Accreditation Report: The Education and Training Programs of the Royal Australasian College of Physicians

Specialist Education Accreditation Committee

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Acknowledgement of Country

The Australian Medical Council (AMC) acknowledges Aboriginal, Torres Strait Islander Peoples as the original Australians, and Māori as the original Peoples of Aotearoa New Zealand.

We acknowledge the Traditional Custodians of these lands and pay respects to Elders past and present and acknowledge the ongoing contributions of Indigenous Peoples to all communities. We acknowledge government policies and practices impact on the health and wellbeing of Indigenous Peoples and commit to working together to support healing and positive health outcomes.

Through its accreditation and assessment processes for the medical profession, the AMC is committed to improving equity and outcomes for the Aboriginal, Torres Strait Islander Peoples of Australia, and the Māori Peoples of Aotearoa New Zealand.

Executive Summary: Royal Australasian College of Physicians

The Australian Medical Council (AMC) document, *Procedures for Assessment and Accreditation of Specialist Medical Education Programs by the Australian Medical Council 2023*, describes AMC requirements for reaccreditation of specialist medical programs and their education providers.

The Royal Australasian College of Physicians (RACP) was established in 1938, and today, delivers education and training programs in 33 medical specialties across Australia and Aotearoa New Zealand. The College's education and training programs were first accredited by the AMC in 2004 and accreditation for a limited period of four years until December 2008 was granted subject to satisfactory progress reports.

An overview of the College's accreditation and monitoring history by the AMC since 2004 is provided below:

Year	Assessment/Report	Decision
2004	Full assessment	Accreditation granted until 30 June 2008.
2008	Follow-up assessment	Extension of accreditation until 31 December 2010.
2010	Comprehensive report	Extension of accreditation until 31 December 2014, subject to satisfactory progress reports.
2014	Extension of accreditation	Extension of accreditation until 31 March 2015 to allow the program to remain accredited until the new accreditation decision could be made.
2014	Reaccreditation assessment	Accreditation granted until 31 March 2021, subject to satisfactory progress reports.
2019	Progress report with visit	Accredited until 31 March 2021. Comprehensive report due in 2020.
2020	Comprehensive Report	Extension of accreditation until 31 March 2025 (Maximum of 10 years accreditation). Reaccreditation in 2024.

2024 Reaccreditation

An AMC team conducted a review of RACP education and training programs from May to July 2024, and met with College staff, fellows, trainees and specialist international medical graduates.

The following areas of accomplishment and initiative were of note:

- The challenging and long-term work undertaken by College staff, fellows and trainees to the Curriculum Renewal project to ensure an up to date and current curriculum framework, curriculum, learning objectives and outcomes, and assessment methodology.
- The commitment to Aboriginal and Torres Strait Islander Peoples and Māori health and equity demonstrated though the incorporation of the Indigenous Object in the Constitution and Indigenous Strategic Framework.
- The comprehensive nature of the Adult Medicine and Paediatrics & Child Health Divisional Clinical Examinations with emphasis on trainee wellbeing in various sites and incorporation of risk management/contingency planning strategies.
- The implementation of the Data Governance Framework, including Indigenous Data Guardians and developing Indigenous Data Governance policy.
- The Capacity to Train Guide and Local Selection Toolkit to support selection into Basic Training programs.
- Annual fee benchmarking and communication of outcomes to trainees provides assurance to trainees.
- The Training Support Unit that provides trainees with training and wellbeing support.
- The Framework for Education, Leadership and Supervision supported by online resources to support supervisor training and development.
- The provision of case officers to support specialist international medical graduates through the application process.

The AMC determined a number of areas of focus for the College, including:

- Ensuring a stable and sustainable governance structure is critical for College to achieve its strategic and educational goals.
- Implementing resourcing plans to ensure work related to Indigenous Strategic goals are undertaken in a culturally safe manner, including embedding cultural safety training for all staff, fellows and trainees.
- Keeping on track with the implementation of two renewed Basic Training programs and the Advanced Training Programs in Waves 1, 2 and 3. This includes the successful implementation of the Training Management Platform, central to transitioning into a new assessment approach.
- Improving policies and procedures for selection into Basic and Advanced Training to ensure a transparent, reliable and culturally safe process, with consideration for centralised methods to ensure consistent and fair application of policy.
- Improving engagement and communication with fellows and trainees as well as with specialty societies.
- Improving the presence of College training programs in regional, rural and remote training sites.

Decision on accreditation

Under the *Health Practitioner Regulation National Law*, the AMC may grant accreditation if it is reasonably satisfied that a program of study and the education provider meet an approved accreditation standard. It may also grant accreditation if it is reasonably satisfied that the provider and the program of study substantially meet an approved accreditation standard, and the imposition of conditions will ensure the program meets the standard within a reasonable time. Having made a decision, the AMC reports its accreditation decision to the Medical Board of Australia to enable the Board to make a decision on the approval of the program of study for registration purposes.

Findings

The AMC's finding is that it is reasonably satisfied that the training, education and the continuing professional development programs of the Royal Australasian College of Physicians *substantially meet* the accreditation standards.

The **24 October 2024** meeting of the AMC Directors resolved:

(i) That the Royal Australasian College of Physician's specialist medical programs be granted accreditation for **four years** to **31 March 2029**, subject to satisfying AMC monitoring requirements including monitoring submissions and addressing accreditation conditions.

(ii) That this accreditation is subject to the College providing evidence that it has addressed conditions in the specified monitoring submission as set out in the table below.

Standard	Condition	To be met by
Standard 1	1. Undertake the Education Governance Review and provide details regarding the outcomes and next steps, detailing: i. the scope of the consultation process. ii. changes and impact on educational governance, with details on enabling all relevant groups to contribute to decision making. iii. changes and impact on corporate governance, with details on the priority given to education relative to other activities iv. impacts to the sequencing of activities of the Curriculum Renewal (Standard 1.1 and 1.2)	2025
	2. To achieve Indigenous Strategic goals within the College, in genuine partnership with Indigenous peoples, develop and implement: i. a governance and resourcing plan for this work to be undertaken in a culturally safe manner, eliminate the cultural loading of Indigenous staff and empower Indigenous leadership (Standard 1.1 and 1.2). ii. a well-resourced plan to embed cultural safety training or CPD activities for all College committees, fellows, educational leaders and supervisors and assessors, trainees, specialist international medical graduates and College staff. The aim is to build institutional knowledge across the College of Indigenising and decolonising practices and self-reflection (Standard 1.7, 3.2, 5.2, 8.1 and 9.1).	2025 2026

Standard	Condition	To be met by
	3. Develop and implement mechanisms to embed consumer and community engagement and leadership in governance and decision-making, and in the co-design of education and training programs (Standard 1.1 and 1.6.1)	2026
	4. Develop and implement processes and metrics to improve and monitor reported delays: i. in responses to Member enquiries about specialist medical training with evidence of sustained ability to address concerns in a timely manner. (Standard 1.2.1, 1.5 and 7.3) ii. to the successful certification of completion of specialist medical training (Standard 1.2.1, 3.2 and 3.4)	Implement in 2025. Evidence of sustained improvement 2026 2026
	5. Develop and implement a systematic collaboration and consultation program with jurisdictions and health services in Australia and Aotearoa New Zealand. Consideration must be given to the impact of program development on workforce and improving physician recruitment and retention in regional, rural, and remote settings (Standard 1.6.1, 1.6.3, 7.1 and 8.2)	2027
Standard 2	6. Implement appropriate steps, in partnership with Indigenous representatives, to consult with Indigenous stakeholders, internal and external, to ensure relevant program and graduate outcomes align with the implementation of the Indigenous Object and related initiatives (2.1, 2.2 and 2.3)	2026
	7. In relation to developing the Cultural Safety domain and professional standard, explicitly define program and graduate outcomes within Basic and Advanced Training programs to demonstrate increasing competence. (2.2 and 2.3)	2026
Standard 3	8. In relation to the curriculum renewal: i. provide detailed report on the full implementation of the two basic training curricula and the six Wave 1 advanced training program curricula. ii. provide implementation plans and curriculum documents for Waves 2 and 3 curricula. iii. provide monitoring and evaluation plans for Wave 1, 2 and 3, including monitoring related to areas where new fellows feel least prepared for professional practice (including health policy, systems and advocacy; cultural safety and equity; and research (3.2)	2025 2026 2026
	9. Critically review mechanisms, not restricted to the Advanced Training Research Project (ATRP), for trainees to develop and evidence the research competencies as specified in the curricula. If the ATRP is retained as one of these mechanisms,	2026

Standard	Condition	To be met by
	appropriately revise the requirement to improve constructive alignment, improve flexibility and trainee experience and ensure the operationalisation does not unduly impede completion of training (3.2.8 and 5.2)	
	10. Aligned with the Cultural Safety domain of the Professional Practice Framework, develop, update or curate robust curriculum content with relevant competencies on: i. culturally safe practice ii. health and wellbeing of Aboriginal and/or Torres Strait Islander peoples and Māori (3.2.9 and 3.2.10)	2026
	11. Articulate the new curricula for the two basic training programs with the early years of training (PGY1 & 2) (3.3)	2025
	12. Critically review and improve processes to approve/amend proposed periods of training for trainees to: i. Ensure incumbent trainees are not unduly affected by changes to accredited training positions ii. Ensure trainees have sufficient access to information, such as timely training approval/progression decisions and clarity on outstanding training requirements, to inform necessary adjustments to training plans and avoid inadvertently prolonging training [Standard 3.4 and 8.2]	2026
Standard 4	13. Address variability in basic and advanced training program learning experiences across training sites and networks by developing or curating centralised teaching and learning resources : i. Learning resources should be constructively aligned to key curricula content. ii. Equity of access should be promoted for resources relevant to examination preparation iii. The impact of learning resources should be monitored to ensure a balance of teaching and learning modes. (4.1 and 4.2.2)	2026
	14. Implement the Training Management Platform with appropriate monitoring and evaluation processes to demonstrate effectiveness of supporting curriculum renewal and assessment (Standard 4.2 and 5.1)	2025
Standard 5	15. Provide detailed transition plans for the assessment programs of the new curricula. The plans should describe: i. Contingency plans in the event of disruption or delay.	2025

Standard	Condition	To be met by
	ii. A program of training and resources for supervisors delivering workplace-based assessment iii. Integration of all forms of assessment into a programmatic assessment approach and how progression decisions are made. iv. Consideration for streamlining efficiencies for trainees in joint training in appropriate disciplines (Standard 5.1, 5.2, 7.4 and 8.1)	
	16. Ensure that there is robust assessment related to competencies regarding Aboriginal and/or Torres Strait Islander Peoples' and Māori health, equity and cultural safety. Appropriate consultation with relevant stakeholders must be prioritised in development, implementation and monitoring of these approaches (Standard 5.2)	2026
	17. Undertake and provide recommendations of the Cross College Examinations Review, detailing alignment to contemporary assessment practice. The review should consider: i. The role of high-stakes single point in time assessments in the revised assessment program, considering how fit-for-purpose these are across a range of program and training contexts. ii. The optimisation of comparability of clinical examinations across sites. iii. The impact of the cost of examinations for the College and trainees (Standard 5.2, 5.4 and 7.4).	2025
	18. As a priority, effectively respond to trainee concerns reported regarding the 2021 Paediatrics and Child Health Divisional Clinical Examination about discriminatory behaviours to provide assurance of a fair and equitable process. (Standard 5.2, 5.4 and 7.3)	2025
	19. Evaluate the quality and timeliness of examination feedback to trainees with a view to improvement and consideration for inclusion of supervisors in the feedback process (Standard 5.3)	2026
	20. Develop and implement mechanisms to quality assure the implementation of programmatic assessment, including workplace-based assessments, in contributing to learner development and accurate and fair progression decisions (Standard 5.4, 8.1 and 8.2)	2027
Standard 6	21. Facilitate systemised options for supervisors of training to provide feedback on the training program. This may be aligned with accreditation of training site/network activities (Standard 6.1.1 and 8.2.1)	2026

Standard	Condition	To be met by
	22. Define and apply approaches to monitor and evaluate how well the training program meets patient and community needs in matters of care quality and safety (Standard 6.2).	2026
	23. Strengthen monitoring and evaluation activities by enhancing 'loop closure' mechanisms for contributing stakeholders, both internal and external (Standard 6.3)	2025
Standard 7	24. Undertake review of policies, procedures and systems for selection into Basic and Advanced Training in collaboration with relevant stakeholders. Outcomes of this work should include: i. determination of an evidence-based framework for selection activities, adaptable to a range of implementation contexts, which ensures these activities are aligned to the College's selection principles, and are transparent, feasible, valid, reliable and culturally safe. Specific attention is needed in Advanced Training to reduce variability. ii. identify centralised methods to monitor consistent and fair application of the selection policy and processes across accredited training sites and jurisdictions. Clear actions to address inconsistent application and increase transparency in selection must be considered. iii. include strengths-based approaches to increase the selection of Aboriginal and/or Torres Strait Islander, and Māori trainees, and trainees with a commitment to rural and/or remote and/or Indigenous health in partnership with stakeholders. iv. ensure all information, policies and procedures, related to selection into training are clearly articulated and easily accessible on the College website (Standard 7.1).	2026
	25. Develop and commence implementation of a strategic workforce plan that enhances the recruitment, training, retention, and professional development of a physician workforce that serves the healthcare needs of Indigenous populations. (Standard 7.1.3)	2026
	26. Identify and implement methods/tools to improve engagement with and amongst trainees, with appropriate consultation with trainees and their representatives. Monitoring and evaluation mechanisms should be included to determine improvement over time (Standard 7.3).	2025
	27. As part of overall strategic and action plans to improve trainee wellbeing and training environments: i. develop and implement centralised mechanisms to document, manage and monitor allegations of discrimination, bullying and harassment in accredited	2026

Standard	Condition	To be met by
	training sites. Appropriate timelines for stakeholder response must be determined. ii. develop and implement centralised safe, culturally responsive and confidential pathways for trainees to raise concerns about their training environment and resolution of training disputes. Appropriate timelines for stakeholder response must be determined. iii. ensure information related to trainee supports and complaints pathways are clearly documented, well-communicated and easily accessible. This may include resituating items on the College website to be more visible (Standard 7.4 and 7.5)	2026 2025
Standard 8	28. Implement monitoring mechanisms for the Supervisor Professional Development Program to ensure: i. alignment with new Basic and Advanced Training curriculum and competency-based education model. ii. incorporation of cultural safety training to support culturally safe supervision, in alignment with the timelines stipulated in the wider cultural safety training plan referred to in Condition 2. iii. assessors of workplace-based assessments receive appropriate training and resources (Standard 8.1 and 6.1.2)	2026
	29. Facilitate the professional development of supervisors and assessors by utilising feedback mechanisms including contributions by trainees (Standard 8.1.3 and 8.1.5)	2026
	30. Develop and implement criteria to strengthen the Accreditation Standards to: i. ensure alignment with Basic and Advanced Training program and graduate outcomes. ii. improve support for DPEs and supervisors of training in their training roles (i.e. with protected time, appropriate resources, etc) iii. facilitate support for trainees to attend teaching and access supervision adequate for their learning. iv. include a requirement to ensure clear commitment to Aboriginal and/or Torres Strait Islander and Māori health, equity and cultural safety. v. make provisions for the proportionate assessment of regional, rural and remote training sites, accounting for unique parameters of these locations in Australia and Aotearoa New Zealand (Standard 8.2)	2027

Standard	Condition	To be met by
	31. Critically review and analyse Accreditation Processes to: i. reduce the impact of logistical requirements of accreditation on training sites, trainees and supervisors by improving communication, notice and purpose of accreditation to achieve robust accreditation. This may involve reducing manual management of administrative aspects of the accreditation process for training sites and accreditation panels. ii. ensure trainees and supervisors are able to raise concerns about delivery of training in safe, reliable and accessible manner. iii. assess whether paper-based accreditation has any impact on trainee and supervisor engagement with the College. iv. ensure Active Management Process clearly states the requirement to notify MCNZ if training site withdrawal is intended (Standard 8.2)	2025
	32. Develop and implement mechanisms to assess: i. whether training sites provide appropriate levels of training to meet the outcomes of Basic and Advanced Training Programs. ii. barriers to training progression for trainees in regional, rural and remote sites (Standards 8.2.2 and 8.2.3)	2026
Standard 9	NIL	

This accreditation decision relates to the College's specialist medical programs in the following specialties and fields of specialty practice:

Physician	Paediatrics & Child Health
• Cardiology • Clinical genetics • Clinical pharmacology • Dermatology (NZ only) • Endocrinology • Gastroenterology and hepatology • General medicine • Geriatric medicine • Haematology • Immunology and allergy • Infectious diseases • Medical oncology • Nephrology • Neurology • Nuclear medicine • Respiratory and sleep medicine • Rheumatology • Palliative Medicine • Addiction Medicine • Sexual Health Medicine • Occupational and Environmental Medicine • Rehabilitation Medicine • Public Health Medicine	• Clinical genetics • Community child health • General paediatrics • Neonatal and perinatal medicine • Paediatric cardiology • Paediatric clinical pharmacology • Paediatric emergency medicine • Paediatric endocrinology • Paediatric gastroenterology and hepatology • Paediatric haematology • Paediatric immunology and allergy • Paediatric infectious diseases • Paediatric intensive care medicine • Paediatric medical oncology • Paediatric nephrology • Paediatric neurology • Paediatric nuclear medicine • Paediatric palliative medicine • Paediatric rehabilitation medicine • Paediatric respiratory and sleep medicine • Paediatric rheumatology

Next Steps

Following an accreditation decision by AMC Directors, the AMC will monitor that it remains satisfied the College is meeting the standards and addressing conditions on its accreditation through annual monitoring submissions in 2025, 2026 and 2027.

Enhanced Monitoring

The AMC recognises the College has a complex and extensive plan for renewal and is developing, reviewing and implementing several programs and projects simultaneously. Additionally, the recommendations of the NHPO and Kruk review will impact the shape of College's work. The AMC monitoring process requires the College report significant developments and impact to education provider and training program.

Given the scope of change anticipated, the College is asked to provide periodic (as completed) or annual updates to the AMC on the following:

1. Provide implementation plans of the Regional, Rural and Remote Physician Strategy, including revisions to existing training programs (Standard 1.2, 3.1, 3.2).

2. Plans for communication or communiques to trainees on training program changes related to Basic Training and Advanced Training program implementation. (Standard 3.1, 3.2 and 5.1)
3. Achievement of implementation milestones planned and revised, for the curriculum renewal, Training Management System and CRM System. (Standard 3.1, 3.2, 4.2 and 7.3)
4. Progress of the implementation of the Progress Review Panels (Standard 1.2 and 5.2.1)
5. With monitoring data, provide commentary about any actions taken to manage downward trend of pass rates for Divisional Written Exam (Standard 5.4)
6. Provide evaluation outcomes for the Situational Judgement Test pilot, and any related implementation plans (Standard 7.1)
7. Provide updates related to the Strategic Action Plan to ensure safe training environments and manage incidences of bullying, harassment and discrimination (Standard 7.4 and 7.5)
8. Provide summary response to the NHPO and Kruk review recommendations (Standard 8.2 and 9.1)

Subsequent Accreditation

In 2028, before this period of accreditation ends, the AMC will conduct a follow up review to consider extending the accreditation. The education provider may request either:

- a full reaccreditation assessment, with a view to granting accreditation for a further six years.
- a more limited review, concentrating on areas where deficiencies are identified, with a view to extending the current accreditation to the maximum period (six years since the original accreditation assessment)

Please see section 5.1 of the accreditation procedures for a description of accreditation options for accreditation periods granted under six years.

Overview of findings

The findings against the ten accreditation standards are summarised below.

Conditions imposed by the AMC to enable the College to meet the accreditation standards are listed in the accreditation decision (pages 6 to 12). The team's commendations of areas of strength and recommendations for improvement are listed under each standard in the body of the report (pages 50 to 126.

In the tables below, M indicates a standard is met, SM indicates a standard is substantially met and NM indicates a standard is not met.

1. The context of training and education				This set of standards is Substantially Met
governance	SM	*educational resources*	SM	
program management	SM	*interaction with health sector*	SM	
reconsideration, review appeals	M	*continuous renewal*	SM	
educational expertise	M			

2. The outcomes of specialist training and education				This set of standards is Substantially Met
educational purpose	SM	*graduate outcomes*	SM	
program outcomes	SM			

3. The specialist medical training and education framework				This set of standards is Substantially Met
curriculum framework	SM	*continuum of training*	SM	
content	SM	*structure of the curriculum*	SM	

4. Teaching and learning				This set of standards is Substantially Met
approach	SM	*methods*	SM	

5. Assessment of learning				This set of standards is Substantially Met
approach	SM	*performance*	SM	
methods	SM	*quality*	SM	

6. Monitoring and evaluation				This set of standards is Substantially Met
monitoring	SM	*feedback, reporting and action*	SM	
evaluation	SM			

7. Trainees				This set of standards is Substantially Met
admission policy and selection	SM	*trainee wellbeing*	SM	
trainee participation in provider governance	M	*resolution of training problems and disputes*	SM	
communication with trainees	SM			

8. Implementing the program – delivery of educational and accreditation of training sites				This set of standards is Substantially Met
supervisory and educational roles	SM	*training sites and posts*	SM	

9. Assessment of specialist international medical graduates				This set of standards is Met
assessment framework	M	*assessment decision*	M	
assessment methods	M	*communication with applicants*	M	

Introduction: The AMC accreditation process

Responsible accreditation organisation

In Australia, the Health Practitioner Regulation National Law Act 2009 (the National Law) provides authority for the accreditation of programs of study in 15 health professions, including medicine.

Accreditation of specialist medical programs is required before the Board established for the profession, in medicine's case the Medical Board of Australia, can consider whether to approve a program of study for the purposes of specialist registration.

In Aotearoa New Zealand, accreditation of all Aotearoa New Zealand prescribed qualifications is conducted under section 12(4) of the Health Practitioners Competence Assurance Act 2003 (HPCAA).

The Australian Medical Council (AMC) is the accreditation authority for medicine under the National Law. Most of the providers of specialist medical programs, the specialist medical colleges, span both Australia and Aotearoa New Zealand. The AMC accredits programs offered in Australia and Aotearoa New Zealand in collaboration with the Medical Council of New Zealand (MCNZ). The AMC leads joint accreditation assessments of binational training programs and includes Aotearoa New Zealand members, site visits to Aotearoa New Zealand, and consultation with Aotearoa New Zealand stakeholders in these assessments. While the two Councils use the same set of accreditation standards, legislative requirements in Aotearoa New Zealand require the binational colleges to provide additional Aotearoa New Zealand-specific information. The AMC and the MCNZ make individual accreditation decisions, based on their authority for accreditation in their respective country.

Accreditation standards applicable to the accreditation of specialist medical programs

The approved accreditation standards for specialist medical programs are the *Standards for Assessment and Accreditation of Specialist Medical Programs by the Australian Medical Council 2023.*

These accreditation standards are structured according to key elements of the model for curriculum design and development and focus on the specific context and environment in which specialist medical programs are delivered. These standards are followed by two standards relating to processes undertaken by the providers of specialist medical training programs on behalf of the Medical Board of Australia.

In 2015, following a period of consultation, the AMC completed a review of the accreditation standards for specialist medical programs and continuing professional development programs. The Medical Board of Australia approved new accreditation standards which apply to AMC assessments conducted from 1 January 2016. The relevant standards are included in each section of this report.

In 2023, following the implementation of the AMC Accreditation Criteria for CPD Homes, the AMC has revised its Standards for Assessment to encompass nine standards, instead of ten. The assessment of continuing professional development is now assessed with separate criteria for Australia and Aotearoa New Zealand respectively.

The following table shows the structure of the standards:

Standards	Areas covered by the standards
1: The context of training and education	Governance of the education provider; program management; reconsideration, review and appeals processes; educational expertise and exchange; educational resources; interaction with the health sector; continuous renewal.

Standards	Areas covered by the standards
2: Outcomes of specialist training and education	Educational purpose of the provider; and program and graduate outcomes
3: Specialist medical training and education framework	Curriculum framework; curriculum content; continuum of training, education and practice; and curriculum structure
4: Teaching and learning	Teaching and learning approaches and methods
5: Assessment of learning	Assessment approach; assessment methods; performance feedback; assessment quality
6: Monitoring and evaluation	Program monitoring; evaluation; feedback, reporting and action
7: Trainees	Admission policy and selection; trainee participation in education provider governance; communication with trainees; trainee wellbeing; resolution of training problems and disputes
8: Implementing the program – delivery of educational and accreditation of training sites	Supervisory and educational roles and training sites and posts
9: Assessment of specialist international medical graduates	Assessment framework; assessment methods; assessment decision; communication with specialist international medical graduate applicants

Assessment of the programs of the Royal Australasian College of Physicians

In 2024, the AMC began preparations for the reaccreditation assessment of the Royal Australasian College of Physicians (RACP) programs. On the advice of the Specialist Education Accreditation Committee, the AMC Directors appointed Professor David Ellwood AO to chair the 2024 assessment of the College's programs. The AMC and the College commenced discussions concerning the arrangements for the assessment by an AMC team.

The AMC assesses specialist medical education and training using a standard set of procedures.

A summary of the steps followed in this assessment follows:

- The AMC asked the College to lodge an accreditation submission encompassing the areas covered by AMC accreditation standards: the training pathways to achieving fellowship of the Royal Australasian College of Physicians; College processes to assess the qualifications and experience of overseas-trained specialists; and College processes and programs for continuing professional development.
- The AMC appointed an assessment team (called 'the team' in this report) to complete the assessment after inviting the College to comment on the proposed membership. A list of the members of the team is provided as *Appendix One*.
- The team met in March 2024 to consider the College's accreditation submission and to plan the assessment.
- The AMC gave feedback to the College on the team's preliminary assessment of the submission, the additional information required, and the plans for visits to accredited training sites and meetings with College committees.

- The AMC surveyed trainees and supervisors of training of the College. The AMC also surveyed specialist international medical graduates whose qualifications had been assessed by the College in the last three years.
- The AMC invited other specialist medical colleges, medical schools, health departments, professional bodies, medical trainee groups, and health consumer organisations to comment on the College's programs.
- The team met by videoconference in April 2024 to finalise arrangements for the assessment.
- The team conducted virtual meetings with training sites in Queensland, Western Australia, Australian Capital Territory, South Australia and Tasmania, Northern Territory in April and May and Aotearoa New Zealand in July 2024. Both face-to-face and virtual meetings were conducted in Victoria and New South Wales in April and May 2024.

The assessment concluded with a series of meetings with the College office bearers and committees from 6 to 9 May 2024 and 20 to 21 June 2024. On 20 June 2024, the team sent its preliminary findings to College representatives.

Appreciation

The team is grateful to the fellows and staff who prepared the accreditation submission and managed the preparations for the assessment. It acknowledges with thanks the support of fellows and staff in Australia and Aotearoa New Zealand who coordinated the site visits, and the assistance of those who hosted visits from team members.

The AMC also thanks the organisations that made a submission to the AMC on the College's training programs. These are listed at *Appendix Two*.

Summaries of the program of meetings and visits for this assessment are provided at *Appendix Three*.

Section A Summary description of the education and training programs of the Royal Australasian College of Physicians

A.1 History and management of its programs

The Royal Australasian College of Physicians (RACP; the College) was established in 1938 and is an Australian public company as well as registered as a large charity with the Australian Charities and Not-for-profits Commission. The College delivers education and training programs in 33 medical specialties in Australia and Aotearoa New Zealand. The College is governed by its Constitution, outlining nine objects, including Object 1.1.9 added in May 2023 to demonstrate commitment to Aboriginal and/or Torres Strait Islander Peoples and Māori Peoples health and equity.

Object 1.1.9

Demonstrate a commitment to Indigenous aspirations and outcomes by:

a) respecting and promoting the principles as enshrined in the Uluru Statement from the Heart, Te Tiriti o Waitangi, and the United Nations Declaration on the Rights of Indigenous Peoples
b) advancing justice and equity in health care for Aboriginal and Torres Strait Islander and Māori communities; and
c) acknowledge the world views, protocols and cultures of the Aboriginal and Torres Strait Islander and Māori Peoples.

College governance

The College is governed by a Board of Directors, the peak decision-making body within the College, which promotes the College's interests in the pursuit of its objectives. The Board is composed of up to 10 Directors:

- the President
- the President-Elect
- the President of the Aotearoa New Zealand Committee
- one Trainee Director
- up to three Member Directors
- up to three other persons appointed as Appointed Directors by the Board.

The College comprises two Divisions, four Chapters and three Faculties, and these entities report to the Board. These sections offer vocational training, continuing professional development (CPD), recertification programs and assessment of specialist international medical graduates (SIMGs). The structure of the Divisions; including their underlying chapters, are:

- Adult Medicine
    - Australasian Chapter of Addiction Medicine
    - Australasian Chapter of Palliative Medicine
    - Australasian Chapter of Sexual Health Medicine
- Paediatrics and Child Health
    - Chapter of Community Child Health.

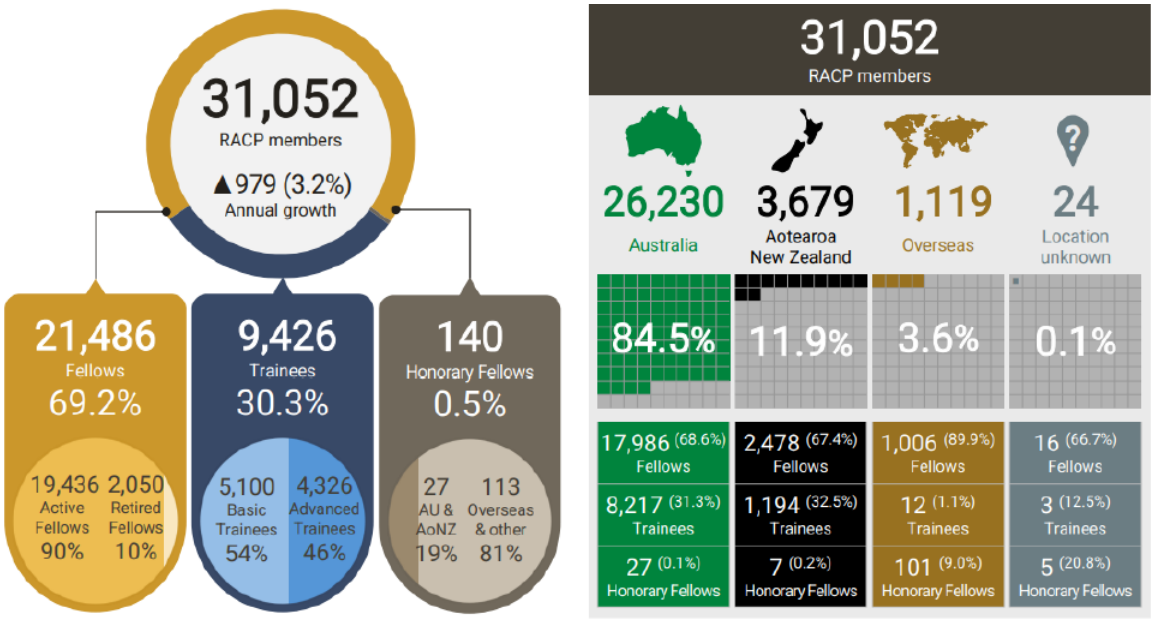
The three Faculties are:

- Australasian Faculty of Occupational & Environmental Medicine
- Australasian Faculty of Public Health Medicine
- Australasian Faculty of Rehabilitation Medicine.

Memberships of the College

The membership categories of the College consist of fellows, honorary fellows and trainees. In 2024, there were 21,486 fellows, 9426 trainees and 140 honorary fellows. Fellows and trainees have full voting rights as members of the College.

Figure A.1: Membership of the RACP: Fellows, trainees and honorary fellows



Speciality societies

There are 49 specialty societies affiliated with the College, bringing together physicians, paediatricians, researchers and clinical scientists actively involved in the practice and study of a particular specialty. The specialty societies are valued stakeholders and the College consults regularly with them on education and training matters, especially in Advanced Training to ensure curricula reflects contemporary, evidence-based practice. The composition of many College training committees includes positions for specialty society representatives.

Educational governance

The College Education Committee (CEC) is the body responsible for the development and oversight of education policy, and approval of amended and new training and education programs for RACP. The objective of the committee is to ensure consistent standards of education and training for college training programs in Australia and Aotearoa New Zealand.

The CEC is composed of 17 members, including:

- Chair appointed by the RACP Board
- Deputy Chair
- College Censor
- Board Director

- representatives from key education and training committees
- Chair or delegate of the CPD Committee and Overseas Trained Physicians (OTP) Committee
- two trainee observer positions nominated by the College Trainees' Committee (CTC)
- an appointed member with specialist skills in education and training
- a representative from the Consumer Advisory Group.

Under the umbrella of the CEC, there are a wide range of educations policies underpinning all education and training programs (see Table A.1).

Table A.1: RACP education and training policies

Education and training	
Academic Integrity in Training Policy	Defines the principles that underpin the RACP approach to academic integrity in its training programs and the roles and the process to adhere to when academic misconduct is identified
Assessment Policy	Standards and policy to which RACP training programs should adhere so that quality of assessment processes is ensured
Educational Leadership and Supervision Policy	Policy and framework to support and ensure high-quality supervision and leadership across RACP training programs
Flexible Training Policy	Policy outlines the flexible training options available for RACP trainees (including fellows in training) enrolled in training programs
Progression through Training Policy	Policy outlines provisions for completion of training requirements, time limits to complete training programs, prospective approval and certification of training, and failure to progress in training
Recognition of Prior Learning Policy	Policy outlines the requirements for the formal recognition of experience obtained prior to entry to an RACP training program
Selection into Training Policy	Policy sets out the principles which underpin selection into RACP training programs, including criteria for eligibility and selection into RACP training programs, and standards for the process of selection into training at RACP accredited training settings
Special Consideration for Assessment Policy	Policy to enable mitigation of unreasonable barriers to assessment activities of the RACP caused by exceptional circumstances
Trainee in Difficulty Support Policy	Policy outlines what 'in difficulty' means in the context of RACP training. It defines the principles to be employed by the trainee, the supervisor and the College when a difficulty is identified, and the roles and responsibilities of the parties involved.
Training Provider Accreditation Policy	Policy sets out how the RACP will assess, accredit and monitor training providers that deliver RACP training programs
Post-training	
Overseas Trained Physicians and Paediatricians Assessment Policy	Policy outlines the assessment process of SIMGs by RACP to determine their eligibility for medical registration and eligibility for Fellowship of the RACP

Continuing Professional Development Participation Policy	Policy outlines the RACP standards for participation in the MyCPD program for all participants to ensure a high standard of practice is established and maintained through the training and CPD of fellows and trainees
Participation by Fellows in Preparatory Courses for Assessment Policy	Policy articulates RACP's position on members directly involved in centrally administered summative written and clinical assessments participating in preparatory courses/lectures for these same assessments
Post-Fellowship Specialty Recognition Policy	Policy outlines a framework through which fellows can be recognised by the RACP in a specialty related to an RACP training program. This is usually for the purpose of supporting an application for specialist registration with the relevant regulatory bodies in Australia or Aotearoa New Zealand.

Education committees

With a dotted reporting line to the CEC, there are four Divisions (Australian Adult Medicine, Aotearoa New Zealand Adult Medicine, Australian Paediatrics and Child Health, and Aotearoa New Zealand Paediatrics and Child Health) reporting to their respective Division or Faculty Council, and also three Faculty education committees within their own DFaC. The responsibilities of these committees include:

- implementing College Strategic Direction in relation to education and College Education Policy as approved by the CEC
- ensuring standardisation in training delivery and that assessment is conducted according to College standards
- ensuring accreditation is conducted according to College standards
- working collaboratively with specialty societies and other key stakeholders on education development and delivery
- undertaking other functions as required by the relevant DFaC- or Board-approved policy or by-law. This might involve acting as Review Committee according to the Reconsideration, Review and Appeals Process By-law.

Training committees

Basic Training

The Adult Medicine Division Committee and the Paediatrics & Child Health Division Basic Training Committee have oversight in implementing College Education Policy in the Basic Training program nationally in Australia, monitoring of Basic Training progression, and approving special consideration requests. The committees work collaboratively with Directors of Physician/Paediatric Education (DPEs) and relevant Aotearoa New Zealand committees.

Advanced Training

There are 41 training committees, reporting to the relevant Division of Faculty education committees, with oversight of Advanced Training programs, inclusive of Chapter and Faculty training programs. These training committees are responsible for the development and implementation of respective training programs in their geographical remit according to the curricula and policies of the CEC. The scope of these committees also involve:

- monitoring and assessing trainee progress and confirming requirements for admission to fellowship
- monitoring training and training site accreditation, and providing supervisor support

- monitoring and reviewing curricula and program requirements including oversight of Curricula Review Groups established for the training program.

The list of RACP training committees and associated programs are at Appendix 4.

A.2 Outcomes of the RACP's fellowship training programs

Educational purpose

The RACP has established accreditation standards that define its educational purpose, which specifically addresses the health needs of Aboriginal and Torres Strait Islander Peoples of Australia and the Māori Peoples of Aotearoa New Zealand. Stakeholder consultation has been integral in shaping this educational mission. The College's educational purpose aligns with the first four objects of its constitution, which focus on:

- promoting high-quality health care and patient safety through education and training
- educating future generations of physicians
- maintaining professional standards and ethics via CPD
- promoting the study of medicine's science and art.

