

# 2022

Monitoring Submission to the Australian  
Medical Council and Te Kaunihera Rata o  
Aotearoa | Medical Council of New Zealand



## 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)
Reports since last AMC assessment	2015, 2016, 2017, 2018, 2019, 2020 and 2021
Date programs accredited to:	March 2025
This report due:	2 September 2022
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The College trains, educates, and advocates on behalf of physicians and trainee physicians across Australia and Aotearoa New Zealand.

The College represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, infectious diseases, neurology, oncology, public health medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine and addiction medicine. Beyond the drive for medical excellence, the College 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.

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## Summary of findings from last assessment conducted by the AMC in 2021

Standard	2021 Findings	No. of Conditions remaining in 2022
<b>Overall</b>	<b>Substantially Met</b>	<b>4</b>
1. The context of education and training	Met	Nil
2. The outcomes of specialist training and education	Substantially Met	1
3. The specialist medical training and education framework	Substantially Met	1
4. Teaching and learning methods	Substantially Met	1
5. Assessment of learning	Substantially Met	1
6. Monitoring and evaluation	Met	Nil
7. Issues relating to trainees	Met	Nil
8. Implementing the training program – delivery of educational resources	Met	Nil
9. Continuing professional development, further training and remediation	Met	Nil
10. Assessment of specialist international medical graduates	Met	Nil

# 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

**2021 AMC assessment:** Standard Substantially Met

**Conditions open:** Nil

### 1. Analysis of strengths, challenges and significant developments

#### Significant developments since the last accreditation assessment

##### Leadership transitions

In May 2022, several new [Board appointments](#) came into effect. Dr Jacqueline Small commenced her two-year term as RACP President and Professor Jennifer Martin was elected as RACP President-Elect. Dr Stephen Inns commenced as President, Aotearoa New Zealand and Dr Davina Buntsma commenced as Member Director, Trainee.

Following several retirements, we welcomed new members to the Senior Leadership Team. In July 2022, Louise Rigby transitioned to the role of Executive General Manager (EGM) of Professional Practice. Dr Kudzai Kanhutu will commence as the new College Dean in September 2022 and Professor Inam Haq will commence in January 2023 as the EGM of Education, Learning and Assessment (ELA).

In July 2022, Associate Professor Christian Holmes commenced as the Lead Fellow, ELA.

##### Improving our governance

We've progressed governance improvements across six key themes:

- development of a multi-year strategic plan (see update below)
- specialised director training, performance and peer assessment
- improving meeting administration through reporting, Board packs and focusing on risk management
- future planning with the establishment of management frameworks, registers, wellbeing and diversity committees as well as increased information technology oversight
- improved reporting via a Balanced Scorecard KPI report
- continued member engagement regarding the constitutional review.

## Strategic planning for now and the future

The RACP's [Strategic Plan for 2022 to 2026](#) sets out four focus areas and goals for the RACP:



The 2022 Operational Plan (see [Appendix 1.1](#)) enables delivery of the strategic goals and objectives. It outlines priority projects and core business-as-usual activities.

### College Education Committee Strategic Plan

The College Education Committee (CEC) is the peak body delegated by the Board to oversee education and continuing professional development. Following a strategic planning workshop, the CEC developed a Strategic Plan for 2022-2024 (see [Appendix 1.2](#)). The plan links to the broader RACP Strategic Plan and describes strategic enablers and eight strategic initiatives:

1. Entry into Training roadmap
2. Curriculum Renewal
3. Examinations improvements
4. Implementation of network accreditation
5. Support for supervisors and educational leaders
6. Safe Training Environments
7. Resources to strengthen CPD requirements
8. Embedding cultural safety and health equity into the CPD framework.

### Continued response to COVID-19 impacts

Our response to COVID-19 remains guided by our COVID-19 Expert Reference Group; our COVID-19 Training and Accreditation Advisory Group and our COVID-19 Examinations Advisory Group. Staff and Members continue to collaborate effectively in virtual and hybrid formats, supported by investments in our information technologies.

COVID-19 education and training principles and training and accreditation interim program changes were implemented in early 2020. Each Training Committee developed specialty-specific interim program changes during 2020 and in 2021. With the management of COVID-19 continuing into 2022, the CEC approved the continued use of the COVID-19 education and training principles and interim program requirements through 2022.

## **Implementing Indigenous strategic priorities**

We're continuing to deliver the [Indigenous Strategic Framework](#), with three new roles created to support this priority work:

- Marnu Wiru (Knowledge Holder) – a key touchstone for Aboriginal and Torres Strait Islander Members on their training journey
- Manager, Indigenous Strategy - an advocacy role strengthening partnerships with Indigenous partner organisations such as the Australian Indigenous Doctors' Association (AIDA)
- Senior Implementation Officer for Growing the Indigenous Physician workforce.

These new roles work closely with the RACP's Kaitohutohu Ahurea I Culture Advisor – Māori.

Our revised organisational structure includes a senior Indigenous leadership role, the Bridgebuilder. This role will provide advice and guidance on activities at the executive level to ensure Aboriginal, Torres Strait Islander and Māori priorities are taken into consideration across all aspects of the College and to support continued advocacy for health equity.

The Aboriginal and Torres Strait Islander Health Committee and Māori Health Committee provide cultural and clinical knowledge and strengthen the RACP's capacity to develop a coordinated approach to improving the health and social outcomes for First Nations people. The two committees are working on a constitutional amendment to recognise Indigenous health equity and participation as a core principle.

We continuing to deliver the [Indigenous Scholarship Program](#), which supports doctors who identify as an Aboriginal person, Torres Strait Islander, Māori or Pacific Islander, on their path to becoming a physician.

The [Fee Reimbursement Initiative](#) was launched in 2022. Eligible Aboriginal, Torres Strait Islander, Māori and or Pasifika trainees can use the reimbursement to cover the cost of their annual training and / or for the first-attempt at an examination.

We are also a contributor to the AIDA's Specialist Trainee Support Program – FATES Funding Cross College Project Group. This group is focussed on supporting the selection, recruitment, and retention of Aboriginal and Torres Strait Islander specialist trainees.

## **Supporting equity, diversity and inclusion in medicine**

Our efforts to progress gender equity in medicine accelerated with the establishment of the Gender Equity in Medicine Working Group.

The Working Group developed the [2021 Gender Equity in Medicine report](#), which was launched in June 2022. Report recommendations include:

1. gender equity in medicine as a College strategic priority
2. improving gender representation and equity on College bodies and College leadership
3. advocating for gender equity in medicine
4. supporting gender equity in medicine through College policies
5. supporting gender equity in medicine activity through partnership in the Advancing Women in Healthcare Leadership Program
6. establishing a gender equity in medicine College body to oversee the implementation of the recommendations and drive member engagement on this issue.

A standing Gender Equity in Medicine Committee has now been formed to progress these recommendations. This committee will work with the new Membership Diversity Advisory Group to advance diversity, equity and inclusion of all members in all RACP activities.

## Working with consumers

The [Consumer Advisory Group](#) (CAG) continues to provide valuable consumer contributions. The CAG is preparing to develop a work plan for the 2023–2025 term, aligned to the [RACP Strategic Plan](#). The CAG's current focus is reviewing and refreshing the RACP Framework for Improving Patient Centred Care and Consumer Engagement, developed in 2016.

Four new members have recently joined the CAG, including an Aboriginal and/or Torres Strait Islander consumer representative. We are in the process of appointing a physician Co-chair.

Consumer representatives contributed as members of numerous College bodies in 2021, including the College Education Committee, COVID-19 Expert Reference Group, Membership Diversity Advisory Group, Ethics Committee, College Council, Adult Medicine Division Council, Digital Health Advisory Group, Aotearoa New Zealand Committee, and the Congress Planning Committee 2023. Consumers also sit on time-limited working groups, providing valuable insights.

### Requests for additional information against Standard 1

#### *2021 AMC Commentary*

Provide an update on the implementation of the remaining Board and Governance review recommendations.

In October 2021, the Australian Charities and Not-for profits Commission (ACNC) determined that the RACP had satisfied the terms of the compliance agreement and additional reporting requirements, acknowledging the RACP's steps to improve governance, Board culture, transparency and accountability. The ACNC advised that its investigation was finalised.

The ACNC acknowledged that several recommendations were tied to constitutional reform but was satisfied that the RACP would consider and implement these recommendations where it was in the best interests of the College to do so.

## 2. Addressing accreditation conditions

There are no open conditions remaining.

## 3. Statistics and annual updates

Please see [Appendix 2](#) for statistics and annual updates.

Evaluation of requests and outcomes of the reconsiderations and reviews conducted in 2021 under our Reconsideration, Review and Appeals Process By-law identified the following outcomes:

- The number of reconsiderations has increased from 2020, returning to pre-COVID levels. This may be the result of some COVID-19 interim changes being removed and substantive program requirements being reinstated in 2021.
- Analysis has shown that when a committee varies its original decision, it is usually the result of consideration of additional information submitted by the applicant. A minority of variations from original decisions occur when the applicant demonstrates exceptional circumstances.
- Approximately 67% of applicants are notified of their reconsideration, review or appeal outcome in less than 12 weeks. Timeframes for determining outcomes were impacted in 2021



due to increased Member and staff workloads and staff shortages related to the COVID-19 pandemic.

- 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.

Review decisions typically include suggestions on process resolutions and guidelines to training committees which are then implemented. For example, the outcome of a review regarding a training program requirements decision recommended that the College should review its processes to communicate changes to program requirements. Following this recommendation, approaches to communicating changed program requirements were amended to be guided by the extent of the impacts of the change.

## **Requests for additional information against Standard 1**

### **2021 AMC Commentary**

Please describe the College's requirements for Cultural Safety training for its senior leadership team and college committee members (i.e. training is mandated, training not required, how long is the course, how often must it be undertaken), and describe if the College is considering any changes to its requirement around Cultural Safety training in the next 12 months.

Cultural safety training is a critical enabler for the College's commitments to improving Indigenous health outcomes through the [Indigenous Strategic Framework](#).

A foundational step in building the cultural safety of the College is the provision of appropriately targeted Indigenous cultural safety training and support resources. While the College does not currently have mandated requirements for cultural safety training for its senior leadership team and College committee members, this cohort has access to:

- the RACP's online module called *The Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety training*
- the RACP's online cultural awareness training module for RACP employees (which was previously mandated for employees but is now undergoing review).

