routinely considered by the relevant Overseas Trained Physician assessment committee. Fellows who have completed the training reported improved understanding of the assessment process, benefits from sharing interviewing experiences and greater confidence in conducting interviews.

Support for Overseas Trained Physician applicants

We continue to improve our supporting resources for Overseas Trained Physician applicants and promote awareness of other RACP resources and initiatives including the College Learning Series, Physician health and wellbeing resources, the Converge Support Helpline, and programs of events at RACP regional offices.

Appendix 1 – Attachment list

Standard 1. The context of training and education

A1.1   Governance Committee By-Law

A1.2   New Basic Training curricula, Learning, Teaching and Assessment programs

A1.3   New Basic Training program, Assessment Toolkit

A1.4   Education, Learning and Assessment – RACP Engagement Plan for Health Departments

Standard 2. The outcomes of specialist training and education

N/A

Standard 3. The specialist medical training and education framework

A3.1   Advanced Training Forum report 2019

Standard 4. Teaching and learning

A4.1   Advanced Training curricula renewal draft Common Curricula Standards (v0.9, April 2019)

Standard 5. Assessment of learning

A5.1   Ferrier Hodgson Report

Standard 6. Monitoring and evaluation

A6.1   Adult Internal Medicine Basic Training Accreditation Requirements – consultation draft

A6.2   Paediatrics and Child Health Basic Training Accreditation Requirements – consultation draft

Standard 7. Issues relating to trainees

N/A

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

N/A

Standard 9. Continuing professional development, further training and remediation

N/A

Standard 10. Assessment of specialist international medical graduates (SIMG)

N/A

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