RACP training program

The RACP offers a structured range of training programs, including two Basic Training programs and 38 specialty training programs, culminating in various fellowships (see Figure A.4). The overarching aim of these programs is to contribute to a skilled physician workforce that delivers quality health care. The types of RACP training programs available are:

- **Basic Training:** Two programs in Adult Internal Medicine and Paediatrics & Child Health prepare trainees for advanced specialties
- **Advanced Training:** This is offered across 40 diverse programs and aims to develop physicians' expertise in specific areas of practice. Completion leads to fellowship and eligibility for specialist recognition.
- **Dual and joint training programs:** There are pathways available for simultaneous training in multiple specialties, with some collaborative training opportunities resulting in dual fellowships.

The College is currently engaging in significant reforms of its Physician Readiness for Expert Practice (PREP) framework, aiming to align training curricula more effectively and address contemporary healthcare needs.

The RACP's training curricula are designed to build upon previously acquired skills, with ongoing assessment and stakeholder engagement informing their development. The new training programs introduced will incorporate a mix of competency-based learning goals, updated curricula standards, and refined assessment structures.

Program outcomes

The RACP has established a set of publicly available program outcomes for each training program, which align with the Professional Qualities Curriculum (PQC). Graduates of the RACP training programs are expected to:

- demonstrate comprehensive knowledge and skills relevant to their specialty
- communicate effectively with patients, families and healthcare professionals
- recognise socioeconomic factors influencing health and care challenges

- be sensitive to the cultural needs of diverse patient populations
- work collaboratively within multidisciplinary teams
- advocate for patients' rights and develop advocacy skills
- engage in research and ongoing professional development
- contribute to the education of peers and other healthcare providers.

The outcomes are linked to nine key domains within the PQC, reflecting a holistic approach to physician education. These domains include:

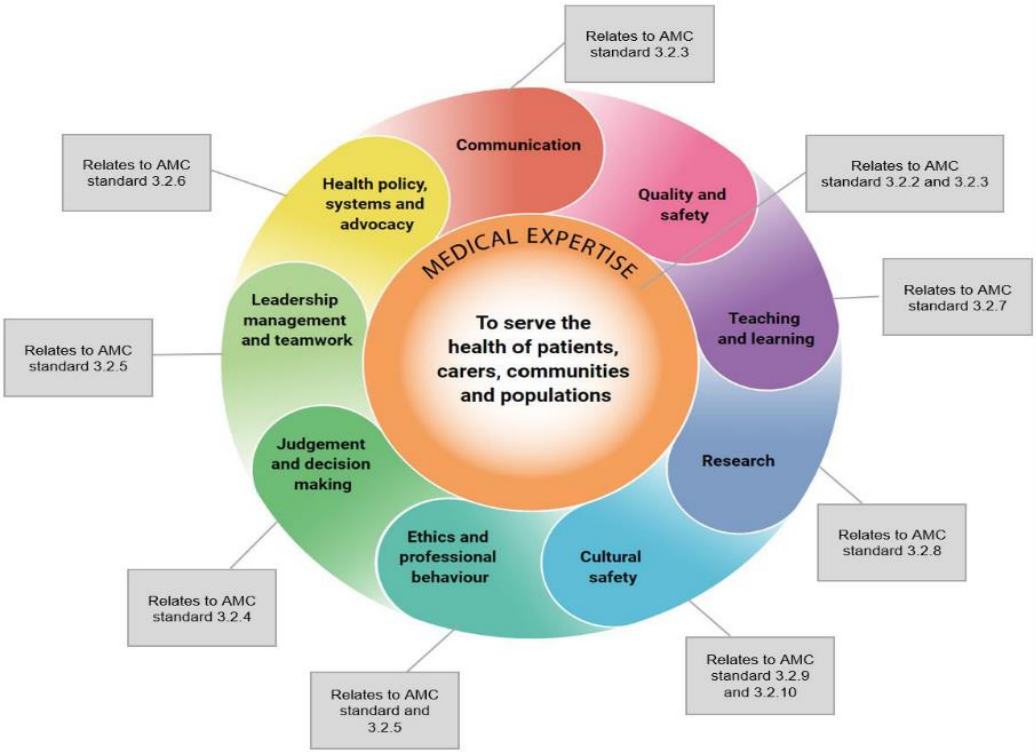
1. **Communication:** Building effective relationships for better patient care.
2. **Quality and safety:** Adhering to safety protocols in all patient interactions.
3. **Teaching and learning:** Commitment to research, education and knowledge dissemination.
4. **Cultural competency:** Understanding the impact of culture on health outcomes.
5. **Ethics:** Upholding ethical standards in all aspects of practice.
6. **Clinical decision making:** Using effective reasoning in complex situations.
7. **Leadership and management:** Making informed management decisions.
8. **Health advocacy:** Promoting health improvements both clinically and in the community.
9. **Broader health context:** Recognising societal impacts on health and encouraging preventive measures.

The PQC integrates both Basic and Advanced Training programs and emphasises the practical application of these competencies in everyday clinical practice, while also supporting subspecialty-specific training needs.

Professional Practice Framework

In 2016, the College released the Professional Practice Framework (PPF), which outlines the domains of physician practice, and the standards expected across all training programs. The PPF serves as a foundational element for the new curriculum model and encompasses professional competencies that RACP members are expected to maintain throughout their careers. The domains of the PPF are mapped to Australian Medical Council (AMC) Standards.

Figure A.2: RACP Professional Practice Framework



Cultural safety standards

The College is in the process of aligning its curricula with new cultural safety professional standards, which focus on improving the cultural competency of physicians. This involves updating Basic and Advanced Training curricula standards to include content on cultural safety and engaging Indigenous stakeholders for feedback and development.

Specialty overviews and curriculum renewal

As part of the program renewal process, the College includes specialty overviews in its Advanced Training curricula to clarify the scope of practice and roles of specialists. These overviews are revised based on local and international standards, ensuring they reflect contemporary healthcare needs and the expectations of trainees.

Graduate outcomes

PREP training

Released in 2011, the current PREP curricula for Basic Training (Adult Internal Medicine and Paediatrics & Child Health) and Advanced Training define expected outcomes at the completion of training for each specialty training program. The graduate outcomes are publicly available in curricula documents and are aligned with learning outcome categories, themes and objectives. Learning objectives are colour-coded as below to provide guidance about levels of learning expected:

- **White – Foundation:** These are the underpinning knowledge and skills, and they draw on initial medical training. These will be taught, learned and most likely assessed during Basic Training.
- **Tan – Higher Order:** These build on Foundation knowledge and skills and may be introduced during Basic Training, although they are predominantly taught and learned during Advanced Training. These will most likely be assessed during Advanced Training.

- **Orange – Extended:** This knowledge and these skills will most likely be further developed within the context of CPD but may be introduced during Basic Training or Advanced Training if the opportunity arises.

Figure A.3: Example of learning outcomes in the PREP curricula

<table>
<tr><th colspan="2">Domain 1: Communication</th></tr>
<tr><td>Theme 1.4: Communicating with the Broader Community</td><td>PROFESSIONAL QUALITIES CURRICULUM</td></tr>
<tr><td colspan="2">Learning Objective 1.4.2: Demonstrate the ability to apply specific medico-legal communication practices</td></tr>
<tr><td>KNOWLEDGE</td><td>SKILLS</td></tr>
<tr><td>Relevant health/medical legislation.</td><td rowspan="4">Demonstrates the ability to source information and prepare specific medico-legal communication including:
police statement
letter of support on behalf of the patient
expert opinion report
giving evidence in court
preparing an opinion for the community advocate or guardianship tribunal.</td></tr>
<tr><td>Relevant state/hospital/workplace policies and guidelines.</td></tr>
<tr><td>When witnesses are required, and who can be a witness.</td></tr>
<tr><td>Open disclosure guidelines.
Access rights to confidential medical records.</td></tr>
<tr><td>Procedure for obtaining consent for release of confidential medical records and images to a third party.</td><td>Demonstrate the ability to give an objective and considered opinion.</td></tr>
</table>

A.3 The RACP fellowship training program

The College has two Basic Training and 38 specialty training programs, governed by the College's Divisions, Chapters and Faculties (see Figure A.4). At the end of specialty training, eligible trainees are invited to be admitted to Fellowship of the RACP or relevant Faculty or Chapter. Seven fellowship qualifications are offered:

- FRACP – Fellowship of the Royal Australasian College of Physicians (awarded to graduates of Adult Medicine or Paediatrics & Child Health Division training programs)
- FAChAM – Fellowship of the Chapter of Addiction Medicine
- FAChPM – Fellowship of the Chapter of Palliative Medicine
- FAChSHM – Fellowship of the Chapter of Sexual Health Medicine
- FAFRM – Fellowship of the Faculty of Rehabilitation Medicine
- FAFOEM – Fellowship of the Faculty of Occupational and Environmental Medicine
- FAFPHM – Fellowship of the Faculty of Public Health Medicine.

Basic Training

The two Basic Training programs are in Adult Internal Medicine and Paediatrics & Child Health, and learning primarily occurs in the workplace, supported and supervised by consultants and peers. Basic Trainees spend a minimum of 36 months under supervision in hospital settings, completing short rotations of two to three months in a variety of subspecialties. Completion of Basic Training is a prerequisite for entry into the majority of the RACP Advanced Training Programs. Chapter and Faculty Advanced Training programs have alternative entry criteria.

Advanced Training

Divisions, Faculties and Chapters

Requirements vary for each program, though Advanced Trainees generally spend three to four months under supervision in a range of training settings and have longer rotations (six to twelve months) in a position relevant to their specialty training program.

Dual training pathway

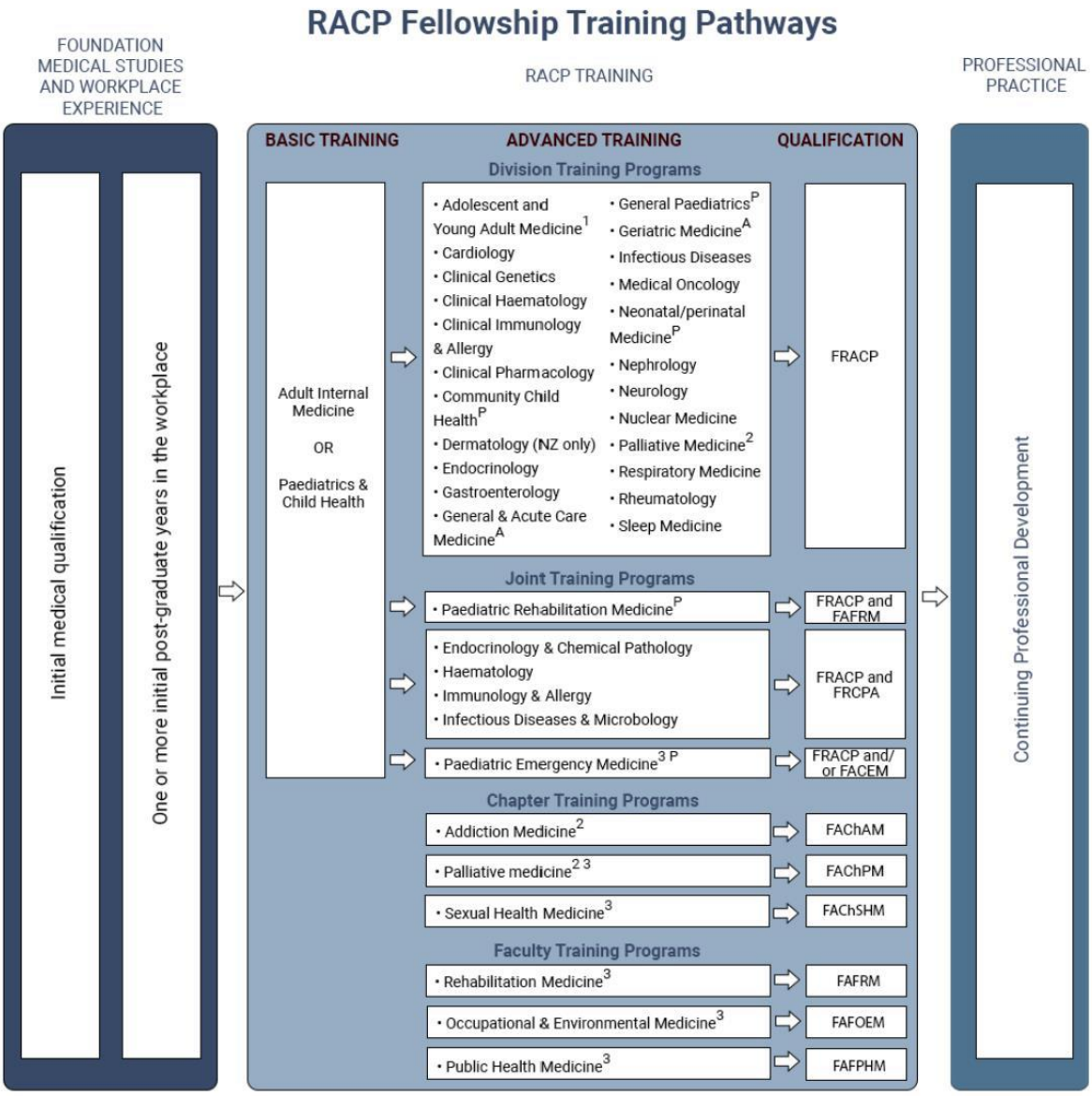
Advanced Trainees may complete two or more RACP Advanced Training programs in a reduced amount of time.

Joint training

- Defined a as a single program of Advanced Training that results in the award of more than one fellowship.
- There is one internal joint training program in Paediatric Rehabilitation Medicine and between the Division of Paediatrics & Child Health and the Australasian Faculty of Rehabilitation Medicine (AFRM). Completion of this joint program results in the award of both FRACP and FAFRM.
- There are four active joint training programs with the Royal College of Pathologists of Australasia (RCPA). Completion of one of these programs results in the award of both FRACP and FRCPA. Each program also has an associated clinical stream which results only in the award of FRACP.

Paediatric Emergency Medicine is jointly governed by the Australasian College for Emergency Medicine (ACEM), and Nuclear Medicine, jointly governed with the Royal Australian and New Zealand College of Radiologists (RANZCR) via a Committee for Joint College Training. These programs, however, do not result in the award of more than one fellowship.

Figure A.4: Flowchart for RACP fellowship training pathways



P Trainees must complete Basic Training in Paediatrics & Child Health to enter this program.
A Trainees must complete Basic Training in Adult Internal Medicine to enter this program.
1 Training program must be undertaken with another division training program or undertaken post-FRACP.
2 Trainees who have entered Advanced Training in palliative Medicine via and RACP Basic Training Program will be awarded FRACP upon completion and may subsequently be awarded FAChPM. Trainees who have NOT entered Advanced Training in Palliative Medicine via a RACP Basic Training Program will only be awarded FAChPM upon completion.
3 Entry to these training programs can be via Basic Physician Training or through other pre-requisites.

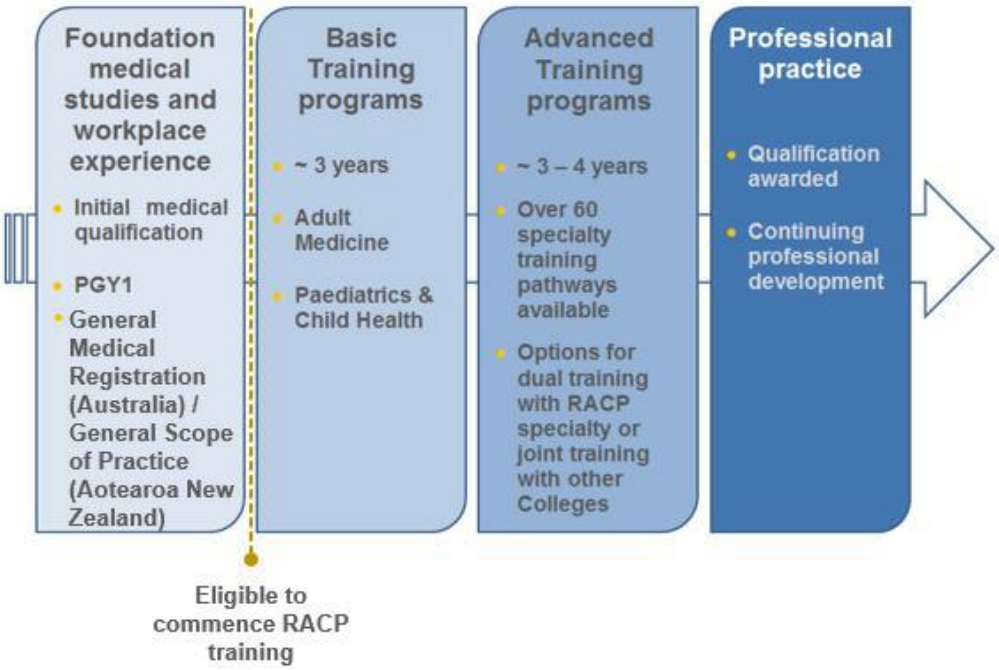
Recent closure of training programs

- Effective January 2022, the Stage 3 pathway in the Advanced Training in Paediatric Emergency Medicine (PEM) Program was closed due to the lack of trainee interest and absence of additional specialist registration associated with completing the stage. The PEM program has a RACP stream and ACEM stream, and completion of the Stage 3 pathway was intended to lead to a dual fellowship award, FRACP and FACEM.

Continuum of training education and practice

The College is engaged across the medical education continuum and its specialist training programs, Basic and Advanced Training, sit within the vocational stage of medical education, training and practice. The College's new Basic Training curriculum standards were informed by a review of national prevocational frameworks in Australia and Aotearoa New Zealand.

Figure A.5: Continuum of training education and practice Flowchart



New training program rollout

The new Basic and Advanced Training programs, aligned to the PPF, is progressing with a rollout of programs scheduled to commence from 2025. All programs are scheduled to have commenced their transitions by the 2026 clinical year.

Figure A.6: Rollout of new training programs 2024–2027

A.4 Teaching and learning

Physician and paediatrician training is primarily work-based in training settings across Australia and Aotearoa New Zealand. The PREP and renewed training program, PPF, continues to use a range of learning, teaching and assessment approaches. The structure for the learning programs includes learning needs analysis, professional experience and courses and meetings. Teaching programs include supervision, and the assessments program include PREP work-based assessments, research projects, logbooks, exams and other bespoke assessments.

Learning program

Learning needs analysis

The learning needs analysis (LNA) helps trainees to set training goals and track achievements. For the PREP training program, it is a two-part process.

Part 1 learning plan encourages trainees beginning their training to reflect on their current skills, set goals for what they wish to achieve, and develop strategies for success, discussing their learning plans with supervisors.

Part 2 self-evaluation asks trainees at the end of their training period to review their learning goals and reflect on their progress.

For the renewed training program, the *learning plan* reflects the preset nature of the new program's learning goals, allowing trainees to link learning opportunities to these goals and set custom learning goals similar to the current LNA, with the final design dependent on the supporting technology's configuration options.

Professional experience

For the PREP training program, the professional experience structure is set out by the College to ensure that trainees receive comprehensive and diverse training in a wide range of health problems and contexts as physicians or paediatricians. Most College training programs require 36 months of professional experience, with some variations. The professional experience training program structure includes training rotations or work placements to facilitate learning from practical experience. Specified learning experiences can vary but typically include inpatient care, ambulatory care, acute care, and consultative services.

Non-hospital-based programs have different learning experiences suited to their contexts. Most College programs also allow for 'non-core' experiences, enabling trainees to supplement core learning with additional work-based opportunities. Training settings provide access to resources like lectures, tutorials, grand rounds, journal clubs and exam prep sessions. Work-based learning is supplemented by assessment tools to ensure trainees reflect on their progress, receive observations and get feedback.

New training programs include a hybrid of time-based and-competency based training, retaining a minimum time-based professional experience. With the new competency-focused training programs there may be a shift towards reducing time-based requirements, allowing trainees greater flexibility to demonstrate diverse professional experiences contributing to learning and achievement of training goals.

Learning courses and meetings

The College offers various opportunities for formal learning including online modules, participation in courses, attendance at scientific or academic meetings, and access to online learning resources. All trainees are required to complete the College Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety online course. These structured learning activities and requirements ensure that trainees receive a comprehensive education, integrating cultural

competence, essential skills, and ongoing professional development, supporting their progress and readiness for professional practice.

A.5 Program assessment

Overall, the purpose of the College assessment programs is to facilitate learning by guiding the development of trainees towards the achievement of competence and readiness for expert practice. The goals of assessment at the College are to:

- support trainees to learn and become the best physician they can be in the field of their choosing. Assessment systems of the training programs do this by providing progressive and constructive feedback on individual learner progress towards the achievement of competence and readiness for expert practice.
- engage in an accurate, timely and fair process to generate robust evidence of trainee competence for the individual, for their supervisor, and for the College and the broader community
- maintain professional standards to promote the highest quality patient care.

Each RACP training program follows structured assessment frameworks aligned with the curriculum. There is clear governance and documented procedures for assessment development, implementation and evaluation, as guided by the RACP Assessment Policy and Standards for Assessment Programs. Three assessment principles are highlighted:

- **Plan:** Development of assessments based on educational value and context.
- **Implement:** Fairness, transparency and sustainability in the delivery of assessments.
- **Evaluate:** Use of a 'Utility Index' for continuous quality improvement of assessments.

Embedded assessment programs

The RACP employs an embedded assessment program within each of its 40 training programs to support learning and demonstrate trainee competence. These assessments include in-training components and bi-national written and clinical exams, coordinating 13 examinations annually, alongside work-based assessments and training projects. The system ensures horizontal and vertical curriculum integration by using standardised tools and defining performance standards at each training level. Contextual factors like trainee numbers affect assessment formats, particularly for high-stakes evaluations.

Amidst a shift towards competency-based medical education, the College is emphasising programmatic assessment, moving away from traditional formative/summative distinctions to a continuum of assessment stakes that reflect learning and progression implications. This transition involves redefining assessment language and strategies, with an ongoing Cross College Review of Examinations planned for 2024.

Key authorities and roles

The RACP utilises a structured governance system for designing, delivering and monitoring its assessment programs, involving a wide range of accountable authorities and roles. These roles ensure the integrity and effectiveness of the assessment processes across various training programs. Key roles and their responsibilities include:

Committees

- Established examination committees oversee design, development and administration of assessments, approving results in line with policies.

- Divisional Assessment Committees (DACs) manage Divisional exams, reporting to Division education committees and the College Assessment Committee (CAC).
- Divisional Clinical and Written Examination Committees (DCEC and DWEC) oversee clinical and written examinations within each Division.
- Each Faculty Assessment Committee (FAC) oversees assessments for its Faculty, reporting to the Faculty Education Committee and CAC. They confirm exam blueprints, develop materials, and review assessments.

Item writing panels

- Item writing panels coordinate the creation and approval of exam items, with involvement from specialty fellows.

Assessors and examiners

- Regional Examiners manage local exam logistics, assisted by Local Examination Organisers and Local Examiners.
- The National Examining Panel (NEP) and Senior Examining Panel (SEP) lead examining teams during exams.
- Chief Examiners handle issues affecting examination schedules.

Work-based assessment and supervisors

- Assessors conduct work-based evaluations, and supervisors complete in-training reports; both are trained via specific development programs.

Staff and operations

- Dedicated teams manage Clinical, Written, and Faculty/Chapter examinations, supported by operational staff with specialist assessment skills.
- The Psychometrics and Quality Assurance team, with a psychometrician, provides expertise in assessment quality and collaborates with key committees to ensure assessment standards are maintained.

The College's assessment programs are built on the principle of 'constructive alignment', ensuring a clear link between competencies, learning activities and assessments. This approach, based on constructivist theory, facilitates relevant learning experiences and supports competency-based progression.

Standards for planning and implementation

Assessments are designed with clear educational purposes, including explicitly stated progression decisions, with a mix of assessment methods to comprehensively cover curriculum and promote learning. Implementation standards focus on fair, transparent processes, sustainable assessment practices, and effective communication and feedback.

Cross-College review of examinations

In 2024, the College is undertaking a comprehensive review of high-stakes examinations across its programs, known as the Cross-College Examinations Review. Initiated partly due to the 2022 computer-based testing failure, the review will evaluate the purpose and role of each assessment,

consider necessary curriculum adjustments, and integrate stakeholder feedback and contemporary education research.

Special consideration for assessment

The RACP's Special Consideration for Assessment Policy addresses circumstances affecting a trainee's ability to meet assessment standards. It covers medical impairments, compassionate grounds and technical issues, offering pre-exam provisions, and compensations during or after exams. Requests are considered confidentially, with outcomes aiming to support the trainee's continued progress.

Assessment methods

The College has developed an assessment program that incorporates diverse methods suitable for evaluating trainee performance. These standards include:

- **Diversity of assessment methods:** The assessment program incorporates various methods to effectively assess trainee performance in clinical environments (5.2.1). This includes in-training assessments and high-stakes examinations.
- **Blueprint for assessment:** The College maintains a structured blueprint to guide assessment practices at all stages of the specialist medical program (5.2.2), ensuring that assessment methods align with curriculum objectives.
- **Standard setting:** The College employs valid methodologies for standard setting to determine passing scores on assessments (5.2.3).

The College utilises a comprehensive suite of assessments, including:

- **In-training assessments:** These encompass evaluations from supervisors and completion of work-based assessments such as mini clinical evaluation exercises (mini-CEXs) and case-based discussions (CBDs).
- **High-stakes examinations:** These are barrier assessments, including written exams, objective structured clinical examinations (OSCEs), and Advanced Training Research Projects (ATRPs) that trainees must pass to advance or complete their training.

The College aligns assessment methods with learning outcomes through frameworks like Miller's pyramid, which categorises knowledge and competence into distinctive tiers. The College's assessment strategies across both the PREP program and renewed programs employ a variety of assessment formats to provide a holistic view of trainee progress, emphasising work-based assessments relevant to physicians' experiential learning.

Methodologies for standard setting

The College implements recognised methodologies to set performance standards for assessments. They utilise criterion-referenced approaches to establish passing thresholds and ensure evaluations are fair and transparent. Assessments are linked to curriculum learning objectives, ensuring alignment with expected trainee outcomes, and the modified Angoff method is a key standard-setting technique that determines the cut-off scores based on expert judgement related to 'minimally competent' candidates.

Performance feedback

The College emphasises the importance of timely and constructive feedback to support trainee development. Feedback occurs at multiple points during a trainee's educational experience:

- **Work-based performance feedback:** Regular meetings with supervisors are encouraged to discuss performance and improve future learning strategies.

- **Post-exam feedback:** After examinations, individualised feedback reports highlighting performance strengths and areas for improvement are provided, underpinning transparency in assessment and enhancing the learning process.

Trainees in difficulty

The College has a framework in place to identify and support trainees who may struggle with program requirements. This includes:

- **Trainee in Difficulty Support Policy:** This policy outlines the roles and responsibilities of trainees and supervisors and highlights the importance of early intervention.
- **Training Support Pathway (TSP):** This pathway provides multi-tiered support options, ranging from local supervisor interventions to College-level assistance and comprehensive program reviews if initial support measures are unsuccessful.

Assessment quality

In recent years, the College has significantly advanced the standards for assessment quality, encapsulated in its Standards for Assessment document. This framework outlines the processes for maintaining the integrity of assessments, detailing how performance information is utilised to make defensible decisions about trainee progress. Key elements include:

- **Development and review procedures:** Establishing clear guidelines for the creation and review of examination items and construction of exam papers.
- **Data quality checks:** Incorporating both internal and external checks to ensure the reliability and accuracy of assessment data.
- **Standard setting and results review:** Conducting thorough reviews of assessment results and cut scores to maintain fairness.
- **Security measures:** Maintaining secure item banks and ensuring confidentiality for candidate and patient information.

Integrity of assessments during disruption

The College recognises that assessments can be greatly affected by external disruptions like pandemics, technical failures, or extreme weather. To address this, it has developed a comprehensive risk management and contingency planning framework:

- **Situation management plans:** Guidelines to address external disruptions impacting exam delivery, supplemented by a Crisis Communications Plan.
- **Contingency plans:** Detailed plans are in place for deferring examinations or switching to alternative formats, readily available on the College's website.
- **Support structures:** The implementation of a dedicated Divisional Clinical Examination support model ensures that both College personnel and external suppliers are equipped to provide necessary assistance on exam days.

Quality evaluation and improvement

The College employs several strategies to enhance its assessment quality, referencing frameworks such as van der Vleuten's Utility Index, which evaluates assessments based on validity, reliability, educational impact and feasibility. Key initiatives include:

- **Cross-College Examinations Review:** A significant review activity aimed at improving assessment quality.
- **Psychometric analysis:** Annual reports are developed to monitor examination difficulty and pass rates, helping ensure consistent assessment standards over time.

The College utilises a variety of strategies to track pass rates and examine difficulty, including Rasch analysis, which is applied to monitor item difficulty over time for larger assessments, and data collation, which provides collaboration across examiners to ensure consistent scoring and to identify discrepancies in evaluations. Following each barrier examination, candidates and examiners are invited to complete feedback surveys to identify areas for improvement. Notable changes arising from this feedback include:

- **Mindfulness activities:** Incorporated into OSCE examinations based on trainee suggestions.
- **Aggregate reporting:** Enhanced use of technology (e.g. Microsoft PowerBI) to share net aggregate results while maintaining confidentiality.
- **Detailed individual feedback:** Enhanced feedback reports for candidates to include topic-level performance breakdowns.

Enhancements to the Advanced Training Research Project

In light of feedback regarding the ATRP, changes have been implemented to improve the efficiency and flexibility of project completion. Key updates effective January 2024 include:

- **Scheduled submission dates:** Introduction of standardised submission dates for better management.
- **Expanded recognition of prior learning policies:** These initiatives provide more flexible options for trainees participating in research.
- **Exemption process:** Allows trainees to receive credit for research completed during their training.

A.6 Monitoring and evaluation

Monitoring

The program of monitoring and evaluation activities are crucial for enhancing the College's educational strategy. These activities are integrated into educational renewal initiatives, contributing to the overall effectiveness and continuous improvement of the College's educational programs. The key aspects of monitoring are:

- **Regular reviews:** The College consistently reviews its training programs, checking curriculum content, teaching, assessment and trainee progress.
- **Stakeholder feedback:** Input from supervisors and trainees is crucial. The College actively seeks feedback on supervision quality and training experiences.
- **Curriculum renewal:** The ongoing initiative to renew Basic and Advanced Training curricula involves stages of planning, consultation and evaluation, ensuring alignment with educational goals.
- **Accreditation renewal:** The College implements outcomes from an extensive development program related to training settings to maintain accreditation standards.

Program evaluation strategy

The evaluation strategy includes formal evaluations of educational initiatives at various implementation stages, ensuring a comprehensive assessment from design to outcomes. Regular updates on this evaluation work are also provided.

Systematic monitoring mechanisms

The College utilises diverse mechanisms to maintain education quality, such as:

- **Trainee experience surveys:** Conducted biennially to assess the selection processes.
- **Physician Training Survey (PTS):** Collects feedback from trainees and educators every two years.
- **Post-examination surveys:** Administered after examinations to gather candidate and examiner experiences.
- **New fellow survey:** Evaluates the preparedness of recent graduates for unsupervised practice.

Each survey identifies key themes and findings that highlight areas requiring improvement in training experiences. The key findings from these major surveys were:

- **Trainee experiences:** Concerns regarding application transparency and decision-making criteria persist in selection processes, indicating a need for clarity and standardisation.
- **PTS results:** Recent data indicate challenges in workload and satisfaction due to ongoing impacts like COVID-19, signalling systemic issues that the College needs to address.
- **Post-examination trends:** Candidate feedback suggests improvements in examination organisation and satisfaction over the years, although there were notable challenges associated with computer-based testing.
- **New fellow feedback:** Graduates express preparedness for unsupervised practice but report difficulties in the transition process, suggesting that more support is needed.

Communication of findings

The College employs various channels to communicate the outcomes of monitoring and evaluation activities to stakeholders, ensuring transparency and informed decision making. Stakeholders receive updates through communication briefs and presentations, online platforms and summary reports on the College website.

Evaluation

The College is refreshing its Evaluation and Research Strategy for education renewal, with updates expected to be available in May 2024. This strategy encompasses a variety of evaluation projects sequenced in relation to their program maturity, acknowledging that different programs may require unique evaluation approaches over their lifecycle. The evaluation efforts incorporate Owen's concepts of 'forms' and 'approaches' to guide appropriate evaluation goals. Each evaluation project is formally documented in a plan that is developed collaboratively with stakeholders, and all such evaluations are included in the CEC's work plan.

Ethical review and data governance

All educational research and evaluation activities are subjected to ethical review processes in accordance with national standards. The College adheres to both the Human Research Ethics Committee (HREC) protocols for high-risk research and the College Research Committee (CRC) for lower-risk projects. Access to data for monitoring and evaluation is managed through a Data Governance Framework, ensuring structured policies and procedures are followed.

The College also has a dedicated Survey Governance Framework to ensure effective survey practices while minimising survey fatigue among members.

Indigenous Data Governance Policy

The College's Indigenous Data Governance Policy has been developed to improve the quality of Indigenous identity data collection and to provide culturally safe management of Indigenous member data. This policy outlines the roles of Indigenous Data Guardians and establishes processes for managing Indigenous data.

Recent and in-progress program evaluations

Several evaluation activities have been undertaken, reflecting the College's ongoing commitment to assessment of its educational programs. These evaluations cover multiple domains, including:

- **Curriculum renewal program evaluation:** This includes a needs assessment and impact evaluations for both Basic and Advanced Training programs, focusing on early adopters and their experiences.
- **Training provider accreditation program:** Evaluations are structured to reflect the implementation phases, examining the effectiveness and quality of training delivery.
- **Supervisor Professional Development Program (SPDP):** This longstanding program is under evaluation to determine its effectiveness and relevance, following up on previous assessments.
- **Situational judgement test pilot:** A new pilot program is being evaluated to assess its integration into the Basic Physician Training selection process.

Feedback, reporting and action

The College utilises an internal governance process to ensure the effective management of monitoring, evaluation and research activities. The approach involves identifying key stakeholders at the beginning of each activity and adjusting their roles as necessary throughout the process. Stakeholder roles may encompass contributions from design input to the negotiation of findings.

Regular updates and comprehensive reports regarding activities are communicated to the CEC, which oversees educational research and evaluation. Reporting methods include briefings to key committees, presentations, website updates, and communications via eBulletins and direct emails.

Exploring Medical Training Survey data

The College incorporates the Medical Training Survey (MTS), developed in collaboration with the Medical Board of Australia (MBA) and other regulatory agencies, into its evaluation processes. It regularly analyses MTS results alongside its PTS results to identify disparities in trainee responses and track progress over time. The findings are shared with various committees, including education committees and regional committees, to facilitate discussions on strengths and areas for improvement.

Sharing research and evaluation activities

The College has established multiple avenues for disseminating research and evaluation findings:

- **Publications on the website:** Research outcomes and dashboards are published to provide updates to members.
- **Conferences and presentations:** College staff and members present their educational research and evaluation initiatives at both local and international conferences, fostering collaboration within the educational sector. A summary of activities over the past five years reflects ongoing commitment to sharing valuable insights from evaluations.

Managing risks to program quality

The College employs a comprehensive risk management framework that operates on three levels: Strategic, Operational, and Projects. This framework defines the governance responsibilities of various committees and teams within the College, ensuring clear communication and accountability.

Key performance indicators related to training program quality are systematically tracked using a Balanced Scorecard process. Among these KPIs are trainee satisfaction metrics derived from the MTS, including clarity of communication regarding program requirements, perceived support from the College, and quality of supervision received.

A.7 Trainee selection and support

Admission policy and selection

The College plays a pivotal role in establishing and overseeing selection standards for physician training. Candidates are selected within a complex framework that intertwines their roles as postgraduate learners and employees of accredited health services. Although the employing bodies make the final recruitment decisions, they must comply with the College's Selection into Training Policy. This policy, in effect since 2017, was developed through extensive stakeholder consultation and academic review. It establishes the principles governing selection practices, focusing on the following four key principles:

- **Excellence:** Aim to identify candidates capable of successfully completing training and progressing to competent independent practice.
- **Rigour and fairness:** Employ criteria and processes that are evidence-based, objective and equitable.
- **Diversity:** Encourage a broad range of candidates to apply and progress through training.
- **Continuity:** Support trainees who are making satisfactory progress to complete their training.

Candidates must meet specific eligibility criteria as outlined in the relevant training program handbook, including appropriate medical registration and completion of requisite training stages. For example, applicants for Advanced Training must complete the Basic Training requirements prior to commencing Advanced programs. Selection for training is based on demonstrated commitment to a career in medicine, as well as the ability and readiness to achieve competence in the College's PPF.

Standards for selection at accredited settings

The College mandates that its selection processes be:

- **Valid:** Selection methods must effectively predict successful program completion.
- **Reliable:** The process should yield consistent and repeatable outcomes.
- **Transparent:** Clearly communicate eligibility and selection criteria, and ensure candidates are informed of their application outcomes.
- **Procedurally fair:** Ensure that selection processes are impartial and follow anti-discrimination laws, including a clear avenue for appeal or review.
- **Evidence-based:** Focus on contemporary best practices to ensure quality candidate selection.
- **Sustainable:** Ensure that the selection process is manageable for the College and prospective trainees.
- **Collaborative:** Ensure integration with employment recruitment processes where applicable.
- **Accountable:** Maintain transparency and responsibility in decision making.

Approaches to recruitment and selection

Selection approaches may differ across settings and programs. While some specialties utilise centralised application processes, Basic Training recruitment often occurs within regional networks, with specific recruitment campaigns happening annually. Health service employers determine the number of available training positions, managing their own recruitment and employment contracts.