The RACP is in the process of adopting an interim cultural awareness training program that all team members will have access to.

It is the RACP's intention that all staff, including the senior leadership team, and committee members will have access to and or be required to complete an online cultural safety training module. This approach aligns with and supports carriage of the RACP's organisational value 'We Indigenise and decolonise' and supports the RACP's commitment to Priority 4 of the Indigenous Strategic Framework to Foster a culturally safe and competent College.

Work has commenced to progress the development of a cultural safety training program customised for multiple stakeholders in Aotearoa New Zealand and Australia. For the RACP's senior leaders and committee members, development of a suitable program will require consideration of the core competencies relevant to this level of leadership.

Work on a customised cultural safety program will be undertaken in partnership with the College's Senior Indigenous Team members, with whom a working group has been recently convened. It will be under the strategic direction of the College's Indigenous Health Committees as part of work to progress Priority 4 of the Indigenous Strategic Framework. Indigenous leadership, agency and decision making is critical.

The development of a customised cultural safety program for use across Aotearoa New Zealand and Australia is a significant undertaking, requiring a staged approach including:

- audit of the cultural safety training programs and resources available across the RACP – including any gaps in training for specific audiences (completed)
- formation of a working group to guide this work (completed)
- assess the external environment and the availability of externally appropriate training for the RACP audience
- develop a system for prioritising which stakeholder groups need bespoke cultural safety training or elements of customisation
- determine the required course competencies for the RACP's multiple stakeholder groups
- assess the effectiveness of different modes of training such as one-off training versus training that consolidates and builds on from earlier training courses
- develop an evaluation framework.

**Table 1: RACP Governance Chart and Conflict of Interest Changes (2020-2021\*)**

Policy/Procedure	Description of Change(s)
List of RACP bodies that report to the Board	See <a href="#">A1.3</a>
<a href="#">Board and College Bodies Conflict of Interest</a>	Previous Board and Member Conflict of Interest policies have been combined into a joint Board and College Bodies Conflict of Interest policy.

\* Covers period since last progress report, i.e. 1 August 2021 to 31 August 2022

# Standard 2

## The outcomes of specialist training and education

<b>Areas covered by this standard:</b>	educational purpose of the education provider; and program and graduate outcomes
<b>2021 AMC assessment:</b>	Standard Substantially Met
<b>Conditions open:</b>	Condition 34

### 1. Analysis of strengths, challenges and significant developments

#### Significant developments since the last accreditation assessment

##### **Building cultural safety**

A revised cultural safety professional standard (see [Appendix 2.2](#)) was approved in July 2022 for inclusion in the Professional Practice Framework. This replaces the previous cultural competence professional standard.

The professional standard includes a comprehensive definition of cultural safety along with the culturally safe practices physicians should be employing. These include:

- engaging in iterative and critical self-reflection of their own cultural identity, power, biases, prejudices and practising behaviours
- recognising the patient and population's rights for culturally safe care, including being an ally for patient, family, whānau and/or community autonomy and agency over their decision-making
- analysing their environment to understand how colonialism, systemic racism, social determinants of health and other sources of inequity have and continue to underpin the healthcare context.

Further detail regarding the development and implementation of the revised Cultural safety professional standard is provided in the update for Condition 34.

##### **Changes to Paediatric Emergency Medicine training pathways**

Effective from January 2022, a training stage in the [Advanced Training in Paediatric Emergency Medicine \(PEM\) program](#) was closed. The PEM program has two streams: the RACP stream and the

Australasian College of Emergency Medicine (ACEM) stream. Trainees who complete the RACP stream are awarded FRACP and those who complete the ACEM stream are awarded FACEM.

Following completion of one of these streams and admission to Fellowship of either ACEM or the RACP, an additional training stage (Stage 3) was offered which led to dual Fellowship of both colleges. Stage 3 has never been completed by any trainee and there are no trainees currently registered.

The rationale for closing Stage 3 was the lack of trainee uptake and absence of any additional specialist registration associated with completing the stage.

Steps taken prior to the closure of the Stage 3 pathway included:

- a review of the PEM program conducted by the Committee for Joint College Training (CJCT) in Paediatric Emergency Medicine, which is comprised of both ACEM and RACP representatives
- consultation with ACEM
- implementation of a six-month notice period.

### Recommendations from the Disability Royal Commission

The RACP participated in Public Hearing 10 of the Australian [Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability](#) which focussed on the education and training of health professionals.

The RACP has progressed its work to improve the education and training of health professionals in relation to people with cognitive disability. This work has been further guided by the findings and recommendations outlined in the Commissioners' report for Public Hearing 10 which was released in March 2022. We look forward to supporting the development and implementation of a cognitive disability health capability framework.

We are enhancing our continuing professional development activities, in alignment with the recommendations from Public Hearing 10, through the development of an online course which will educate physicians and trainees on the skills, frameworks and approaches required to provide effective and safe healthcare to people with cognitive disability. A co-design approach is being undertaken. Our continuing professional development activities are further outlined in Standard 9.

## 2. Addressing accreditation conditions

### Condition 34

Due 2023

Ensure the standards and strategies of the Professional Practice Framework are incorporated into the renewal of Advanced Training Curricula to enable the definition of consistent and clear graduate outcomes across all specialties aligned to community need (Standard 2.3.1)

#### 2021 AMC Commentary

*The common curricula standards for Advanced Training programs, approved by the College Education Committee on 28 February 2020, include competencies for each domain of professional practice, underpinning the professional standard for each domain. The common curricula standards also include 13 EPAs for use across all, or most, Advanced Training programs.*

*In 2020, the AMC noted that the College had not yet determined the competencies associated with the Cultural Competence Domain of the Professional Practice Framework. The College reports that work is currently progressing on a review of the Cultural Competence domain in the Professional Practice Framework with the Aboriginal and Torres Strait Islander Health Committee and Māori*

*Health Committee. Once the review of the Professional Standard for Cultural Competence is complete, work on the common standards for Advanced Training curricula will be undertaken to ensure the Cultural Competence components align and are appropriately embedded.*

*Progressive implementation will occur amongst Advanced Training specialties as their respective curricula are reviewed and implemented.*

*The AMC notes the College's response refers to both cultural competency and cultural safety and it is unclear if these terms have been clearly defined within the College, and for trainees. In the next report, the college is asked to update the AMC on the terminology it uses in the area of Indigenous health and how this was developed with relevant stakeholders.*

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As mentioned above, the Cultural competence professional standard in the Professional Practice Framework is being replaced with a revised Cultural safety professional standard.

The Cultural safety professional standard was drafted following a workshop facilitated by Leaders in Indigenous Medical Education (LIME) held in September 2021. The workshop was attended by four subject matter experts from the LIME Network (two from Aotearoa New Zealand and two from Australia), two Indigenous RACP Fellows, two RACP cultural advisors, as well as other relevant RACP staff.

The revised Cultural safety professional standard was reviewed and endorsed by:

- the Māori Health Committee
- the Aboriginal and Torres Strait Islander Health Committee
- the Curriculum Advisory Group.

Representatives from the Australian Indigenous Doctors Association (AIDA) provided feedback on the draft professional standard. Subsequently, College staff met with AIDA representatives and the feedback was considered by the Aboriginal and Torres Strait Islander Health Committee.

The College Education Committee approved the revised Cultural safety professional standard in July 2022.

Following the approval of the revised standard, the following activities are now being progressed:

- updating the Professional Practice Framework and Professional Standards
- updating the existing content in the new Basic and Advanced Training curricula standards to ensure that it aligns to the new Professional Standard
- creating new content for the common competencies for Advanced Training
- replacing the Supporting Physicians Professionalism and Performance (SPPP) document with the new RACP Supporting Professionalism in Practice (RSPP)
- communications to inform the membership of the shift to Cultural safety and the revised Professional Standard.

### 3. Statistics and annual updates

Please see [Appendix 2](#) for statistics and annual updates.

# Standard 3

## The specialist medical training and education framework

<b>Areas covered by this standard:</b>	curriculum framework; curriculum content; continuum of training; education and practice; curriculum structure
<b>2021 AMC assessment:</b>	Standard Substantially Met
<b>Conditions open:</b>	Condition 6(ii)

### 1. Analysis of strengths, challenges and significant developments

#### Significant developments since the last accreditation assessment

##### **Basic Training Curricula Renewal**

The new Basic Training (BT) program is now in its second year of implementation at early adopter training settings / networks across Australia and Aotearoa New Zealand (Figure 1).

Sunshine and Footscray Hospitals (Western Health) have elected to withdraw as Early Adopters due to COVID 19 impacts affecting their ability to onboard and support the change to the new program. Trainees have transitioned to the PREP program and the setting will re-implement the new program in line with full implementation (Figure 2).

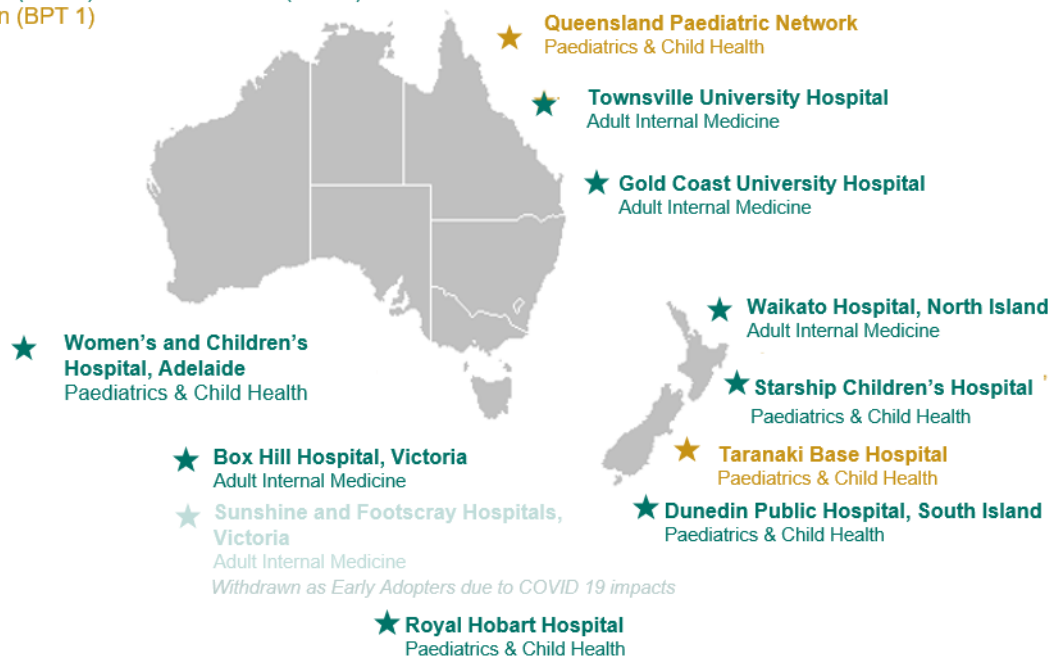
A program evaluation looking at the first year of the new BT program was conducted in late 2021, as outlined in Standard 6. Draft recommendations from the evaluation are being further explored and refined in conjunction with key stakeholders and will inform a minor program review to determine if any changes are required ahead of further rollout. Evaluation findings are also being used to enhance implementation approaches, including development of education and training materials for Directors of Physician/Paediatrics Education, supervisors and Progress Review Panels.

Useability issues with Tracc, the program's supporting technology, have been identified through the early adoption period. These issues stem from delayed enhancements to functionality. The RACP is working closely with the technology provider to deliver these enhancements and in the meantime, manual workarounds are in place to support the training process for early adopters.

**Figure 1: New BT Program early adopters**

Rollout of program for 2022:

- foundation (BPT 1) and consolidation (BPT 2)
- foundation (BPT 1)



Full rollout of the new program was tentatively due to commence in 2023. As the Tracc system is not ready to support scaling up the rollout to all BT settings from 2023, full implementation has been deferred till the start of 2024 (Figure 2).

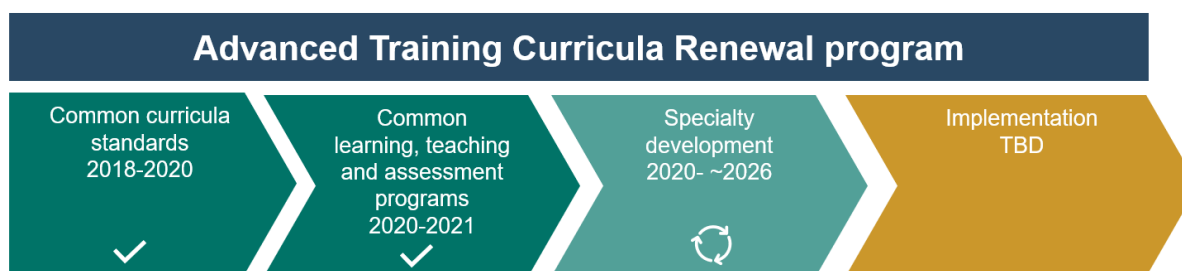
**Figure 2: revised BT implementation schedule**

Phase of training	2021 Jan 2021 – Jan 2022	2022 Jan 2022 – Jan 2023	2023 Jan 2023 – Jan 2024	2024 Jan 2024 – Jan 2025
FOUNDATION (BPT1)	<b>NEW PROGRAM</b> Early adopter settings [n=9]	<b>NEW PROGRAM</b> Early adopter settings [n=11]	<b>NEW PROGRAM</b> Early adopter settings [n=10]	<b>NEW PROGRAM</b> All settings [n= ~400]
	<b>PREP PROGRAM</b> All other settings	<b>PREP PROGRAM</b> All other settings	<b>PREP PROGRAM</b> All other settings	
CONSOLIDATION (BPT2)	<b>PREP PROGRAM</b> All settings	<b>NEW PROGRAM</b> Early adopter settings [n=9]	<b>NEW PROGRAM</b> Early adopter settings [n=11]	<b>NEW PROGRAM</b> Early adopter settings
		<b>PREP PROGRAM</b> All other settings	<b>PREP PROGRAM</b> All other settings	<b>PREP PROGRAM</b> All other settings
COMPLETION (BPT3)	<b>PREP PROGRAM</b> All settings	<b>PREP PROGRAM</b> All settings	<b>NEW PROGRAM</b> Early adopter settings [n=9]	<b>NEW PROGRAM</b> Early adopter settings
			<b>PREP PROGRAM</b> All other settings	<b>PREP PROGRAM</b> All other settings

### Advanced Training Curricula Renewal

Following development of the Common curricula standards and Common learning, teaching and assessment framework, the Advanced Training Curricula Renewal program is focussed on Specialty development (Figure 3). The Specialty development work is occurring in multiple waves, in recognition of the extensive volume of the activity associated with this phase.

Figure 3: AT Curricula Renewal program



Wave 1 of Specialty development continues to progress well. The six specialty groups are developing specialty-specific curriculum content which will be combined with the common curricula standards and common learning, teaching and assessment programs to form a complete curriculum for their Advanced Training programs. Specialty development involves five project stages: Plan, Develop, Consult, Finalise, and Implement. All six specialty groups are in the Develop phase as follows:

- Adult cardiology - A curriculum outline has been designed and curriculum standards are being written. The Group is drafting the learning, teaching and assessment program.
- Paediatric cardiology - A curriculum outline has been designed and curriculum standards are being written.
- Gastroenterology - A curriculum outline has been designed and curriculum standards are being written.
- Geriatric medicine - A curriculum outline has been designed and curriculum standards are being written.
- Nephrology - A curriculum outline has been designed and curriculum standards are being written. The Group is drafting the learning, teaching and assessment program.
- Rehabilitation medicine - A curriculum outline has been designed and curriculum standards are being written.

The Specialty development process continues to be evaluated throughout Wave 1 to optimise this for future waves.

Further detail regarding the projected timings of Advanced Training Curricula Renewal is provided in the update against Condition 6(ii).

## 2. Addressing accreditation conditions

<b>Condition 6(ii)</b>	<b>Due 2023</b>
In relation to the Advanced Training curricula, implement the revised Advanced Training curricula (Standard 3.2)	

### **2021 AMC Commentary**

*The College is undertaking a phased approach to Advanced Training curriculum review, six Curriculum Review Groups have been formed through expressions of interest processes and on-boarding workshops held for those in Wave 1. Wave 1 is running to schedule and all are at development stage. The College advises that the earliest possible implementation for the Wave 1 programs is 2023. The other 32 specialties will be developed in subsequent waves, which will be planned in more detail once Wave 1 is more advanced.*



*The AMC ask the College provides greater detail on the projected timings of the subsequent waves in next year's progress report. What is the projected implementation date for the remaining 32 specialties and are there any barriers for implementation?*

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A general update regarding Advanced Training Curricula Renewal has been provided above.

Based on the trajectory of the development process to date, we estimate the earliest possible implementation for Wave 1 curricula is 2024. Factors that have or will impact the speed at which we are able to progress Advanced Training Curricula Renewal include our collaborative co-design approach with each specialty and the availability of appropriate enabling technology as a dependency for implementing the new curricula as currently designed.

We have been actively evaluating the Wave 1 development process so that efficiencies and lessons learnt can be incorporated into development plans for waves 2+.

Wave 2 of Specialty development is scheduled to start from 2023. Planning for waves 2+ development method and resourcing is underway. We are exploring options for alternative development methodologies with a view to accelerating the development timeline for the remaining 32 specialties.

A Deep Dive session focussed on Advanced Training Curricula Renewal was held with the Senior Leadership Team (SLT) in July 2022. The SLT considered preliminary learnings from Wave 1 development to date, discussed high level development methodology options for waves 2+ and prioritised factors relating to the next phase of development (including quality and fidelity, time, resource/cost, regulatory compliance, member satisfaction and confidence in development method).

The next step in the planning process will be presentation of more detailed development and resourcing models to SLT to seek further input. This feedback will inform development of a business case to confirm the resourcing for waves 2+ development commencing 2023 and Wave 1 implementation from 2024.

For the next monitoring report, we expect to have a confirmed plan for the remaining 32 specialties with development work commencing in 2023 as planned.

### 3. Statistics and annual updates

Please see [Appendix 2](#) for statistics and annual updates.

# 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

**2021 AMC assessment:** Standard Substantially Met

**Conditions open:** Condition 32

### 1. Analysis of strengths, challenges and significant developments

#### Significant developments since the last accreditation assessment

##### **Continued growth of the College Learning Series**

The College Learning Series (CLS) continues to deliver a comprehensive online lecture program with more than 450 recorded lectures now available online.

The first annual program for Paediatrics and Child Health ran from 30 June 2021 to 31 January 2022 and delivered 78 lectures. Additional lectures to supplement this series are being added throughout 2022, and planning is underway for a second annual series to be run in parallel to the Adult Medicine series throughout the 2023 calendar year.

The 2022 Adult Medicine program commenced on 28 January, with 99 of the planned 149 lectures now live (at 30 August). The selection of introductory lectures for first year basic trainees has expanded from 14 to 20 in 2022. Six *Hot Topics* lecture videos are planned again for 2022 and these will be added to the site when ready. Planning for the 2023 series is underway.

In August 2021, the RACP established a dedicated site for Paediatrics and Child Health lectures to ensure faster load times and greater ease of use for membership in both Paediatrics and Adult Medicine Divisions. All members retain access to all lectures and can easily toggle between the sites with one click.

The RACP is in the process of adding pop-up surveys at the end of its 2021 and 2022 lecture videos to provide a more comprehensive and responsive review process for content, and better feedback for lecturers.

Member enrolments in the CLS continue to grow with 11,600 members currently enrolled. For Adult Medicine, this includes 85% of basic trainees and 98% of advanced trainees. The second figure is

particularly encouraging as it indicates that nearly all basic trainees will enrol in the CLS before they undertake their Divisional Examination. For Adult Medicine, 28% of Fellows are also enrolled, which shows the CLS has a broader applicability.

For Paediatrics and Child Health, 55% of basic trainees and 63% of advanced trainees are enrolled, which are encouraging figures given the first annual program was only launched a year ago. Twenty-four per cent of the College's Paediatrics and Child Health Fellows are also enrolled.

### Expanding opportunities for online learning

An update regarding online learning developments targeted at all Members is provided under Standard 9.

### Development of Advanced Trainee supervision skills

Following consultation with the Curriculum Advisory Group, in July 2022 the College Education Committee approved the inclusion of Supervisor Professional Development Program (SPDP) completion in the Common learning, teaching and assessment programs for Advanced Training.