For Advanced Training, candidates apply for individually accredited positions through various channels, and while some specialties may have centralised processes, these must adhere to the College's established selection policy and standards.

Supporting good practices in selection

To promote good selection practices, the College provides comprehensive resources, including the Trainee Selection and Recruitment Guide. This resource offers guidance throughout different phases of the recruitment process and is supplemented by local selection guidelines and information on selection campaigns.

The College plans to revise its Selection into Training Policy to align with current strategic goals and promote equitable access to training (Figure A.7). This process includes gathering insights on participants' experiences and historical data to inform future strategies. The findings from these evaluations will help guide improvements in selection processes, ensuring that practices remain transparent, fair and inclusive.

Figure A.7: Process for revision of the Selection into Training Policy

Trainee participation in governance

The College has established robust mechanisms for facilitating trainee involvement in its governance. Trainees are recognised as members of the College with voting rights and are actively represented at all governance levels, including:

- membership on the College Board
- participation in trainees' committees in both Australia and Aotearoa New Zealand
- representation on educational, assessment and accreditation committees and working groups.

This involvement ensures that trainees are consistently consulted on educational developments and any changes that may affect their training experience. Additionally, there are structured forums for trainees to voice their recommendations and advocate for their interests regarding their educational experiences.

College Trainees' Committees

The College comprises multiple committees specifically aimed at representing trainee interests:

- **College Trainees' Committee (CTC):** Established in 2003, the CTC serves as the principal body representing all College trainees. The CTC facilitates a platform for trainees to voice their views, advocate for their concerns in selection, training, assessment and educational

experiences, and recommend policy changes. The committee liaises with regional committees and ensures that trainee representatives are nominated to various College councils and committees.

- **Aotearoa New Zealand Trainees' Committee:** This committee represents trainees from Aotearoa New Zealand and focuses on selection, training and educational quality. It also organises the annual Aotearoa New Zealand Trainees' Day and holds representative positions across various committees.
- **State and territory committees:** In Australia, each state and territory has its own trainees' committee that reports back to their respective bodies, with representation from the CTC.

Trainee representation on college committees

Trainees are included on various College committees, ensuring that their perspectives contribute to decision-making processes. This includes having a Trainee Director on the College Board as well as trainee involvement in education and assessment committees.

The CEC has expanded to include additional trainee members, facilitating greater input from trainees in educational policy discussions. Trainees participate as members of panels examining Reconsiderations and Reviews of decisions related to training matters.

The RACP Online Community

Launched in 2021, the RACP Online Community (ROC) is an online platform designed to promote communication among members, including trainees. Within the ROC, there is a dedicated community for Basic and Advanced Trainees, providing a secure forum for networking, discussion, and shared experiences. The ROC has seen significant engagement, with over 3000 trainees accessing the platform from its launch until early 2024.

In addition, the College has a Facebook group for trainees, fostering an informal space for sharing experiences, tips and resources with over 3700 members.

Communication with trainees

The College utilises a comprehensive communication strategy that includes various mechanisms to keep trainees updated:

- **MyRACP portal:** This central hub offers trainees access to resources, policies, educational materials and tracking tools for their progress.
- **Email communications:** Important updates, including policy changes and educational opportunities, are communicated regularly via email. The CEC shares communiqués thrice a year to inform trainees about key issues and decisions.
- **Online learning modules:** Easily accessible online learning modules cover a variety of educational topics relevant to trainees.
- **Workshops and webinars:** These face-to-face and online sessions provide opportunities for trainees to engage with experts, share experiences and actively participate in discussions regarding decision-making processes.
- **Supervisor support:** Regular communication between trainees and their supervisors is emphasised to address concerns and ensure a supportive learning environment.
- **Professional development:** Information about relevant conferences, courses and educational resources is shared to foster ongoing professional growth.

- **Feedback mechanisms:** The College values trainee feedback and utilises surveys and forums to collect input, which informs continuous improvements.
- **Direct liaison with trainee representatives:** Trainee representatives participate in decision-making committees, conveying information between these committees and the broader trainee community.
- **Social media and online community:** The ROC and other social media platforms are used to share updates and educational materials, fostering connectivity among trainees.
- **Regional committees:** Local committees facilitate connections and engagement among trainees specific to their regions.
- **Helpline and support services:** The College offers helplines and support services for trainees seeking guidance on various issues related to their training.
- **Welcome packs:** Trainees receive comprehensive welcome information upon starting their training, outlining essential administrative and support details.

The College ensures that detailed information about training programs, including eligibility criteria, application processes and program requirements, is readily accessible on the College website. The College maintains clear and up-to-date information about training and examination fees on its website, along with terms and conditions. Any changes in fees are communicated to members directly through email and are posted on relevant platforms.

Trainee wellbeing

The College has established a Member Health and Wellbeing Strategic Plan 2023–2026, which focuses on promoting health and wellbeing among members. The plan is grounded on four guiding principles:

- The wellbeing of members is essential throughout their careers.
- There is a collective responsibility for wellbeing among individuals, the College, and practice environments.
- Wellbeing should be integrated into all College activities and modelled by leadership.
- Evidence-based practices to promote wellbeing will be advocated and enabled by the College.

Gender equity and membership diversity initiatives

In 2024, the College developed two action plans:

- **Gender Equity in Medicine Action Plan 2023–2026:** This plan focuses on making gender equity a strategic priority and ensuring that College policies reflect this commitment. It includes recommendations for improving gender representation in College leadership and advocating for gender equity in medicine.
- **Membership Diversity and Inclusion Action Plan 2023–2026:** This plan aims to recognise and enhance diversity within the College, with a focus on fostering an inclusive physician culture.

Safe training environments

Reports from the PTS and the MTS indicate that issues such as bullying, harassment and discrimination are prevalent in medical training. To address these concerns, a Safe Training Environments Summit was held, leading to a strategic action plan to tackle these issues. The College is monitoring reports of unprofessional behaviour through follow-up processes related to survey findings. A new reporting requirement has been established for training settings to actively inform the College about complaints regarding alarming behaviours.

Training provider accreditation program

The College's accreditation program includes standards aimed at ensuring supportive learning environments for trainees. Compliance with these standards is monitored, and training settings are required to respond to any identified issues.

Supervisor training

The College's SPDP incorporates training focused on creating effective learning environments and recognising cultural dynamics that may affect learner engagement.

Pathways for raising concerns

Several avenues are available for trainees to raise concerns, including:

- **RACP support program:** A confidential helpline offering counselling and support.
- **TSP:** Enhanced support for trainees and supervisors facing difficulties.
- **Wellbeing resources:** Online courses and curated collections focusing on workplace behaviour and physician wellbeing.

Fee support and financial assistance

To mitigate financial burdens, the College offers flexible payment plans, fee exemptions for trainees involved in research, and financial assistance initiatives specifically benefiting Indigenous trainees.

Resolution of training problems and disputes

The College has developed a range of support services and initiatives to help trainees address challenges they may encounter during their training. These initiatives prioritise trainee wellbeing, learning needs and successful progression through their training pathways. Key components include:

- **Training Support Unit (TSU):** Within the Education, Learning and Assessment directorate, this unit focuses on providing wellbeing support and resources for trainees and supervisors.
- **TSP:** Available since 2012, the TSP offers tailored assistance to trainees facing a variety of issues, including difficulties in their relationships with supervisors. This pathway provides personalised resources and help with navigating training processes and reporting progress to training committees.
- **Complaint Management Policy and procedure:** This policy allows for the submission of anonymous complaints regarding College services. An internal review is underway to enhance this policy, including appointing a Complaints Officer in the Member Services team to monitor compliance and ensure the timely resolution of complaints across the College.
- **Reconsideration, review and appeals process:** The College has established procedures for trainees to request reassessment of specific decisions made by College bodies, as well as a process to appeal termination of membership decisions.
- **Potential breach of Training Provider Standards process:** Launched in 2022, this process allows for concerns about breaches of the College's Training Provider Standards to be raised and reviewed appropriately.
- **Direct support access:** Trainees can contact their supervising committees or a trainee representative for guidance and support related to any training issues they face.

Through these mechanisms, the College aims to provide a supportive and fair environment that addresses trainees' needs and facilitates the resolution of any issues that may arise during their training.

Mentoring

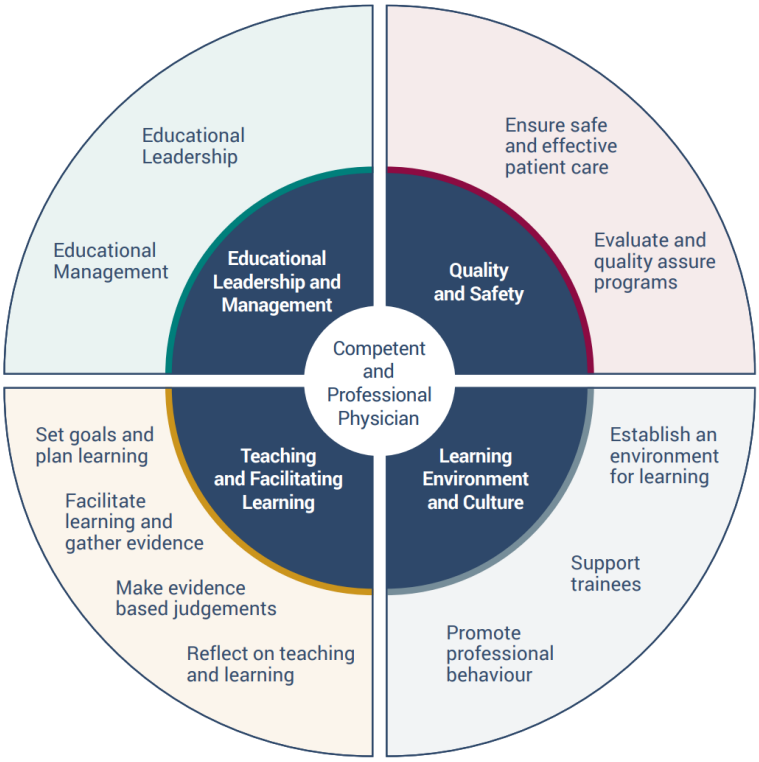
The College offers a Mentor Match program for trainees seeking mentorship. This program enables mentees and mentors to register their interest and be matched into mentor and/or mentee relationships, with frequently asked questions (FAQs) provided to members. Public Health Medicine is the only training program that mandates and formalises the role of a mentor, ensuring that trainees receive professional development guidance throughout their training.

A.8 Supervisory and training roles and training post accreditation

The College has two key documents, the Education Leadership and Supervision Policy and the Educational Leadership and Supervision framework, in place to ensure an effective system of supervision to achieve the program and graduate outcomes. The policy and framework together inform supervision requirements, eligibility and selection criteria, competencies, roles and responsibilities, and appointment processes. Additionally, these two key documents are referred within the College Accreditation Standards and monitored through the College Training Provider Accreditation Program including the broader evaluation programs.

The College Standards for Educational Leadership and Supervision have been developed to provide clarity about expectations, drive excellence, and establish a consistent and transparent approach to providing quality supervision. Additionally, four key domains have been identified to achieve excellence in the supervision of College trainees, with associated foundation, intermediate and advanced competencies specified for each (Figure A.8). The College encourages supervisors and Training Program Directors to use these standards as a self-assessment tool to enhance their supervisory practice and identify areas for targeted learning and professional development.

Figure A.8: RACP standards for educational leadership and supervision



Supervisor responsibilities

Education leadership involves overseeing the delivery of training programs, including planning, implementation, management and resource advocacy, to ensure high-quality training and achievement of program objectives.

In Basic Training, the required College roles are:

- Network Director (where a network exists, also known as Network Director of Physician/Paediatric Education)
- Training Program Director (also known as Director of Physician/Paediatric Education)
- Educational Supervisor
- Rotation Supervisor (also known as a Ward/Service Consultant).

Table A.2: Time allocations for Network Directors

Trainees per network	FTE
Greater than 105	0.8 (may be shared role)
90-105	0.7 (may be shared role)
75–90	0.6 (may be shared role)
50–74	0.5
30–49	0.4
Under 30	0.2

Table A.3: Time allocations for Training Program Director

Number of trainees	FTE if part of network	FTE if not part of network
Greater than 105	0.5 (may be shared role)	0.8 (may be shared role)
90-105	0.4	0.7 (may be shared role)
75-90	0.3	0.6 (may be shared role)
50-74	0.25	0.5 (may be shared role)
30-49	0.2	0.4
Less than 30	0.1	0.2

The recommended maximum ratio between Educational Supervisors and trainees is one supervisor per 10 trainees.

Advanced Training

Advanced Trainees must have a nominated supervisor who is an experienced physician qualified in their specialty. The primary role of Advanced Training supervisors is to provide direct oversight and guidance for individual Advanced Trainee teaching, learning, assessment and welfare during a rotation.

Supervisor selection

The College's Educational Leadership and Supervision framework and the SPDP form the cornerstone of supervision standards. Supervisors are selected for specific roles within training settings. Directors of Physician/Paediatric Education (DPE) and Network DPEs are appointed through a nominations process led by the setting's Director of Medical Services or equivalent authority.

These nominations undergo confirmation by the Basic Training Committee in Australia and the Division Education Committee in Aotearoa New Zealand. The College maintains a list of appointed Network DPEs and DPEs on its website for transparency and reference.

Supervisor training, development and support

The College has a training and support system for supervisors, featuring workshops, events, accessible resources, and expert guidance from College staff. The SPDP consists of three modules designed to refine supervisory skills:

- SPDP 1 Educational Leadership and Management
- SPDP 2 Learning Environment and Culture
- SPDP 3 Teaching and Facilitating Learning for Safe Practice.

Supervision training consists of three-hour face-to-face, three-hour virtual, or five-week online formats, supported by a growing cadre of trained facilitators. Each SPDP workshop is delivered by an SPDP Facilitator. Each facilitator attends a three-hour face-to-face or virtual training workshop. The *RACP Supervisor Handbook* provides a guide on effective supervision, including a section on educator development, and the RACP eLearning portal contains online educational resources t for supervisors.

Supervisor evaluation

The College evaluates and improves assessment quality, including the role of assessors. Program evaluations consider supervisor and assessor effectiveness, key findings and associated actions, including the evaluation of the SPDP, which examines the program's outcomes and the relevance of its educational theories and tools, and the curriculum renewal program evaluation, which assesses the early adopter experience of the new Basic Training program and makes recommendations for improvement.

Training settings are encouraged to locally review and respond to MTS and PTS results, which monitor supervision, work-based assessment, and feedback. Additionally, supervisors and assessors are encouraged to self-evaluate their performance against the College Standards for Educational Leadership and Supervision, incorporating trainee feedback and peer review.

Accreditation of training sites

The College delivers its training through supervised work-based activities with specialist physicians, ensuring standards of competence for each program via an accredited curriculum. The accreditation process aims to ensure that workplace training develops competent physicians, safeguards trainees and patient care, promotes high-quality learning, supports quality teaching and supervision, facilitates continuous improvement in training practices, and provides transparent information for trainees.

The College conducts physical site visits for Basic Training program providers classified as level two or level three, and when serious non-compliance issues arise. These site visits allow the College accreditation panel to tour the training setting and interview key stakeholders such as DPEs, executives and trainees.

The College accreditation programs operate across four- or five-year cycles, as detailed in the Accreditation of Training Provider process. The cycle includes five stages:

- *Self-assessment*, where training providers self-rate their compliance with accreditation standards using College self-assessment forms, supported by webinars and e-modules.
- *External assessment* involves a document review by a panel of at least two accreditors, possibly including a site visit and stakeholder interviews. The findings are submitted for factual verification.

- During *external validation*, the findings are presented to the relevant College accreditation body, which makes the accreditation decision.
- *Reporting* involves communicating this decision to the training provider and publishing the accreditation status on the College website, including an executive summary of the accreditation standards met, partially met, or not met.
- *Monitoring* ensures compliance throughout the accreditation cycle, with mechanisms for mid-cycle monitoring and managing potential breaches outlined in the Monitoring a Training Provider process.

Mid-cycle monitoring was introduced in 2022, and the College's Monitoring a Training Provider process ensures ongoing compliance with standards throughout the accreditation cycle. Monitoring includes managing conditions and recommendations, addressing changes in circumstances, handling potential breaches of standards, and actively managing serious non-compliance issues. Training providers must report and document any bullying, harassment, or discrimination complaints, which are managed through this monitoring process.

Serious non-compliance issues are addressed through the *Active management* process, established in late 2023, which ensures communication with relevant jurisdictions for resolution.

Accreditation standards and criteria

The College uses specific standards, criteria and requirements to accredit its programs.

- The *Training Network Principles*, published in 2018, support the establishment of integrated training programs and effective governance.
- The *Training Provider Standards*, implemented in 2021, assess the training environment, oversight, support and curriculum implementation.
- The RACP *Basic Training Accreditation* requirements for Adult Internal Medicine and Paediatrics & Child Health were published in 2018 and implemented in 2021 along with the Accreditation Criteria for each College Advanced Training program, published on the RACP website.

Accreditation decisions

The College's Accreditation Decision Guide outlines the decision-making process, and all accreditation decisions are subject to the College's Reconsideration, Review and Appeals Process By-law. Training providers in Australia and Aotearoa New Zealand are accredited by respective College bodies, such as the:

- accreditation subcommittees of the Adult Internal Medicine and Paediatrics & Child Health Basic Training Committees in Australia
- Aotearoa New Zealand Adult Medicine Education Committee (AMDEC) and Paediatrics Education Committee (PDEC).

The College accredits at four levels, namely:

1. training position (Advanced Training only)
2. training program
3. training provider
4. training network.

Possible accreditation outcomes include:

- accredited
- accredited with conditions
- accredited provisionally
- accredited provisionally with conditions
- accreditation not achieved
- accreditation withdrawn
- accreditation lapsed.

Accreditation training site renewal

In 2021, the College implemented its Accreditation Renewal Program in a phased approach. Phase 1 of the Accreditation Renewal Program introduced the Training Provider Standards and Basic Training Accreditation Requirements for Adult Internal Medicine and Paediatrics & Child Health. Consequently, all training providers offering the College Basic Training program were accredited under the new standards.

In 2022, the College evaluated Phase 1's implementation, focusing on understanding stakeholder perceptions, informing improvements to the approach, and gathering feedback for future rollouts. The evaluation revealed that while the program and implementation support were well-received, the documentation, particularly the assessment forms, were not perceived favourably. Improvements to the documentation were subsequently identified. Phase 2 of the Accreditation Renewal Program builds on the findings from Phase 1. This phase includes network accreditation and introduces tools and processes to support monitoring and reporting stages.

The Accreditation Renewal Program is progressively evaluated to ensure decisions align with program objectives and consistency in decision making. The overarching accreditation framework also promotes consistency in policy and procedure, reducing the burden on stakeholders. All accreditation-related collateral is published on the College website, ensuring transparency and accessibility for institutions seeking accreditation.

A.9 Assessment of specialist international medical graduates

The College undertakes processes of assessment of SIMGs for the purposes of specialist recognition by the MBA and Medical Council of New Zealand (MCNZ). Assessment of Overseas Trained Physicians (OTPs) and Paediatricians is overseen by OTP assessment committees across Divisions, Faculties and Chapters in Australia and Aotearoa New Zealand.

In Australia, the College assesses overseas trained specialists for specialist registration across more than 30 specialties. This information is publicly available on the College website. Additionally, the College assesses OTPs wishing to work in Commonwealth-designated 'area of need' (AoN) positions.

In Aotearoa New Zealand, the MCNZ assesses overseas trained specialists, who are referred to the College for assessment of eligibility for vocational registration.

Assessment

Australia

Specialist assessment pathway

The College follows the OTP guidelines, which align with the MBA Good Practice guidelines and the Standards for SIMG assessment. The procedures for specialists' assessment are publicly available on

the College website.

Area of need assessment pathway

This pathway, which is designated by Australian state or territory government authorities in areas with a shortage of medical specialists, often in rural or remote locations, require OTPs to apply for specialist recognition as part of the process. Detailed procedures for AoN assessment are outlined in the OTP guidelines (Australia) and publicly available on the College website.

Aotearoa New Zealand

Vocational registration pathway

The Aotearoa New Zealand OTP guidelines outline the procedures for applicants seeking vocational registration in Aotearoa New Zealand. These procedures align with the MCNZ Memorandum of Understanding and help applicants understand the College's role alongside MCNZ's policies and procedures for OTP assessment. Detailed assessment procedures are publicly available on the College website.

Outcomes

Australia

The OTP assessment standards align well with the College Advanced Training program and are in line with the MBA Standards.

Specialist pathway

The outcomes of OTP assessment are either:

- Substantially Comparable
- Partially Comparable
- Not Comparable.

Area of need assessment pathway

The College assess OTPs only if suitable supervision is available. The outcomes of OTP assessments are as follows:

- Suitable for AoN when OTP is based on 12 months of satisfactory AoN practice under peer review
- Not suitable for AoN when OTP is not suitable to practise in the position.

Aotearoa New Zealand

In Aotearoa New Zealand, the College provides four assessment outcomes pathways for OTPs:

- Option A Supervision Pathway
- Option B Assessment Pathway
- Option C Not equivalent
- Option D Preliminary advice only.

Based on advice from the MBA and MCNZ, the College included a 'limited scope' outcome for OTPs when they have significant experience in a particular medical field but do not meet the full scope of practice requirements. Applicants must demonstrate a high level of subspecialist skill within their limited scope without showing substantially comparable skill across the entire recognised specialty. Limited scope outcomes align with the MBA's Registration Standard for Specialist Registration, and experts in the relevant field are recruited to assess the OTP's comparability to Australian specialists.

The applicant's qualifications, training and assessments are compared with the College training program outcomes, and experts provide specific advice on the applicant's experience and CPD.

Assessment methods

Australia

Assessments are conducted via structured online assessment forms involving OTP and supervisor or peer reviewer interaction. The tools used to assess OTP competence align with those used for trainee competence, facilitating the setting of learning goals, performance observation, discussion, and written reflection. Methods of learning and assessment include:

- Peer Review (Supervised Practice)
- Top-up Training (Supervised Practice)
- Practice Visits
- Multisource Feedback
- CPD
- OTP Orientation Program.

Aotearoa New Zealand

In Aotearoa New Zealand, the MCNZ determines the type of registration for which an OTP is eligible and makes the final decision on registration, utilising the same assessment methods as those used in Australia, which align with our training program assessment requirements and medical regulator evidence for enhancing performance and professional development.

Additionally, the Aotearoa New Zealand OTP Assessment Committee usually recommends that OTPs complete a professional development course or training in Māori health and the Aotearoa New Zealand health system set out in the cultural safety course.

Section B Assessment against specialist medical program accreditation standards

B.1 The context of training and education

1.1 Governance

The accreditation standards are as follows:

- The education provider's corporate governance structures are appropriate for the delivery of specialist medical programs, assessment of specialist international medical graduates.
- The education provider has structures and procedures for oversight of training and education functions which are understood by those delivering these functions. The governance structures should encompass the provider's relationships with internal units and external training providers where relevant.
- The education provider's governance structures set out the composition, terms of reference, delegations and reporting relationships of each entity that contributes to governance and allow all relevant groups to be represented in decision-making.
- The education provider's governance structures give appropriate priority to its educational role relative to other activities, and this role is defined in relation to its corporate governance.
- The education provider collaborates with relevant groups on key issues relating to its purpose, training and education functions, and educational governance.
- The education provider has developed and follows procedures for identifying, managing and recording conflicts of interest in its training and education functions, governance and decision-making.

1.1.1 Team findings

The Royal Australasian College of Physicians (RACP) is an Australian public company and is also registered as a charity. In 2008, following a restructure, the College changed its constitution and established a Board. The Board comprises up to ten Directors, with the majority elected by members of the College. The elected positions include a Trainee Director and the President of the Aotearoa New Zealand Committee. There is provision for up to three positions to be appointed and this allows the Board to appoint Directors with particular skills or backgrounds. Directors serve a two- or three-year term, depending on their role. Currently, the RACP President is Chair of the Board. The College should consider whether sustaining this dual role or progressing towards an independent Board Chair is the best model for effective governance.

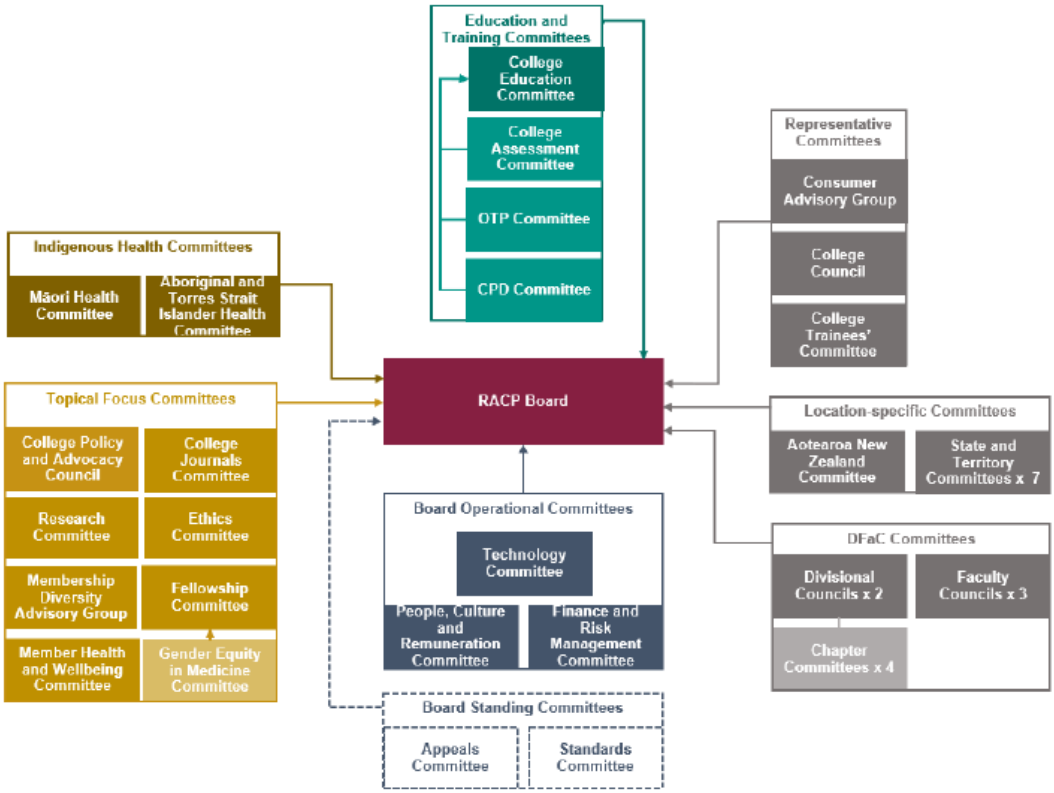
Building on the constitution, the RACP describes its vision as 'World-class specialist physicians creating a healthier and more equitable future'. Its role is to 'Educate, Advocate and Innovate'. The Board is overseeing the operationalisation of the Strategic Plan 2022–2026, which sets out the priorities for future delivery. These include sustainability, member experience and belonging, the role of the physician and practice of the future, equitable and healthier communities, and lifting the health outcomes for the First Nations people of Australia and tangata whenua of Aotearoa New Zealand.

College governance structure

More than 30 committees report directly to the Board (Figure B.1). The Board recognises the need to review its governance structure and possibly reduce the number of committees that report directly to it. During the visit, members of the Board and the Chair identified that their priorities for the next two years include education and training renewal and governance.

The Board receives reports through the College Education Committee (CEC), Division Councils, Aotearoa New Zealand Committee and Faculty Councils relating to the delivery of specialist medical programs, assessment of specialist international medical graduates (SIMGs) and continuing professional development (CPD) programs.

Figure B.1: College governance structure



Impact of Constitutional amendment

The amendment of the Constitution to include the Indigenous Object was an important and commendable development. The focus now should be on practical steps to make this ambition a reality. The College has already set out strategic priorities in the Indigenous Strategic Framework (ISF) 2018–2028 and its Strategic Plan 2022–2026. The implementation of the Indigenous Object must directly influence the development of training programs to advance Aboriginal and/or Torres Strait Islander and Māori health equity, wellbeing and cultural safety initiatives.

The College's commitment to Aboriginal and Torres Strait Islander Peoples' and Māori aspirations and outcomes is outlined in the Constitution and ISF. Further work is needed to ensure that all office bearers, staff, supervisors and trainees undertake appropriate cultural safety training. This work should be aligned to the new Cultural Safety Professional Practice Framework (PPF) and be informed by a cultural safety training framework, with the goal for practices to be applied throughout all College work, creating an inclusive and respectful environment that reflects a deep understanding and appreciation of cultural safety.

- The online cultural safety course for trainees should be reviewed to ensure it continues to offer meaningful, interactive learning experiences that deeply engage learners. Additionally, it is important to consider incorporating assessments to help ensure that the skills and knowledge gained are effectively embedded in practice.

- The Supervisor Professional Development Program (SPDP) needs to incorporate cultural safety training for supervisors. This can utilise optional resources currently being produced to increase supervisors' understanding of culturally safe supervision. By incorporating it into SPDP it will make cultural safety for supervisors compulsory going forward. The College should also review requirements for additional cultural safety training for current supervisors.

Aboriginal and/or Torres Strait Islander Peoples and Māori representation

The College has two Indigenous Health committees, which report directly to the Board: the Aboriginal and Torres Strait Islander Health Committee, and the Māori Health Committee. These committees provide leadership across the College and provide strategic guidance on the delivery of ISF priorities. In June 2023, the Board approved three fixed-term part-time roles for Māori members to support the work of the Māori Health Committee. These roles will be evaluated in late 2024/25 to inform future funding decisions.

The College is committed to reviewing the ISF and this will include a review of the internal structures for coordinating delivery of the work. This is a positive step; however, the College has more work to do to meet the standard in relation to having all relevant groups represented in decision-making roles.

Indigenous leadership on the Board and within the senior leadership is critical to drive effective and sustainable progress towards Indigenous health equity and the implementation of the Indigenous Object in the Constitution. The College needs to review its governance structure in light of the ISF, Innovate RAP and Constitution.

Currently there is no representative who identifies as Aboriginal and/or Torres Strait Islander or Māori on the CEC, in senior leadership or on the College Board, although the Board is committed to remedying this. The composition of the Board and other committee structures and College senior leadership must include Aboriginal and/or Torres Strait Islander and Māori People and should enable more than one Indigenous representative position, to address the current power imbalances. Additionally, this change should be accompanied by provision of governance training opportunities and appropriate support structures in relation to appointing these senior leadership roles.

The team would strongly encourage the College to ensure that recruitment to senior leadership positions is not limited to those with a health/medical background. The breadth of work needed to achieve the goals of Aboriginal and Torres Strait Islander and Māori Peoples as outlined in the constitution, the ISF and the Innovate RAP will not be realised unless there are Aboriginal and/or Torres Strait Islander and Māori Peoples represented at both the Board and within senior leadership.

Trainee representation

The team welcome the position and appointment of a named Trainee Director on the Board with voting rights and identify the reporting arrangements and composition of the College Trainee Committee as a strength. The College Trainees' Committee (CTC) reports directly to the Board and has representation from each state and territory in Australia, and from Aotearoa New Zealand. The College has made excellent and exemplary progress to include the trainee voice in the Board and across multiple committees, and in a decision-making capacity. Trainees involved in governance roles reflected feeling empowered and supported to raise issues and the team heard examples of trainee concerns raised to enable meaningful change in the training program.

Both the Trainee Director and Chair of the CTC receive governance training, and extending this training to other trainees in committee roles could improve ability to represent themselves and others. The team also heard there was limited ability for these trainees to be able to communicate effectively with one another to improve advocacy and support for the trainee cohort. Many trainees seemed unaware

of who their trainee representative is or how to get in touch for any issues to obtain support. The College could facilitate better communication about trainee representatives and the scope of their roles. This may help to improve engagement and open more avenues for support for trainees in both Australia and Aotearoa New Zealand.

Consumer/community representation

The team notes consumer/community interests are currently represented through the Consumer Advisory Group, which reports directly to the Board. However, the team believe the current organisational structure and governance arrangements do not adequately enable the Consumer Advisory Group and consumer engagement activities to be impactful on decision making. A more diffuse and diverse model of consumer engagement across a wider variety of entities, with opportunities for consumers to take on defined leadership roles, would represent a more contemporary approach. There was also little evidence of the impact of consumer/community input into the evolution and development of training programs, including monitoring their impact on care quality and safety, and the meeting of community needs.

College Council

The College Council was established as a peak advisory body to the Board on strategic and cross-College issues. Membership comprises 47 representatives, both member and non-member, from both Australia and Aotearoa New Zealand. Specialty societies are invited to nominate education pathway representative positions and at the time of the assessment, most Education Pathway representative positions were filled, with notable exceptions. There were roles for Aboriginal and/or Torres Strait Islander and Māori representatives; however, only the latter role was filled.

The team observed a notable challenge for the College engaging with all 49 specialty societies in the Model of Collaboration in equal measure. Feedback from some specialty societies also indicated improving communication may facilitate better engagement between the College and the societies. As key stakeholders, the College and specialty societies must collaborate effectively to define shared accountability and value in strategic alignment and leveraging potential economies of scale to deliver the training programs to a high standard.

Figure B.2: Composition of College Council

College bodies, member and other representatives		**Regional representatives**	
Adult Medicine Division	College Education Committee	New South Wales & Australian Capital Territory	
Paediatrics & Child Health Division	Aboriginal and/or Torres Strait Islander representative	Northern Territory	
Australasian Faculty of Occupational and Environmental Medicine	Māori representative	Queensland	
Australasian Faculty of Public Health Medicine	4 x trainee representatives	Tasmania	Victoria
Australasian Faculty of Rehabilitation Medicine	Consumer representative	Western Australia	South Australia
Aotearoa New Zealand			

Education pathway representatives		
Addiction Medicine	General and Acute Care Medicine	
Adolescent and Young Adult Medicine	General Paediatrics	Neurology
Cardiology	Geriatric Medicine	Nuclear Medicine
Clinical Genetics	Haematology	Paediatric Emergency Medicine
Clinical Pharmacology	Immunology and Allergy	Palliative Medicine
Community Child Health	Infectious Diseases and Microbiology	Respiratory Medicine
Dermatology	Medical Oncology	Rheumatology
Endocrinology and Chemical Pathology	Neonatal and Perinatal Medicine	Sexual Health Medicine
Gastroenterology	Nephrology	Sleep Medicine

Challenges in governance

The team identified challenges in communication experienced by both trainees and fellows, and delays in progressing projects exacerbated by the College's complex and layered governance structure. The College has experienced a number of significant and recent governance challenges that have impacted on their ability to move critical projects forward, such as the review and implementation of the Basic and Advanced Training programs. The lack of consistent and long-term tenures in critical senior leadership roles has been identified by internal and external stakeholders as cause for considerable concern, and the team also considers this to be a risk for the College if not resolved.

There is also a perception amongst some stakeholders that decision making is not as transparent as it could be and that the interests of all stakeholders and geographic contexts (e.g. Australia and Aotearoa New Zealand) have not been given equal consideration. For example, recent discussions about the status of the mandatory rural term in Advanced Training in General Paediatrics have raised concerns about the perception that key stakeholders, including directors of training and jurisdictions, are not included in decision making.

The College has itself identified the need for a more efficient and agile governance structure as a key area for targeted improvement The Education Governance Review Working Group was formed in early 2023 to lead an Education Governance Review. A proposal was submitted to the Board in Q2 2024, with implementation expecting to commence from Q4 2024. The aims of the Education Governance Review include:

- achieving an efficient committee structure, reducing duplication and balanced member representation in Australia and Aotearoa New Zealand
- ensuring voices of stakeholder groups are heard to inform decision making
- efficiently identifying emerging and escalating risk.

The team agrees this is an important undertaking for the College and recognise steps have been taken to improve engagement. The scope of consultation and implementation of the outcomes of the Education Review will be of continuing interest to the Australian Medical Council (AMC).

Managing conflicts of interest

From the details provided in the written submission and at the visit, the team was satisfied the College has a developed policy and follows procedures for identifying, managing and recording conflicts of interest in its training and education functions, governance and decision making. The College's Conflict of Interest Policy is publicly available and is supported by the *Declaration of Interest Register* and *Decision Making for the Board and its College Bodies Guideline.*

1.2 Program management

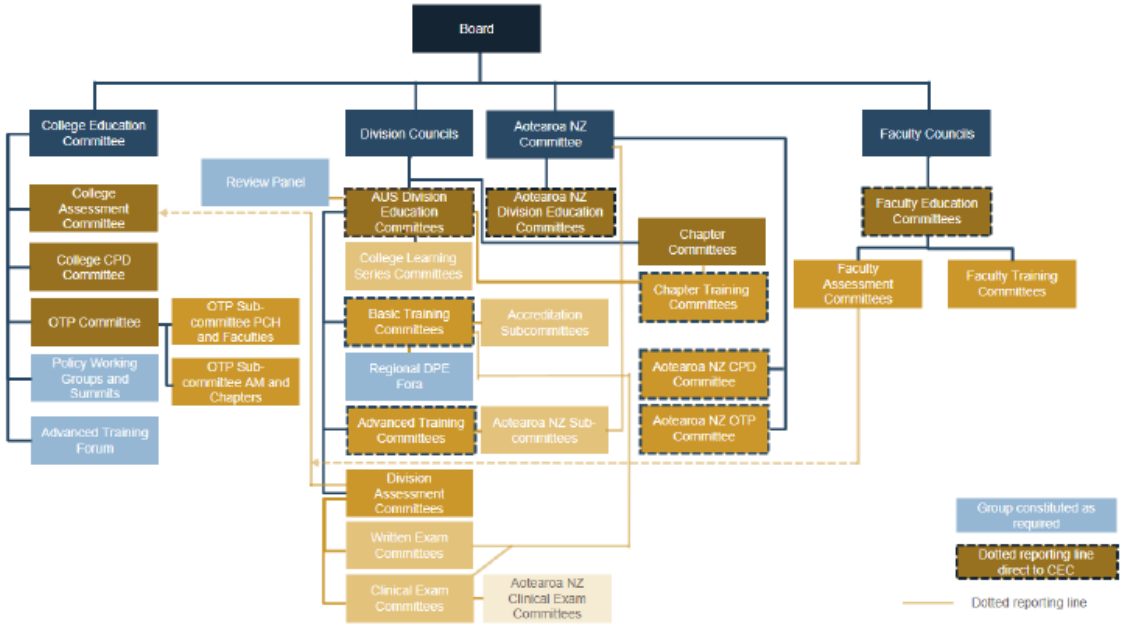
The accreditation standards are as follows:

- The education provider has structures with the responsibility, authority and capacity to direct the following key functions:
    - planning, implementing and evaluating the specialist medical program(s) and curriculum, and setting relevant policy and procedures
    - setting, implementing and evaluating policy and procedures relating to the assessment of specialist international medical graduates
    - certifying successful completion of the training and education programs.