## 2. Addressing accreditation conditions

### Condition 9

Met in 2021

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

#### 2021 AMC Commentary

*The introduction of local Progress Review Panels (PRP) provides a mechanism for the systematic review of trainees' progression and increasing independence. The Basic Training Program has been implemented at nine early adopter sites.*

*Stakeholder experiences with the new program will be evaluated in stages, annually with a view to exploring the fidelity and integrity of the implementation of the new program, including how trainees' increasing independence is assessed throughout the program. The College is asked to comment on evaluation outcomes in the 2022 progress report.*

An update regarding the program evaluation looking at the first year of the new Basic Training program is provided in Standard 6. The first evaluation was undertaken in late 2021, prior to most Progress Review Panels being convened. The next round of program evaluation will explore, amongst other things, the introduction of Progress Review Panels.

### Condition 32

Due 2020

Articulate in partnership with the Specialty Societies, the role of College oversight in advanced training subspecialty training. (Standard 4.1.3)

#### 2021 AMC Commentary

*The College is undertaking a Model of Collaboration process with the affiliated specialty societies. This work has been delayed due to COVID-19. A further two collaboration schedules are in the final stages of review before completion. In the next progress report the College should provide*

information on how many collaboration schedules have been completed and what the plans are for each of the remaining schedules.

The College is engaging with specialty societies with the Joint Forum program. Since July 2021, all 51 College-affiliated societies have been invited to join the Joint Forum program (previously only Australian adult and paediatric societies), holding 4-5 Zoom meetings per year.

The College works closely with Specialty Societies as part of the development of the new Advanced Training curricula. Specialty Societies from Australia and Aotearoa New Zealand continue to be engaged as content experts, specifically the specialties involved in Wave 1.

The College has indicated that the specialty societies are content experts as the new Advanced Training Curricula are developed. However, the College has not yet articulated the role of College oversight in advanced training curricula. This must be addressed in next year's report.

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## Oversight of Advanced Training

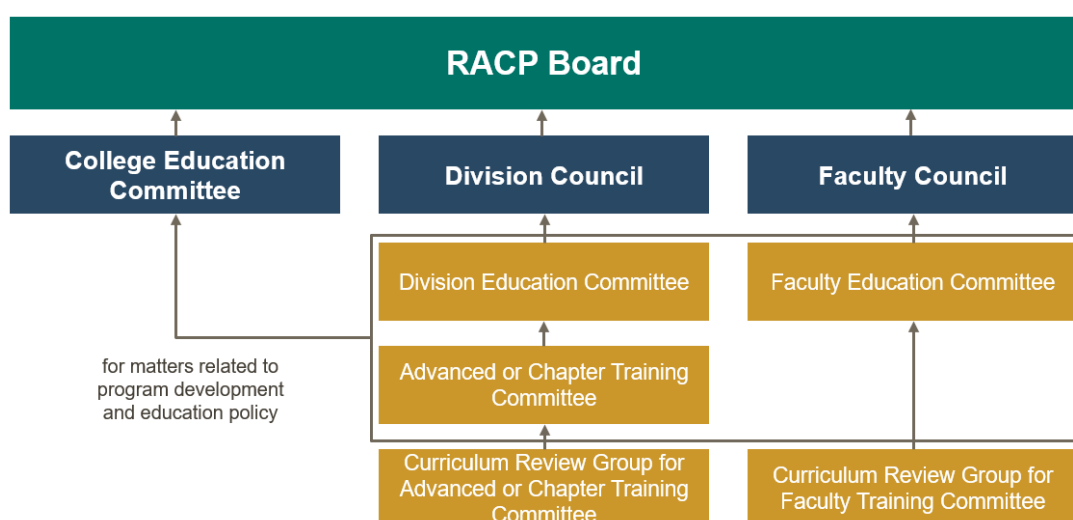
Advanced training programs are governed by the relevant RACP training committee. These committees report to the respective Division or Faculty Education Committee and then jointly to the relevant Division or Faculty Council and College Education Committee for matters related to program development and education policy.

Each Curriculum Review Group is convened as a sub-committee of the relevant RACP training committee.

The College Education Committee approves all RACP curricula and program requirements. The Division Education Committees are responsible for oversight of the implementation of Divisional, including Chapter, training programs. Faculty Education Committees are responsible for the oversight of implementation of Faculty programs.

Figure 4 depicts this reporting arrangement.

Figure 4: Governance of Advanced Training programs



The RACP values its close links with specialty societies. By-laws for the College Council, which reports to the Board, provide for education pathway representation. Specialty societies are invited to nominate to these positions. Terms of reference for some training committees also provide for positions for specialty society representatives. Specialty societies are key contributors to curricula

development and delivery of RACP training programs. These contributions can occur either through consultation with specialty society governing bodies or via the work of individuals who are concurrently members of the RACP and the specialty society.

### **Model of Collaboration**

We continue to progress with the Model of Collaboration. There are 11 completed schedules and several more in process, either being reviewed by the specialty society or internal College teams. A program of meetings between Division Presidents and specialty society representatives continues to occur, which include discussion regarding the Model of Collaboration. A pre-populated draft schedule is used to provide a starting point for both the College and specialty societies ahead of these meetings.

## **3. Statistics and annual updates**

Please see [Appendix 2](#) for statistics and annual updates.

# Standard 5

## Assessment of learning

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

**2021 AMC assessment:** Standard Substantially Met

**Conditions open:** Condition 12

### 1. Analysis of strengths, challenges and significant developments

#### Significant developments since the last accreditation assessment

##### Delivery of examinations

The COVID-19 pandemic continued to challenge the delivery of examinations. As COVID contexts differed over time and across regions, a range of approaches to delivery of the examinations was required throughout 2021 and 2022. Table 2 summarises our approaches to examination delivery.

**Table 2: Approach to delivery of 2021 and 2022 examinations**

Exam	2021	2022
<b>Basic Training</b>		
<b>Divisional Written Examinations</b>		
Adult Medicine	Delivered in February 2021 as planned	Delivered in February 2022 using computer-based testing at 19 locations across Australia and Aotearoa New Zealand.  Due to the issues outlined below, a reserve paper-based exam was delivered in March 2022.
Paediatrics and Child Health	Delivered in February 2021 as planned	
<b>Divisional Clinical Examinations</b>		
Adult Medicine	AoNZ – traditional format exam (face-to-face Long and Short Cases on the same day) delivered as scheduled June 2021	AoNZ – scheduled in September 2022 for traditional format exam.

Exam	2021	2022
	AUS - Delivery commenced July 2021 as scheduled. Traditional format delivery in QLD, SA, TAS, NT, and WA, and modular format delivery (teleconference Long Cases and face-to-face locally delivered Short Cases) in VIC, NSW, and ACT due to COVID-19 impacts	AUS - delivery commenced June 2022 as scheduled. Traditional format delivery in all regions except WA where modular delivery is planned for August.
Paediatrics and Child Health	AoNZ – traditional format exam delivered as scheduled May 2021  AUS – modular format exam delivered from 1 September 2021. Short Case delivery in NSW and ACT postponed to March 2022.	AoNZ – scheduled in late October 2022 for traditional format exam  AUS - delivery commenced May 2022 as scheduled. Traditional format delivery in all regions.
<b>Australasian Chapter of Sexual Health Medicine</b>		
<b>Exit Examination</b>	Delivered in August 2021 via videoconference platform.	Scheduled to be delivered on 12 August 2022 via videoconference platform.
<b>Australasian Faculty of Rehabilitation Medicine</b>		
<b>Written Examinations</b>		
Module 1 Assessment	Delivered in May 2021 via computer-based testing	Delivered in July 2022 using paper-based testing
Fellowship Written Examination - Multiple Choice Exam	Delivered in February 2021 for both 2020 and 2021 cohorts at multiple exam venues.	Delivered as scheduled on 1 March 2022 as a paper-based examination at venues across Australia and Aotearoa New Zealand.
Fellowship Written Examination - Modified Essay Question exam		Backup exam delivered on 22 March for flood-impacted candidates at Brisbane venue.
Fellowship Written Examination (Paediatrics) - Multiple Choice Examination		Delivered as scheduled on 1 March 2022 as a paper-based examination at venues across Australia and Aotearoa New Zealand.
Fellowship Written Examination (Paediatrics) - Short Answer Question Examination		
<b>Clinical and Practical Examinations</b>		
Module 2 Assessment	Delivered as scheduled in June 2021. Candidates attended 3 hospitals across Australia and Aotearoa New Zealand. Victorian candidates were unable to attend due to Melbourne lockdown and were rescheduled to October 2021.	Scheduled for delivery on 27 August 2022 at two hospital sites in Australia face to face.
Fellowship Clinical Examination - General Rehabilitation	Delivered as scheduled in May 2021. Majority of undertook exam face to face at 3 hospitals, small number of candidates undertook exam via videoconference platform.	Delivered as scheduled on 8 May 2022 face to face at three hospital sites

Exam	2021	2022
Fellowship Clinical Examination (Paediatrics)	Postponed from September 2020 to May 2021.	Delivered as scheduled on 18 June 2022 via videoconference.
<b>Australasian Faculty of Public Health Medicine</b>		
Oral Examination	Delivered in October 2021.	Scheduled for delivery using video conference in October 2022.
<b>Australasian Faculty of Occupational and Environmental Medicine</b>		
<b>Written Examinations</b>		
AFOEM Stage A Written Examination	Delivered in exam venues across Australia and Aotearoa New Zealand in September 2021.	Due to be delivered in exam venues across Australia and Aotearoa New Zealand in September 2022.
AFOEM Stage B Written Examination		
<b>Clinical and Practical Examinations</b>		
AFOEM Stage B Practical Examination	Delivered in November 2021 for both 2020 and 2021 cohorts. The exam was delivered using a hybrid model, candidates undertook some stations face to face at the hospital venue and some stations via videoconference platform.	Scheduled to be delivered in November 2022. The exam will be delivered face to face, subject to COVID-19 impacts.

### Divisional Clinical Examinations

In 2021, a modular approach was used for delivering the Divisional Clinical Examinations (DCE) in significantly affected regions, using the model established in 2020. Long Case components were conducted via teleconference for Adult Medicine and videoconference for Paediatrics and Child Health, while Short Case components were conducted locally.