1.2.1 Team findings

The College's educational governance structures are large and complex. The College Education Committee (CEC) is the peak body for education policy, philosophy, and principles. The 17 member CEC includes a consumer representative and a Board Director. The Board Director representative on the CEC is appointed to strengthen the reporting and alignment between CEC and Board. There are 109 education and training bodies, which depend on the input of over 700 members.

Figure B.3: Summary of College education governance structure



Responsibility for overseeing the implementation of the educational programs rests with the seven Division or Faculty Education Committees. These education committees report to the relevant Division or Faculty Councils. The Division or Faculty Education Committees responsibilities include

implementing education policy, standardising delivery and assessment, accreditation, collaborative working with key stakeholders, and advising the CEC.

The education committees undertake their program-specific work through training committees. There are two Basic Training committees (Adult Internal Medicine and Paediatrics & Child Health) and 41 Advanced Training committees. The team observed strong commitment by fellows in governance and training roles to drive improvement in the Basic Training program in Adult Medicine and Paediatrics & Child Health, and each of the College's Advanced Training programs.

Curriculum renewal

The CEC is driving an ambitious program of curricula renewal which has committed a significant amount of time, human and financial resources to advance and complete. Feedback from Directors of Physician/Paediatric Education (DPEs) and supervisors was generally positive about the proposed direction of travel for curriculum change. However, concerns were expressed about the IT resources required to support the proposed assessment changes. Some DPEs, supervisors and trainees have also requested more information regarding the changes to the programs so they can prepare for implementation. The College is committed to reviewing educational governance and this will include expanding delegations to streamline decision making as discussed under Standard 1.1.

The team noted the College utilised project methodology and technology to support implementation of the curriculum renewal. The complexity of managing the large number of programs, stakeholders and activity, however, has impacted on sequencing of activities and timely completion. The College must continue to manage these aspects carefully, so the renewed training program and curriculum remains contemporary upon implementation and the concerns of stakeholders are allayed.

Concerns have been shared about the timeliness of requests for information from the College relating to individual training requirements of specialist trainees. Feedback has also been received expressing concerns about the time taken for certification of successful completion of Advanced Training for some trainees, and challenges identifying the correct person to investigate the cause of the delay. Overseas Trained Physicians (OTPs) generally reported that the College responded promptly to requests relating to the assessment of SIMGs.

1.3 Reconsideration, review and appeals process

The accreditation standards are as follows:

- The education provider has reconsideration, review and appeals processes that provide for impartial review of decisions related to training and education functions. It makes information about these processes publicly available.
- The education provider has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem

1.3.1 Team findings

The College has a three-stage process for reassessment of decisions relating to its education and training function. The decisions that can be reassessed include approval and certification of training, the assessment of the research project, recognition of prior learning, training setting accreditation and OTP assessment.

The three stages are:

1. Reconsideration – by the same body that made the decision.
2. Review – by the College body that oversees the original decision-making body. It is possible for applicants to bypass the reconsideration stage and seek review directly.

3. Appeal – to an appeals committee appointed by the Board.

The Reconsideration, Review and Appeals Process By-law requires that decisions are reassessed on their merits, and this may include new material. Between 2020 and 2022, the College reconsidered between 60 and 105 decisions each year, and of these, 45 to 60 per cent of decisions changed. In the same period the range of reviews per year was 5 to 15, with 40 to 54 per cent of decisions changed. Only one appeal was received each year, and all were related to approval or certification of training. All appeals resulted in a new decision.

The cost of an appeal is high: A$7180 or NZ$7506.36. The College also meets the cost of an external legal representative who sits on the Appeals Committee and who is independent of the College. The Board-level committee that hears an appeal includes the President-Elect, a fellow of the College and a member of the legal profession.

The College has processes for evaluating de-identified appeals and complaints to determine if there is a systems problem. The process is complemented by the Complaint Management Policy and Procedure and information about all recorded complaints are de-identified and regularly reported to the Board and Senior Leadership Team.

The College is currently reviewing the arrangements relating to OTP reconsideration, review and appeals processes. Building on this work relating to the OTPs and feedback from trainees about the cost and accessibility of the three-stage process, further consideration should be given to reviewing the entire reconsideration, review and appeals process to ensure that it is fit for purpose.

1.4 Educational expertise and exchange

The accreditation standards are as follows:

- The education provider uses educational expertise in the development, management and continuous improvement of its training and education functions.
- The education provider collaborates with other educational institutions and compares its curriculum, specialist medical program and assessment with that of other relevant programs.

1.4.1 Team findings

The College uses educational expertise in the development, management and continuous improvement of its training and education function. At the time of the assessment, the Senior Leadership Team includes two practising physicians: the College Dean and the Executive General Manager, Education, Learning and Assessment. The latter has extensive experience of leading educational programs across the training continuum. The College Dean brings expertise in public health policy and digital innovation and represents the College on workforce matters.

A number of College staff have doctoral qualifications in medical education fields including the Executive General Manager, Professional Practice; Research and Evaluation Lead (and acting Psychometrician); Senior Executive Officer, Digital Learning; and Manager, Peak Bodies.

The College staff work closely with members, many of whom also have educational expertise. In addition, the College engages external experts, as required. To expedite the Advanced Training curricula renewal project, the College has engaged several specialist contractors to support development of specialty subjects. The College is responding to feedback from the specialist contractors including those identifying as Aboriginal and/or Torres Strait Islander and Māori based on their experiences in Australia and Aotearoa New Zealand

The College has established relationships with other comparable institutions in Australia, Aotearoa New Zealand, Canada and the United Kingdom. In addition, the College works with health departments, training providers and Indigenous health and education organisations. Building on these relationships, the current RACP curricula renewal program has been developed with reference to other local and international programs.

1.5 Educational resources

The accreditation standards are as follows:

- The education provider has the resources and management capacity to sustain and, where appropriate, deliver its training and education functions.
- The education provider's training and education functions are supported by sufficient administrative and technical staff.

1.5.1 Team findings

As noted above, the RACP is a large and complex organisation with a highly professional staff. The Board determine the level of investment in resources and delegate decisions about day-to-day resource allocation to the Senior Leadership Team. The Senior Leadership Team includes the Chief Executive Officer, the College Dean, Executive General Managers, Chief Financial Officer, and the Chief Information Officer. At the time of the visit, there was an interim Chief Executive Officer in post, as well as an interim Chief Information Officer.

The Senior Leadership Team identified current priorities as including the curricula renewal program and the development of the Training Management Platform (TMP). To progress the curricula renewal program, the College has engaged specialist advisors. The College is also investing in the development of educational resources through the College Online Learning platform. The CTC provided positive feedback about the College Learning Series, which is particularly valued by Basic Physician Trainees.

After the peak of the COVID-19 pandemic, staff turnover increased, similar to levels observed in other organisations. Turnover rates continue to improve and are meeting the College's success measure. However, trainees, supervisors and a range of other stakeholders continue to report challenges in both identifying who they should contact and delays in receiving responses about specialist training matters.

Education, Learning and Assessment team

The team heard positive feedback from fellows about the 2023 appointment of the Executive General Manager, Education, Learning and Assessment and the work of the team, cited to be critical to curricula renewal, policy development and providing operational support. As there is significant current and continuing work in this space, it is important adequate resources continue to be allocated to ensure further delays to the curriculum renewal are minimised.

Professional Practice team

The leadership and staff of the Professional Practice team was also noted to be a strength of the College, as demonstrated in the excellent management of the overseas trained fellow assessment. OTPs were generally positive in their feedback about the level and timeliness of the support provided by their dedicated team, which includes case officers.

Engaging Aboriginal and/or Torres Strait Islander individuals and Māori on staff

In addition to the new part-time contracted Māori member roles, the College employs three lead Indigenous staff on a range of Indigenous physician initiatives to support cultural safety, the growth of the Indigenous physician workforce, and strengthening partnerships across Australia and Aotearoa

New Zealand. This is a positive development, and their contributions are highly valued by fellows, trainees and staff.

Working towards the implementation of the Indigenous Object, ISF, Innovate RAP and associated initiatives involves significant activity. In genuine partnership, the College should work with Indigenous staff and members to develop an appropriate governance and resourcing plan to progress this work in a culturally safe manner, that eliminates the cultural loading of current Indigenous staff and empowers Indigenous leadership. The plan should consider the need for identified/dedicated positions for Aboriginal and/or Torres Strait Islander and Māori People on the Board and at senior leadership levels and then throughout the College. In developing position descriptions for roles included in this plan, the College should consider whether or not it is essential for applicants to have a health/medical background and the associated impacts of this requirement on the size of the eligible applicant pool.

The College needs to continue work towards becoming a culturally safe environment to support progress towards the priorities of the ISF. Cultural safety training needs to be a mandatory and ongoing workplace requirement for all staff and committee members to support Indigenising and decolonising practices, and self-reflective activity, and create an increasingly safe and inclusive work environment.

1.6 Interaction with the health sector

The accreditation standards are as follows:

- The education provider seeks to maintain effective relationships with health-related sectors of society and government, and relevant organisations and communities to promote the training and education of medical specialists.
- The education provider works with training sites to enable clinicians to contribute to high-quality teaching and supervision, and to foster professional development.
- The education provider works with training sites and jurisdictions on matters of mutual interest.
- The education provider has effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector to support specialist training and education.

1.6.1 Team findings

The College has established relationships with governments and community agencies. Building on existing internal structures and relationships, the College recognises that it needs to improve engagement with governments around workforce planning and workload management, and improve timeliness of communication and responsiveness. Improved engagement with jurisdictions, health services and peak consumer organisations will demonstrate commitment to identifying and managing the implications of decisions in areas of mutual interest. At a systemic level, the College's Board and its College Policy and Advocacy Committee have already identified workforce as an additional focus area of its College-wide advocacy work, increasing its existing work and engagement with government and other key stakeholders (including other colleges) on these issues.

State governments, training sites and other stakeholders also raised the need for closer engagement around recruitment, training and retention of physicians and paediatricians for regional, rural and remote settings. The College Board approved the Regional, Rural and Remote Physician Strategy in 2023 and recognises the importance of working with relevant organisations to improve recruitment and retention in regional, rural and remote settings, although the Māori Health Committee is considering how appropriate the current strategy is for development of the physician workforce to meet Māori healthcare needs. As part of a range of initiatives to increase trainee exposure to regional and rural settings, the College is working with training sites and jurisdictions to develop training networks. These are welcome developments; however, the proposed removal of mandatory rural

professional experience for General Paediatrics trainees can be perceived as out of step with workforce considerations. At the time of the assessment, the team understands stakeholder consultation is being undertaken to determine the implications of this proposal.

The College is also responding to the National Health Practitioner Ombudsman's review of Australian specialist college accreditation processes, which raised similar concerns about improved engagement across the health system. This is further explored under Standard 8.2. The College should also monitor changes in the health system in Aotearoa New Zealand closely to aid engagement and ensure relevant stakeholders are consulted on imminent changes to the training program to proactively manage any concerns uniquely impacting trainees and fellows.

The College works with training sites to enable clinicians to contribute to high-quality teaching and supervision. It offers training programs for supervisors, as well as other opportunities for their CPD. Supervisors generally reported that the supervisor training was of a reasonable quality, although some expressed concern about the timing of some aspects of the training. Supervisors also reported that they do not typically receive feedback on their work as supervisors. This would benefit from review and is explored further under Standard 8.1.

The College has longstanding health-focused relationships with Indigenous health organisations. Indigenous leadership and collaboration are important in driving effective and sustainable progress towards Indigenous health equity and the delivery of culturally safe health care. Organisations the College collaborates with include the National Aboriginal Community Controlled Health Organisation (NACCHO), Australian Indigenous Doctors' Association (AIDA), Leaders in Indigenous Medical Education (LIME), Te Ohu Rata o Aotearoa (Te ORA), and Te Oranga – Māori Medical Students Association. These agencies are vital knowledge holders regarding health outcomes and equity for Aboriginal and/or Torres Strait Islander and Māori Peoples.

The team observed that historically the initiation and growing of these relationships in Aotearoa New Zealand has been primarily driven by Māori members and staff. Non-Indigenous members and staff need to also contribute equally to developing these relationships, so the responsibility does not fall solely on Māori.

The summary progress of the Reflect RAP has translated to the Innovate RAP actions, signalling continuity in the College's journey to embedding and prioritising the wellbeing, equity and safety for Indigenous peoples of Australia. The College provided examples of advocacy actions related to the Voice referendum and concerns in response to the disestablishment of Te Aka Whai Ora – the Māori Health Authority. The team also noted the College has engagement with local Indigenous leaders (e.g. via the Metropolitan Local Aboriginal Land Council) in Sydney, where the College head office is based, and would encourage extending similar engagement in other jurisdictions, if not already in place.

1.7 Continuous renewal

The accreditation standards are as follows:

- The education provider regularly reviews its structures and functions for and resource allocation to training and education functions to meet changing needs and evolving best practice.

1.7.1 Team findings

Curriculum review

The College provided substantial evidence to support their commitment to regularly reviewing their education and training functions. This includes the ambitious review of training program curricula. In addition to the curricula renewal program, College staff identified several reviews and projects currently in progress (e.g. educational governance, supervisor training, IT systems, examinations) or priorities for future work (e.g. realising the ambitions of the Indigenous Object constitutional

amendment, strengthening engagement with jurisdictions, improving selection). With so many projects currently underway, there are inevitably concerns about bandwidth and ability to deliver. The curricula renewal program is progressing in waves.

The Senior Leadership Team has some discretion to re-allocate resources to ensure that these are being targeted where the need is greatest. The College staff recognise the need for agility; while they need to maintain momentum with current projects, they also accept they may need to re-prioritise. As noted above (1.5), an area that needs more urgent attention is the timeliness of responses to trainee and supervisor enquiries.

Embedding cultural safety training

To improve the internal and external workplace environment, the College must mandate cultural safety training for all staff, office bearers, supervisors and trainees. Currently, only trainee cohorts from 2022 have mandated cultural safety training; CPD participants including fellows must embed it within their CPD program requirements. In order for change to be effective, driving change on Indigenous matters needs to be championed from organisational leadership, engaged with throughout the entire organisation, and led in genuine partnership with Indigenous peoples, rather than solely from the ground up with minimal resources and organisation-wide buy-in.

To demonstrate how cultural safety will be embedded across the College inclusive of staff, trainees and curriculum can only be achieved through a well-resourced workplan that Indigenous committees not only have oversight of but involvement in decision making. Developing appropriate cultural safety training can also be achieved through engagement with external stakeholders so as not to be reliant on the current Indigenous staff, fellows or trainees. The cultural safety training needs to be fit for purpose as cultural safety is different for Aboriginal and/or Torres Strait Islander Peoples of Australia and Māori of Aotearoa New Zealand and should be tailored accordingly.

2024 Commendations, Conditions and Recommendations

Commendations

A. The leadership demonstrated through inclusion of an Indigenous Object in the Constitution, commitment to the Reconciliation Action Plan and Indigenous Strategic Framework.
B. The position of the trainee director on the Board with voting rights and strong trainee representation College committees.
C. The engagement of committed Indigenous people on College staff to support the development of culturally safe and appropriate policies and programs.
D. The commitment and capability of College staff, including in Education, Assessment and Learning and Professional Practice teams, to drive improvement and support fellows and trainees.
E. The strong educational expertise within the College guiding the continuous improvement of RACP's education and training programs.

Conditions to satisfy accreditation standards

1. Undertake the Education Governance Review and provide details regarding the outcomes and next steps, detailing:
    i. the scope of the consultation process.
    ii. changes and impact on educational governance, with details on enabling all relevant groups to contribute to decision making.

iii. changes and impact on corporate governance, with details on the priority given to education relative to other activities

iv. impacts to the sequencing of activities of the Curriculum Renewal (Standard 1.1 and 1.2)

2. To achieve Indigenous Strategic goals within the College, in genuine partnership with Indigenous peoples, develop and implement:

   i. a governance and resourcing plan for this work to be undertaken in a culturally safe manner, eliminate the cultural loading of Indigenous staff and empower Indigenous leadership (Standard 1.1 and 1.2).

   ii. a well-resourced plan to embed cultural safety training or CPD activities for all College committees, fellows, educational leaders and supervisors and assessors, trainees, specialist international medical graduates and College staff. The aim is to build institutional knowledge across the College of Indigenising and decolonising practices and self-reflection (Standard 1.7, 3.2, 5.2, 8.1 and 9.1).

3. Develop and implement mechanisms to embed consumer and community engagement and leadership in governance and decision-making, and in the co-design of education and training programs (Standard 1.1 and 1.6.1)

4. Develop and implement processes and metrics to improve and monitor reported delays:

   i. in responses to Member enquiries about specialist medical training with evidence of sustained ability to address concerns in a timely manner. (Standard 1.2.1, 1.5 and 7.3)

   ii. to the successful certification of completion of specialist medical training (Standard 1.2.1, 3.2 and 3.4)

5. Develop and implement a systematic collaboration and consultation program with jurisdictions and health services in Australia and Aotearoa New Zealand. Consideration must be given to the impact of program development on workforce and improving physician recruitment and retention in regional, rural, and remote settings (Standard 1.6.1, 1.6.3, 7.1 and 8.2)

Recommendations for improvement

AA. As plans for implementing the Indigenous Constitutional Object in educational programs are developed, include clear strategies to communicate this to members. (Standard 1.2 and 2.1)

BB. Review the reconsideration, review, and appeals processes to determine its fitness for purpose with reference to cost and accessibility for trainees and specialist international medical graduates (Standard 1.3)

B.2 The outcomes of specialist training and education

2.1 Educational purpose

The accreditation standards are as follows:

- The education provider has defined its educational purpose which includes setting and promoting high standards of training, education, assessment, professional and medical practice, within the context of its community responsibilities.
- The education provider's purpose addresses Aboriginal and Torres Strait Islander peoples of Australia and/or Māori of New Zealand and their health.
- In defining its educational purpose, the education provider has consulted internal and external stakeholders.

2.1.1 Team findings

The College's education and training programs deliver quality physician training and care across its two Basic Training and 38 Advanced Training programs in Australia and Aotearoa New Zealand. The College's educational purpose is articulated in its Constitution, strategic plans, and the ISF. As discussed under Standard 1, the inclusion of the Indigenous Object within the Constitution encourages the embedding of culturally safe practice within the College and training programs. The College is commended on making cultural safety a priority, ensuring culturally safe resources are available for trainees and for plans to align the new curriculum to its strategic priorities in this space.

The College seeks input from a broad group of internal stakeholders, mainly on the Board and governance committees in the development of its strategic plans and with relevant Indigenous committees on matters relating to Indigenous health and knowledge. All members were invited to engage in the amendment of the Constitution to include the Indigenous Object.

The team noted Indigenous consultation and representation in decision making must be approached more intentionally, with a clearer understanding of what appropriate consultation entails for various groups. There is also limited external consultation conducted in defining the educational purpose and program development of the College. There are several mechanisms to guide and advance Indigenous priorities; however, there is currently insufficient resourcing and infrastructure to produce substantive and sustainable outcomes. As discussed under Standard 1.6, it is important consumer/community, health service and jurisdictional input be sought and considered to ensure a holistic consultative approach that meets community need.

2.2 Program outcomes

The accreditation standards are as follows:

- The education provider develops and maintains a set of program outcomes for each of its specialist medical programs, including any subspecialty programs that take account of community needs, and medical and health practice. The provider relates its training and education functions to the health care needs of the communities it serves.
- The program outcomes are based on the role of the specialty and/or field of specialty practice and the role of the specialist in the delivery of health care.

2.2.1 Team findings

The College has a set of program outcomes for each training program available on its website. The program outcomes for trainees/graduates of the Physician Readiness for Expert Practice (PREP) program are defined within the Professional Qualities Curriculum (PQC), across nine domains. The PREP program remains operational as of 2024 and, as part of the curricular renewal, is evolving into

the Professional Practice Framework (PPF), which has 10 defined domains expected of all physicians. The PPF forms the basis of the new RACP curricula discussed under Standard 3 and is also available on the College website.

The revised Cultural Safety domain within the PPF reflects the College's commitment to equip trainees and fellows to provide culturally safe care. The team notes the consultation process on updates to the curricula and development of common competencies involves consultation with both internal and external Indigenous stakeholders.

Standard 2.2.1 indicates the provider relates its training and education functions to the healthcare needs of the communities it serves. The College has shown a strong knowledge base regarding the health needs for Aboriginal and/or Torres Strait Islander and Māori communities; however, there is a gap regarding the practical application for moving towards change.

The College needs to consider how to address the healthcare needs of Aboriginal and/or Torres Strait Islander and Māori communities, in partnership with these communities, beyond the aspirations outlined in the Constitution, ISF and Innovate RAP. The College indicates the work is progressing to align curricula to the new Cultural Safety Professional Standard and the embedment of curricula or syllabus must prioritise input from Indigenous stakeholders, both internal and external from the College. The program outcomes must explicitly define how the healthcare needs of Aboriginal and/or Torres Strait Islander and Māori Peoples will be addressed by RACP's Basic and Advanced Training programs.

2.3 Graduate outcomes

The accreditation standards are as follows:

- The education provider has defined graduate outcomes for each of its specialist medical programs including any subspecialty programs. These outcomes are based on the field of specialty practice and the specialists' role in the delivery of health care and describe the attributes and competencies required by the specialist in this role. The education provider makes information on graduate outcomes publicly available.

2.3.1 Team findings

Graduate outcomes for the current PREP Basic (Adult and Paediatrics & Child Health) and Advanced Training are defined with learning outcomes categorised by domains, themes and learning objectives. The PREP programs are defined within the PQC and together with Advanced Training documentation relating to clear learning outcomes are publicly available on the College website.

The graduate outcomes in the new training program will align with the competencies organised by the PPF domains, accompanied by knowledge guides and entrustable professional activities (EPAs). These form the three types of curriculum standards in the new curriculum and a combination of these will form key learning goals to guide teaching, learning and assessment.

These new graduate outcomes are available on the College website, clearly articulating the specialist's role defined by the PPF, and enhance consistency in Advanced Training. As with program outcomes, the competencies for culturally safe practice must be clearly defined, followed by appropriate learning outcomes and assessment requirements.

2024 Commendations, Conditions and Recommendations

Commendations

F. The articulation of the College's education purpose includes commitment to Aboriginal and/or Torres Strait Islander and Māori peoples' health, and equity and cultural safety.

G. There is commitment to clearly define and document program and graduate outcomes in the two Basic and 38 Advanced Training Programs.

Conditions to satisfy accreditation standards

6. Implement appropriate steps, in partnership with Indigenous representatives, to consult with Indigenous stakeholders, internal and external, to ensure relevant program and graduate outcomes align with the implementation of the Indigenous Object and related initiatives (Standard 2.1, 2.2 and 2.3)
7. In relation to developing the Cultural Safety domain and professional standard, explicitly define program and graduate outcomes within Basic and Advanced Training programs to demonstrate increasing competence. (Standard 2.2 and 2.3)

Recommendations for improvement

NIL

B.3 The specialist medical training and education framework

3.1 Curriculum framework

The accreditation standards are as follows:

- For each of its specialist medical programs, the education provider has a framework for the curriculum organised according to the defined program and graduate outcomes. The framework is publicly available.

3.1.1 Team findings

The College has 40 training programs, two of which are described as Basic Training in Adult Internal Medicine and in Paediatrics & Child Health, and 38 of which are Advanced Training programs leading to a fellowship and/or a specialist qualification in a defined discipline.

The full training pathway is generally of six years' duration with the Basic Training of three years and the Advanced Training of another three years. The College has always had a framework for both Basic and Advanced Training that is organised according to well defined program and graduate outcomes, such as the PREP, introduced in 2008.

The curriculum renewal process, which is a highly ambitious piece of work involving review and revision of all the College's 40 training programs, has modernised all aspects of the training programs. In particular, the new PPF clearly defines all the expected domains of physician practice. However, this process of renewal has been underway for some time and has seen some unfortunate delays. There has, of course, been a COVID-19 impact as has been experienced by all specialist training providers, and fellows of this College in some disciplines will have been severely impacted. More recently, the problems with the development of new software programs to support the new curriculum have led to further delays in implementation. It does appear that the current approach to the development and implementation of a TMP, partnering with a Systems Integrator to implement a platform based on Microsoft Dynamics and Power Platform, is now on track and the first phase should be completed in time for full implementation in 2025.

The current PREP Adult Internal Medicine, PREP Paediatrics & Child Health and PQC, and the new curricula model are available on the College's website.

Transitioning to the new curriculum

This year (2024) has been described as a transition year for six of the Advanced Training programs (Wave 1), and it is hoped that both of the Basic Training programs (Adult Medicine and Paediatrics & Child Health) and Wave 1 will be implemented in 2025, followed by the remaining Advanced Training curricula (22 programs) in 2026. This is a highly ambitious program of work, and while it does appear to be on track in terms of the various phases of review and revision of each of the curricula, it is a threat to the College with significant reputational risk if the implementation is not relatively smooth.

The degree of engagement is very impressive, and has been achieved by using specialist contractors who have done the initial draft of the new curriculum before further detailed work by the program-specific Curriculum Review Groups. However, the College is encouraged to critically review the progress made towards its established milestones and consider if a less ambitious plan might be more realistic, especially if there are further delays in the development of the TMP.

Regional, rural and remote physician strategy

The development and implementation of the Regional, Rural and Remote Physician Strategy and impacts to the training program will be of continued interest to the AMC, noting the accreditation standards 7.1.4 and 8.2.2 refer to selection and training periods and training and education opportunities in rural and regional locations aligned to curriculum requirements. In support of

regional, rural and remote training, the College successfully manages a large program of workforce projects, including Flexible Approach to Training in Extended Settings (FATES) and the Specialist Training Program. The RACP administers 332 (328 FTE) of the 920 Specialist Training Program positions on offer in Australia.

3.2 The content of the curriculum

The accreditation standards are as follows:

- The curriculum content aligns with all the specialist medical program and graduate outcomes.
- The curriculum includes the scientific foundations of the specialty to develop skills in evidence-based practice and the scholarly development and maintenance of specialist knowledge.
- The curriculum builds on communication, clinical, diagnostic, management and procedural skills to enable safe patient care.
- The curriculum prepares specialists to protect and advance the health and wellbeing of individuals through patient-centred and goal-orientated care. This practice advances the wellbeing of communities and populations and demonstrates recognition of the shared role of the patient/carer in clinical decision-making.
- The curriculum prepares specialists for their ongoing roles as professionals and leaders.
- The curriculum prepares specialists to contribute to the effectiveness and efficiency of the health care system, through knowledge and understanding of the issues associated with the delivery of safe, high-quality and cost-effective health care across a range of health settings within the Australian and/or New Zealand health systems.
- The curriculum prepares specialists for the role of teacher and supervisor of students, junior medical staff, trainees, and other health professionals.
- The curriculum includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, so that all trainees are research literate. The program encourages trainees to participate in research. Appropriate candidates can enter research training during specialist medical training and receive appropriate credit towards completion of specialist training.
- The curriculum develops a substantive understanding of Aboriginal and Torres Strait Islander health, history and cultures in Australia and Māori health, history and cultures in New Zealand as relevant to the specialty(s).
- The curriculum develops an understanding of the relationship between culture and health. Specialists are expected to be aware of their own cultural values and beliefs, and to be able to interact with people in a manner appropriate to that person's culture.
- Additional MCNZ criteria: Cultural Competence: The Training Programme should demonstrate that the education provider has respect for cultural competence and identifies formal components of the training programme that contribute to the cultural competence of trainees.

3.2.1 Team findings

The current curricula for all the training programs were assessed previously as meeting this accreditation standard in terms of content, and it is expected that all the renewed and revised curricula as each one is developed will follow this model and be provided to the AMC. The revised Basic Training and Wave 1 curricula, incorporating the new curricula of six of the Advanced Training programs, clearly satisfies this standard in terms of content. The domains of learning are appropriately identified to develop necessary clinical, scientific and professional competencies to become skilled physicians. The

inclusion of medical expertise in the PPF ensures the continuity of quality care is maintained in Basic and Advanced Training.

In particular, **Wave 1** of the Advanced Training implementation (Cardiology, Paediatric Cardiology, Gastroenterology, Geriatric Medicine, Nephrology and Rehabilitation Medicine articulate the curriculum standards clearly, and program handbooks are publicly available to aid transition for trainees and supervisors. It is important the full implementation of Basic Training and Advanced Training Wave 1 curricula be appropriately monitored and evaluated to ensure its effectiveness in practice.

As **Wave 2** (completed May 2024) and **Wave 3** (still to be completed) were not yet available for examination by the team during this assessment, it is important that these curriculum documents are submitted to the AMC as soon as they are completed.

While all the specific points in this accreditation standard on curriculum content have been examined, certain aspects of the existing and new curricula are worthy of special comment.

Preparation for ongoing professional and leadership roles

The output of all the Advanced Training programs should be fellows who are ready to move seamlessly into senior roles as consultants in their chosen disciplines. The way the Advanced Training curricula articulate with the early years of specialist practice is of vital importance in preparing the next generation of fellows, who are ready to be effective practitioners but also keen to assume leadership roles in the medical profession.

In the latest New Fellows Survey (2023), there was a positive response to the question about preparedness for unsupervised practice, and 87 agreed that they felt well prepared, but only 66 said that their training prepared them for leadership, management and teamwork, suggesting that there is room for improvement in this aspect of the curriculum. This aligns with lower confidence indicated by new fellows in the domain of health policy, systems and advocacy.

The results of the most recent New Fellows Survey (2023) are informative, accepting that the overall response rate was quite low (10%) which limits the reliability of the results.

Research

There are three learning objectives in the PQC that specifically relate to research:

- 3.2.1 Contribute to the development of new knowledge by active involvement in research
- 3.2.2 Demonstrate understanding of the principles of evidence-based medicine, the limitations of evidence and the challenge of applying research in daily clinical practice
- 3.2.3 Demonstrate the ability to present research findings in a written or oral form.

The PPF includes a domain for research, and it is stated that research competencies aligned with this domain will be embedded in all renewed curricula, including research behaviours in the EPAs for all curricula. These three learning objectives and competencies are intended to be satisfied in part by the completion of a research project during Advanced Training (the Advanced Training Research Project or ATRP), which is a substantial piece of work introduced for trainees who commenced after 2017. This produces an output equivalent to a peer-reviewed published paper, although it is unclear how many of these projects are presented at scientific meetings or published.

The team heard various views from trainees and supervisors about the ATRP. While some enjoyed completing a worthwhile piece of research that enabled them to explore an area of interest in their chosen specialty, for many it seemed like a major burden that interfered with their ability to be involved in essential professional work. Specific problems that were encountered were finding an appropriate supervisor, having dedicated time to devote to research, and delays in assessment, with

some trainees reporting that their admission to Fellowship was delayed due to difficulties in finding suitable assessors for projects. In some cases, the team was told that this may have interfered with specialist employment opportunities.

It can be argued that some components of the three learning objectives can be satisfied through means other than completion of a substantial project led by the Advanced Trainee. For example, 3.2.1 can be satisfied by involvement in an existing research project such as patient recruitment, research assistance, or data analysis, and the skills to satisfy 3.2.3 can be demonstrated through activities such as grant writing or literature review. A number of specialist colleges have moved away from the compulsory research project and have developed other learning activities, while enabling those trainees who are keen to complete a project with an allowance of training time devoted to pure research.

It seems that the curriculum renewal process, and the staged introduction of the new Advanced Training curricula across three waves, presents an opportunity to review and revise the current approach to the research-specific learning objectives. The College is encouraged to review critically the performance of the ATRP since its introduction, explore ways in which the processes such as supervisor and assessor engagement can be improved, and consider if there are alternatives to the current compulsory project.

Indigenous health

The inclusion of the Indigenous Object in the College's constitution is an important step in the College's work towards reconciliation and is impetus for the College to develop, update or curate more robust content with learning outcomes on culturally safe practice to satisfy standards 3.2.9 and 3.2.10.

There are certainly elements of both old and new curricula – cultural competence and cultural safety domains respectively – which aim to meet these standards. However, it can be argued that the development of curriculum content and learning outcomes is still a work in progress. During interviews by the team, it was observed that there is not yet an agreed plan for how the introduction of the Indigenous Object into the Constitution would help to embed the principles of cultural safety into the curriculum, and increase awareness of the relationships between history, culture and health for all Aboriginal and/or Torres Strait Islander and Māori Peoples. It will be important to see how effective the curriculum renewal process has been in ensuring that all training curricula, Basic and Advanced, are becoming more effective in satisfying this aspect of the accreditation standards.

The team notes the current Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety module has been mandatory for trainees in Basic Training since 2022 and all trainees who commenced Advanced Training from 2023. It is noted Indigenous health curricula content is also yet to be articulated fully in Advanced Training competencies; however, all Advanced Trainees must complete this module if they did not complete it during Basic Training. The College modules provide an introduction to Indigenous communities and cultural safety and accredited training sites may provide their own cultural safety training. Aotearoa New Zealand trained doctors receive a more comprehensive training of cultural competence and cultural safety as part of their medical school education. Māori trainees and trainees working with Indigenous communities reported that the College's modules were introductory.

3.3 Continuum of training, education and practice

The accreditation standards are as follows:

- There is evidence of purposeful curriculum design which demonstrates horizontal and vertical integration, and articulation with prior and subsequent phases of training and practice.
- The specialist medical program allows for recognition of prior learning and appropriate credit towards completion of the program.

3.3.1 Team findings

The existing curricula and the newly designed curricula that are part of the curriculum renewal process clearly demonstrate aspects of both horizontal and vertical integration. The degree to which this is achieved does vary across the different training programs, but the frameworks put forward for incorporating the critical characteristics of a medical professional ensure that all the programs align in certain aspects.

In regards to articulation between the two Basic Training programs and the earlier years of postgraduate medical training being not as evident, the College confirms that entry to Basic Training can commence in postgraduate year 2 (PGY2) and the new Australian National Framework for Prevocational Medical Training was built utilising elements of the RACP's new Basic Training curricula, ensuring the new curricula form a continuum of learning that follows on from the educational framework for internship.

In relation to the articulation of Advanced Training programs with subsequent specialist practice, there are elements of this seen in the new Advanced Training curricula, but there is likely to be some variation in requirements due to the differing natures of specialist practice (e.g. predominantly public hospital-based inpatient work compared with private outpatient practice).

Some insight into how well prepared newly graduating specialists are for practice can be seen from their responses to the College surveys (New Fellows Survey). It is notable that the responses to the most recent survey in 2023 gave quite a range of scores in relation to their preparedness across the various domains of professional practice. Communication scored most highly with 94% feeling either very well or somewhat well prepared, while only 45% gave the same response about the domain of health policy, systems and advocacy. As discussed in Standard 3.2, consideration should be given to improving curriculum aspects in these areas.

Recognition of prior learning

Recognition of prior learning (RPL) is certainly allowed for, and credit can be given for up to 12 months of training, and potentially for 24 months/two phases of training if the previous training was part of a formal specialty training program. There are clear and publicly available policies articulating the requirements for RPL. Data provided to the assessment team showed that this is a relatively common request, with 180 requests in 2022, and the success of applications across both Basic and Advanced Training in Australia and Aotearoa New Zealand was 85% in 2022.

It is important that RPL is seen to be equitable, and that the College's response to requests for RPL is both timely and transparent. The team did hear of some cases where the approval or rejection of RPL was a lengthy process which had the potential to disrupt an individual's training as the outcome impacted on employment opportunities.

3.4 Structure of the curriculum

The accreditation standards are as follows:

- The curriculum articulates what is expected of trainees at each stage of the specialist medical program.
- The duration of the specialist medical program relates to the optimal time required to achieve the program and graduate outcomes. The duration is able to be altered in a flexible manner according to the trainee's ability to achieve those outcomes.
- The specialist medical program allows for part-time, interrupted and other flexible forms of training.
- The specialist medical program provides flexibility for trainees to pursue studies of choice that promote breadth and diversity of experience, consistent with the defined outcomes.

3.4.1 Team findings

The Divisional specialist training programs, combining Basic and Advanced Training, all lead to at least a six-year training pathway culminating in Fellowship, with some joint programs lasting longer. Faculty and Chapter programs are three to four years. The current curricula are essentially time-based, but the new curricula are described as a hybrid of competency- and time-based as there are a range of competency-based progression criteria that need to be achieved. However, the team observed there does not appear to be any option for trainees who have an ability to achieve progression criteria sooner to reduce the duration of their training apart from through RPL.

Policy on flexible training

All training programs are governed by the College policy on flexible training, publicly available on the website, which allows for part-time, interrupted, and other forms of flexible training. Indeed, the policy states that trainees can reduce their FTE to as little as 0.2 FTE. However, the team was told by a number of trainees and training supervisors that while this flexibility was stated in College policy, it was rarely a practical reality in practice.

Trainees welcome the ability to count training blocks of clinical experience that are shorter in duration or lower in FTE than previously allowed. However, the College is not seen to have a significant role in advocating for trainees' training positions to be flexible; therefore, employment and training do not always align.

In addition, approval for training of any flexible professional experience blocks often takes considerable time for the College to process. So much so that trainees are sometimes unsure as to whether their time has counted for training until after they have finished that period of work.

Some trainees were in 0.5 FTE positions, which were effectively a 'job-share', although this was not always formalised by the employer.

Based on information from trainees, it did not seem to be frequently possible for employers to agree to reduce FTE from 1.0 to 0.8 or 0.7 FTE to fit with other activities, such as research or family commitments, although data retained by the College indicates approximately 3000 trainees have been approved to undertake part-time training in the past three years. Some examples were given of as little as 0.4 FTE, but no examples from trainees interviewed were given to support the policy of reducing to 0.2 FTE. It is evident the College is keen to promote flexible learning, especially when it aligns with family or other carer responsibilities, but there is ongoing need to work with health services to make this feasible in reality.

Program duration

The new program is described as a hybrid time- and competency-based approach with programmatic assessment. The time part of this descriptor talks to minimising the duration of programs, particularly work placements, and to some extent embedding flexibility. The Flexible Training Policy will be a useful mechanism for facilitating flexibility, although some trainees indicated it is difficult to put into practice at accredited sites. In this regard the RACP could play a stronger advocacy role for trainees.

Flexibility for trainees to pursue other courses of study, which promote breadth and diversity, seems somewhat limited within the current time-based curricula. There are 'core' and 'non-core' terms in Basic Training which give trainees the chance to learn from a range of different professional experience terms and complete different electives, but for Advanced Training, given the more specialised nature of the work, such options seem more limited.

There are dual training pathways, opportunities to engage in both educator and research training through participation in higher degrees and overseas fellowships, and examples of training in non-traditional settings. It can also be said that the RPL policy does promote some degree of breadth and diversity by allowing for non-linear training journeys.

The College is encouraged to continue to explore ways and opportunities within the PPF towards increasing flexibility, especially in Advanced Training curricula, as this will give trainees more opportunities to develop skills that will equip them for future specialist practice.

Impact of training position approval on training progression

The team heard challenges from trainees, particularly in Advanced Training, where prospective approval of proposed training periods is obtained for their specialty, but certification of the training period towards the requirements of training only occurs towards the end of the training period. In the interim, changes to the position may impact on its accreditation, and therefore on trainees' plans and pathways for completing training. However, trainees are unable to readily confirm the acceptability of changes to positions due to a lack of responsiveness of College processes. Delayed decision making also means it can be many months from the conclusion of the training period before the trainee is aware some training requirements may still be outstanding. In addition, trainees appear to be allocated to training positions by employers, not directly related to their training needs but to cover service requirements. These issues add significantly to the pressure trainees face, impact on their wellbeing and may unnecessarily prolong time in training.

It is expected the implementation of the TMP will remove the ambiguity around outstanding requirements for trainees. Standards 7.4 and 8.2 will elaborate on issues related to trainee wellbeing and training site accreditation; however, the College must ensure training program requirements are articulated and aligned with responsibilities of accredited training sites delivering the Basic and Advanced Training programs.

2024 Commendations, Conditions and Recommendations

Commendations

H. The challenging work and long-term commitment undertaken by fellows, trainees and staff to completing an ambitious and significant curriculum renewal process. There is evidence of real momentum now and realistic completion timeframe developed.

I. Strong educational expertise is demonstrated through clear and well-developed education and training frameworks in both the current and new training programs. Domains of learning and learning outcomes are distinct between developing medical, scientific and professional expertise.

J. The use of specialist contractors to develop the new curricula is an innovative approach.

K. The work done on Recognition of Prior Learning and Flexible Training Policies form a strong foundation for ensuring that training is accessible and encourages a diversity of applicants.

L. Ensuring the curriculum remains up to date so trainees are well equipped to provide the best quality care.

Conditions to satisfy accreditation standards

8. In relation to the curriculum renewal:
    i. provide detailed report on the full implementation of the two basic training curricula and the six Wave 1 advanced training program curricula.
    ii. provide implementation plans and curriculum documents for Waves 2 and 3 curricula.
    iii. provide monitoring and evaluation plans for Wave 1, 2 and 3, including monitoring related to areas where new fellows feel least prepared for professional practice (including health policy, systems and advocacy; cultural safety and equity; and, research (Standard 3.2)

9. Critically review mechanisms, not restricted to the Advanced Training Research Project (ATRP), for trainees to develop and evidence the research competencies as specified in the curricula. If the ATRP is retained as one of these mechanisms, appropriately revise the requirement to improve constructive alignment, improve flexibility and trainee experience and ensure the operationalisation does not unduly impede completion of training (Standard 3.2.8 and 5.2)
10. Aligned with the Cultural Safety domain of the Professional Practice Framework, develop, update or curate robust curriculum content with relevant competencies on:
    i. culturally safe practice
    ii. health and wellbeing of Aboriginal and/or Torres Strait Islander peoples and Māori (Standard 3.2.9 and 3.2.10)
11. Articulate the new curricula for the two basic training programs with the early years of training (PGY1 & 2) (Standard 3.3)
12. Critically review and improve processes to approve/amend proposed periods of training for trainees to:
    i. ensure incumbent trainees are not unduly affected by changes to accredited training positions
    ii. ensure trainees have sufficient access to information, such as timely training approval/progression decisions and clarity on outstanding training requirements, to inform necessary adjustments to training plans and avoid inadvertently prolonging training (Standard 3.4 and 8.2)

Recommendations for improvement

CC. Improve the articulation of the new curricula for advanced training programs with subsequent specialist practice, to ensure new specialists are prepared for their new roles across all domains of competence, including in domains such as leadership, management and teamwork; health policy, systems and advocacy; cultural safety; and communication (Standard 3.2 and 3.3)

DD. Investigate ways the outcomes of the RPL processes may be provided in a more timely and detailed fashion to trainees, especially in the early stages if the application is likely to be unsuccessful. (Standard 3.3.2)

EE. Review the practical application of the 0.2 FTE in the flexible training policy, in consultation with trainees and relevant employers, to determine if further mechanisms need to be developed (Standard 3.4.3)

B.4 Teaching and learning

4.1 Teaching and learning approach

The accreditation standards are as follows:

- The specialist medical program employs a range of teaching and learning approaches, mapped to the curriculum content to meet the program and graduate outcomes.

4.1.1 Team findings

The RACP's training programs utilise a range of teaching and learning approaches mapped to the PQC and PREP training programs, and in the delivery of revised training programs under the PPF. The College delivers workplace-based training for physicians and paediatricians in training settings across Australia and Aotearoa New Zealand. These settings are designed to facilitate trainees' development of an increasing degree of independent responsibility as skills, knowledge and experience grow.

The PREP framework was introduced in 2008 and is undergoing a major redesign as part of the curriculum renewal project, which initiates a long overdue update of curricula content of RACP programs. The new programs are described as a 'hybrid time- and competency-based' approach with programmatic assessment. Renewal involves mapping of curriculum content to program and graduate outcomes. This is evident through the presence of a PPF, competency-based learning goals, programmatic assessment approach and competency-based progression criteria. The challenge of articulating detailed teaching and learning requirements for competency-based, programmatic approaches is recognised and these are to be incorporated with the revised training programs, Basic and Advanced.

The PPF is a useful approach for standardising curriculum structure and providing 'a comprehensive foundation for physician education across the continuum of practice'. This new approach is a substantive improvement on the existing one, introducing a stronger focus on educational rationale, consistency and fairness; an emphasis on competency-focused learning; Introducing a clearer understanding of training expectations for trainees, if rolled out as anticipated, it should address criticisms that the current curricula are outdated, and trainee experiences can vary between accredited training sites.

4.2 Teaching and learning methods

The accreditation standards are as follows:

- The training is practice-based, involving the trainees' personal participation in appropriate aspects of health service, including supervised direct patient care, where relevant.
- The specialist medical program includes appropriate adjuncts to learning in a clinical setting.
- The specialist medical program encourages trainee learning through a range of teaching and learning methods including, but not limited to self-directed learning; peer-to-peer learning; role modelling; and working with interdisciplinary and interprofessional teams.
- The training and education process facilitates trainees' development of an increasing degree of independent responsibility as skills, knowledge and experience grow.

4.2.1 Team findings

The PREP training programs include a mix of teaching and learning methods including supervision, a learning needs analysis (LNA), professional experience through work placements, courses, and meetings. As expected of a College that has been operating for some time, the infrastructure, systems and processes to educate are well established with evidence, particularly post-COVID-19, of adoption of online tools and resources for teaching.

Trainees reported transition between Basic and Advanced Training is often not continuous, with trainees needing to enhance their CVs to secure selection into Advanced Training. In the articulation of new training programs, the team recommends the College identify if this signals a gap in training or too many trainees competing for limited spaces in the Advanced Training program. The proposed levels of competence trainees are expected to achieve are promising in structure and content to support improved and structured training.

Formal learning activities

Formal learning activities included 'completion of online modules, participation in learning courses, attendance at scientific or academic meetings and events, and access to online learning resources'. The College has developed a range of learning resources available through RACP Online Learning, which include:

- online learning collections, covering a broad range of topics
- the College Learning Series, delivering a comprehensive online lecture program
- Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety online course
- the impressive new Moodle platform and related content.

Both fellows and trainees have given high praise for the College Learning Series while accredited training settings 'often provide local access to resources such as lectures, tutorials, grand rounds presentations, journal clubs and examination preparatory sessions'. The inclusion of online learning modules to assist with preparation for Basic Training examinations accessible to all trainees was identified as a useful resource for the College to develop.

There are some mandatory requirements, including the RACP's Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety online course and program-specific requirements. Any proposed introduction of cultural safety education requirements must be endorsed by the Aboriginal and Torres Strait Islander Health Committee and the Māori Health Committee. The College should consider the role of self-reflection, in alignment with the College's PPF, with the intent to promote culturally safe practice throughout all stages of the profession from training through to CPD.

Workplace-based assessment

Trainees are expected to complete work-based professional experience requirements in accredited training sites or networks. Teaching is provided by training supervisors and role models in the workplace and the delivery of formal training is heavily reliant on the quality and consistency of supervisors in accredited training settings. Regarding supervision, fellows indicated working with trainees to be personally rewarding and trainees reported satisfactory interactions with supervisors. In terms of quality assurance, existing supervision training and handbooks were considered favourably although the SPDP must now be updated to embed the new curriculum and teaching and learning tools.

The development of the SPDP should consider regular peer review of supervision to inform CPD. Additionally, consideration should be given to plans for promoting the ability of all supervisors to deliver, teach and mentor culturally safe, decolonised practice, uplifting the profession to provide more equitable health outcomes and also improving cultural safety in training environments for Indigenous trainees. There may be scope for the College to engage individuals from non-medical/health backgrounds with strong community connections to provide teaching, mentoring and assessment regarding cultural safety and Indigenous ways of being and doing. These areas are explored in greater detail in Standard 8.1.

Accreditation standards ensure effective work-based learning environments where trainees interact with interdisciplinary and interprofessional teams and can gain experience working with a wide variety of health problems and contexts. The College's methodology for accrediting training sites and networks is explored under Standard 8.2. While workplace-based assessment (WBA) models align with competency-based education and programmatic assessment, the heavy dependence on individual training sites/networks to deliver formal training contributes to significant variations in training experience, especially in Advanced Training, and limited central resources available to all trainees.

Self-directed learning

The revised curriculum maintains an emphasis on self-directed learning and reflection to ensure 'professional growth, lifelong learning and self-regulation'. While this provides flexibility, supported by formal workplace-based training, there is trainee feedback that a model of completely self-directed learning, supplemented by intermittent learning and self-funded courses, was found to be inadequate. The College-provided online resources are generally perceived to be of variable quality and do not add significant value to training experiences or achieving learning outcomes, although they may provide adjunct learning content. As discussed in other areas, the teaching and learning gaps are most prevalent in Advanced Training programs where the quality and quantity of content can be highly inconsistent depending on the specialty. It is expected the College will seek to address variations to ensure consistency with Wave 1 and Wave 2 Advanced Training implementation.

Progress review panels

The revised training programs will introduce Progress Review Panels to oversee and form decisions on trainee progression throughout Basic and Advanced Training. In this approach, a centrally or locally based panel of supervisors and other representatives in the associated training program will review trainee progress and abilities to provide input into decision making. These panels are intended to facilitate a developmental approach to support trainee learning over time that will be useful for ensuring greater consistency in decision making.

Impact of technology

The teaching and learning methods adopted by the College will be facilitated by work-based learning and assessment tools that will be supported by a new technology platform, the TMP. Early feedback on the new teaching and learning approach and curriculum from fellows and trainees is positive, although there are persistent technology issues. The College is well aware of the challenges and have invested resources and prioritised work to resolve this issue. The success of the curricula renewal project is heavily dependent on resolving the technology issues. The implementation of this platform and subsequent feedback from trainees and fellows on the impact on training will be of continuing interest to the AMC.

2024 Commendations, Conditions and Recommendations

Commendations

M. The investment in online education tools and resources with notable improvements in the Moodle platform and related resources.

Conditions to satisfy accreditation standards

13. Address variability in Basic and Advanced training program learning experiences across training sites and networks by developing or curating centralised teaching and learning resources:
    i. Learning resources should be constructively aligned to key curricula content.
    ii. Equity of access should be promoted for resources relevant to examination preparation

iii. The impact of learning resources should be monitored to ensure a balance of teaching and learning modes. (Standard 4.1 and 4.2.2)

14. Implement the Training Management Platform with appropriate monitoring and evaluation processes to demonstrate effectiveness of supporting curriculum renewal and assessment (Standard 4.2 and 5.1)

Recommendations for improvement

NIL

B.5 Assessment of learning

5.1 Assessment approach

The accreditation standards are as follows:

- The education provider has a program of assessment aligned to the outcomes and curriculum of the specialist medical program which enables progressive judgements to be made about trainees' preparedness for specialist practice.
- The education provider clearly documents its assessment and completion requirements. All documents explaining these requirements are accessible to all staff, supervisors and trainees.
- The education provider has policies relating to special consideration in assessment.

5.1.1 Team findings

The CEC is the peak body responsible for College-wide training programs, including approval and revision of any policies or standards related to assessment, which involve the:

- Assessment Policy
- Progression Through Training Policy
- Special Consideration for Assessment Policy
- Reconsideration, Review and Appeals Process By-law
- Trainees in Difficulty Support Policy.

The College Assessment Committee (CAC) reports to the CEC and provides oversight of assessment quality in accordance with the relevant policies and standards. There are numerous other committees and panels with responsibilities for relevant aspects of assessment, including responsibilities for:

- Divisional (Adult Medicine and Paediatrics & Child Health Division Assessment Committees) in both Australia and Aotearoa New Zealand
- Divisional Clinical and Written Exam Committees
- Faculty Assessment Committees (FACs)
- item writing, national and local examiners panels, and decision panels.

Each of these groups and roles have explicitly documented terms of reference, procedures, role descriptions and delegations. The current Education Governance Review plans to clarify decision making of the CAC and CEC as the responsible entities for quality assurance for assessment across all training programs.

Design, operationalisation and coordination of assessment processes are supported by College operations staff and staff with expertise in assessment methodologies and psychometrics who also assist with evaluation processes. There is substantial experience, expertise and enthusiasm in the College to support the assessment processes.

Health workplaces and clinicians also provide substantial in-kind resources and expertise in the WBAs and examinations held at clinical sites. Fellows of the Divisions, Faculties and Chapters also have important roles within their Advanced Training programs in providing the content expertise in assessment planning, as well as developing and performing the assessments.

Assessment approach review

The College commissioned an external review of assessment in 2011 and based on this review, it developed the *Standards for Assessment Programs*, which provide an overview of the purpose,

principles and methods of assessment. The framework for the *Standards* includes the continuous principles of planning, implementation and evaluation with associated standards and sub-standards. The *Standards* also describe the need for assessment to have educational impact, validity, reliability, acceptability and feasibility. An Assessment Policy was developed in 2016 and formally reviewed in 2022.

Transition to revised assessment framework

Considering the size and complexity of the College educational programs, there are comprehensive, logical and well-described frameworks and programs of assessment within the current PREP program for the Basic and Advanced Training programs and for the renewed curricula. The Basic and Advanced Training framework allows for progressive judgements of attainment of specialist experience and expertise. The College assessment programs need to meet the requirements for 40 training programs. The assessment frameworks use some commonalities across programs to provide efficiency, streamlining and benchmarking, together with acknowledging the specific purposes and contexts of each training program.

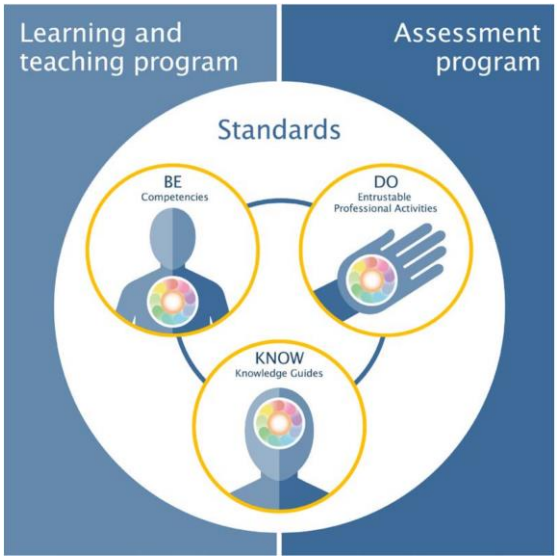
The current PREP framework covers learning outcomes, program requirements, teaching and learning, assessment, and certification. With the current curricula transition, some individual PREP programs will continue to at least 2026 and be finalised in 2027. There are expected to be contingency plans to ensure trainees are not disadvantaged by associated changes to assessment, such as a back-to-baseline strategy if new assessment processes cannot be achieved, or strategies to reduce or defer implementation of changes.

There needs to be a smooth transition from current to revised assessment frameworks and processes with strong contingency plans in case of disruption or delay. Due to the current assessment processes being longstanding, robust change management and upskilling processes will be needed. Sufficient expertise and resources will be required for this change process within the College for trainees, supervisors, assessors, and other stakeholders at the workplace.

Impact of the revised curriculum on assessment

The current overarching multi-year renewal processes are addressing curricula, educational governance, and assessment in a coordinated and integrated fashion. An important milestone of the renewal process was the development of the RACP curriculum model in 2016 with a Be, Do, Know structure (Figure B.4) applied to learning, teaching and assessment.

Figure B.4: RACP curriculum model



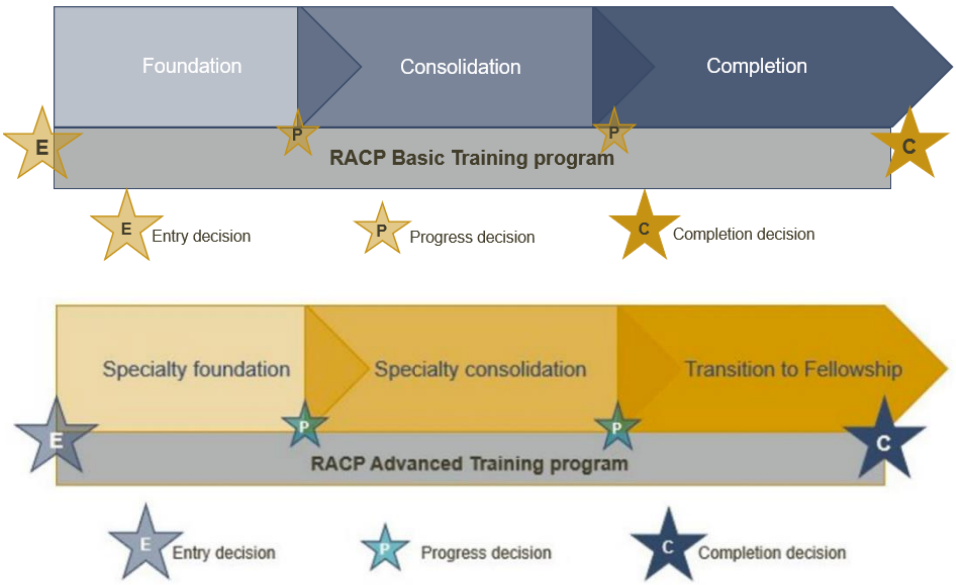
- Be – professional behaviours and values – learning and assessing competencies, which are expected to be common across Advanced Training programs
- Do – essential work tasks and skills – learning and assessing EPAs, which are expected to be a mix of common and specific content
- Know – integrating knowledge into practice – learning and assessing knowledge, which is likely to be predominantly specific to individual training programs.

Several specific changes to assessment are occurring as part of the further implementation of the RACP curriculum model and due to the College having programmatic assessment as a current Assessment Standard. Implementation of the changes listed below will require sufficient resources, change management processes, culture management, and engagement and upskilling of College staff and members, clinical workplace staff, and trainees.

- The revised training program curricula will explore the use of programmatic assessment and shift the training programs towards a competence-focused mode. This will require an increase in frequency of WBA items to ensure sufficient valid, reliable and accessible data will be captured to make assessment decisions.
- Development of professional experience and expertise will be a hybrid of time- and competency-based training but will retain minimum time for professional experience. The assessment approach of the new training programs is aligned with the curricula standards, with this alignment articulated in the progression criteria. Satisfactory performance will need to be defined, monitored and evaluated. It is unclear how this will feasibly work in practice with the increased expected workload from the increased volume of WBA items, as well as the need for calibration and bi-directional feedback across sites and assessors, collecting and monitoring data, and consistent communication with trainees, DPEs, supervisors and assessors.
- The role of 'high-stakes' exams (written and clinical) requires a substantial review, particularly of how they best integrate into the assessment framework. Examinations were identified by both fellows and trainees as an area for improvement. The Cross-College Examinations Review Working Advisory Group was convened in early 2024 in response to several factors including evolution of technology and assessment methodologies, and trainee feedback. The review will provide recommendations on the role and purpose of examinations and discuss contemporary assessment models. The initial scope of this review is the role of high-stakes point-in-time barrier assessments; however, it will consider this work in the context of broader changes in the RACP's assessment landscape including the move towards programmatic approaches to assessment. The curricula renewal process developed and blueprinted assessment programs to learning goals, and if changes to examinations are planned, a similar process will be conducted. This overarching change structure and process is important to mitigate risks of gaps in blueprinting, sequencing and resourcing.
- There will be added assessment requirements as the structure of Basic and Advanced Training will include phases where each will need progression decisions (see Figure B.5 below). This structure will fine-tune the assessment of progression decisions during training, but the process requires clarification and alignment of expected outcomes (curricula standards) for each phase, and will require increased resources and robust data acquisition, monitoring and evaluation.

- Cultural safety has been recognised by the College as an important part of trainee learning. A new Cultural Safety Professional Standard has been introduced and will require careful consideration about appropriate assessment. Issues were raised particularly related to lack of Indigenous health and equity or cultural safety–related assessment. Although learning resources are available and are mandatory for trainees to complete, it is unclear if cultural competence or cultural safety will be formally and specifically assessed.
- The TMP is an essential technological tool for implementation of assessment changes to facilitate input, storage and analysis of assessment data from trainees, assessors and College staff. This is currently in build phase. Following challenges and disengagement with a previous vendor in March 2023, this new platform was commissioned. Based on Microsoft Dynamics and Power Platform, it is expected to go live late in 2024 with four progressive phases (back-office functionality, trainee input, progress analysis, evaluation) over the next six to twelve months. As an essential tool for the new assessment programs, it is important to monitor the success of the rollout.

Figure B.5: Basic and Advanced Training program phases



The central tenet of the PPF is 'to serve the health of patients, carers, communities and populations' and the team strongly encourages the College to integrate patient/consumer/community perspectives in various reviews to develop rigorous assessment methods to assure safe and high-quality care. The impact of graduate outcomes on patient safety and experience needs to be considered, and this is explored in detail under Standard 6.

Impact of programmatic assessment methodology

The team met many fellows concerned about the shrinking envelope for fellows to provide training, supervision, assessment and evaluation processes. Although goodwill persists for performing assessments, there is a risk of diminishing goodwill, and a potential lack of sufficient resources to implement change and the growing resource demand for increased WBAs. The volume of WBA in both Basic and Advanced Training may be a barrier to implementation of the new curriculum in some specialties or jurisdictions.

There are concerns about the implementation of programmatic assessment and how this will align and integrate with training and to the curricula standards (graduate outcomes). The College advises its quality assurance framework for programmatic assessment spans assessment design through to implementation and monitoring. In the design phase, curriculum blueprinting, and assessment sampling requirements were specified to promote the validity and reliability (credibility) of assessment information. Quality assurance in the implementation phase includes activities to educate assessment participants, including those using assessment information to inform progression decisions (Progress Review Panels). The curriculum renewal program evaluation will use program data and participant perspectives to inform judgements about the quality of implementation and opportunities for ongoing improvement.

The College notes that quality assurance for programmatic assessment represents a change in approach when compared to traditional assessment formats and emphasises credibility and use of information for progression decisions and learner development. The College will need to monitor the effectiveness of its quality assurance process and adapt it as required as the new programs are implemented. There needs to be a clear distinction and transition plan from the more traditional 'apprenticeship model' of training to the systematic model of programmatic assessment.

This new model should serve to support trainee development. It must include rigorous mechanisms to ensure issues in training related to bias and vested interests (whether this unduly advantages or disadvantages trainees), including bullying, harassment and discrimination, do not adversely impede trainee progress, or lead to inappropriate progression of trainees who have not reached the necessary standard. These issues are discussed in greater detail under Standards 7.4 and 7.5. As such, adequate support and centralised training mechanisms for supervisors, quality control of assessment, and the implementation of comprehensive and complementary training policies with efficient administrative processes are essential.

There will be additional pressure on training settings to ensure the workplace-based assessors are aware of the linking of assessment to curriculum standards, and assessments are aligned and marked according to the level of training of the trainees. This may be particularly complex in the numerous Advanced Training curricula which have some commonalities but will require specific horizontally and vertically aligned assessments for each program.

Constructive alignment in assessment design

Constructive alignment is noted by the College as a key factor in assessment design which emphasises progressive attainment and assessment of learning. Alignment of learning, teaching and assessment (LTA) in Basic and Advanced Training are defined through the three domains of learning in the curriculum model. LTA alignment into the renewed curricula and the newly defined vertical phases of training, and horizontally across the Be, Do, Know model is progressing but incomplete due to the ongoing renewal processes, particularly with the future waves of Advanced Training and the review of high-stakes examinations.

Results from the 2023 New Fellow Survey suggest that most (87%) new fellows feel overall ready for unsupervised professional practice at the end of their training. However, some feel less prepared in particular areas of practice, such as business management, private practice and administrative duties, as discussed under Standard 3.2. These areas may be made more explicit in the domains of the PPF or curricula. Deficiencies have been noted in the assessment of professional behaviours or not adequately meeting the expected outcomes at end of Advanced Training. Alignment of LTA should apply to these areas to ensure the full range of curriculum standards are achieved. A systematic integrated approach is needed in Advanced Training to assess achievements of curricular outcomes with demonstrated validity and reliability. There is insufficient data collection to accurately determine validity and reliability of the assessment approach in Advanced Training programs.

Documentation of assessment and completion requirements

The College webpage 'Become a Physician' describes the assessment requirements, timeframes for completion, application process for exams, how to prepare for the exams and practice papers. The curricula domains tested in the clinical exam are described on the website along with scoring rubrics and preparation materials. These include the College Learning Series, webinars, learning in the workplace, and practice examination questions and answers.

In larger training centres, the DPEs and supervisors tend to have substantial resources and corporate memory regarding the assessment processes, and have excellent training programs particularly tailored to the Basic Training Divisional written and clinical examinations. These local resources may be less available in smaller centres, which may potentially disadvantage trainees at these sites. Feedback from trainees is that the material provided by the College is insufficient for preparation and external resources are required, often paid for by the trainees. This pertains primarily to the clinical examination resources assisting preparation for the short case and long case examinations being perceived to be inadequate.

The 2023 Medical Board of Australia (MBA) MTS results showed 19% of respondents disagreed that the information provided about the exam was accurate and appropriate. This is a larger proportion than the response from all colleges (14%). Some supervisors also commented that the Divisional Clinical Exam can be a 'surprise' from the trainee perspective. More information about the specifics of the clinical exam and example cases or demonstrations may be valuable resources for trainees. This would be of particular benefit to trainees in centres with lower numbers of trainees or fewer supervisor resources where centralised resources would assist in guiding examination preparation.

Special consideration in assessment

The College has a policy which describes the processes of applying for special consideration. The Special Consideration for Assessment Policy was revised in 2022 with the scope of the policy covering permanent and temporary effects on performance, compassionate grounds, essential commitments, other major disruptive events or technical problems during assessments. The special considerations relate to pre-exam incidents, disruptions during the exam, or post-examination disruptions or issues.

The policy describes the use of reasonable modifications to assessments to allow the student to perform appropriately. The outcomes of special considerations include reasonable time extension for WBAs, aids, provision of assistance during an exam, allocation of the exam to a specific time or place, redesignation of exam status, or refunds for candidates. A supplementary clinical examination is possible if significant disruption has occurred. The policy and appendices clarify the application process, exclusions and potential outcomes. Application reviewers are blinded to the identity of the trainee. In 2023, most applications related to the clinical exam with the majority of the outcomes being approved or partially approved.

The Special Consideration for Assessment Policy also cites the Reconsideration, Review and Appeals Process By-laws. This document describes the three-tiered process for examining certain decisions made by the College, but changing assessment results is not within the scope of this by-law, and the policy only refers to the review of College decisions. The reconsideration, review and appeals process incurs a financial cost at the review and appeals stage, and the appeal stage cost is substantial, and may be not feasible for trainees to pursue, as discussed in Standard 1.3.

5.2 Assessment methods

The accreditation standards are as follows:

- The assessment program contains a range of methods that are fit for purpose and include assessment of trainee performance in the workplace.

- The education provider has a blueprint to guide assessment through each stage of the specialist medical program.
- The education provider uses valid methods of standard setting for determining passing scores.

5.2.1 Team findings

The College assessment programs have a variety of assessment activities and instruments including formative learner-centred reflective pieces, supervisor observation of practice in the workplace, logs of experience, supervisor reports and high-stakes examinations. Currently there is a transition in the terminologies and usage of the various assessment methods from the PREP framework to the new curricula. The College is moving away from the use of formative and summative assessment terminology. In the new curricula, the frequency of the workplace-based activities will be revised and finally determined by evaluation results, and there is a current review of the high-stakes examinations.

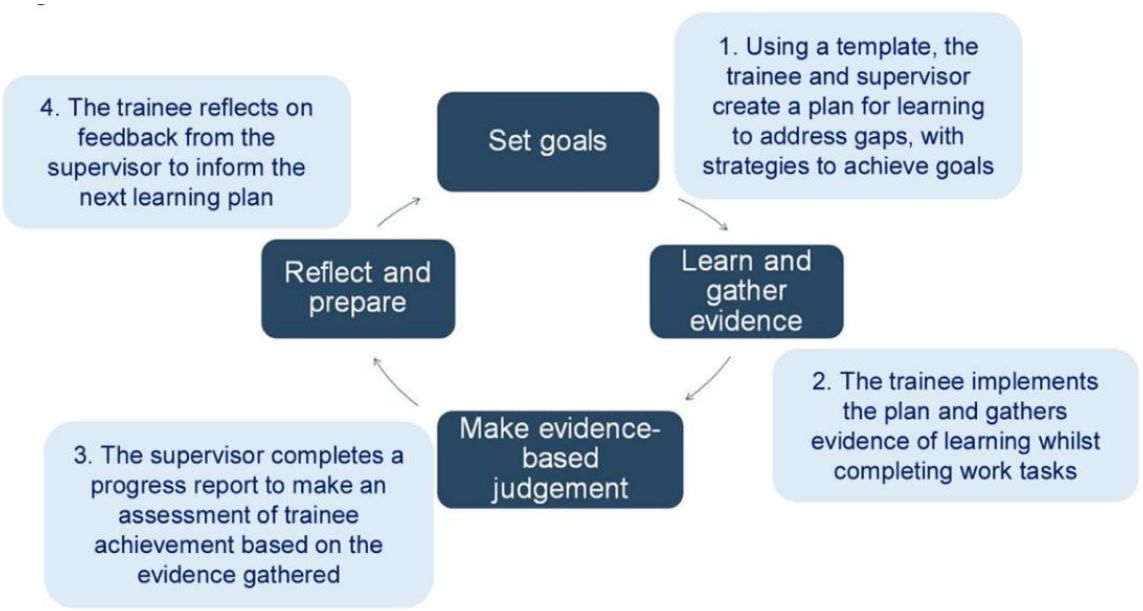
Basic Training

The Basic Training assessment programs require a number of formative (lower stakes) and summative (high stakes) assessment or learning activities to be completed by trainees for progression through Basic and Advanced Training, as described below.

Learning plans

Learning plans promote self-regulated learning and assist supervisors to understand trainee goals, assist in planning learning activities and provide better feedback and monitoring of progress. Feedback from some trainees suggested that the LNA under the PREP framework was not a worthwhile investment of time, expectations were unclear, it was rarely discussed with their supervisors and was not necessary as a formal formative assessment process. Learning plans in the new curricula will have a formal closed-loop structure, with expectations of greater dialogue between trainees and supervisors (see Figure B.6). Evaluation of the benefits of the learning plan structure will be important to determine the educational value for both supervisors and trainees.

Figure B.6: RACP Learning Plan



Professional Qualities Reflection/Learning Capture

These assessment activities are based on trainee reflection on their learning based on their experiences. They consist of an online submission of a reflective log of events that have impacted their professional learning and practice. The Professional Qualities Reflection in the PREP programs is a learning tool, which aims to encourage critical thinking, reflection, and development of professional and ethical attitudes and behaviours. The Learning Capture in the new programs is a work-based assessment tool that logs evidence of a trainee's learning experiences and includes their reflective commentary. Suitable learning experiences for inclusion in the Learning Capture include professional experiences; courses and workshops; personal reflection; and readings and resources. Both tools are trainee-led, with optional input from assessors.

Currently there is a requirement to submit two Professional Qualities Reflections each year. The expectation in the new curriculum is to submit 12 Learning Captures in each phase. The final design will be dependent on the configuration options of the supporting technology (TMP) and will require further evaluation to determine the educational value and the utility of the online portal.

Mini-CEX/Observation Capture

Mini-CEX and the Observation Capture are work-based assessments of performance observed and marked by an assessor. It is expected that immediate feedback occurs, and information will populate the Training Portal/TMP. A College analysis of mini-CEX assessments showed high internal consistency, a weak association with Divisional Clinical Exam scores, and high satisfaction from trainees and assessors. Currently four mini-CEX are expected each year in Basic Training and variable requirements across Advanced Training. The expectation in the new curriculum is the submission of 12 Observation Captures into the TMP in each phase.

Supervisor reports/progress reports

Reports are completed at the end of rotations by the ward consultant, and at mid- and end-phase by the supervisors. Trainee and supervisor meet to define learning from the previous report, and plan future learning. Rating scales are aligned to the curriculum standards, and supervisors obtain training in the SPDP. Trainees and supervisors perceive these as positive and important experiences to provide feedback for the trainees. These reports and discussions also confirm satisfactory trainee progression and identify difficulties.

Completion of an Advanced Life Support/Paediatric Advanced Life Support course

These externally run courses have their own validated assessment procedures. The RACP requires completion of a course in order to progress in training.

Completion of a cultural safety course

Assessment of cultural safety is a work in progress.

Divisional Written Examination

The Divisional Written Examination (DWE) consists of a combination of multiple-choice questions (MCQs) and extended matching questions (EMQs) in medical sciences (70 questions) and clinical applications (100 questions). The workflow for item writing and exam production are well described and appropriate. The exams are held twice per year across major cities, and passing the exam is a barrier to progress to the Divisional Clinical Examination (DCE).

The definition and blueprint of the DWE was reviewed in 2020 with greater clarity available to trainees about the exam. Ten learning goals are expected which are linked to the new Basic Training curriculum standards and blueprinted into the exam questions.

Divisional Clinical Examination

The DCE is a high-stakes examination taken in third year of Basic Training after success in the DWE, with passing required to progress to Advanced Training. It consists of two long cases and four short cases using real patients, with assessment criteria aligning to competencies and learning goals (EPAs). Assessment preparation and production depends on the recruitment of suitable patients in alignment with the blueprint. Experienced and novice examiners are paired for each case. The long case and short case components are combined to assess candidate performance. Each case uses detailed scoring rubrics with six levels of performance across five domains with positive anecdotal experiences from examiners.

Calibration sessions are held prior to the DCE to support inter-rater reliability and ensure that the standard of each examination is consistently maintained from year to year. Examiners consistently provide positive feedback about the usefulness of these calibration sessions. In addition to calibration, an evaluation of the National Examining Panel (NEP) inter-rater scores is undertaken post exam. This provides monitoring data and allows for management of any identified risks associated with potential outlier behaviours.