A range of adaptations to deliver the 2021 DCE Short Case components were necessary for both Adult Medicine and Paediatrics and Child Health. Some host hospitals had particularly limited examining capacity and used the 2+2 model for the Short Case component, running 2 Short Cases on one day and offering a further 2 Short Cases on another day to eligible candidates. The Short Case component for the Paediatrics and Child Health DCE in Victoria was delivered at regional hospitals due to COVID-19 restrictions, with several hospitals hosting examinations for the first time. This increased the number of sites available for future exam cycles. In New South Wales, the Paediatrics and Child Health DCE Short Case component was postponed until March 2022 due to prolonged and significant COVID-19 impacts. The NSW/ACT Adult Medicine DCE Short Case component was conducted in the wards or in clinic space (depending on availability), led by local examiners, with external National Examiner Panel members joining in by phone.

In 2022, the Adult Medicine DCE is being delivered in the traditional face-to-face approach from June to August, except in Western Australia and Aotearoa New Zealand. In Western Australia, the exam will be delivered in the modular format in a later exam window due to the COVID-19 disruptions and potential impacts on exam delivery. The Aotearoa New Zealand Adult Medicine DCE will be delivered in September 2022 using the traditional approach.

The 2022 Paediatrics and Child Health DCE will be delivered in the traditional format for all locations. All regions except Aotearoa New Zealand and Western Australia will run the DCE from May to June.



The DCE will be delivered in late October in Aotearoa New Zealand and in early September for Western Australia, due to the evolving COVID-19 situations.

Contingency plans are in place in case of significant events, with the aim of ensuring the safety of all participants and ensuring that candidates can complete their required Basic Training assessments by the end of 2022. A summary of these contingency plans has been [published](#) to ensure candidates have advance notice. In the first instance, the contingency is to reschedule the exam and/or reallocate candidates to alternative exam sites. If that is not feasible, the exam will be delivered using a modular format, with the Long Case component delivered via video or teleconference on the originally scheduled exam date (if possible) and the Short Case component rescheduled to be delivered face-to-face at a later date.

### **Computer-Based Testing**

As advised in previous correspondence to the AMC and MCNZ, we delivered the computer-based Divisional Written Examinations in February 2022 to 1150 candidates. This followed an extensive program of system testing implemented by our exam provider and College staff, and computer-based testing pilots for the Australasian Faculty of Rehabilitation Medicine Module 1 Assessment and Divisional Written Examination.

Regrettably, around 100 candidates across Auckland, Melbourne, Brisbane and Perth experienced a combination of technical and process issues with delivery of their computer-based test and were unable to complete a session in the allocated time. Six candidates in Western Australia were affected with incomplete exam data.

In the following days, we learned that other candidates had unsatisfactory exam experiences due to delays with logins, slow downloads, pausing, and or pop up of error messages on the screen. Management of these issues disrupted the examination environment for other indirectly affected candidates.

We have apologised and issued refunds to those who sat and did not pass the computer-based examination. A back up, paper-based examination was delivered on 8 March 2022. Methods were implemented to allow scores to be combined from papers completed across the February and March DWEs. Prior to the examination, it had been determined that both the February and March Divisional Written Examinations (DWEs) would not count as an official exam attempt for unsuccessful candidates.

Future Divisional Written Examinations will return to the paper-based format until further investigation and consultation can occur.

Following these issues, we appointed KPMG to undertake a review of a range of matters including what happened on the day of the examination in February (for example issues that affected delivery of the computer-based examination), supplier engagement and risk mitigation strategies in relation to that exam and to provide recommendations and risk mitigation strategies to improve any future computer-based examinations. KPMG were chosen because several of their staff worked for Ferrier Hodgson, who assisted us in 2018 following the examination process for that year and so are familiar with the College and the examination function.

When finalised, we will share the outcomes of the KPMG review with the membership, and the AMC and MCNZ.

### **Monitoring and evaluation of examination experiences**

We continue to routinely survey candidates and examiners to monitor and improve examinations and experiences. Evaluation reports are considered by governing committees, typically before release of examination results.

Feedback from candidates who undertook the October 2021 computer-based Divisional Written Examination was positive in terms of the computer-based delivery and overall organisation. Almost all respondents at the time viewed computer-based examinations as a positive development for the College.

Feedback from candidates who undertook the computer-based Divisional Written Examination in February 2022 was used to further understand the nature, extent and impacts of the technical and process issues experienced and inform next steps.

Feedback from examiners for the DCE in 2021 and 2022 was positive regarding the changes to the delivery approaches in light of COVID-19 but highlighted preferences for the traditional delivery approach. Candidates who undertook the traditional DCE tended to be more satisfied than those who undertook the modular DCE, although those who were in regions where the modular DCE was used tended to have their examination experience and preparation more disrupted by COVID. Insights informed enhancements and contingency planning for the 2022 DCE.

### **Marking of Advanced Training Research Projects**

During 2021, timelines for marking of Advanced Training Research Projects were impacted by reduced volunteer reviewer capacity due to the COVID-19 pandemic. Reviews of final-year trainee projects have been prioritised to mitigate potential delays in program completions. We continue to seek additional volunteers to support the growing number of project reviews. Further measures to address these challenges are being appraised and will be considered by the College Education Committee later in 2022.

#### **Requests for additional information against Standard 5**

##### ***2021 AMC Commentary***

Did the College postpone any examinations due to COVID-19 restrictions that are now to be held in 2022? If yes, please provide an update below on plans and policies for organising the logistics and resources for these postponed examinations.

An update regarding postponed examinations has been provided above.

#### **Requests for additional information against Standard 5**

##### ***2021 AMC Commentary***

Provide an update on the evaluation of the AFRM exam.

The AFRM Fellowship Clinical Examination (FCE) was delivered on 1 May 2021 to the combined 2020 and 2021 cohorts. The pass rate in 2021 was notably lower (36%) than previous years (53.8% in 2019 and 50.2% in 2018). Examiner feedback stated that candidates were not meeting the required standards while trainee candidates reported that COVID-19 had affected their training. As a result, an evaluation of the exam design and outcomes was initiated.

Feedback from candidates and trainee representatives related to the 2021 FCE highlighted the following key concerns:

- concerns regarding examiner independence due to candidates being examined within their home states by locally based examiners
- removal of physical examination stations for the 2021 FCE to minimise COVID-19 related risks associated with these stations and concerns regarding standardisation across multiple sites

- introduction of a 'virtual circuit' in which candidates unable to travel to an exam site were able to sit the complete exam by videoconference.

Concerns regarding the low pass rate of the cohort were the trigger for the review of the 2021 FCE. Historically, the pass rate for this exam has largely been below 60%. In order to consider this longer-term low pass rate, the scope of review has been expanded and the review is now examining historical information to identify factors contributing to this.

The key concerns above were actioned for the 2022 AFRM FCE, mitigating the major concerns expressed by candidates. The pass rate for 2022 was 59.7%.

## 2. Addressing accreditation conditions

### Condition 12

Due 2022

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. (Standard 5.1 and 5.4)

#### 2021 AMC Commentary

*This is the same as condition 11 but applied to the advanced training curricula. A similar model of programmatic assessment is planned. The Advanced Training Curricula Common Learning, Teaching and Assessment programs outline the common set of assessment tools that can be used for specialty curricula development. Advanced Training programs will use the common LTA program as a baseline when they develop their specialty curricula through the curricula renewal process, and additional assessments may be included through that process.*

A general update regarding the Advanced Training Curricula Renewal program has been provided under Standard 3. Two specialty groups in Wave 1 of Specialty development are drafting their learning, teaching and assessment program, in alignment with the Advanced Training Common Learning, teaching and assessment programs. As per the approach used for the new Basic Training programs, each new Advanced Training curricula will have a program blueprint that shows how the assessments map to the curriculum standards. This will ensure the validity of the assessment program. Reliability will be optimised through ensuring sufficient sampling of assessment data.

Once further development occurs, we will be in a position to provide the AMC with further updates regarding how any summative assessments in the new Advanced Training programs apply reliable and valid methodologies and align to the curriculum.

## 3. Statistics and annual updates

Please see [Appendix 2](#) for statistics and annual updates.

# Standard 6

## Monitoring and evaluation

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

**2021 AMC assessment:** Standard Met

**Conditions open:** Nil

### 1. Analysis of strengths, challenges and significant developments

#### Significant developments since the last accreditation assessment

##### **New Basic Training program evaluation**

Program evaluation of our new Basic Training Program began in late 2021 with the first cohort of early adopters of the new program. The evaluation form is a longitudinal process-outcomes study, using a theory-based Realist evaluation approach to understand “what works, for who, under what circumstances<sup>1</sup>”. For the 2021 evaluation cycle, data was collected from early adopter trainees, supervisors, and Directors of Physician/Paediatrics Education via surveys, semi-structured interviews, and Tracc.

Key findings include:

- in general, respondents agreed that moving to a competency-based curriculum and the associated new curricula standards are relevant to physician training and align with the qualities of a competent physician
- increased monitoring of trainee performance through renewed supervisor reporting strategies and the introduction of Progress Review Panels for all early adopter trainees enables early identification of training difficulties
- there were low levels of understanding, in the respondent pool, of the mechanisms through which competency based medical education and programmatic assessment principles are optimally applied in learning, teaching and assessment activities

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<sup>1</sup> Pawson, R.& Tilley, N. (1997). *Realistic Evaluation*. London: Sage.

- contextual factors such as trainee and supervisor workload, exacerbated by the impact of COVID 19, limited opportunities for early adopters to engage with program renewal activities.

As reported under Standard 3, evaluation findings will inform a minor program review and guide improvements to program implementation activities. Findings will also inform subsequent phases of the Basic Training Program evaluation.

### **2021 New Fellow Survey**

Our inaugural New Fellow Survey was conducted in late 2021. This annual survey supports evaluation of the short-term graduate outcomes of RACP training programs. New Fellows, who completed RACP Advanced, Faculty or Chapter training during the period October 2019 to October 2020 were invited to participate in the first survey and asked to self-assess their preparedness for unsupervised practice in the 10 domains of the RACP Professional Practice Framework.

The survey received 117 responses - 13% of all eligible participants.