During the DCE, examiners assess each of the clinical cases for which they will be assessing candidates to determine the key aspects of the case for assessment, and to provide a briefing note/task list for the candidates in the short cases. The examiners directly observe the trainee interacting with the clinical case patients/carers in the short case components (e.g. they may observe the candidate conducting a physical examination).

Examiners do not observe candidates' interaction with the clinical patients/carers in the long case component of the examination. The College advises it is not feasible to run the long case component with examiners observing as candidates interview patient cases, and so this task component is not factored into the assessment of candidates for long cases. Therefore, there may be variations between the information elicited by examiners and candidates because the assessment format is naturalistic as a consequence of using real patients to prioritise the authenticity of the clinical examination process. The College acknowledges the potential for these variations and advises this is mitigated by examiner selection and screening of cases to ensure the capacity of patients/carers to provide a repeatable and coherent representation of their medical history fit for the purpose of the assessment.

The College has taken steps to improve candidate flexibility in examinations (increased annual sittings, increased allowable attempts) and evidence of adaptiveness to changing circumstances, such as adaptations in response to COVID-19 disruptions. There is a well-described risk management process and contingency management plan for ensuring the integrity of the centrally administered exams. Observation of the DCE by the team demonstrated an emphasis on candidate wellbeing and support during the exam process at many sites.

The team observed that the DCE is a high-resource exercise for the College, with a large number of assessors and support staff required for the number of candidates. It is also high resource from the trainee perspective in terms of travel expenses to sit the exam. The team observed that the clinical examinations have substantial time pressures on examiners to mark, reach consensus and provide feedback after each candidate's attempt. This was made more difficult by the online portal for the digital score sheet being unavailable for short periods observed in two exams. Although the backup paper version was functional, this added stress to the process.

The team acknowledges there are formal complaints from trainees to the College relating to the conduct of the Paediatric and Child Health clinical examination in 2021. The concerns included exam integrity, lack of objective assessment criteria (particularly in the discussion part of the long case), perceived bias and discrimination. Additionally, many trainees reflect on the development of psychological stress or distress, social and familial difficulties, and poor work performance due to the

study requirements for these exams and the personal and professional impact of failing in a high-stakes examination.

Progression from Basic training to Advanced training

While the new Basic Training curricula will introduce competency-based progression and completion criteria for all curriculum learning goals, within the current programs, the College substantially relies on high-stakes examinations to permit trainees to progress from Basic Training to Advanced Training. This has the risk of deprioritising any learning that is not targeted toward these barrier examinations. Some trainee comments suggest that the examinations are not fit for purpose in terms of memorisation of esoteric knowledge, rather than the development of broad adaptable clinical competence and expertise. The format of these examinations has not changed for many years and are part of the training culture. This provides substantial corporate memory in consultant physicians who have experienced the process and can provide relevant advice to trainees undertaking the same exams. This culture may act as a barrier to change and improvement of assessment.

Advanced Training

The new Advanced Training assessment program toolkit consists of similar activities to Basic Training:

- learning plans
- Learning Capture
- Observation Capture
- supervisor/progress reports.

These activities will be enacted along with competency-based progression and completion criteria to inform progress decisions throughout the programs.

Advanced Training Research Project

The ATRP is a compulsory Advanced Training activity where trainees complete a research project with supervision, to a level consistent with a publication or scholarly presentation. This is required in all Advanced Training programs and some programs also require a project specific to their subspecialisation. Trainees report issues with marking of the research project in the Advanced Training program. The College is aware of these issues and has responded by increasing the number of markers, broadened the types of projects that can be completed and providing an additional submission date. The team considers this to be a useful set of responses.

As discussed in Standard 3.2, marking and feedback of the ATRP have been substantially delayed, which have in certain circumstances led to delayed trainee progression, impacting obtaining Fellowship, employment opportunities and health workforce. There have been some strategies and resource changes to improve time to receive results and the College must ensure there is no undue impediment to trainee progression.

Additional requirements

Additional requirements (which vary between subspecialty programs) include:

- **Direct Observation of Procedural Skills (DOPS):** Assesses trainee performance of a procedural skill on a patient with direct observation of an assessor. Observations are marked against a checklist within a rating form containing 10 domains with a 9-point scale and marks, and entered online. DOPS does not occur in every training program.
- **Case-based discussions (CBDs):** Review clinical cases chosen by the assessor to assess record keeping, history taking, clinical findings and interpretation, decision making, management

planning, follow-up, and professional qualities. A review of CBDs in 2018 showed high internal validity, some inverse association with number of exam attempts, and high satisfaction scores in trainees and assessors.

In-training assessment

The number of observed in-training assessment items (mini-CEX, DOPS, CBDs) required varies according to the subspecialty program and whether the trainee is in a Core or Non-Core rotation. For example, General and Acute Medicine requires submission of one CBD per year as their sole observed assessment, Cardiology requires two mini-CEXs, two CBDs, and two DOPS, and Medical Oncology requires two CBDs and four mini-CEXs per year.

Exit examinations are not held for the Divisional Advanced Training programs, and the College has no plans for the introduction of any summative terminating examinations. The current assessment programs for Advanced Training need to ensure that assessments apply reliable and valid methodologies aligned to the curricula standards to make informed decisions about trainees' appropriateness to progress to unsupervised specialist practice.

In addition to the above, each specialty program may require these learning requirements to be completed:

- Case reports
- Procedural logbooks or procedural training
- Completion of courses including the SPDP
- Relevant subspecialty conference attendance
- Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety online course
- Developmental and Psychosocial Training for Paediatrics & Child Health trainees.

The team observed multisource workplace feedback, including consumer feedback, is not currently observed to be a method of WBA for trainees, though it is a requirement for SIMGs. As trainees are required to demonstrate competencies in communication and working effectively in multidisciplinary teams, incorporating requirements like multisource feedback should be considered.

Joint training programs

For joint trainees in combined RACP and Royal College of Pathologists of Australasia (RCPA) programs, there is some overlap of assessment activities, yet joint trainees cannot obtain exemptions for a reduction or streamlining of these training assessments. The implementation of the new Advanced Training curricula is an opportunity for streamlining assessment activities in appropriate disciplines to improve efficiencies for trainees in joint training programs.

Chapter and Faculty training

Some Chapter and Faculty training programs have additional assessments in the PREP program, which are being considered for inclusion or potential exclusion in the new curricula:

Australasian Chapter of Sexual Health Medicine (AChSHM)

- Exit interview/viva using an assessment panel and discussion of four case scenarios.

Australasian Faculty of Public Health Medicine (AFPHM)

- Oral examination (presenting answers to eight questions to two panels)

- Direct Observation of Professional Practical Skills (DOPPS): an assessor observing a practical activity in the workplace (such as leadership, communication or teamwork).

Australasian Faculty of Occupational and Environmental Medicine (AFOEM)

- Direct Observation of Field Skills (DOFS): an assessor observing a trainee evaluation of a workplace
- Stage A written examination (MCQ) and Stage B written examination (SAQ)
- Practical examination (OSCE-type practical exam).

Australasian Faculty of Rehabilitation Medicine (AFRM)

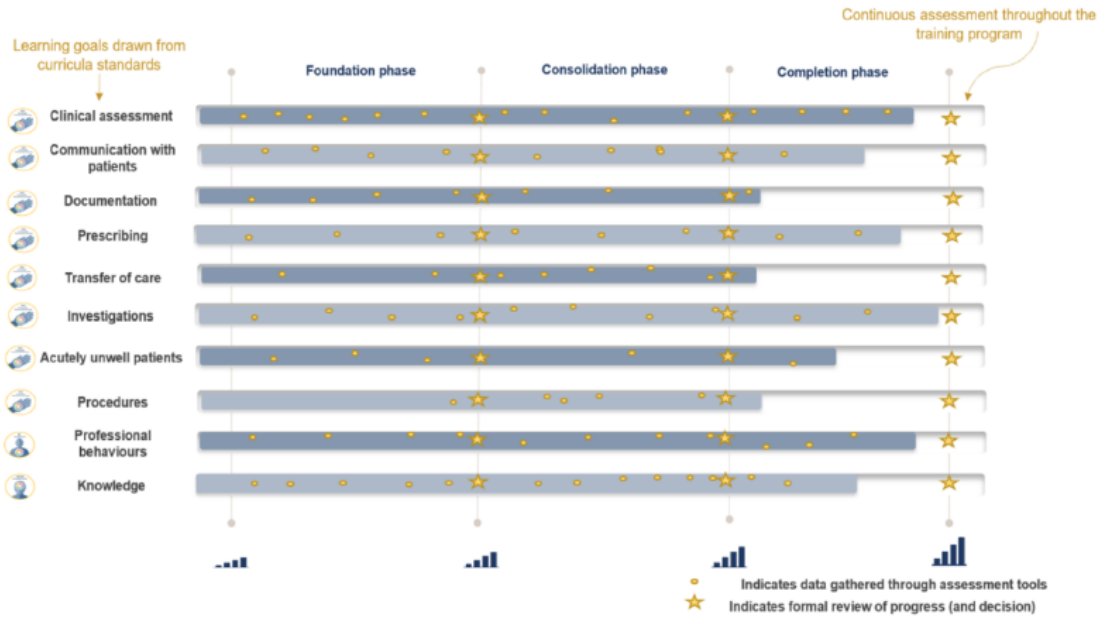
- Long case assessments (two per six-month rotation)
- Module 2 Assessment (OSCE-type) which will be replaced with Entry Phase Examination (OSCE-type) (General)
- Fellowship MCQ written exam and MEQ written exam (General or Paediatrics)
- Fellowship 10-station OSCE (General or Paediatrics), although the College is currently consulting on the future use of the Paediatrics Fellowship OSCE in the new curriculum.

Due to the relatively small number of trainees in many of these training programs, it is difficult to evaluate the generalisability of the assessment information, and how the additional assessment components complement the usual Advanced Training assessment processes.

Assessment blueprinting

In the new programs, the curricula standards form key learning goals or graduate outcomes, and assessment tools are mapped to these over the length of training (Figure B.7). Progression and completion criteria have been defined for each phase of training, identifying the expected standard achieved for each learning goal. This includes descriptors for assessment tools such as 'could assess' or 'will assess'. There is also mapping of continuous assessment of learning goals (from curricula standards) and formal review of progress in each phase in all training programs by the use of periodic progress reports from supervisors.

Figure B.7: Graphic representation of continuous assessment of learning goals using assessment methods



Standard setting

There is evidence of the use of standard-setting methodologies and procedures for assessments. These methods include the use of behaviourally anchored domain-based rubrics for the clinical exam and WBAs, to psychometric evaluation of written exams. All examinations are criterion referenced.

Examinations

The Basic Training **written exams** are standard set by a modified Angoff process every five years and Rasch analysis using common item equating of marker items (up to 50 of the 170 items) is used after each subsequent exam administration to anchor the passing cut score to the Angoff derived standard. Psychometric analysis of each question is performed for difficulty and discrimination with questions revised, modified or retired as appropriate.

The Basic Training **clinical exam** uses the CLEAR rubrics as its short and long case score sheets, and also uses a matrix of performance which defines passing or failing clinical the exam. Candidates are placed into bands from their performance in the long cases, and then their performance in the short cases is used to modify the pass/fail decision, with better scores in some cases compensating for poorer scores in others. There is a passing standard across the examination in terms of numbers of long cases and short cases (and aggregate score of short case stations) that need to be passed to be successful in the entire exam.

For **OSCE (or similar) in some Advanced Training programs**, the borderline regression method for standard setting is used. In disciplines which have small numbers of candidates, rubrics are used to determine the pass standard. For smaller disciplines, professional judgement is used to set the standard, usually as a consensus decision.

The College monitors stability of difficulty and pass rates of its exams through psychometric reports tabled and considered by the CAC. Information is also obtained from examiner and candidate surveys. Practical examination scores are compared between examiners and compared to other examiner cohorts. Large discrepancies in difficulty or examiner performance or pass rates are investigated.

Workplace-based assessment and research projects

WBAs and research projects use rubrics or checklists for standard setting. For WBA, the evaluation of the early adopter experience of Progress Review Panels for progress decision making is underway. Rather than the DPE being solely responsible for pass/fail decisions, a panel will determine trainee progression. The panels will form progression decisions based on holistic assessment evidence related to the expected progression and completion criteria for each training program.

The current evaluation process aims to gain insights to guide full implementation of Progress Review Panels across Basic and Advanced Training. Topics examined will include panel set-up, support, decision making, evidence used, benefits and challenges. Results of this process will be important to determine feasibility due to the increased resource requirement, and whether the process is reliable and valid. Substantial technological support, training and coordination of this process will be required.

5.3 Performance feedback

The accreditation standards are as follows:

- The education provider facilitates regular and timely feedback to trainees on performance to guide learning.
- The education provider informs its supervisors of the assessment performance of the trainees for whom they are responsible.

- The education provider has processes for early identification of trainees who are not meeting the outcomes of the specialist medical program and implements appropriate measures in response.
- The education provider has procedures to inform employers and, where appropriate, the regulators, where patient safety concerns arise in assessment.

5.3.1 Team findings

There are multiple avenues for feedback to be provided to trainees to guide their learning and assess progress. This may be opportunistic or formally provided as part of the assessment processes. Trainees have regular meetings to discuss progress during their rotation with their ward consultants and have informal and opportunistic feedback in the workplace. It is expected that the more formal process of developing and reviewing learning plans will also provide additional and higher quality feedback.

Feedback from observed formative assessments tends to occur immediately; for example, in discussion of performance in mini-CEXs, and DOPS (and variants). Formal feedback for overall performance during and at the conclusion of a rotation occurs through the formal supervisor's report at the end of rotation. Trainees and supervisors have positive perceptions of this process.

Examination feedback to trainees

For the examinations, general feedback is provided to all candidates about cohort performance as well as individual performance. Performance data by topic is prepared for supervisors.

For **written exams**, candidates receive pass/fail notification within a month of exam completion. DPEs also receive this pass/fail notification for trainees under their supervision. Within a further four weeks, trainees receive their scores overall and for each paper and the pass score.

For **clinical exams**, feedback takes a number of weeks due to the need for compilation of data and quality assurance checks. Feedback includes individual scores for each case and examiners' comments which are generated from the digital score sheet. Candidates are also provided a reflection sheet to assist in their self-assessment. Failing candidates are contacted by a member of the NEP to provide individual feedback, which is encouraged to be in person.

The timeliness and quality of feedback to trainees is not considered to be adequate by trainees after summative assessments. Supervisors do not receive specific enough information on the exam performance of trainees under their supervision to be able to provide appropriate support. The 2023 MBA MTS results showed that 34 per cent of respondents disagreed that they received useful feedback about exam performance (national result 40%), and 30 per cent disagreed that the feedback was timely (national result 35%). As previously mentioned, the team found that the clinical exam process did not provide sufficient time for examiners to record high-quality feedback. The College has plans to review and streamline processes to make feedback more timely.

Examination feedback to supervisors

Summaries are created with the results for candidates within a country/state/territory and sent to DPEs. DPEs receive aggregated performance data of their hospital against national averages. DPEs with sufficient numbers of candidates receive aggregate results. Information from small numbers of participants or subgroups have their results suppressed to maintain confidentiality. Feedback results are distilled to topic area or curricular learning objectives. Exam feedback is not granular and predominantly comprises a comparison of individual and group results.

Supervisors do not obtain individual results but can be contacted by candidates to assist in future learning strategies. Candidate score sheets are sent to the NEP member in the trainee's hospital. The trainee is expected to discuss the results and feedback with that member and score sheets are provided.

Early identification of trainees in difficulty

The Trainees in Difficulty Support Policy, Training Support Pathway and Process, Improving Performance Action Plan and Progression Through Training Policy provide a framework of remediation for trainees requiring additional training support with central tracking of the effectiveness of these mechanisms.

Trainees in difficulty would first approach their supervisor for assistance, and the request may escalate to the DPE and College if required. Trainees in Advanced Training may have less support locally in this regard. The College SPDP is used to train supervisors in identification and remediation of trainees in difficulty.

Identification of underperforming trainees is usually made by the supervisor and is discussed with the trainee and the DPE. The College training committees identify underperforming trainees via supervisor reports and can initiate a comprehensive review of training (CRT), particularly if local measures are unsuccessful, or if there is a conflict between trainee and supervisor.

The Trainees in Difficulty Support Policy describes principles used to support a trainee, roles and responsibilities of the trainee and each entity involved in support. The Trainee Support Pathway has three escalating stages, which move from local support, to both local and College support, to a College-based CRT. Throughout each stage of the Training Support Pathway, the Improving Performance Action Plan is used to provide a framework to help trainees and supervisors. Trainees who do not progress following Stage 3 of the pathway can be involuntarily withdrawn from training but may be eligible to apply for a different RACP training program, with consideration given on a case-by-case basis.

Policy to advise employers of safety concerns

As part of the Trainees in Difficulty Support Policy and Assessment Standards, patient and trainee safety are noted as priorities and the reporting obligations of employers and clinicians are outlined. Disciplinary actions are a matter for the employer and regulatory organisations if there are serious breaches of patient care or professional behaviour standards.

5.4 Assessment quality

The accreditation standards are as follows:

- The education provider regularly reviews the quality, consistency and fairness of assessment methods, their educational impact and their feasibility. The provider introduces new methods where required.
- The education provider maintains comparability in the scope and application of the assessment practices and standards across its training sites.

5.4.1 Team findings

The College has an Assessment Policy and Assessment Standards which outline the philosophy of their assessment processes, and procedures in place to regularly monitor the quality of assessments. The current curriculum renewal builds upon several review activities over the past decade which have refreshed some aspects of assessment but have not led to substantial changes. The College is currently planning for a more comprehensive review of several areas of assessment.

Workplace-based assessments

The quality of WBAs depends on central design, alignment and blueprinting as well as the practical aspects of administering the assessments at training sites. It is unclear how blueprinting is applied to individual sites, which may be substantially different from one another. The planned increasing volume of WBAs is envisaged to improve reliability and consistency in a move to programmatic assessment. There will also be an increasing reliance on technology to manage the increased importance and

volume of WBA data. It is expected that the collected data will provide an opportunity to improve blueprinting and sampling of curricular outcomes and provide information of the quality of assessments across sites.

The various workplace assessment activities are delegated to assessors who are not necessarily trained (usually a mix of fellows and Advanced Trainees). The team acknowledges feedback from trainees and trainee organisations regarding the difficulties of trainees providing feedback on the quality of assessments to senior clinicians. Supervisors may not have sufficient contact with trainees in some circumstances so may not have informed appraisal to provide accurate progress reports.

The advantages of WBAs are the potential to perform these activities during normal service-based work, and the validity of using these assessments to assess real-life performance. If performed efficiently and as part of usual work activities, the feasibility becomes more achievable. This is the aim of the potential implementation of programmatic assessment by the College.

Adequate and consistent assessor training to ensure reliability of WBAs, and consistent processes for calibration, feedback and monitoring of WBA quality should be considered.

Divisional Written Examination

The DWE can be considered a reliable and consistent assessment process, being centrally organised and administered, and having objective-type questions written and approved within a formal process, and a formal blueprinting process aligned to curriculum. Quality assurance measures include scoring reviews, checks for data accuracy, results meetings and ratification, and review of assessment items for quality through psychometric evaluation.

The educational impact is designed to influence learning of knowledge, but feedback suggests that the content can be esoteric, and there are negative effects on learning with high-stakes assessments. These include high levels of trainee stress and the potential for neglect of other important learning opportunities.

The decreased pass rate observed in the October 2023 sitting for the DWE should continue to be closely monitored. The College should collect and analyse data to identify trainee groups with lower likelihood of passing the DWE and then explore the underlying reasons for this to ascertain whether there is a need for specific interventions/supports. For example, the team was made aware that Māori trainees may need tailored supports to address specific barriers encountered in preparing for the DWE. The team also acknowledged the importance of supporting an appropriate cultural response to the whānau and community obligations of many Māori trainees, and the impact this may have on the examination process.

Divisional Clinical Examination

The DCE is centrally coordinated and administered across a significant number of clinical sites once each year. The College has strategies to optimise the quality of this exam including examiner training and calibration, use of a marking rubric and transparent standard-setting process, assessor peer feedback, and post-hoc evaluation of assessor performance. The team observed a number of clinical assessments and noted that time pressures occasionally rushed the opportunity for each examination dyad to undertake standard-setting processes for the various individual clinical cases on the day. Clinical examinations include quality improvement examiners and have peer feedback sessions scheduled for at the end of each exam session, although the team observed that providing quality feedback to examiners was variable due to time pressures on the day of examination.

The team has noted the high resource needs of the exam from the College, examiner, health service and trainee perspectives. There is an ongoing need to continue to evaluate the feasibility of the assessment compared to the educational value and its discrimination of trainee performance compared to other methods, with reference to the role of high-stakes examinations in competency-based medical education.

Advanced Training

The new curriculum model provides an opportunity for alignment of general competencies and professional behaviours. However, the calibration of assessments within and across specialties is unclear and there are substantial differences in assessment methods and load across subspecialties. The majority of College trainees do not undertake an exit summative activity and progression is determined by workplace-based performance. There are risks with this model in terms of variability with communication and engagement with supervisors and assessors; risk of variable training and assessment, particularly in smaller and rural sites; lack of clarity with blueprinting and alignment to the curriculum outcomes and teaching; standard setting does not appear to be consistent; and the need to determine reliability and validity of assessments .

As an example, the team acknowledges the feedback from trainees regarding the Advanced Training case study. There is a perception that the marking rubric is not reliable, with episodes of conflicting advice, marking and feedback, and lack of transparency of the assessment process.

Maintaining comparability in the scope and application of the assessment practices and standards across training sites

Workplace-based assessment

The required WBA activities are clearly described for each program and the College attempts to maintain comparability of assessment practices. However, the WBAs that are conducted at sites have inherent variation due to the substantially different health service contexts, educational resources and time availabilities, trainee numbers, patient casemix, and supervisor and assessor experience and expertise. The assessment activities are delegated to the clinical service and, in Basic Training, are overseen by the DPEs. Some training in performing WBAs is provided with the SPDP and the majority have completed these modules.

Although the completion of the various WBA items is standardised, there is variability in the practical aspects of completing these assessments. Feedback from assessors suggests that the formal training in assessing trainees is insufficient, and their expertise is developed from previous experience as trainees, assumed knowledge, and developing expertise in practice. Quality of assessment at work sites is influenced by accreditation for training at sites, having engaged DPEs, supervisors and assessors. Having a critical mass of trainees at a site, particularly for the high-stakes examinations, enhances the learning community, but this varies across sites.

Trainee feedback suggests that there is substantial variability in quality of supervision and assessment. WBA results seem to grossly correlate with exam performances giving some face validity to the process. Pass/fail rates across states are described, but it is difficult to assess comparability since jurisdictions can have very different numbers of trainees and differing educational resources. The timing of the WBAs in each rotation can also have substantial variation based on trainee and assessor availability and motivation. Many WBAs are being completed near the end of the training period resulting in less utility for learning.

Measuring and maintaining comparability is difficult with such large numbers of very diverse training sites across multiple training programs, particularly in Advanced Training. The potential move to programmatic assessment and away from the more rigidly controlled point-in-time examinations puts more assessment responsibility with local assessors and may increase the impact to trainees if assessments are not comparable across sites. The increase in frequency of WBAs may also result in more individuals undertaking assessor responsibilities, with the risk of diluted experience, training, calibration and monitoring with a deterioration in comparability. This should be considered during the potential change to programmatic assessment.

Examinations

- The DWE is a centralised assessment with all trainees undertaking the same exam under similar conditions. There is minimal variation in the assessment practices and standards within each exam sitting or across exams conducted at different times and places.
- The DCEs are organised centrally but conducted at different sites. The College has designed the exam to be strictly comparable in terms of timing, performance rubrics and marking processes (using an online digital score sheet managed centrally by the College), although there is a perception that these are not always stringently applied.

There are a number of strategies used to improve consistency of the clinical examination. The NEP consists of approximately 200 members, selected from a pool of local examiners on the basis of consistent performance, empathy and time management. NEP members examine and facilitate local calibration sessions. There is some consistency regarding assessor briefing by the Lead Examiner, assessor allocation according to experience, and having sufficient exposure of trainees to different assessors during the exam to improve reliability.

Calibration sessions are held before the clinical exams for NEP members to improve inter-rater reliability. The calibration day consists of lectures and simulated videos of short and long cases. It is mandatory to complete a calibration day to be able to assess in the exam that year. Examiners receive an examiner guide and notes for examiners. These are evaluated positively, although there are suggestions to improve calibration by adding different levels of performance demonstrations to fine-tune assessor calibration. Feedback to assessors about their scoring (using the Hawk/Dove index) does not seem to be consistently applied. There is a perception that behavioural change based on this information causes an excessive swing the other way.

It is recommended the Cross-College Examination Review working group review strategies to optimise the comparability of the clinical examination across and within sites.

Trainee feedback and concerns

The MBA MTS from 2023 (3300 trainee responses with approximately 45% response rate) had results of 20% disagreement that exams were conducted fairly. This seems to relate to the lack of objective and transparent criteria for assessing the long case discussion, considering the wide range of clinical cases of differing difficulty and complexity that does not appear to be moderated. Trainees have provided feedback that while examiners recuse themselves from assessing trainees known to them, there are instances when this doesn't occur. The College has taken steps to improve the consistency of examiner decisions by introducing the CLEAR rubric which has had positive feedback from examiners.

The team acknowledges trainee concerns about the specificity and reliability of the six clinical cases in a high-stress and high-stakes exam. There is a perception that the exam has insufficient breadth of assessment across the curriculum outcomes. The College perceives the examination, particularly the long cases, to be a highly valid exercise in terms of assessing essential competencies for a specialist physician.

The clinical exam is a high-stakes examination held once yearly, and the educational and personal impacts can be substantial. There may be an emphasis of learning for the exam with potential for loss of other important learning opportunities. Failing the exam has substantial implications for the trainee and their workplace as Advanced Training will need to be deferred which may cause workforce issues. The Cross-College Examinations Review should investigate the role of the examination within the assessment program.

2024 Commendations, Conditions and Recommendations

Commendations

N. The strong commitment of skilled and motivated fellows and professional staff who govern, lead, supervise and deliver assessment and examinations, blueprinted to curriculum, learning outcomes and competencies.

O. There are comprehensive, logical, and well-described frameworks and programs of assessment within the current PREP program for the Basic and Advanced Training programs and for the renewed curricula.

P. Detailed and comprehensive publicly available documents and resources available for trainees and supervisors to access though the College website.

Q. The Adult Medicine and Paediatrics & Child Health Divisional Clinical Examinations are comprehensive and appropriately blueprinted to the curriculum with calibration and examiner preparation processes incorporated.

R. There is emphasis on trainee wellbeing and support during examinations at many sites with well-described risk management and contingency planning for adverse events.

Conditions to satisfy accreditation standards

15. Provide detailed transition plans for the assessment programs of the new curricula. The plans should describe:
    i. contingency plans in the event of disruption or delay.
    ii. a program of training and resources for supervisors delivering workplace-based assessment
    iii. integration of all forms of assessment into a programmatic assessment approach and how progression decisions are made.
    iv. consideration for streamlining efficiencies for trainees in joint training in appropriate disciplines (Standard 5.1, 5.2, 7.4 and 8.1)
16. Ensure that there is robust assessment related to competencies regarding Aboriginal and/or Torres Strait Islander Peoples' and Māori health, equity and cultural safety. Appropriate consultation with relevant stakeholders must be prioritised in development, implementation and monitoring of these approaches (Standard 5.2)
17. Undertake and provide recommendations of the Cross College Examinations Review, detailing alignment to contemporary assessment practice. The review should consider:
    i. the role of high-stakes single point in time assessments in the revised assessment program, considering how fit-for-purpose these are across a range of program and training contexts.
    ii. the optimisation of comparability of clinical examinations across sites.
    iii. the impact of the cost of examinations for the College and trainees (Standard 5.2, 5.4 and 7.4).

18. As a priority, effectively respond to trainee concerns reported regarding the 2021 Paediatrics and Child Health Divisional Clinical Examination about discriminatory behaviours to provide assurance of a fair and equitable process. (Standard 5.2, 5.4 and 7.3)

19. Evaluate the quality and timeliness of examination feedback to trainees with a view to improvement and consideration for inclusion of supervisors in the feedback process (Standard 5.3)

20. Develop and implement mechanisms to quality assure the implementation of programmatic assessment, including workplace-based assessments, in contributing to learner development and accurate and fair progression decisions (Standard 5.4, 8.1 and 8.2)

Recommendations for improvement

FF. Consider the development of a mechanism for multi-source feedback to be considered in the assessment program. (Standard 5.2.1)

GG. To reduce pressure on examiners, consider scheduling more time for marking or reducing the number of candidates per examination. Managing IT failures or inefficiencies during examinations is also recommended. (Standard 5.2.1).

B.6 Monitoring and evaluation

6.1 Monitoring

The accreditation standards are as follows:

- The education provider regularly reviews its training and education programs. Its review processes address curriculum content, teaching and learning, supervision, assessment and trainee progress.
- Supervisors contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses supervisor feedback in the monitoring process.
- Trainees contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses their confidential feedback on the quality of supervision, training and clinical experience in the monitoring process. Trainee feedback is specifically sought on proposed changes to the specialist medical program to ensure that existing trainees are not unfairly disadvantaged by such changes.

6.1.1 Team findings

The College has established structures, policies, and procedures for regularly reviewing many components of its education and training programs and demonstrated evidence of their use in practice. Of particular note, the College has recently undertaken, or is presently undertaking, a variety of significant review and renewal projects, including relating to curricula, accreditation, examinations, and supervisor professional development.

The College understands the value of monitoring and evaluation, has invested significant resources in this area, and benefits from notable related staff expertise. As a result, review of training and education programs is embedded in College culture and governance structures. However, there is some lack of collective understanding about the relative roles of staff (particularly education policy, research and evaluation teams) and College entities (e.g. CEC) regarding governance and operational responsibilities for monitoring and evaluation activities.

Overall, the College uses evidence-informed, systematic approaches to reviewing education programs and policies, based in recognised methodologies. The devolved nature of responsibility and delivery of the College's training programs limits the College's access to the full complement of data necessary for comprehensive evaluation (e.g. data about selection into training). This limits the effectiveness of monitoring and evaluation for some components of the training program.

Supervisor contribution to monitoring

Key opportunities for supervisor contributions to monitoring and program development include internal College entities (specifically education and training committees), surveys (see below) the Educator Community on the RACP Online Community (ROC), consultations on specific topics, and operational/incidental discussions with DPEs. Processes for administering and analysing surveys are systematic, with robust systems and methods in place. However, processes regarding collection of supervisor input via the other means, and approaches to utilising feedback to inform tangible change, are less systematic, and more project-dependent and person-dependent.

Many supervisors and trainees expressed varying degrees of disengagement from the College, and a view that opportunities to contribute to monitoring and evaluation activities were limited or inaccessible. Many also expressed a sense of futility in contributing, due to delays or lack of responses, and limited 'loop closure' regarding actions taken in response to feedback and input. Addressing this disengagement is an important consideration to bolster the College's monitoring and evaluation activities.

Trainee contribution to monitoring

Appointed trainees contribute to monitoring and program development via positions on internal entities, including the CTC, Aotearoa New Zealand Trainees' Committee, and Australian state/territory trainees' committees, and membership of non-trainee specific committees (e.g. CEC). Outside of formal appointments, trainee opportunities to contribute include the Trainee Community on the ROC and various surveys (see below).

Trainees working with College entities described feeling that their contribution and input are often actively sought and treated with respect and due weight. Trainees in these positions were complimentary of the support and respect they experience from the College in these roles and were able to articulate specific examples where their input translated to concrete outcomes (e.g. managing the impact of Cyclone Gabrielle on exams).

With respect to the overall trainee cohort, confidentiality and protection of trainees providing feedback to the College is taken seriously. Outside of surveys, heavy reliance on committee members to represent the voice of trainees is an obstacle to obtaining a broader and more representative understanding of trainee views and experiences.

The College has given significant weight to existing data on trainee experience (e.g. from surveys) in the curriculum renewal process. However, there have been missed opportunities to 'close the loop' by communicating this to trainees (and other stakeholders). As a result of this and other factors, both trainees and supervisors described not feeling adequately, actively consulted about significant proposed changes to the training program; for example, the proposed removal of the mandatory rural/regional training requirement for paediatric trainees.

6.2 Evaluation

The accreditation standards are as follows:

- The education provider develops standards against which its program and graduate outcomes are evaluated. These program and graduate outcomes incorporate the needs of both graduates and stakeholders and reflect community needs, and medical and health practice.
- The education provider collects, maintains and analyses both qualitative and quantitative data on its program and graduate outcomes.
- Stakeholders contribute to evaluation of program and graduate outcomes.

6.2.1 Team findings

As described in Standard 2, the College has developed standards against which its programs and graduate outcomes are evaluated. In the context of curriculum renewal, a transition in these standards – which mirrors the transition in curriculum – is occurring. Given the diversity of specialty streams in the training program, the standards contain some common elements across streams, as well as some specialty-specific standards. The standards address factors relevant to graduate's needs and experiences, and the ability of the program to equip trainees effectively in clinical and non-clinical competencies (e.g. professional behaviours).

The College has work to do defining and applying metrics to monitor and evaluate how well the programs – via graduates – meet community needs with respect to care quality and safety. The College presently interprets this standard largely to relate to the constructive alignment of curricula to meet health workforce needs and is acutely aware of that issue. However, a more fulsome and contemporary interpretation requires that program evaluation frameworks consider how well program outputs (graduates) are meeting the contemporary healthcare needs of communities as perceived by consumers. Community members receiving care have a unique and invaluable perspective on the suitability, performance and behaviours of trainees and fellows as it manifests in

day-to-day practice, noting that care experiences are influenced by a range of factors beyond the healthcare practitioner. This is also true of other stakeholders not well captured by current processes, such as health services, non-health service employers (e.g. governments, universities) and colleagues (other than supervisors). Factoring for these perspectives in evaluation frameworks is vital to ensuring the program produces graduates who practise in complex systems in a manner concordant with the contemporary needs, values, norms and expectations of communities regarding care quality and safety.

Collation of qualitative and quantitative data

The College has a detailed Data Governance Framework based in best-practice principles, which accommodates both qualitative and quantitative data. Commendably, the framework includes provision for Indigenous Data Guardians and an in-progress Indigenous Data Governance Policy. This is an important step towards achieving data sovereignty for Indigenous Peoples, including culturally appropriate practices for data governance. The practices should ensure cultural sensitivity and respect by aligning data collection, management and use with values and practices. Commendably, the College also has a Survey Governance Framework to bring a more deliberate, systematic approach to the use of surveys in monitoring and evaluation.

The College collects both qualitative and quantitative data in its evaluation and monitoring. Quantitative examples include exam and assessment analytics (e.g. assessment psychometric data), outcomes by demographic, program completion and withdrawal data, and quantitative components of surveys. Qualitative examples include trainee feedback during site accreditation, program evaluation interviews and qualitative components of surveys.

The College acknowledges improvements in IT infrastructure and data management are needed to maximise the collection, utility and use of existing and future data, particularly analysis of data. For example, qualitative information received from trainees who do not complete the training program – which may highlight issues and gap within the program and its delivery – is not currently systematically analysed, as it is provided in a format not conducive with this.

Stakeholder contribution to program and graduate outcome evaluation

The College uses a variety of methods to seek and facilitate stakeholder contributions to evaluation of programs and graduate outcomes. The College places value on these contributions and has considered input and feedback from these contributions in informing current transformative projects, such as curricula renewal and the examinations review.

Stakeholder input is collected both routinely (most notably, via regular surveys), as well as in a project-specific manner (e.g. written submissions, focus groups). This is supplemented by other stakeholder-related data (e.g. web analytics). Recent examples include evaluating the experience of early adopters of the renewed Basic Training program, and the pilot to implement a situational judgement test in selection processes for basic physician training. The College makes use of a variety of routine surveys to gather stakeholder feedback, including from trainees, fellows, SIMGs, examiners and educators (including rotation supervisors, education supervisors, Advanced Training supervisors, and DPEs).

The College is to be commended for the above effort to provide a variety of stakeholder cohorts with these opportunities to provide feedback. The team notes that response rates to some surveys are low (e.g. response rate of 10% for the New Fellow Survey in 2023), and others have declined substantially in recent years (e.g. responses to the survey about trainee experiences of selection into training declined from 512 in 2019 to 160 in 2021). This impacts their utility and representativeness. The College would benefit from novel approaches to understanding and addressing these low response rates, alongside implementing alternative methods for gathering general stakeholder cohort feedback.

The College has demonstrated operational changes in response to feedback received from stakeholders; for example, specific changes in exam procedures. The College would benefit from more

effectively conveying to stakeholders how they have contributed to tangible actions and changes. This especially true for stakeholders not involved in College entities and governance structures.

The team notes that present structured methods for collecting stakeholder feedback tend to focus on trainee and supervisor experiences of the program and practical aspects of its implementation. There is proportionally less focus on graduate outcomes as they relate to readiness for safe, competent independent practice and professional qualities/behaviour, as perceived and reported by stakeholders other than trainees and fellows.

The College has a passionate Community Advisory Group and consumer/community representation on some other internal entities (e.g. CEC). However, outside of these entities, the College has not yet systemised effective methods for embedding consumer and community contributions to evaluation of programs and graduate outcomes. The team found College staff working with consumers directly to be sincere and enthusiastic in their efforts to increase and improve consumer engagement in this area. However, progress in this area has been hampered by the attitudes of some members, particularly regarding consumer representatives in leadership roles.