Key findings from the survey analysis were:

- the majority (87%) of respondents indicated that they felt prepared overall for unsupervised practice
- most respondents (over 90%) agreed they were prepared for the professional domains related to medical expertise, communication and judgement, and decision making.
- the majority of respondents agreed they were prepared for the professional domains related to ethics and professional behaviour, quality and safety, teaching and learning, leadership, management and teamwork medical expertise, communication and judgement, and decision making (agreement for each of these domains ranged between 75–88%)
- there was a more moderate proportion of respondents who agreed they were prepared for the professional domains related to cultural safety, health policy, systems and advocacy, and research (agreement for each of these domains ranged between 50-69%)

Key challenges faced by respondents in their transition from training to professional practice related to balancing the expectations of their new workload, navigating private practice requirements, feeling confident making unsupervised decisions, and working in an environment with less support. Respondents expressed interest in a transition to professional practice program, bolstered by mentorship and peer-support.

Survey findings are informing the Advanced Training curricula renewal program and Member support and learning programs.

### **Responding to Medical Training Survey results**

RACP results from the 2021 MTS were generally consistent with previous years. Results have been shared with key committees and are being used to inform existing and new initiatives.

Positive findings include that approximately 80% of respondents would recommend their current training position to other doctors and their current workplace as a place to train. RACP respondents also rated the quality of clinical supervision and teaching sessions highly, a major achievement in the midst of the ongoing pandemic.

There is a continued high prevalence of bullying, harassment, and discrimination reported by doctors in training, including physician trainees. Additionally, there is low agreement that the College provides safe mechanisms for raising training/wellbeing concerns and provides trainees with access to psychological and/or mental health support services. The RACP's activities to address these findings

are reported in the updates regarding Member Health and Wellbeing in Standard 7 and Safe Training Environments in Standard 8.

Survey results related to exams were more positive. Since the last survey, there was a 19% increase in respondent perceptions that the exams reflected the College training curriculum. RACP respondents also expressed rising agreement, although still lower than the national average, that exams were conducted fairly; that they received [exam-related] support from the College when needed; and, that information about the exams was accurate and appropriate. Existing initiatives to improve examination communication and support will be continued as these appear to have a positive effect, although the computer-based examination issues are likely to affect the 2022 survey results.

Setting-specific results were shared with leaders at settings that were involved in the Managing Concerning Response process for the 2020 Physician Training Survey to provide insights into how the initially identified concerns were tracking (see Standard 8).

### **Adjusted approach to exploring trainee and educator workplace training experiences**

The Physician Training Survey (PTS) explores trainee and educator views on physician workplace training in Australia and Aotearoa New Zealand. The survey has been administered biennially (2018 and 2020) and provides longitudinal data for interrogation through an interactive dashboard. Survey results are used to inform how the RACP can best strengthen physician training at a College-wide level and within specific training settings and training programs.

The PTS serves similar purposes to the now well-established Medical Training Survey (MTS).

In 2022, the College will rely on the MTS to gather feedback from trainees in Australia. The PTS will continue to be conducted amongst trainees in Aotearoa New Zealand and educators across both countries. The PTS will be conducted during the MTS fieldwork period to ensure the comparability of the data. Where notable trainee or educator concerns are identified through results from either survey for a training setting, a collaborative follow-up processes will be conducted with local leaders.

### **Requests for additional information against Standard 6**

#### ***2021 AMC Commentary***

Comment on the outcomes of the College Education Committee strategy day held in the latter half of 2021.

The College Education Committee held two strategy days throughout this reporting period:

- November 2021 Safe Training Environments Summit - an update has been provided in [Standard 8](#)
- April 2022 College Education Committee Strategic Planning day - an update has been provided under [Standard 1](#).

## **2. Addressing accreditation conditions**

There are no open conditions remaining.

## **3. Statistics and annual updates**

Please see [Appendix 2](#) for statistics and annual updates.

# Standard 7

## Issues relating to trainees

<b>Areas covered by this standard:</b>	admission policy and selection; trainee participation in education provider governance; communication with trainees; trainee wellbeing; resolution of training problems and disputes
<b>2021 AMC assessment:</b>	Standard Met
<b>Conditions open:</b>	Nil

### 1. Analysis of strengths, challenges and significant developments

#### Significant developments since the last accreditation assessment

##### **Supporting Member health and wellbeing**

Our newly established Member Health and Wellbeing Committee first met in September 2021. The committee's purpose is to increase awareness of member wellbeing issues and oversee the development and implementation of the Member Health and Wellbeing Strategy and associated activities.

The Member Health and Wellbeing Strategy will span from 2023 – 2026. It is anticipated to include the development of a Wellbeing Framework to help guide our members to appropriate resources. Resources and initiatives will be developed and/or promoted to support our members to thrive.

The recommendations arising from the Safe Training Environments Summit (see [Standard 8](#)) will directly assist the work required to address wellbeing issues related to bullying, discrimination, and harassment.

##### **Growing the RACP Online Community**

Following a successful pilot in 2021, the [RACP Online Community](#) (ROC) was launched to all RACP members on 30 September 2021. A range of ROC communities have been established for different member profiles, including trainees and educators. At 30 June 2022, the ROC has been accessed by more than 6,700 members. Digest emails are sent to all College members. Digests include discussion and announcement information from the communities each member belongs to and has an average open rate of just over 50 per cent.

The RACP's Mentor Match program was launched in the ROC in November 2021. This program enables members to register as either a mentor or mentee and then to find each other with the aim of forming mentoring relationships. The mentoring relationship itself will be the responsibility of individual members.

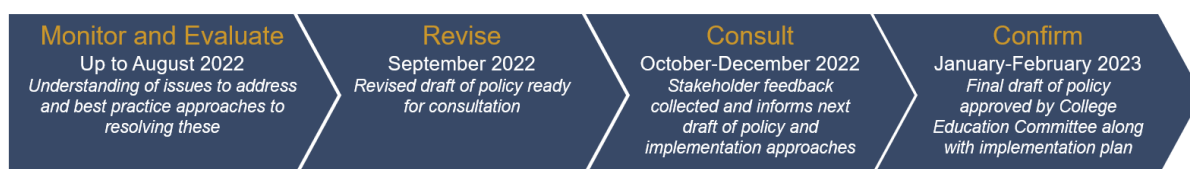
A small group of members assisted us to create content about good practice for mentoring relationships to help members get the most out of the program and ultimately build a mentoring relationship that supports different careers stages and changes. A panel also explored the value and benefits of mentoring as a mentor/mentee and demonstrated the Mentor Match program at a webinar on 9 February 2022. The webinar is accessible in [Medflix](#).

### Revision of the Selection into Training Policy

The RACP Selection into Training policy is being revised. The aim of the revision is to ensure that the policy supports selection outcomes and experiences that are aligned to the RACP's strategic objectives. The revision is an opportunity to progress Indigenous equity and entry into training, and gender equity objectives. Changes to governance of selection into training decisions and processes are outside the scope of this policy revision.

The methodology for the policy revision follows the RACP's established [education policy development process](#). Revision activities follow four phases as shown in Figure 5. Timelines are indicative.

Figure 5: Selection into Training policy revision phases



### Update on the Advanced Trainee Selection and Matching Service

The RACP will cease offering the [Advanced Trainee Selection and Matching \(ATSM\) service](#) at the end of 2022.

The ATSM service supports recruitment processes for some hospitals and adult medicine specialty groups in Victoria, Tasmania, and New South Wales. Employment positions, which are accredited for Advanced Training, can be advertised and applied for via the ATSM service. Applicants and employers are matched using a preferencing process.

Our decision to cease offering the ATSM service followed a review conducted in 2021. An extensive consultation with stakeholders highlighted that although the ATSM service has been very valuable to past and current participants, continued support was not tenable as:

- the service is inequitable with respect to the broader RACP membership as only a few adult medicine specialty groups in some states use the service
- state and territory health departments are responsible for employee recruitment
- the majority of state and territory health departments have implemented, or are developing, their own centralised recruitment processes
- where ATSM is currently used:
  - it creates the perception that the RACP is directly involved in trainee recruitment
  - it creates duplication of effort for trainees as it runs in parallel with state or territory recruitment processes.

The RACP is assisting groups who wish to continue using the ATSM service to transition to a direct working relationship with the [Postgraduate Medical Council of Victoria](#) (PMCV). The PMCV have delivered the ATSM service in 2020, 2021 and 2022. The PMCV coordinate their centralised



recruitment processes via the [Allocation and Placement Service](#) in the Victorian healthcare system, at the request of the Victorian Department of Health.

## **Update Required Against Standard 7**

### ***2021 AMC Commentary***

Provide an update on the piloting of the Situational Judgement Test in 2022.

In 2022 we are piloting a form of a Situational Judgement Test (SJT) to evaluate whether this kind of assessment can add valuable, reliable information to support decision making in entry into Basic Training selection processes. SJTs are one approach that have been shown to provide relevant, standardised information for selection committees when making fair and informed decisions about which candidates will be best suited to progress in the selection process.

In the RACP context the assessment will target personal and professional attributes included in the selection criteria for entry into basic training such as: communication skills, cultural safety, ethics, professional behaviour and leadership, management, and teamwork.

The SJT pilot is a collaborative project between five paediatric networks/settings, the RACP and Altus Assessments, the latter being the external assessment provider.

The pilot includes the design, delivery, and evaluation of an adaptation of Altus's existing SJT assessment, Casper, during the annual recruitment campaign periods for each network/setting. Participating networks/settings are those in Queensland, Victoria, South Australia, New South Wales, and Western Australia.

The pilot consists of five phases: plan; procure; design, build and test; implement; and evaluate. As of July 2022, the first three pilot phases have been completed. The fourth phase is underway, with the Casper SJT assessment being implemented over four sittings between June and August to accommodate the different timelines for annual recruitment and selection campaigns across the jurisdictions.

The evaluation plan for the pilot has been prepared. The approach incorporates three related domains of inquiry:

1. A validation study to evaluate the evidence that scores from the SJT can be interpreted as accurate and fair representations of performance on the attributes in the RACP selection criteria.
2. A utility study that incorporates the findings from the validation study into a broader investigation of the SJT pilot implementation, including the feasibility, acceptability, and efficacy of the assessment processes in local selection contexts.
3. A longitudinal research study to explore the relationship between selection and training program performance and progression outcomes. This will require collection of data after the closure of the SJT Pilot evaluation period and will be approached separately as a distinct, but related, research project.

The evaluation will be guided by contemporary validity, assessment and evaluation theories.

Data collection activities will be supported by ethical approval which has been provided by an approved Institutional Review Board in Canada (where Altus Assessment operations are based), as a main site of data collection.

Evaluation findings will be reviewed by the relevant RACP Education Committees and Working Groups. Findings will support development of draft recommendations to be considered by the College Education Committee in November 2022.

## **2. Addressing accreditation conditions**

There are no open conditions remaining.

## **3. Statistics and annual updates**

Please see [Appendix 2](#) for statistics and annual updates.

# Standard 8

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

<b>Areas covered by this standard:</b>	supervisory and educational roles, training sites and posts
<b>2021 AMC assessment:</b>	Standard Met
<b>Conditions open:</b>	Nil

### 1. Analysis of strengths, challenges and significant developments

#### Significant developments since the last accreditation assessment

##### Supervisor Professional Development Program (SPDP)

Rollout of the Supervisor Professional Development Program (SPDP) continues. SPDP workshops are being delivered across all regions via a range of delivery formats (see Table 3) to suit member's different schedules and preferred methods of learning.

Table 3: SPDP workshops and attendance from January to August 2022

Delivery format	Conducted (January to July 2022)		Upcoming (July - December 2022)
	Number of workshops	Attendance	
Face to Face	26	224	17
Virtual (via Zoom)	81	1462	32
Online	4	647	4
<b>Total</b>	<b>111</b>	<b>2333</b>	<b>53</b>

Process improvements to the online SPDP modules have seen an average increased pass rate of approximately 20%, and a significant number of participants now complete 100% of each course. Some of these improvements included updated moderator training, mid-course completion reminders, an increased number of courses run per year, a communications review, and an updated registration process.

SPDP participation requirements come into effect from January 2023. Table 4 outlines the SPDP participation activities required to be completed for Members to be credentialed as an RACP Approved Supervisor, along with current compliance rates.

**Table 4: SPDP compulsory participation activities**

Workshop	Completion requirement	Compliance rates (as of July 2022)
SPDP 1	To be completed in alignment with next accreditation review for setting/specialty.	74%
SPDP 2	To be completed in alignment with next accreditation review for setting/specialty.	68%
SPDP 3	To be completed by end of 2022. Supervisors are credentialed as Provisionally Approved Supervisors once they have completed SPDP 3.	63%
Completed SPDP 1, 2 and 3.	Supervisors are credentialed as Approved Supervisors once they have completed SPDP 1, 2 and 3.	51%

Communications activities and processes are in place to support supervisors in complying with these requirements and to manage non-compliance. Education committees will remind individual supervisors of participation requirements and consequences. The Supervisor Learning Support team will undertake additional promotion and engagement activities to improve SPDP participation.

Training settings with low SPDP compliance rates will be monitored via the Training Provider Accreditation Program from 2023 onwards.

### Accreditation renewal and implementation progress

Implementation of the new accreditation program commenced in January 2021, with the rollout of the 2018 Training Provider Standards (Standards) and Basic Training Accreditation Requirements. Phase 1 of implementation involved roll out of the [Training Provider Standards](#) and [Basic Training Accreditation Requirements](#) to all settings offering Basic Training programs.

Phase 1 was completed in September 2021 and evaluation is occurring in two stages:

- Stage 1: Recognising Early Insights, 2021-2022
- Stage 2: Monitoring Implementation, 2022-2023.

The first stage of the evaluation was completed in April 2022. Summary insights were:

- there is general acceptance of the new program
- most Training Providers and accreditors felt confident assessing against the new standards and requirements
- the external assessment phase was generally perceived as well organised
- the self-assessment and accreditation findings forms were time consuming and ease of completion could be improved.

Actions to address the evaluation findings are being progressed. The second stage of Phase 1 evaluation will commence in late 2022.

Phase 2 implementation commences in late 2022. The scope includes:

- the introduction of training network accreditation
- the continued rollout the Basic Training Program Classification
- the publishing of the Training Provider accreditation report

- the introduction of tools and processes for monitoring including a process for managing changes in circumstances and reported breaches of the training provider standards.

Phase 2 rollout will occur as follows:

- **2022 rollout**
  - Late 2022: processes and tools to support the monitoring stage of the accreditation cycle to be introduced.
- **2023 rollout**
  - Mid 2023: training networks will undergo accreditation against the network and training provider criteria in the Training Provider Standards, and the network and training program requirements in the Basic Training Accreditation Requirements.
  - Three networks will be identified for an initial rollout and provided with additional RACP support as they undertake their accreditation review.
  - Further refinement of the tools and processes will be made based on feedback from an evaluation of the initial rollout, ahead of further network accreditations in 2024.

### **Capacity to Train guidance for training settings**

The [Capacity to Train Guidance](#) (Guidance) has been approved for implementation from May 2022. The Guidance is designed to support training settings to determine the number of trainees they have in relation to their capacity to resource training and ability to deliver training experiences in alignment with the Basic Training curricula.

The Guidance was trialled in late 2021 in four settings with accredited Basic Training programs. The trial required settings to calculate their training capacity based on the Guidance and then complete a survey on the process and usefulness of the Guidance. Findings from the trial indicate that the Guidance is overall seen as a necessary and useful document to assist settings in determining their capacity to train.

The Guidance has been provided to all Directors Physician/Paediatrics Education and will be included in the self-assessment stage of the new accreditation program. Training for Fellows and staff is being delivered along with a soft touch implementation approach using capacity recommendations only for the first accreditation review cycle. The Guidance will be reviewed in 2024.

### **Addressing local concerns identified through the Physician Training Survey**

Follow up processes were conducted with some training settings regarding concerning results from the 2020 Physician Training Survey. When a training setting's aggregate score on selected survey questions related to wellbeing, safety or workload fell below a threshold, the [Managing a Concern](#) (MCR) process was initiated. Leaders at these training settings were provided with detailed data related to the concerns and asked to provide a response to the RACP outlining measures to address the concerns.

The 2020 MCR process has concluded. Responses from all settings were assessed by a group of Members involved in accreditation functions, with the significant majority of responses deemed to be comprehensive and appropriate. Training setting leaders have been advised of assessment outcomes. In general, the follow up process was well received by training settings.

### **Safe Training Environments**

Results from the Physician Training Surveys and Medical Training Surveys highlight member experiences and concerns regarding bullying, harassment, and discrimination. In response to this, the College Education Committee (CEC) and College Trainees' Committee (CTC) convened the Safe Training Environments Summit on 5 November 2021.

The Summit brought together members of the CEC, CTC and invited guests to collaborate and agree a strategic approach to tackling bullying, harassment, and discrimination in training environments. Dr Sally Langley, President of the Royal Australasian College of Surgeons (RACS), presented on their approach to dealing with bullying, harassment, and discrimination in surgical training programs.

Summit participants worked together to explore the root causes of these issues and prioritise key strategic areas where the RACP can act. Recommendations emerging from the day were to:

1. form an Expert Advisory Group
2. use training setting accreditation as a lever for quality improvement to workplace stressors
3. introduce mandatory training as a CPD requirement
4. run communications and engagement campaigns to unite Members in wanting change
5. provide pastoral care for trainees (separate from the training process).

A summary report on the Summit is available on the College [website](#).

Our work to progress the Summit recommendations to date includes:

- clarifying the roles and responsibilities of the RACP relevant to trainees' workplaces to inform our action plan and communications to members
- mapping our current initiatives that may influence the cultivation of safe training environments and the wellbeing of trainees and/or educators
- conducting an environmental scan – including the initiatives of other specialist medical colleges to cultivate safe training environments and manage trainee complaints related to bullying, harassment, and discrimination.

Work is now underway to:

- undertake a gap analysis of existing RACP resources to improve physician competencies related to the creation of safe training environments
- investigate options for providing pastoral care and support to trainees, which is separate from the training process.

These activities will inform a draft action plan for progressing the summit recommendations.

### **Update Required Against Standard 8**

#### ***2021 AMC Commentary***

Provide an update on Phase 1 implementation of the new Accreditation Program and how this has been evaluated.

Comment on the progress of the Capacity to Train pilot.

Provide an update on the development of a strategy for greater participation of trainees in accreditation and review of the terms of reference and membership of all college committees responsible for accreditation.

Updates on implementation of the new accreditation program and capacity to train guidance have been provided above.

The Terms of Reference for the Paediatrics and Child Health (PCH) and Adult Internal Medicine (AIM) Accreditation Subcommittees were reviewed and updated to include trainee representation. Trainee representatives receive full accreditor training and observe at least two accreditation visits ahead of undertaking accreditation visits. A further review of trainee participation is planned as part of an audit on advanced training accreditation.

## 2. Addressing accreditation conditions

There are no open conditions remaining.

## 3. Statistics and annual updates

Please see [Appendix 2](#) for statistics and annual updates.

# Standard 9

## Continuing professional development, further training and remediation

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

**2021 AMC assessment:** Standard Met

**Conditions open:** Nil

### 1. Analysis of strengths, challenges and significant developments

#### Significant developments since the last accreditation assessment

##### **Expression of interest to become a CPD Home**

The RACP has submitted feedback to the Australian Medical Council in response to the consultation on criteria for AMC Accreditation of CPD Homes. We have also submitted an expression of interest to continue our accreditation and become a CPD home. We appreciate the Australian Medical Council's time in meeting with us and discussing our 2023 MyCPD Framework and proposed high-level CPD requirements for specialists.

##### **Release of a new MyCPD platform**

We launched our upgraded MyCPD platform in September 2021. The new platform has updated, more flexible technology along with improved security.

Key features include:

- streamlined and mobile-friendly interface for users
- improved Professional Development Planning tool
- integration with the RACP Online Learning platform to provide automatic recording of RACP CPD courses undertaken by Fellows
- detailed staff administration panel which has significantly streamlined the administration of the MyCPD program and provided operational benefits e.g., audit verification functionality
- ability to enter verified RACP CPD activities on a Fellow's behalf.



## **Release of the new CPD Framework**

From August 2022, we will be shifting focus to announce the 2023 MyCPD Framework and preparing our doctors for the upcoming regulatory changes. The development of the 2023 CPD Framework has been in progress since early 2021. We undertook a thorough analysis of the literature and evidence available to support regulatory changes in Australia and Aotearoa New Zealand, as well as incorporating key issues from our strategic plan and Indigenous Strategic Framework. A robust communication plan has been developed to support the release of the new CPD Framework.