6.3 Feedback, reporting and action

The accreditation standards are as follows:

- The education provider reports the results of monitoring and evaluation through its governance and administrative structures.
- The education provider makes evaluation results available to stakeholders with an interest in program and graduate outcomes and considers their views in continuous renewal of its program(s).
- The education provider manages concerns about, or risks to, the quality of any aspect of its training and education programs effectively and in a timely manner.

6.3.1 Team findings

The College has comprehensive and well-established systems in place for reporting the results of routine and project-based monitoring and evaluation across its internal governance and administrative structures. Some reporting on specific matters (e.g. program-related evaluation projects) is targeted to relevant teams and entities, with other results (e.g. MTS results) disseminated more broadly. Members of College entities reported that, within the bounds of the data collected by and available to the College, they are provided with the evaluation and monitoring information necessary to fulfil their roles.

Availability of evaluation results to stakeholders

The College makes substantial efforts to disseminate the outcomes of larger, routine evaluations to internal and member stakeholders. Methods used include newsletters, committee briefings and postings in the members area of the College's website. However, due at least in part to reported member disengagement, these methods are not as effective as hoped in reaching the broader stakeholder cohort. The College should consider alternative methods for disseminating evaluation results which reach stakeholders 'where they are'.

The College makes efforts to share some evaluation results with external stakeholders (e.g. sharing Advanced Training program summaries with specialist societies). However, much information is made available only via methods available to members, such as emails or sections of the College website which require login credentials. This prevents transparency and access for stakeholders with legitimate and substantial interests in this information, such as government jurisdictions, medical students, medical schools, or consumer groups. For example, the College widely promotes the results of the MTS (published publicly by the MBA) to internal, and some external, stakeholders (e.g. specialist societies).

Physician Training Survey (PTS) results were shared with RACP members and through specific logins created for educational and executive leaders of health services and jurisdictions comparing local and national results in 2022. The College is collaborating with the MCNZ which is in the early stages of developing a trainee survey based on the MTS.

Management of concerns and risks

The College has a risk management framework that addresses a number of risks to the training program, including monitoring and evaluation, and program delivery by training providers. Formal monitoring structures (such as surveys, use of data, accreditation) are well embedded within this framework and associated College procedures. The College was able to provide examples of responding to training program quality risks based on data from monitoring (e.g. invoking the Breach of Training Provider Standards Process in response to MTS results).

The College's ability to manage concerns about risks to the quality of its programs is constrained by the devolved nature of program delivery and implementation. This is especially true for concerns that may only become apparent by informal or unstructured means (i.e. raised by stakeholders outside of formal channels to the College or other entities). For example, trainees have approached specialist societies with concerns, with varying cooperation between specialist societies and the College over such matters. Another example is the governance and implementation of selection into training being devolved to training sites and networks. As a result, the College does not collect data about this process, impairing due oversight of compliance, quality, outcomes and effectiveness. For example, the College is unable to track the number, characteristics or experience of applicants who do not gain an accredited training position (as the College's selection process survey is only provided to trainees).

The sheer size and diversity of College programs, and their devolved nature, also poses challenges for responding to risks and concerns once they are raised. It remains unclear how emerging risks identified at site level, outside of formal structures such as accreditation, are escalated through College governance structures, and how this translates to a timely response 'on the ground'.

One notable gap is that the College does not currently provide individual supervisors with feedback on their performance as supervisors. This is a missed opportunity to build accountability, continuous improvement and quality control into the training program, and to manage and respond to risks posed by poor supervisor performance. This especially important given the increased role of supervisor-delivered assessment in the renewed curriculum.

2024 Commendations, Conditions and Recommendations

Commendations

S. There is an established and comprehensive monitoring and evaluation framework with commitment to resourcing aided by professional expertise to support activities.

T. The implementation of the Data Governance Framework that includes Indigenous Data Guardians, and an in-progress Indigenous Data Governance Policy, is a useful decolonising approach to support work towards Indigenous data sovereignty. sovereignty.

Conditions to satisfy accreditation standards

21. Facilitate systemised options for supervisors of training to provide feedback on the training program. This may be aligned with accreditation of training site/network activities (Standard 6.1.1 and 8.2.1)

22. Define and apply approaches to monitor and evaluate how well the training program meets patient and community needs in matters of care quality and safety (Standard 6.2)

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

Recommendations for improvement

HH. To improve the efficacy of monitoring and evaluation activities:

i. identify ways to improve member cohort engagement in monitoring and evaluation activities.

ii. strengthen IT infrastructure and data collection methods to improve utility of existing and future datasets.

iii. centralise comprehensive collection of key data about training program delivery, including but not limited to selection into training, into College systems (Standard 6.1, 6.2 and 6.3).

II. To improve transparency, consider enabling the full dashboard of Physician Training Survey results to be publicly accessible online (Standard 6.3)

B.7 Trainees

7.1 Admission policy and selection

The accreditation standards are as follows:

- The education provider has clear, documented selection policies and principles that can be implemented and sustained in practice. The policies and principles that support merit-based selection, can be consistently applied, and prevent discrimination and bias.
- The processes for selection into the specialist medical program:
    - use the published criteria and weightings (if relevant) based on the education provider's selection principles
    - are evaluated with respect to validity, reliability and feasibility
    - are transparent, rigorous and fair
    - are capable of standing up to external scrutiny
    - include a process for formal review of decisions in relation to selection which is outlined to candidates prior to the selection process.
- The education provider supports increased recruitment and selection of Aboriginal and Torres Strait Islander and/or Māori trainees.
- The education provider publishes the mandatory requirements of the specialist medical program, such as periods of rural training, and/or for rotation through a range of training sites so that trainees are aware of these requirements prior to selection. The criteria and process for seeking exemption from such requirements are made clear.
- The education provider monitors the consistent application of selection policies across training sites and/or regions.

7.1.1 Team findings

In effect since 2017, the College's Selection into Training Policy clearly describes key principles for selection into training with stages of selection into the RACP's Basic and Advanced Training programs. The policy describes the roles and responsibilities for selection between the College, RACP accredited training sites and health service jurisdictions, with the College undertaking a primary role in:

- setting overarching principles and standards for selection
- determining the eligibility and selection criteria
- developing resources to support policy implementation.

The College has a devolved model of selection, which confers responsibility for selection in training to accredited training sites in Australia and Aotearoa New Zealand, in collaboration with employment through health services in the various jurisdictions. As a result, the College indicates it currently does not collate recruitment data, and while reasons for attrition are collected, current systems do not enable easy analysis of the data. The College is considering methods to collect this information for meaningful analysis in future and it is recommended this be considered with other projects related to selection.

The Selection into Training Policy is publicly accessible, though its location on the College website may need to be better situated to be apparent to prospective applicants.

Basic Training

The basic eligibility criteria to commence Basic Training in Adult Internal Medicine or Paediatric & Child Health is indicated on the College website and applicants must:

- complete a medical degree accredited by the AMC or Medical MCNZ
- have a general medical registration with the MBA, or a medical registration with a general scope of practice with the MCNZ
- have satisfactorily completed at least an intern year (postgraduate year one; PGY1)
- be employed by an accredited hospital (where they will do their Basic Training)
- discuss their application and receive approval from the site (or network) DPE.

To support applicants in their application, the College website also provides information on its accredited Basic Training sites, and related DPE names, in Australia and Aotearoa New Zealand with jurisdictional-based eligibility criteria. The eligibility criteria can vary depending on the jurisdiction and the information is currently available for Australian jurisdictions only, with no specific information for applicants in Aotearoa New Zealand. There are links to related online PREP training handbooks with application information and it is expected similar links with the new Basic Training handbooks will also be publicly available upon implementation.

Advanced Training

Trainees apply for Divisional Advanced Training following successful completion of Basic Training (including written and clinical examinations), have a current medical registration and been appointed to an appropriate Advanced Training position. Applicants may access application and training requirements under each of the 38 Advanced Training programs with links to related PREP training handbooks. As with the Basic Training program, it is expected the new Advanced Training handbooks will also be publicly available upon implementation.

Managing variations in selection into training

There is no centralised selection process coordinated by the College and the vast scope of the College's training leads to inevitable variation across different training sites. To manage this and address trainee concerns about selection, the College has developed the *Capacity to Train* guidance document to assist DPEs in determining trainee numbers to recruit and the *Local Training Selection and Recruitment Guide* is provided to local health services to guide selection and address variation in application in different training settings. While these documents provide useful guidance information, the College needs to evaluate the use of these mechanisms to ensure they have been effective to support a fair and merit-based selection into training process.

While the selection policy is clear with support mechanisms available, there is a lack of clear guidance about how each of the key principles or the domains of the RACP Standards framework are to be assessed or measured by the individual program selection policies. While there are broad guidelines on selection tools in the 'Planning' section of *Local Selection Toolkit/Guide*, there are no published centralised criteria and weightings to ensure a valid, reliable and feasible process or increased transparency and rigour to selection. It is also unclear if any specific weight is given to Aboriginal and/or Torres Strait Islander and Māori applicants or applicants from rural areas to support wider College and national strategies as discussed under Standard 1.

The mandatory elements for the Basic Training and Advanced Training programs were also not easily identifiable so applicants may not be aware of obligations for rotations, either in metro or rural sites, ahead of applying for their preferred training program. This would have significant implications for trainees with personal obligations and workforce down the line, especially for those in Advanced Training programs. The College advises information on rotations are available in training requirement

documents for current programs on the College website and for new programs through the RACP Online Learning portal, also accessible to non-members through an online registration process. The team supports better signposting of this information for trainees, particularly if trainees are expected to move training locations, and forthcoming Advanced Training curriculum documents to contain relevant rotation information.

The College acknowledges there is a gap in how the various selection policies are monitored and evaluated across Basic Training and Advanced Training programs and countries, states and territories. The team supports the College undertaking increased responsibility for selection into training to ensure variability is reduced and a fair process is administrated at the local level. The devolved model of selection has significant variation, and the perception of a lack of fairness amongst trainees, especially at Advanced Training selection, is not without merit as there is little about the current process that benefits trainees or prioritises the training program. The team understands there is currently work being undertaken to scope various policies and their application, including piloting the utility of Situational Judgement Tests, and supports the review and application of selection policy and processes as one of the College's core areas of focus.

Increasing recruitment and retention of Aboriginal and/or Torres Strait Islander and Māori trainees

The College has a range of approaches to improve selection and increase retention of doctors who identify as Aboriginal and/or Torres Strait Islander or Māori in RACP training programs. This currently does not extend to specific selection criteria and weighting as discussed above. However, two initiatives in the College's ISF, relating to 'Growing the Indigenous physician workforce' and 'Fostering a culturally safe and competent College', should support developments in this area. It would be useful to evaluate the effectiveness of these strategies.

Current initiatives include the Fee Reimbursement Initiative implemented in 2022 (fee reimbursement is not applicable for Aotearoa-based trainees unless in a non-hospital site) and other financial supports for Indigenous trainees through the RACP Foundation. Of significance are the First Nations Trainee Wellbeing Program pilot launched in 2023, the coaching program for Māori and Pasifika Trainees and approval for ongoing financial support for Indigenous trainees to access leadership and development support. Trainees reported that scholarship and grant offerings could be made.

The team recognises the College has implemented mechanisms to support the recruitment of Aboriginal and/or Torres Strait Islander and Māori trainees. It is, however, challenging for potential users to locate the information related to Indigenous trainee support programs and this has been raised as an impediment to application. The team notes that the College only recently implemented systems to consistently allow trainees to self-identify as Indigenous and ensure they can access personalised support. In introducing these systems, the College should continue to seek to understand the reasons why Indigenous members may not self-identify within College systems.

Concerns have been also highlighted to the team about retention of the Indigenous trainee cohort throughout the training program. This is made difficult by the lack of robust data on Indigenous trainees and their training journeys. In developing appropriate mechanisms for growing the Indigenous physician workforce, the College must consider the longer-term impacts on the wider community of not being able to retain Aboriginal and/or Torres Strait Islander and Māori trainees in the training program.

7.2 Trainee participation in education provider governance

The accreditation standards are as follows:

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

7.2.1 Team findings

As discussed under Standard 1, the College has made excellent progress to include the trainee voice across multiple committees and the College Board with the role of the Trainee Director. The team heard trainees involved in governance roles feel empowered and supported to raise issues and there is evidence trainee concerns are heard to effect meaningful change. It is important the College continues to empower trainees in governance roles and remain supported in their developments as leaders within the College. Trainees in governance roles are also key to connecting with the wider trainee cohort and considering ways to enhance their profiles amongst trainees will support improved engagement. This may include facilitating ways for trainees in various committees across the College to communicate with one another.

7.3 Communication with trainees

The accreditation standards are as follows:

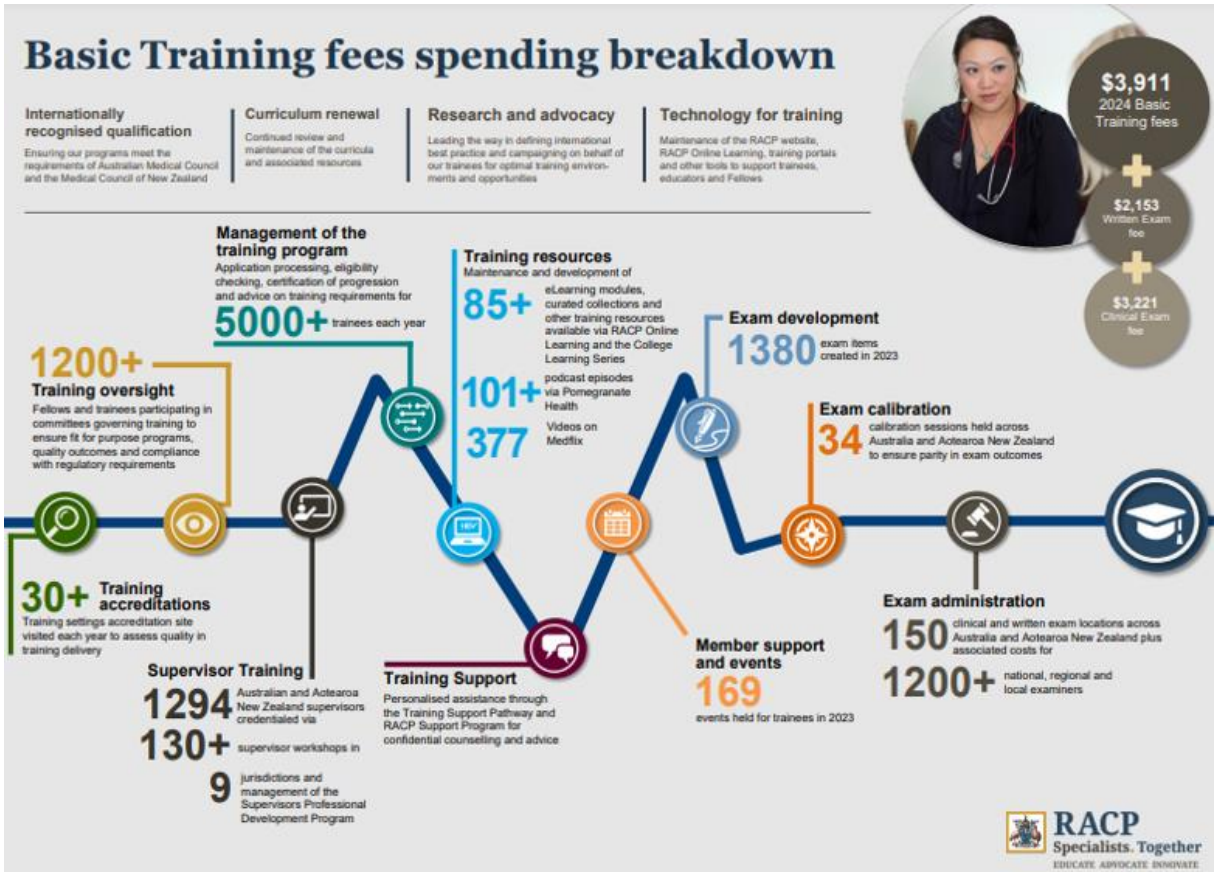
- The education provider has mechanisms to inform trainees in a timely manner about the activities of its decision-making structures, in addition to communication from the trainee organisation or trainee representatives.
- The education provider provides clear and easily accessible information about the specialist medical program(s), costs and requirements, and any proposed changes.
- The education provider provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.

7.3.1 Team findings

The College utilises a variety of face-to-face, online and feedback mechanisms to communicate decisions and information about the training program with trainees. The mechanisms include the MyRACP Portal, liaison through trainee representatives and having a social media presence. The College recognises the utility of these mechanisms, particularly the ROC, has had limited impact for trainees in engaging with one another and the College. An evaluation of the effectiveness of College communication channels to trainees needs to be undertaken as well as a review of the operational effectiveness of current communication channels, especially in light of trainee comments that the ROC may not be utilised by trainees as much as desired. The team understands the College is working with the CTC to improve communication strategies and recommends this process be trainee-led to support contemporary and effective methods for trainee engagement.

There is commitment demonstrated by the College to ensure fees and costs of training remain equitable, and to undertake an annual fee benchmarking exercise. A benchmarking report of fees is provided for both trainees and fellows to convey information on fees and the costs of training, increasing transparency of the process to members. Based on the analysis, the following infographic on Basic Trainee fee expenditure was developed and the team understands a similar one is being developed for Advanced Trainees.

Figure B.8: Basic Training fees spending breakdown



The College monitors and evaluates trainee satisfaction on communication through the Member Satisfaction Survey. Presently there is low satisfaction amongst trainees reported in communication and management of training enquiries below 30% in Basic Training and below 15% in Advanced Training. The team observed there can be wide variability of the College's responsiveness to direct trainee communication correlating to the stage of training. Inadvertent distress is caused to trainees due to long waiting times for responses from the College especially when it comes to issues related to accreditation of training sites or training positions/attachments; access to educational opportunities; progression through training and meeting training goals, such as the research project; and examinations. These issues impact greatly on trainee wellbeing and contribute to the disconnect and lack of confidence with the College that many trainees feel. A recent and key example of delays in resolution of trainee concerns is a group of trainees who were yet to receive timely and satisfactory resolution, beyond initial engagement, about the fairness of the conduct of the Paediatric and Child Health clinical examination that occurred over two years before.

The College is developing a new customer relation management (CRM) system as a practical solution to improve timelines for communication, along with implementation of the TMP. However, the prioritisation of the new CRM may need to be increased, if the other dependencies in the technology roadmap allow for this sequencing, as trainees feel this is a very important system to get right to improve the wellbeing and engagement of trainees with the College. These systems will provide the communication infrastructure and should be used to complement other mechanisms or policy to improve assurance trainee concerns will be heard.

7.4 Trainee wellbeing

The accreditation standards are as follows:

- The education provider promotes strategies to enable a supportive learning environment.

- The education provider collaborates with other stakeholders, especially employers, to identify and support trainees who are experiencing personal and/or professional difficulties that may affect their training. It publishes information on the services available.

7.4.1 Team findings

There are pathways for trainees to access support:

- RACP Support Program, a free 24/7 confidential, independent helpline partnered with Converge International
- TSP, as discussed in Standard 5
- Potential Breach of Training Provider Standards Process, an anonymous method of raising concerns in training sites
- various wellbeing resources such as podcasts, online courses and curated guides.

Notably, access to Converge International services is also extended to SIMGs on the fellowship pathway. In addition, the College offers flexible payment plans and other financial hardship assistance for trainees, and the Training Support Unit (TSU) and professional staff have been cited as a valuable resource for trainees to access support.

The College has also identified member wellbeing as a key component of an increased focus on workforce advocacy, with a focus on engaging with governments and other key stakeholders to ensure safe and supportive working environments.

The College acknowledges current offerings for trainee wellbeing and to safely raise concerns are limited; these recent initiatives developed by the College to improve member wellbeing and engagement will extend to trainees, and are welcome and supported by the team:

- Member Health and Wellbeing Strategic Plan 2023–2026
- Gender Equity in Medicine Action Plan 2023–2026
- Membership Diversity and Inclusion Action Plan, approved by the Board in 2023
- Strategic Action Plan to ensure safe training environments and manage bullying, harassment and discriminatory behaviours.

The College has taken a proactive stance to respond to trainee reports through the PTS and MBA MTS to develop and implement strategic actions for the management of bullying, harassment and discriminatory behaviours within training environments. While having a strategic lens is important, there is a need to identify measures that can be implemented in the short term to manage training issues, as current processes appear to be inadequate. For instance, the team observed the trainees appear to have low knowledge and insight into the various support and wellbeing services and pathways that are now available. Better awareness can be created amongst trainees through communication channels, the College website, and working more closely with DPEs, supervisors and accredited training sites.

7.5 Resolution of training problems and disputes

The accreditation standards are as follows:

- The education provider supports trainees in addressing problems with training supervision and requirements, and other professional issues. The education provider’s processes are transparent and timely, and safe and confidential for trainees.

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

7.5.1 Team findings

The primary resources for trainees to access support related to the training experience is through the TSU and TSP. This includes issues related to progression through training and disputes between supervisor and trainee. The TSU has been lauded by trainees (and fellows) who have accessed the service; however, there is generally low confidence amongst trainees that they will receive appropriate and timely support from the College to resolve matters, especially for those involving training disputes at accredited training sites. The TSP is focused on progression through training, and the Reconsideration, Review and Appeals Process By-law may need to be evolved to better support trainees.

The College recognised RACP trainees indicated in the MBA MTS a lower-than-national-average response on safe mechanisms to raise training/wellbeing concerns. As a large and complex training program with a significant number of trainees, these issues can be extremely varied, and resolution pathways need to be clearly established and communicated. The team observed the College has begun to take steps to address concerns by RACP trainees, raised in the MTS and other avenues, around support for workplace issues, bullying, harassment, and racial and gender discrimination observed in the training program. This includes potentially identifying a complaints officer to monitor compliance of the Complaints Policy and Procedures, and timely resolution. While these workplace issues are not unique to the College, it is in a unique position to effect behavioural change in a wide range of training locations, being one of the largest specialist medical training programs in Australia and Aotearoa New Zealand.

2024 Commendations, Conditions and Recommendations

Commendations

U. The Capacity of Train Guide and Local Selection Toolkit provide clear guidance and tools to support accredited training sites and employers for selection into Basic Training.

V. The active involvement of trainees in multiple levels of governance with evidence trainee representatives are engaged and consulted in decision-making.

W. The annual fee benchmarking exercise and communication of outcomes is a way to provide assurance of transparency to trainees.

X. The Training Support Unit is an important resource for trainees to access training and wellbeing support in progression through training.

Conditions to satisfy accreditation standards

24. Undertake review of policies, procedures and systems for selection into Basic and Advanced Training in collaboration with relevant stakeholders. Outcomes of this work should include:

    i. determination of an evidence-based framework for selection activities, adaptable to a range of implementation contexts, which ensures these activities are aligned to the College's selection principles, and are transparent, feasible, valid, reliable and culturally safe. Specific attention is needed in Advanced Training to reduce variability.

    ii. identify centralised methods to monitor consistent and fair application of the selection policy and processes across accredited training sites and jurisdictions. Clear actions to

address inconsistent application and increase transparency in selection must be considered.

iii. include strengths-based approaches to increase the selection of Aboriginal and/or Torres Strait Islander, and Māori trainees, and trainees with a commitment to rural and/or remote and/or Indigenous health in partnership with stakeholders.

iv. ensure all information, policies and procedures, related to selection into training are clearly articulated and easily accessible on the College website (Standard 7.1).

25. Develop and commence implementation of a strategic workforce plan that enhances the recruitment, training, retention, and professional development of a physician workforce that serves the healthcare needs of Indigenous populations. (Standard 7.1.3)

26. Identify and implement methods/tools to improve engagement with and amongst trainees, with appropriate consultation with trainees and their representatives. Monitoring and evaluation mechanisms should be included to determine improvement over time (Standard 7.3).

27. As part of overall strategic and action plans to improve trainee wellbeing and training environments:

    i. develop and implement centralised mechanisms to document, manage and monitor allegations of discrimination, bullying and harassment in accredited training sites. Appropriate timelines for stakeholder response must be determined.

    ii. develop and implement centralised safe, culturally responsive and confidential pathways for trainees to raise concerns about their training environment and resolution of training disputes. Appropriate timelines for stakeholder response must be determined.

    iii. ensure information related to trainee supports and complaints pathways are clearly documented, well-communicated and easily accessible. This may include resituating items on the College website to be more visible (Standard 7.4 and 7.5)

Recommendations for improvement

JJ. Enhance the profile of key trainee representatives to the wider trainee cohort to support improved trainee engagement. (Standard 7.2)

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

8.1 Supervisory and educational roles

The accreditation standards are as follows:

- The education provider ensures that there is an effective system of clinical supervision to support trainees to achieve the program and graduate outcomes.
- The education provider has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the specialist medical program and the responsibilities of the education provider to these practitioners. It communicates its program and graduate outcomes to these practitioners.
- The education provider selects supervisors who have demonstrated appropriate capability for this role. It facilitates the training, support and professional development of supervisors.
- The education provider routinely evaluates supervisor effectiveness including feedback from trainees.
- The education provider selects assessors in written, oral and performance-based assessments who have demonstrated appropriate capabilities for this role. It provides training, support and professional development opportunities relevant to this educational role.
- The education provider routinely evaluates the effectiveness of its assessors including feedback from trainees.

8.1.1 Team findings

The College has an Education, Leadership and Supervision Policy that defines educational leadership and supervision in the context of RACP training programs with an Education, Leadership and Supervision framework which allows flexibility and refinement for specialty-specific and local implementation. The framework is a recent addition to the policy, and very usefully outlines the RACP's direction and goals for training supervision.

Within the framework there are Standards for Education, Leadership and Supervision to provide clarity about expectations, drive excellence and establish a consistent and transparent approach to providing quality supervision. Supervisory roles within the framework are outlined below.

- Educational Supervisors provide oversight, monitoring and feedback for a trainee as they progress through Basic Training.
- Rotational Supervisors (previously 'Ward Service Consultants') provide trainees with support and direct oversight in the clinical environment.
- DPEs coordinate Basic Training program delivery at a training site and provide educational leadership.
- Network Directors coordinate training of a group of Basic Training sites which are linked by either health service or to provide cohesive training program delivery.
- Advanced Training/Education Supervisors deliver training for Advanced Training in the Divisions, as well as for the Faculties and Chapters . They provide both direct supervision and oversight of trainee progression.

Trainees feel supported by those that supervise them in the clinical environment. Supervisors provide role modelling and guidance as to what to learn for the Basic Training exams and Advanced Training assessments. However, workforce shortages limit the time that trainees get to spend with their clinical supervisors, and often teaching and learning opportunities are impacted by clinical workload.

Some trainees report only meeting with their educational supervisors for assessments, and some educational supervisors do not feel that the College advocates for them to get the time they need to adequately supervise and assist trainees. Although the College recommends maximum ratios of supervisors to trainees, it does not mandate FTE for educational supervisors in their training site/network accreditation standards.

Responsibilities of practitioners to deliver the program

The process of curriculum renewal has provided opportunities for the College to support initiatives in training delivery and engagement with, to this point, Advanced Training program leads.

However, many supervisors describe a lack of connection with the College, teaching what they know without reference to the RACP curriculum, and trying to make time to fulfil their training role with the little time they have available. The College needs to consider what the workforce practically needs to be effective supervisors and, as trainees, to access appropriate supervision. It should ensure that mechanisms are available and utilised on an ongoing basis to make this assessment and explore avenues to advocate for real improvements in training conditions.

Selection of supervisors

Formal selection of supervisors was introduced by the College in 2019. Supervisors are nominated by trainees or a DPE (Training Program Director) or may self-nominate. Formalisation of selection and appointment are made by the DPE or Advanced Training committee. The appointee then has 12 months to fulfil the requirements of accreditation as a supervisor.

In practical terms, many trainees choose their own supervisor and the College checks that trainee-selected supervisors meet eligibility criteria.

In some settings, there are only a very small number of potential supervisors for those in Advanced Training due to the nature of the delivery of subspecialty medicine; however, most trainees and supervisors describe mechanisms that allow trainees to swap supervisors if necessary.

Supervisor Professional Development Program

The College has put significant resources into their Online Supervisor Support and Resources, and into creating and running the SPDP. By the end of 2023, 92 per cent of supervisors had completed at least one of the workshops.

Mandating the SPDP for RACP supervisors, as the method of supervisor credentialling since 2020, appears to have supported physicians and paediatricians to access time to complete the workshops, as well as the considerable number needed to facilitate them.

However, the SPDP is viewed as a static learning opportunity. Many have accessed little else in terms of formal teaching, self-directed learning or facilitated peer support that might assist them in their supervisor role. Being able to refresh knowledge, discuss challenges and update themselves with training developments would be much appreciated by supervisors.

Supporting struggling trainees was raised by many supervisors as an area in which they feel ill-equipped. They also feel distant from the College Trainee in Difficulty Support Process and have noted a lack of communication from the College once their trainee moves on from local remediation (step 1 of the TSP).

While the College's commonly used forms of WBAs are covered in the SPDP workshops, these assessor skills are not updated outside the SPDP workshops.

New DPEs/Training Program Directors are provided with a welcome pack and induction workshop.

At the time of assessment, an evaluation of the SPDP was recently concluded with recommendations for program improvement to be reviewed and implementation planning to be commenced. Reports

on this evaluation are expected to be available in 2024 and the College is asked to provide this in the next monitoring report.

Engagement with curriculum review

Those that have been involved in the revised Basic Training curriculum pilots, or in revised Advanced Training curricula rollouts, describe much higher engagement and confidence in being up to date with training and supervision.

However, there is a substantial volume of training sites yet to commence with the new curricula, and the College needs to ensure that the 'just-in-time' approach to transitioning the new curricula components adequately engages and communicates with those delivering training at training sites.

Culturally safe supervision

RACP have described the Culturally Safe Supervision project, sponsored by the Australian Department of Health and Aged Care, as a suite of online resources to support supervisors. It focuses on the need of culturally safe supervision for Aboriginal and/or Torres Strait Islander trainees. There is no similar initiative for supervisors to learn about creating culturally safe environments and/or practising culturally safe supervision with Māori trainees.

Currently most supervisors recognise the online CPD 'Cultural safety and cultural competence' course as a valuable learning resource but are unaware of other resources RACP provide.

There are some training sites where supervisors and trainees access cultural safety training provided by their health service. These often provide learning support to assist practitioners to act in a culturally safe way with First Nations patients, family and healthcare workers in their community.

Many supervisors don't see themselves as equipped to teach or necessarily role model cultural safety for their trainees.

Evaluation of supervisor effectiveness

The primary mechanism for feedback to supervisors is by providing DPEs with data from the Medical Training Survey (MTS) run annually in Australia, and the Physician Training Survey (PTS) run in Aotearoa New Zealand, most recently in 2022. The need for supervisors to be able to provide feedback directly to the College, outside the PTS, was identified in Standard 6.1.

The Education, Leadership and Supervision framework guides supervisors to self-evaluate their own performance against RACP standards; however, this is not described as being in practical use by supervisors. It also suggests trainee feedback and peer review are helpful and provides a Guide to Local Peer Review within the framework, and a template for collecting trainee feedback in their Online Supervisor Support and Resources. Again, this does not appear to be utilised in many training sites.

Most supervisors would prefer much more meaningful feedback to assist them in their roles. Some were unaware of the MTS or PTS and were unsure as to whether they had received any feedback from this source. Some acknowledged the difficulties with protecting trainees' anonymity in providing feedback in small training sites and programs.

However, many supervisors would like personalised feedback on how they are performing in their role and would appreciate the College looking at possible solutions to this.

Selection and effectiveness of assessors

There is structured selection, training and support for assessors involved in College examinations, as described in Standard 5.4, with feedback mechanisms from examiners and trainees to support improvements. While there is structured selection of assessors, obtaining feedback about effectiveness in the role is limited and this difficulty in monitoring assessors needs to be considered by the College in plans to transition to a more programmatic assessment model. Concerns were also

expressed about the volume of formalised trainee interaction and the impact on workload for supervisors. The appeal from training sites is that the College needs to clearly articulate the purpose of elements of programmatic assessment so that they are utilised appropriately, and that the risk of it becoming 'just a tick-box exercise' is reduced. For this to occur, implementing training and feedback mechanisms for workplace assessors is necessary to determine effectiveness and quality.

8.2 Training sites and posts

The accreditation standards are as follows:

- The education provider has a clear process and criteria to assess, accredit and monitor facilities and posts as training sites. The education provider:
    - applies its published accreditation criteria when assessing, accrediting and monitoring training sites.
    - makes publicly available the accreditation criteria and the accreditation procedures.
    - is transparent and consistent in applying the accreditation process.
- The education provider's criteria for accreditation of training sites link to the outcomes of the specialist medical program and:
    - promote the health, welfare and interests of trainees.
    - ensure trainees receive the supervision and opportunities to develop the appropriate knowledge and skills to deliver high-quality and safe patient care, in a culturally safe manner.
    - support training and education opportunities in diverse settings aligned to the curriculum requirements including rural and regional locations, and settings which provide experience of the provisions of health care to Aboriginal and Torres Strait Islander peoples in Australia and/or Māori in New Zealand
    - ensure trainees have access to educational resources, including information communication technology applications, required to facilitate their learning in the clinical environment.
- The education provider works with jurisdictions, as well as the private health system, to effectively use the capacity of the health care system for work-based training, and to give trainees experience of the breadth of the discipline.
- The education provider actively engages with other education providers to support common accreditation approaches and sharing of relevant information.

8.2.1 Team findings

The RACP has been through a process of Accreditation Renewal which started in 2016 and is moving all accreditation of training sites under one umbrella, as described by the RACP Training Provider Accreditation Program. This means that the accreditation processes of Basic Training and Advanced Training for Divisions and Faculties across Australia and Aotearoa New Zealand will now have central coordination and oversight.

The renewed RACP Training Provider Standards articulate the expectations for workplace training and are used to measure the quality of training provided. They retain the flexibility to be utilised in the wide range settings in which RACP training is delivered. However, there remains a set of Accreditation Requirements specific to each separate training program. Those for Basic Training have been aligned to the renewed Standards and were first utilised in 2021. Advanced Training programs are yet to be

aligned and currently they continue with the previous Standards for the Accreditation of Training Settings, and accompanying accreditation criteria specific to each Advanced Training program.

Since the renewal of the Training Provider Standards for Basic Training, the College has revised the Basic Training curriculum and is in the process of doing so for Advanced Training programs. The current Standards cover broad requirements for accredited training sites under nine criteria for Basic Training in Adult Medicine and Paediatrics & Child Health but do not explicitly align to the outcomes of the training program. This would be a critical exercise to undertake to ensure all accredited training sites adhere to the requirements and reduce variability in program delivery.

Improvements to the accreditation process

The renewed Accreditation Program will introduce Capacity to Train guidance, initially only for Basic Training settings, acknowledging workplace factors. The guidance identifies a range of components to consider in determining capacity to train, both with respect to the capacity of a rotation and a training program.

Other improvements in the accreditation program also on the near horizon include:

- network approaches to accreditation where possible, with separation of Divisions previously only linked by a common setting
- more detailed publication of the status of any training site or network, including an executive summary of accreditation decisions and standards not met
- inclusion of a trainee representative on accreditation panels
- a reconsideration, review and appeals process specific to accreditation
- process guidelines including Active Management Process for training site monitoring, Information Sharing Protocols and an Accreditation Decision Guide
- an Accreditation Program evaluation plan for implementation of the renewed Program.

Further review of the RACP Training Accreditation Standards will occur following recommendations of the National Health Practitioner Ombudsman (NHPO) in 2023. The Standards review, along with development of a risk-based framework, and formulating a transition plan for the Advanced Training programs' accreditation renewal, will be guided by a series of workshops with representatives of all key RACP committee members commencing from June 2024 as part of the College's NHPO Action Plan – a response to 62 recommendations in seven key areas. The College has also engaged with the NHPO recommendations in incorporating the communication protocol into their accreditation processes.

The College conducts paper based–only accreditation of some training sites and describes some efficiency and resource savings to this approach. An analysis of the efficacy and safety of paper-based accreditation has yet to be conducted, nor whether the lack of a physical or virtual visit has any impact on trainee and supervisor engagement with the College.

The accreditation process for RACP training sites does not currently include the requirement that visits are culturally safe for both the team members and the sites visited.

Criteria to support trainees and supervisors

The new Potential Breach of Training Provider Standards Process should provide trainees and supervisors with a more reliable mechanism through which to raise concerns. This process is available on the College website and trainees are provided the link following a site visit. Trainees are also provided information on how to raise concerns and the accreditation process in the Basic Trainees Accreditation Guide. However, the team heard trainees have not found it easy to seek assistance and locate relevant information when they consider accreditation standards are not being met at their

training site. Some supervisors have noted the same problem or expect that the College is unlikely to be able to effect change via their accreditation process and so don't attempt to access assistance.

At the time of accreditation visits by RACP teams, it has been reported that low numbers of trainees engage with the accreditation process, with factors including lack of understanding of the objectives of accreditation and lack of trust that the process will result in desired outcomes being cited. Trainees also have little involvement in follow-up visits or hear of the outcome of accreditation.

Common training site specific issues noted by trainees include a lack of protected teaching time and a lack of access to supervision that is adequate for learning.

Cultural safety

There is currently a lack of emphasis on culturally safe practice within the Accreditation Standards and Criteria, which needs review to align with the overarching ISF, noting there will be variations for sites in Australia and Aotearoa New Zealand.