We have also been promoting new resources that support changes to CPD including an Annual Conversation template, Professional Development Plan information and tools, the online Aboriginal, Torres Strait Islander and Māori Cultural Safety Curated Collection, peer review guidance and a curated collection of audit ideas. We encourage feedback from Fellows on existing and potential future resources that would be helpful for them and their peers.

Development of a series of video interviews with Fellows is also underway, discussing the value of CPD activities they complete in categories 2 and 3. We hope this resource will particularly be helpful for Fellows who do not work in a hospital setting and find it challenging to complete activities that review performance and measure outcomes.

## **CPD focus groups research**

Considering upcoming regulatory changes to CPD, we commissioned ORIMA Research to conduct market research to understand how we can best support Fellows to meet their CPD requirements. Focus groups and in-depth interviews were conducted with Fellows to understand how they engage with the CPD program (particularly categories 2 and 3 relating to reviewing performance and measuring outcomes) and how the RACP can best support them to meet the new CPD requirements.

The research recommendations included targeted information to increase awareness and understanding of the changes; developing further resources to support Fellows to complete their CPD; continue to simplify the process of recording CPD; and adopting a collaborative tone that acknowledges the diversity of our Fellowship. These recommendations will inform our approach throughout 2022 and 2023 as the new CPD Framework is released.

## **2021 CPD completion rate**

Following the 2020 CPD exemption due to the impact of COVID-19 in Australia and Aotearoa New Zealand, we worked to ensure members are aware that annual CPD requirements recommenced from 2021. Many Fellows have required additional support with the recording of their CPD activities due to the ongoing impact of the pandemic on their practice and personal lives.

The RACP reached 97.5% completion of 2021 CPD submissions by 31 July 2022.

According to the College's Memorandum of Understanding with the Medical Council of New Zealand, the RACP is required to annually report on any New Zealand registered participants who fail to complete their CPD requirement. There were two RACP CPD participants, who held active MCNZ practising certificates in 2021, to report to MCNZ for CPD non-compliance in 2021. Prior to reporting, effort was made to encourage re-engagement and compliance.

## **2021 CPD audit**

The RACP audits the CPD records of 5% of MyCPD participants each year. The audit of 2021 CPD activity revealed that the submission records of 88.5% of included audit participants complied with the MyCPD framework. Follow up activities have been undertaken with the 87 audit participants identified as non-compliant.

## Continuing Professional Development resources

We continued to expand our library of online educational resources that are available to all members, focussing on cross-specialty topics, emerging areas of need, and supporting minority populations. Resources are regularly reviewed and updated to ensure currency.

There are now over 47 [self-paced online courses](#) available that have been designed to encourage interaction amongst members through online discussion forums, engaging video scenarios, reflection and practice activities. New courses have recently been launched on Genomics for Aboriginal & Torres Strait Islander People, Advocacy for Physicians, and Quality and Safety in Rural Australia, while several other courses are in development for release in Quarters 3 and 4 of 2022.

[Curated Collections](#) are our CPD learning resource guides, based on the contributions and peer review of RACP Fellows and other experts. Each guide presents the most relevant key readings, courses, web resources and tools on a specific topic. We continue to develop Curated Collections to assist members in accessing quality resources on important topics. In early 2022, we released a new Aboriginal, Torres Strait Islander and Māori Cultural Safety Curated Collection. This Collection has been designed to support physicians, trainees, and overseas trained physicians in Australia and Aotearoa New Zealand to provide more impactful, meaningful, and culturally safe care for Indigenous patients, their families, whānau and communities. A Digital Health CPD Primer has recently been released, providing members with ideas and examples of how to meet MyCPD Category 1, 2 and 3 requirements in the field of digital health.

The Medflix video library continues to expand, with over 100 new videos added in the last 12 months. Videos include lectures, webinar recordings, interviews, and video scenarios across a broad spectrum of clinical and professional topics.

The [Pomegranate Health Podcast](#) has continued to attract large audiences to a wide range of topics. 'Zeroing in on the renal troponin' (Ep70) was inspired by an article from the Internal Medicine Journal and has been downloaded over 7000 times in the last year. More recent episodes on immunotherapy in melanoma (Ep79) and healthcare in a volatile climate (Ep80) look to be following the same trajectory. We also developed a series of three episodes on dealing with medical injury, specifically apologising to victims, looking after one's own feelings of guilt, and helping victims receive the right form of recompense. Other popular original content was material shared from the Royal Children's Hospital Essential Ethics podcast, from the RACP Congress, and our documentary 'The Advocate's Journey'.

Our [Spaced Learning courses](#), delivered by Qstream, are designed to enhance physicians' practice and performance through guided case study discussion. The course content is based on real scenarios, developed by our Fellows to challenge physicians' thinking, and improve professional practice through discussion and reflection. Two new courses were developed and successfully delivered within the last 12 months: Developing Effective Teaching Skills and Quality & Safety. We plan to run an updated iteration of the popular Developing Effective Teaching Skills course again in Quarter 3 of 2022.

To continuously improve our offerings, all RACP online resources contain short built-in feedback surveys. This enables us to consistently capture our members' feedback so that we can adapt, improve, and continue to meet their needs.

We recently conducted a Digital Health Learning Needs Analysis of the RACP Fellowship, to assess Fellows' current level of skills and experience in digital health, and to gain an understanding of their perceived knowledge gaps and digital health goals. The survey attracted 370 respondents, and the findings will assist us in developing appropriate educational resources and continuing professional development opportunities in digital health.

Along with the CPD resources mentioned above the RACP continues to develop resources to support Fellows' completion of meaningful activities that review performance and measure outcomes. This

includes bringing together [current and new peer review resources in one location](#). This 'peer review page' includes a series of templates designed to support peer review of clinical and team interactions and effectiveness. Work has also begun with those groups of Fellows for whom the task of meeting new CPD requirements is significantly more difficult (those in part-time roles, those in solo private practice, those transitioning to retirement, those in research or 'non-clinical roles' etc.). Resources include a collection of [resources focussed on Public Health](#) and ongoing work to customise annual conversation and professional development planning templates, and on developing example audits for those transitioning to retirement and with minimal clinical workloads.

## 2. Addressing accreditation conditions

There are no open conditions remaining.

## 3. Statistics and annual updates

Please see [Appendix 2](#) for statistics and annual updates.

# Standard 10

## Assessment of specialist international medical graduates

<b>Areas covered by this standard:</b>	assessment framework; assessment methods; assessment decisions; communication with specialist international medical graduate applicants
<b>2021 AMC assessment:</b>	Standard Met
<b>Conditions open:</b>	Nil

### 1. Analysis of strengths, challenges and significant developments

#### Significant developments since the last accreditation assessment

##### **New Memorandum of Understanding between the Medical Council of New Zealand and the RACP signed in August 2021**

A new Memorandum of Understanding (MoU) with the MCNZ was signed in August 2021. The previous MoU had been signed in 2015 and did not reflect current practice or appropriate fees. The major changes to the MoU in relation to OTP include increased timeframes for assessment to appropriately reflect the complexity of the processes as well as an increase in fees and the introduction of a new fee to cover the costs of the re-evaluation process. The RACP is fully supportive of the changes introduced by the MCNZ in their new MoU and appreciates the open, collaborative, and responsive approach taken during discussions to develop the new MoU.

OTP assessments in Aotearoa New Zealand are now meeting all timeframes set under the new MoU and operations are working much more smoothly.

##### **Development of online OTP interviewer training**

In September 2021 we launched a new OTP e-learning resource 'Becoming an OTP Interviewer in Australia'. This resource was developed following the travel restrictions imposed by COVID-19 which prevented Fellows from attending face-to-face workshops. The resource is an engaging, multi-media course that offers both new and experienced interviewers a chance to improve their skills and better understand the processes and context of the OTP interviewer role. It includes learning on procedural fairness, the importance of transparency and the impact of unconscious bias.

The Aotearoa New Zealand version of the interviewer training resource is due to launch in the second half of 2022.

## **RACP OTP Online Community**

In October 2021, the RACP Online Community (ROC) was extended to OTP applicants. This initiative resulted from a 2019 evaluation of the OTP assessment process in Australia, which identified the need for an online community for OTPs to network and share knowledge and experience. The OTP Online Community currently holds 520 members.

## **Cultural competence, cultural safety & issues of health equity within the assessment of OTPs**

Through OTP assessment, we continue our work in acknowledging and supporting the focus on cultural safety and issues of health equity across Australia and Aotearoa New Zealand.

In Aotearoa New Zealand, we have reviewed and updated the OTP application form, interview report and assessment requirements to include specific content and questions on cultural safety and health equity as well as making the RACP Aboriginal, Torres Strait Islander and Māori Cultural Safety Curated Collection available for all applicants. In Australia, we have reviewed the OTP Orientation Program, with the support of our Indigenous strategic partners, to ensure the course appropriately prioritises learnings on cultural safety and issues of health equity. This updated course will be released in the second half of 2022.

## **Number of Overseas Trained Physician applications**

We continue to assess a large number of applications from OTPs seeking the opportunity to practice in Australia or Aotearoa New Zealand. The RACP received 252 applications from OTPs in more than 30 countries, with assessment across 29 different specialties, and provided a total of 247 assessment decisions and recommendations in 2021. This included:

- 148 interim assessment decisions on the comparability of OTPs with Australian trained physicians
- 99 recommendations (including preliminary and interview advice applications) to the MCNZ on the equivalence of OTP applicants with Aotearoa New Zealand trained physicians.

## **Impacts of COVID-19**

We continued with OTP assessment throughout COVID-19 with little impact on the services provided to OTPs and our compliance benchmarks set by the Medical Board of Australia and MCNZ. The interview process had already moved entirely online, and we were well equipped to facilitate all interviews via videoconference.

Throughout the year, we continued to monitor the effects of COVID-19 and provided flexibility for OTPs to commence their requirements in response to international border closures. This resulted in two 12-month extensions (in May 2020 and February 2021) provided to all Australian OTPs that had been issued an interim assessment decision but had not yet started their requirements. We provided further support for international medical graduates on the short-term training in a medical specialty pathway whose training was affected by COVID-19.

The number of applicants commencing workplace-based assessments (peer review and top up training) in 2021 remains below what we saw in 2017 and 2018. Since the start of the COVID-19 pandemic and border closures, numbers have been approximately 17% below those recorded in 2018.

## **2. Addressing accreditation conditions**

There are no open conditions remaining.

### 3. Statistics and annual updates

Please see [Appendix 2](#) for statistics and annual updates.



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