It is noted that cultural safety training is now mandatory for CPD programs in Australia and Aotearoa New Zealand. Accreditation of training site criteria must be extended to evaluate the ability of sites to create or provide a culturally safe environment (i.e. through education and supervision) for Indigenous communities, Indigenous trainees and Indigenous fellows and facilitate self-reflection by all fellows and trainees.

Criteria for regional, rural and remote training sites

The College acknowledges that the accreditation process is not yet sufficiently nuanced to address specific challenges facing regional, rural and remotes training sites. The College is a partner in the FATES Rural Training Models project with Australian health funding and is targeted to provide a flexible approach to training in expanded settings. There is no equivalent attention to Aotearoa New Zealand training sites.

The connection or isolation of training sites varies considerably across Australia and Aotearoa New Zealand. Much of this appears to be dictated by the organisation of health services and predicated by longstanding arrangements not necessarily focused on training.

There is little evidence the College advocates for training to be a driver of these training site links, and the use of networked sites appears historically more opportunistic than by design. The adverse effects on training progression and training site stability are reportedly most keenly felt by regional, rural and remote sites, with workforce shortages accentuating the inequity.

The College advises this may shift with recent initiatives, including involvement in the following three FATES-funded projects in Australia:

- Rural Training Models project – will research and design rural training models that will support quality specialist medical training in regional, rural and remote Australia; reduce barriers to practice rurally; improve maldistribution; and provide culturally safe training experiences
- Rural Physician Training Pathway organised by the Western Australia County Health Services (WACHS) – will promote rural training for adult basic physician and advanced physician trainees in WA through a feasibility study
- Rural and Remote Institute of Palliative Medicine (RRIPM) – will establish the RRIPM to provide a shared network and pathway to support rural and remove palliative medicine training and work in these settings.

It is recommended appropriate evaluation is included in the above initiatives to ensure effectiveness, and relevant initiatives are also developed for Aotearoa New Zealand training sites.

Regional sites describe loss of trainees to inner-city hospitals without a reciprocal transfer of trainees to their sites. Workforce shortages appear to be partly a result and partly a contributor of this. Many regional sites describe good training opportunities and unique educational environments that align well with program outcomes and could be promoted more strongly through effective links with other hospitals and more targeted support from the College.

Operational challenges

Training sites report that completing forms ahead of accreditation visits is onerous and repetitive across linked training sites. The forms are interactive Microsoft Word documents but not supported by a dedicated IT system that manages and analyses accreditation data. Received data is manually entered into Excel spreadsheets by College staff. This is potentially not robust or sustainable. The College's intention to digitise the process and data, which will support evaluation and analysis, is noted.

Other College-controlled logistics pertaining to accreditation site visits are reported to add stress at training sites. At times sites struggle with appropriate timing of visits (especially when impacting on exam preparation), less than effective communication with key site personnel and trainees, and lack of transparency of accreditation findings, which sites perceive as a lack of support from RACP.

DPEs also report that hospital management often delegate visit organisation and form completion to them. The responsibility for addressing conditions of accreditation, including any issues relating to adequate staffing and resourcing, is often shouldered by DPEs, and not by the accredited training site management. To better support DPEs, the College should ensure that recently devised mechanisms such as the Responsibility Matrix are effective in clearly defining responsibilities for meeting accreditation conditions.

Working with jurisdiction and other education providers

At this stage, it is difficult to gauge whether the College has accredited a sufficient number of training sites to match training capacity and outputs with community needs. This modelling is a challenging endeavour as there is substantial variation in needs across communities, practitioner autonomy contributes to the maldistribution of the medical workforce and there is limited health workforce projection data. The role of the College Dean in developing the College's workforce strategy as well as the Capacity to Train guide are positive steps for higher level advocacy and have great potential to effect change that will benefit the training of doctors, and the health of the community they serve, into the future.

The College has collaborated with other specialist medical colleges in Australia to contribute to the development of the NHPO Communication Protocol. The RACP has also collaborated with other education providers including the Royal Australasian College of Surgeons (RACS), the Royal Australian and New Zealand College of Ophthalmologists (RANZCO), the Australian and New Zealand College of Anaesthetists (ANZCA), and the Royal Australasian College of Medical Administrators (RACMA), who have partnered to form a consortium for the proposed FATES project.

Additional MCNZ criteria

The College confirmed that their accreditation process includes the requirement that MCNZ is notified if training site accreditation is withdrawn in Aotearoa New Zealand. This should be clearly documented in the Active Management Process.

2024 Commendations, Conditions and Recommendations

Commendations

Y. The Directors of physician/paediatric education and supervisors demonstrate considerable dedication to teaching and supporting trainees through Basic and Advanced Training.

Z. The development and implementation of the Supervisor Professional Development Program as mandatory training for supervisors is a notable achievement.

A1. The Framework for Education, Leadership and Supervision provides a useful overview of the RACP's vision of supervision and is supported by a considerable volume of online resources.

B1. The Capacity to Train Guidance and the work of the College Dean are commendable initiatives to advocate for RACP training programs.

C1. The inclusion of a trainee representative in accreditation panels provides a welcome voice and support for trainees

Conditions to satisfy accreditation standards

28. Implement monitoring mechanisms for the Supervisor Professional Development Program to ensure:
    i. alignment with new Basic and Advanced Training curriculum and competency-based education model.
    ii. incorporation of cultural safety training to support culturally safe supervision, in alignment with the timelines stipulated in the wider cultural safety training plan referred to in Condition 2.
    iii. assessors of workplace-based assessments receive appropriate training and resources (Standard 8.1 and 6.1.2)
29. Facilitate the professional development of supervisors and assessors by utilising feedback mechanisms including contributions by trainees (Standard 8.1.3 and 8.1.5)
30. Develop and implement criteria to strengthen the Accreditation Standards to:
    i. ensure alignment with Basic and Advanced Training program and graduate outcomes.
    ii. improve support for DPEs and supervisors of training in their training roles (i.e. with protected time, appropriate resources, etc)
    iii. facilitate support for trainees to attend teaching and access supervision adequate for their learning.
    iv. include a requirement to ensure clear commitment to Aboriginal and/or Torres Strait Islander and Māori health, equity and cultural safety.
    v. make provisions for the proportionate assessment of regional, rural and remote training sites, accounting for unique parameters of these locations in Australia and Aotearoa New Zealand (Standard 8.2)
31. Critically review and analyse Accreditation Processes to:
    i. reduce the impact of logistical requirements of accreditation on training sites, trainees and supervisors by improving communication, notice and purpose of accreditation to achieve robust accreditation. This may involve reducing manual management of administrative aspects of the accreditation process for training sites and accreditation panels.

ii. ensure trainees and supervisors are able to raise concerns about delivery of training in safe, reliable and accessible manner.

iii. assess whether paper-based accreditation has any impact on trainee and supervisor engagement with the College.

iv. ensure Active Management Process clearly states the requirement to notify MCNZ if training site withdrawal is intended (Standard 8.2)

32. Develop and implement mechanisms to assess:

i. whether training sites provide appropriate levels of training to meet the outcomes of Basic and Advanced Training Programs.

ii. barriers to training progression for trainees in regional, rural and remote sites (Standards 8.2.2 and 8.2.3)

Recommendations for improvement

NIL

B.9 Assessment of specialist international medical graduates

9.1 Assessment framework

The Accreditation standards are as follows:

9.1.1 The education provider's process for assessment of specialist international medical graduates is designed to satisfy the guidelines of the Medical Board of Australia and the Medical Council of New Zealand.

9.1.2 The education provider bases its assessment of the comparability of specialist international medical graduates to an Australian- or New Zealand- trained specialist in the same field of practice on the specialist medical program outcomes.

9.1.3 The education provider documents and publishes the requirements and procedures for all phases of the assessment process, such as paper-based assessment, interview, supervision, examination and appeals.

Additional MCNZ criteria: Recognition and Assessment of International Medical Graduates (IMGs) applying for registration in a vocational scope of practice.

9.1.1 Team findings

The College's processes for the assessment of SIMGs satisfies the current MBA's *Standards: Specialist medical college assessment of specialist international medical graduates* (2021) and the requirements of the MCNZ.

The RACP fulfils different roles in Australia and Aotearoa New Zealand in relation to the assessment of SIMGs. The RACP *determines* assessment decisions on the eligibility of SIMGs for specialist recognition in Australia. The RACP *recommends* assessment decisions to the MCNZ on the eligibility of OTPs for vocational registration in Aotearoa New Zealand.

The RACP has a policy on *Assessment of Overseas Trained Physicians and Paediatricians* (2016) supported by accessible, clear *Overseas Trained Physicians Guidelines (Australia)* (review date 2024). The RACP has reviewed and updated their policies and procedures following the release of the MBA Standards for assessment in 2021.

In 2023, the RACP interim assessments found 66 per cent of applicants in Australia as substantially comparable[1]. This is amongst the highest proportion of all the non–general practice specialty colleges.

Governance and operational management

The Overseas Trained Physician (OTP) Committee of the RACP reports to the CEC which in turn reports to the RACP Board. The Committee comprises two members (the Chair and Deputy Chair) each from the OTP assessment subcommittees of Paediatrics and Faculties, Adult Medicine and Chapters, and the Aotearoa New Zealand OTP Assessment Committee. A Chair is appointed by the CEC and the team recommends the OTP Committee includes at least one fellow who has undergone OTP assessment in Australia and Aotearoa New Zealand, noting the three OTP assessment subcommittees do have at least one previous OTP on the membership.

The Executive General Manager, Professional Practice has responsibility for the SIMG assessment. This is supported by a central team of eight administrators that are able to provide a case management approach to SIMGs undergoing assessment for comparability.

[1] Medical Board of Australia, report on specialist medical colleges' specialist pathway data. Reporting period: 1 January 2023 – 31 December 2023

Assessment of comparability to Australian or Aotearoa New Zealand trained specialists

The College bases its assessment of comparability to an Australian or Aotearoa New Zealand trained specialist in the same field of practice at the level of a graduate of the specialist medical program. The curriculum renewal process should not have an impact on this assessment as long as the OTP assessment committees remain abreast of any changing specialist medical program outcomes that arise because of this process.

The College has been undertaking comparability assessments for OTPs with a limited scope of practice since 2016. This aligns with the recommendations of the Kruk Review to ensure that registration assessments explicitly recognise the skills and experience in addition to the qualifications and training pathways and provides an appropriate pathway for recognition of specialist practice in a subspecialty area.

Publication of requirements and procedures for all assessment phases

The RACP has a policy on *Assessment of Overseas Trained Physicians and Paediatricians* (2016) supported by accessible, clear *Overseas Trained Physicians Guidelines* (Australia) (review date 2024). These guidelines clearly outline the requirements of the assessment processes. Requirements and procedures for assessment in a vocational scope are outlined and published in the *Royal Australasian College of Physicians Overseas Trained Physicians Guidelines Aotearoa New Zealand.*

Reconsideration, review and appeals processes

The College's Reconsideration, Review and Appeals Process By-law and FAQs provides published advice to applicants who want to lodge a reconsideration, review or appeal of a College decision as discussed under Standard 1.3. The NHPO released their report, *Processes for progress, Part one: A roadmap for greater transparency and accountability in specialist medical training site accreditation*, in October 2023. While the focus of this review was on training site accreditation, there are a number of recommendations made in relation to the Merits Review Process that are applicable to the Overseas Trained Specialist assessment process. These include clarification of the grounds for appeal and associated costs. The College is in the process of responding to these recommendations and has planned improvements to the published guidelines. In conjunction with a College-wide review of the Reconsideration, Review and Appeals Process By-law, the associated fees are being considered.

MCNZ requirements

The College maintains an ongoing collaborative relationship with the MCNZ as the Vocational Education and Advisory Body for specialist physicians. The College appropriately assesses the relative equivalence of IMG qualifications, training and experience with written confirmation to the MCNZ including notification of significant concerns and advises prospective IMG applicants through the MCNZ of requirements for obtaining registration.

9.2 Assessment methods

The Accreditation standards are as follows:

9.2.1 The methods of assessment of specialist international medical graduates are fit for purpose.

9.2.2 The education provider has procedures to inform employers, and where appropriate the regulators, where patient safety concerns arise in assessment.

9.2.1 Team findings

The College's process to assess comparability in Australia includes an initial paper-based application, interview (for candidates not eligible for a paper-based review), opportunity for the applicant to review the interview report and documentation followed by consideration by the relevant OTP Assessment Subcommittee.

The application is reviewed by Case Officers (supported by the Chairs of the Overseas Trained Physicians Committees). Preliminary advice is provided to the applicant. This advice may be that:

- the applicant does not meet the criteria for the pathway
- more information is required or would strengthen the application
- the applicant should proceed to interview
- the applicant is eligible for a paper-based review and an interview is not necessary.

Paper-based review

The College implemented the paper-based review process for UK and Irish applicants in 2016 following research and a pilot that demonstrated that assessment data supported a streamlined process for these applicants. Utilising a data-driven approach, the College has now expanded this process to other qualifications from Hong Kong, India and Sri Lanka. This has had the effect of streamlining the assessment process for these applicants, with the processing time dropping from four months to eight weeks in some cases, with flow-on effects to making the pathway faster for other applicants waiting for interview.

The *Independent Review of Overseas Health Practitioner Regulatory Settings* (the Kruk Review; 2023) found that there was an urgent need to reform the current regulatory system for overseas health practitioners coming to Australia to make it simpler, faster, fairer and less costly. The Kruk Review recommendations 12 and 13 relate to streamlining processes, removing duplication, and providing greater support to specialist comparability assessment to ensure more timely decision making and consistent outcomes and to transition all or part of the comparability assessments from specialist medical colleges to the AMC if expectations are not met within agreed timelines.

A new process to fast-track internationally trained medical specialists into the Australian health system has been announced with priority specialties identified including GPs, anaesthetists, obstetricians and gynaecologists, and psychiatrists with consultation underway to identify the comparable overseas specialist qualifications that will open access to the new pathway.

The work in streamlining the assessment process that the RACP has undertaken aligns with the intent of this new pathway.

Assessment

The OTP Assessment Standards are aligned with the RACP Advanced Training program and outcomes for the relevant scope of practice. The applicant's qualifications, training, assessments, experience and CPD are considered in the initial assessment process.

Ongoing assessment includes a period of peer review and top-up training equivalent to Advanced Training (for partially comparable candidates). Associated assessments can include a practice visit, multisource feedback, DOPS, completion of the OTP orientation program and completion of CPD requirements.

In Aotearoa New Zealand, the RACP compares OTPs to the level of a first-year consultant and aligns recommendations with the assessment outcomes set by the MCNZ. Further assessment is managed by the MCNZ.

Cultural safety

The Aotearoa New Zealand OTP Assessment Committee recommends to the MCNZ that all OTPs complete a professional development course/training in Māori health. From June 2024, the RACP requires new OTPs in Australia to complete the RACP eLearning course 'Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety' or an equivalent cultural safety course through their employer.

Notification of patient safety concerns

The College has procedures in place for notification of safety concerns to employers in Australia and Aotearoa New Zealand. This is primarily through the supervisors/peer reviewers who are responsible for overseeing the OTP's performance. There are processes in place for notifying Ahpra directly if there are significant safety concerns about an OTP in Australia.

9.3 Assessment decision

The Accreditation standards are as follows:

9.3.1 The education provider makes an assessment decision in line with the requirements of the assessment pathway.

9.3.2 The education provider grants exemption or credit to specialist international medical graduates towards completion of requirements based on the specialist medical program outcomes.

9.3.3 The education provider clearly documents any additional requirements such as peer review, supervised practice, assessment or formal examination and timelines for completing them.

9.3.4 The education provider communicates the assessment outcomes to the applicant and the registration authority in a timely manner.

9.3.1 Team findings

The College has clear, published and robust processes to make assessment decisions in line with the MBA Standards and in alignment with the RACP Advanced Training program and outcomes for the relevant scope of practice.

To support consistent decision making, the College has introduced country qualification guides for assessors, and interviewer training is required for all RACP assessors.

Exemption or credit to specialist international medical graduates towards completion of requirements

The College allows for recognition of qualifications, prior experience and CPD in modifying the length of supervision and type of assessments required. There is clear documentation regarding the requirements of assessment with good timelines, appeals process and process around delayed progression.

Documenting additional requirements and timelines for completion

The MBA's Report 1 is used to outline the OTP's assessment outcome and the requirements they need to complete to be eligible to apply for specialist registration. The timelines for commencing and completing the requirements are included in this communication.

The College's final assessment decision is communicated to the OTP via the MBA's Report 2.

Timely communication of assessment outcomes to applicants

The MBA and the MCNZ have clear standards for timeframes for colleges to assess OTPs.

The College has made a number of sequential improvements to streamline their OTP assessment processes to ensure applicants and registration authorities receive timely advice. The College meets the majority of the MBA benchmarks for OTP assessment but does not meet the benchmark for interim assessment after applicant response to the Summary of Preliminary Review (SPR) of 14 days in the majority of cases due to the committee processes within the College, which are aimed at promoting consistency in decision making across the more than 30 specialty areas they assess.

The College is currently meeting the MCNZ timeframes for the majority of applicants, with a 95% compliance rate for the 2023 calendar year.

9.4 Communication with specialist international medical graduate applicants

The Accreditation standards are as follows:

9.4.1 The education provider provides clear and easily accessible information about the assessment requirements and fees, and any proposed changes to them.

9.4.2 The education provider provides timely and correct information to specialist international medical graduates about their progress through the assessment process.

9.4.1 Team findings

The College website presents clear information to guide OTPs in both Australia and Aotearoa New Zealand through the OTP assessment process. This provides information on:

- eligibility
- process
- assessment
- application process and fees
- requirements and timeframe.

Fees

The College process for assessing SIMGs is one part of a broader system that SIMGs traverse on their pathway to practice in Australia. This process can be long and costly. The College fees (Table B.1) are clearly available on the website with fees relating to the assessment process and WBA during the period of supervised practice.

Table B.1: Fees for assessment of overseas trained practitioners

Fees (including GST)	**Interim assessment decision only**	**Substantially comparable**	**Partially comparable**
Application submission Pay fee after submitting your specialist assessment application	AUD 1,013.00	AUD 1,013.00	AUD 1,013.00
Assessment of comparability Pay fee before interview is arranged	AUD 5,717.00	AUD 5,717.00	AUD 5,717.00
Year 1 workplace-based assessment annual fee Pay fee before top-up training begins	N/A	AUD 4,439.00	AUD 4,439.00
Year 2 workplace based assessment annual fee Pay fee before peer review begins	N/A	N/A	AUD 4,439.00
Total estimate	AUD 6,730.00	AUD 11,169.00	AUD 15,608.00
Additional fees (including GST)			
Practice visit Pay fee if practice visit is required	N/A	AUD 3177.00	AUD 3177.00

The combined fees are up to $18,000 over two years for specialists found to be partially comparable if a practice visit is required. The College reports that practice visits are very rare with only one occurring in 2023 and none since August 2023.

Support for OTPs

Each OTP has a dedicated case officer to manage, monitor and oversee their individual assessment. The College OTP team uses the templates provided by the MBA and the MCNZ for communicating critical decisions with OTPs or Council. It is noted while the College assesses applicants in Aotearoa New Zealand to provide recommendations, the MCNZ makes the decision on comparability and communicates decisions to applicants. The team did not observe any significant issues with this process.

2024 Commendations, Conditions and Recommendations

Commendations

D1. There are clear and transparent processes for specialist international medical graduates, aligned with MBA and MCNZ assessment guidelines.

E1 There is clear governance of the SIMG assessment function with experienced and well-resourced professional team with allocation of case officers to support each applicant widely regarded as a key strength.

F1. The process improvements made, driven by evaluation and evidence, resulting in streamlined processes, timelier decisions, improved experiences for candidates and reduced volunteer time by fellows.

Conditions to satisfy accreditation standards

NIL

Recommendations for improvement

KK. Identify any themes that emerge from data regarding the number of OTPs advised they are not suitable for the specialist pathway (prior to making application) to inform any additional actions. (Standard 9.1)

LL. For the membership of the Overseas-Trained Physician Committee:

i. strengthen the requirement at least one member must have been through the OTP assessment process.

ii. ensure succession planning for committee chairs and members who require a depth of knowledge in SIMG assessment to undertake their roles. (Standard 9.2 and 1.1.3)

Appendix One Membership of the 2024 AMC Assessment Team

Professor David Ellwood AO (Chair) MA, DPhil (Oxon), FRANZCOG, CMFM, DDU,

Professor of Obstetrics & Gynaecology, Griffith University, Queensland; Director of Maternal-Fetal Medicine and Senior Specialist in Obstetrics & Gynaecology, Gold Coast Hospital and Health District

Professor Stuart Carney MBChB, MPH, FRCPscyh, FAcadMEd

Dean, Medical School, Faculty of Medicine, University of Queensland

Ms Jennifer Morris BA BSc Grad Dip (SciComm), Grad Cert (HealthServMgtSafeQual), Grad Cert (ConsCommEngage) GAICD

Lecturer and Program Reviewer, Centre for Digital Transformation of Health, University of Melbourne; Patient Teaching Associate and Simulated Patient, Eastern Health Clinical School, Monash and Deakin University; Member, Safer Care Victoria Academy

Dr Ruth Kearon MBBS FRACGP MHM

Head of Tasmanian School of Medicine

Ms Fiona Mitchell BPsych, Grad Cert Mental Health (Child and Adolescent), Grad Cert (Public Sector Management), Grad Dip (Indigenous Research)

PhD Candidate, School of Exercise and Nutrition & Associate Research Fellow, Deakin Rural Health, Deakin University

Dr Sanjay Hettige BSc, MBBS, CHIA, MPH

Radiology Trainee**,** Senior Resident Medical Officer, St George, and Sutherland Hospitals and Co-chair, AMA CDT

Associate Professor Margaret Forster BSc, GDipMaoriDev, MSc, PhD

Associate Professor, Te Pūtahia-Toi, Massey University, Aotearoa New Zealand

Professor Tony Celenza MB BS W.Aust., MClinEd NSW, FACEM, FRCEM

Head, Division of Emergency Medicine, UWA Medical School, Emergency Medicine

Dr Sarah Nicolson MBChB FANZCA

Specialist Anaesthetist, Te Toka Tumai Auckland Hospital, Aotearoa New Zealand

Ms Juliana Simon

Manager Specialist Medical Program Assessment

Mr Simon Roche

Program Support Officer, Specialist Medical Program

Mrs Marguerite Smith

Program Coordinator, Specialist Medical Program

Appendix Two List of Submissions on the Programs of the Royal Australasian College of Physicians

Australasian Association of Clinical Genetics

Australasian Sleep Association

Australasian Society for Developmental Paediatrics (ASDP)

Australia and New Zealand Society for Paediatric Endocrinology and Diabetes (ANZSPED)

Australian and New Zealand College of Anaesthetists

Australian College of Rural and Remote Medicine Limited

Australian Rheumatology Association

Bond University

Department of Health Victoria

Department of Health Western Australia

Medical Advisory and Prevocational Accreditation Unit | Clinical Planning and Service Strategy Division Queensland Health

New Zealand College of Public Health Medicine

Office of the Chief Clinical Officers New Zealand

Office of the Health Ombudsman

Postgraduate Medical Council of Western Australia

Royal Australasian College of Surgeons

Te Whatu Ora Health New Zealand

The New Zealand Resident Doctors' Association (NZRDA)

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)

The Royal New Zealand College of Urgent Care

University of Queensland

Appendix Three Summary of the 2024 AMC Team's Accreditation Program

Program of Meetings	Dates	In Person / Virtual Meeting	Team Members Attending
Exam Observation			
Australian Adult Medicine Exams	Between 7-30 June		Professor David Ellwood AO Professor Tony Celenza Dr Sarah Nicolson Ms Jennifer Morris
Australian Paediatric Exams	Between 18 May - 2 June		
Northern Territory and Western Australia			
Fiona Stanley Hospital	23 April 2024	Virtual	Professor David Ellwood AO Assoc Professor Margaret Forster
St John of God Hospital			
ACT, South Australia and Tasmania			
North Canberra Hospital	23 April 2024	Virtual	Professor Stuart Carney Professor Tony Celenza
Calvary Hospital, Flinders Medical Centre and Launceston Hospital			
New South Wales			
Westmead Hospital, Sydney	6 May 2024	In Person	Professor Stuart Carney Dr Sarah Nicolson
The Children's Hospital at Westmead, Sydney			
Wollongong and Dubbo Hospitals	6 May 2024	Virtual	Professor Tony Celenza Dr Sanjay Hettige
Aotearoa New Zealand			
Middlemore Hospital and Wellington Hospital	22 July 2024	Virtual	Dr Sarah Nicholson Assoc. Professor Margaret Forster
Starship Hospital, Kidz First Childrens (Middlemore)			
Christchurch, Dunedin and Palmerston North Hospitals	25 July 2024		
Queensland			
Sunshine Coast University Hospital, Queensland	3 May 2024	Virtual	Professor Stuart Carney Dr Ruth Kearon
Queensland Children's Hospital			
Various Sites in Queensland (Cairns and Toowoomba	6 May 2024		Professor David Ellwood

Program of Meetings	Dates	In Person / Virtual Meeting	Team Members Attending
Cairns Hospital			Ms Fiona Mitchell
Victoria			
Royal Melbourne Hospital	26 April 2024	In Person	Professor David Ellwood AO Ms Fiona Mitchell Ms Jennifer Morris
Royal Children's Hospital			
Various Sites in Victoria	26 April 2024	Virtual	Professor Tony Celenza Dr Sarah Nicolson Dr Sanjay Hettige
Consumer Groups in Australia and Aotearoa New Zealand, SIMGs and Health Departments in Australia and New Zealand			
Consumer Groups in Australia and Aotearoa New Zealand	6 May 2024	Virtual	Dr Ruth Kearon, Ms Jennifer Morris Ms Margaret Foster
Health Departments in Australia			
SIMGS in Australia and Aotearoa New Zealand			
Ministry of Health New Zealand, Health New Zealand, Māori Health Authority and SIMGs in New Zealand			
Ministry of Health New Zealand, Health New Zealand and Māori Health Authority	6 May 2024	Virtual	Dr Ruth Kearon, Ms Jennifer Morris Ms Margaret Foster

AMC Team Meetings with RACP Committees and Staff

6 – 9 May 2024

Meeting	Attendees
Monday 6 May 2024	
Site visits	New South Wales Queensland Consumer Groups in Australia and New Zealand, SIMGs and Health Departments in Australia and New Zealand Ministry of Health New Zealand, Health New Zealand, Māori Health Authority and SIMGs in New Zealand
Tuesday 7 May 2024	
Standard 1.1, 1.2, 2.1 and 6.3 Governance, Program Management and Educational Purpose, Monitoring and Evaluation	College Education Committee College Staff Lead, Research and Evaluation Manager, Training Services General Counsel Head, Education Development and Improvement Senior Lead, Curriculum Development- Interim CIO Interim CEO CFO
Standards 2.2, 2.3 and 3.1 3.2 Program and Graduate Outcomes, and Curriculum Content Basic and Advanced Training	CEC Members Curriculum Advisory Group representatives Chair and Member Faculty/Advanced Training Committee representative Basic Training Committee representative Staff
Standard 3 and 4 Curriculum and Teaching and Learning Basic and Advanced Training	CEC members Curriculum Advisory Group representatives Chair and Member Division Education Committee Representatives Faculty/Advanced Training Committee Representatives College Staff
Standard 4 Teaching and Learning Resources Demonstration	Staff to demonstrate the following systems: • MyCPD • RACP Online Learning including • SPDP online • College Learning Series • TMP
Standard 2, 6 and 9	Meeting with New Fellows

Wednesday 8 May 2024	
Standard 2.2, 2.3, 3 and 5 Curriculum and Assessment Basic and Advanced Training	College Education Committee Curriculum Advisory Group representatives Division Assessment Committee Chairs Examination Committee Chairs AChSHM Chief Examiner Faculty Assessment Committee Representatives Training and Education Committee Representatives College Staff Senior Executive Officer (SEO), Faculty and Chapter Examinations SEO, DWE SEO, DCE Project Lead CCRE
Standard 1,2,3,7 & 8 Aboriginal and/or Torres Strait Islander Peoples Health	Strategy and Governance Aboriginal and Torres Strait Islander Health Committee Members and Chair College Staff Education Initiatives
Standard 7: Trainees Issues relating to Trainees	College Trainees' Committee
Ministry of Health New Zealand, Health New Zealand and Māori Health Authority	Ministry of Health New Zealand, Health New Zealand and Māori Health Authority
Standard 1,2,3,7 & 8 Māori Peoples Health	Māori Health Committee members and Chair College Staff Kaitohutohu Ahurea Māori Health, Lead Fellow Māori Health Registrar Project Officer
Standard 6 Monitoring and Evaluation	CEC Member College Staff
Standard 8.1 Supervisory and Educational Roles	CEC Members Basic and Advanced Training Committee Representatives
Standard 7: Trainees Issues relating to Trainees – committee and staff perspectives	CEC Members Basic and Advanced Training Committee Representatives College Staff
Standard 8.2 Accreditation of Training Sites	Division Education Committee Representatives Accreditation Subcommittees

	Representatives Advanced/Faculty Training Committee Representatives Trainee representatives College Staff
Standard 9: Assessment of SIMGS	OTP Committees Representatives Chair of the OTP Committee and Chair of the Adult Medicine & Chapters OTP Assessment Subcommittee Deputy Chair Chair of the Paediatrics & Faculties OTP Assessment Subcommittee Chair of the Aotearoa New Zealand OTP Assessment Committee
Standard 1,2,3,7 & 8 Aboriginal and Torres Strait Islander and Māori Trainees	Aboriginal and/or Torres Strait Islander Trainees Māori Trainees

Thursday 9 May 2024	
Standard 1, 2, and 6 Meeting with Community Advisory Group	Consumer Advisory Committee Members Physician Co-Chair Kaimanaakia Oranga\Consumer Representative Consumer Representative College Staff Manager, Peak Bodies SEO CAG
CPD homes and MCNZ recertification criteria	CPD Committee Chair, CPD Committee Fellow Representatives, Faculty Representatives Aotearoa NZ CPD Committee College Staff SEO CPD SEO e Learning Senior Project Officer, Cultural Safety Executive Officer Online Learning Officer
Standard 1.5 Educational Resources	College Staff CEC Chair
Standard 3 Advanced Trainee Committee	Advanced Trainee Committee Representatives
Team Debrief to College	College Education Committee College Staff

Appendix Four RACP Training Committees and associated programs

Name	Programs	Geographic remit
Education Committees		
Adult Medicine Division Education Committee (Australia)	All Adult Medicine programs, inclusive of Chapter programs	Australia
Paediatrics & Child Health Division Education Committee (Australia)	All Paediatrics and Child Health programs, inclusive of Chapter programs	Australia
Aotearoa NZ Adult Medicine Division Education Committee	All Adult Medicine programs, inclusive of Chapter programs	Aotearoa NZ
Aotearoa NZ Paediatrics & Child Health Division Education Committee	All Paediatrics and Child Health programs, inclusive of Chapter programs	Aotearoa NZ
Australasian Faculty of Occupational & Environmental Medicine Education Committee	Occupational & Environmental Medicine Training	Australia and Aotearoa NZ
Australasian Faculty of Public Health Medicine Education Committee	Public Health Medicine training	Australia and Aotearoa NZ
Australasian Faculty of Rehabilitation Medicine Education Committee	Rehabilitation Medicine training	Australia and Aotearoa NZ
Basic Training Committees		
Basic Training Committee in Adult Internal Medicine	Adult Medicine Basic Training	Australia
Basic Training Committee in Paediatrics and Child Health	Paediatrics and Child Health Basic Training	Australia
Advanced Training Committees		
Advanced Training Committee in Cardiology	Advanced Training in Cardiology	Australia (and Aotearoa NZ)
Aotearoa NZ Advanced Training Subcommittee in Cardiology	Advanced Training in Cardiology	Aotearoa NZ
Advanced Training Committee in Clinical Genetics	Advanced Training in Clinical Genetics	Australia and Aotearoa NZ
Advanced Training Committee in Clinical Pharmacology	Advanced Training in Clinical Pharmacology	Australia and Aotearoa NZ
Advanced Training Committee in Community Child Health	Advanced Training in Community Child Health	Australia and Aotearoa NZ
Aotearoa NZ Advanced Training Committee in Dermatology	Advanced Training in Dermatology	Aotearoa NZ
Advanced Training Committee in Endocrinology	Advanced Training in Endocrinology	Australia (and Aotearoa NZ)
Aotearoa NZ Advanced Training Subcommittee in Endocrinology	Advanced Training in Endocrinology	Aotearoa NZ
Advanced Training Committee in Gastroenterology	Advanced Training in Gastroenterology	Australia (and Aotearoa NZ)
Aotearoa NZ Advanced Training Subcommittee in Gastroenterology	Advanced Training in Gastroenterology	Aotearoa NZ
Advanced Training Committee in General and Acute Care Medicine (AU)	Advanced Training in General and Acute Care Medicine	Australia
Aotearoa New Zealand Advanced Training Committee in General and Acute Care Medicine	Advanced Training in General and Acute Care Medicine	Aotearoa NZ

Name	Programs	Geographic remit
Advanced Training Committee in General Paediatrics (AU)	Advanced Training in General Paediatrics	Australia
Aotearoa New Zealand Advanced Training Committee in General Paediatrics	Advanced Training in General Paediatrics	Aotearoa NZ
Advanced Training Committee in Geriatric Medicine	Advanced Training in Geriatric Medicine	Australia (and Aotearoa NZ)
Aotearoa NZ Advanced Training Subcommittee in Geriatric Medicine	Advanced Training in Geriatric Medicine	Aotearoa NZ
Advanced Training Committee in Infectious Diseases	Advanced Training in Infectious Diseases	Australia (and Aotearoa NZ)
Aotearoa NZ Advanced Training Subcommittee in Infectious Diseases	Advanced Training in Infectious Diseases	Aotearoa NZ
Advanced Training Committee in Medical Oncology	Advanced Training in Medical Oncology	Australia (and Aotearoa NZ)
Aotearoa NZ Advanced Training Subcommittee in Medical Oncology	Advanced Training in Medical Oncology	Aotearoa NZ
Advanced Training Committee in Neonatal/Perinatal Medicine	Advanced Training in Neonatal/Perinatal Medicine	Australia and Aotearoa NZ
Advanced Training Committee in Nephrology	Advanced Training in Nephrology	Australia (and Aotearoa NZ)
Aotearoa NZ Advanced Training Subcommittee in Nephrology	Advanced Training in Nephrology	Aotearoa NZ
Advanced Training Committee in Neurology	Advanced Training in Neurology	Australia and Aotearoa NZ
Advanced Training Committee in Respiratory and Sleep Medicine	Advanced Training in Respiratory Medicine; Advanced Training in Sleep Medicine	Australia (and Aotearoa NZ)
Aotearoa NZ Advanced Training Subcommittee in Respiratory and Sleep Medicine	Advanced Training in Respiratory Medicine; Advanced Training in Sleep Medicine	Aotearoa NZ
Advanced Training Committee in Rheumatology	Advanced Training in Rheumatology	Australia and Aotearoa NZ
Chapter Training Committees		
Training Committee in Addiction Medicine	Addiction Medicine – Chapter Training	Australia and Aotearoa NZ
Training Committee in Palliative Medicine	Palliative Medicine- Chapter Training; Advanced Training in Palliative Medicine; Clinical Foundations (previously Diploma) in Palliative Medicine	Australia and Aotearoa NZ
Training Committee in Sexual Health Medicine	Sexual Health Medicine– Chapter Training	Australia and Aotearoa NZ
Faculty Training Committees		
Faculty Paediatric Training and Assessment Committee in Rehabilitation Medicine	Paediatric Rehabilitation Medicine Training	Australia and Aotearoa NZ
Faculty Training Committee in Occupational and Environmental Medicine	Occupational and Environmental Medicine – Faculty Training	Australia and Aotearoa NZ

Name	Programs	Geographic remit
Faculty Training Committee in Public Health Medicine	Public Health Medicine- Faculty Training	Australia and Aotearoa NZ
Faculty Training Committee in Rehabilitation Medicine	General Rehabilitation Medicine – Faculty Training	Australia and Aotearoa NZ
Joint College Training Committees		
Committee for Joint College Training in Endocrinology and Chemical Pathology	Joint Training in Endocrinology and Chemical Pathology	Australia and Aotearoa NZ
Committee for Joint College Training in Haematology	Advanced Training in Clinical Haematology; Joint Training in Haematology	Australia and Aotearoa NZ
Aotearoa New Zealand Joint College Training Subcommittee in Haematology	Advanced Training in Clinical Haematology; Joint Training in Haematology	Australia and Aotearoa NZ
Committee for Joint College Training in Immunology & Allergy	Advanced Training in Clinical Immunology and Allergy; Joint Training in Immunology and Allergy	Australia and Aotearoa NZ
Committee for Joint College Training in Infectious Diseases & Microbiology	Advanced Training in Infectious Diseases; Joint Training in Infectious Diseases and Microbiology	Australia and Aotearoa NZ
Committee for Joint College Training in Nuclear Medicine	Advanced Training in Nuclear Medicine (stream open to RANZCR trainees)	Australia and Aotearoa NZ
Committee for Joint College Training in Paediatric Emergency Medicine	Advanced Training in Paediatric Emergency Medicine (including stream open to ACEM trainees)	Australia and Aotearoa NZ

Appendix Five Summary of figures and tables in Section A

Section A

Section B

Australian
Medical Council Limited