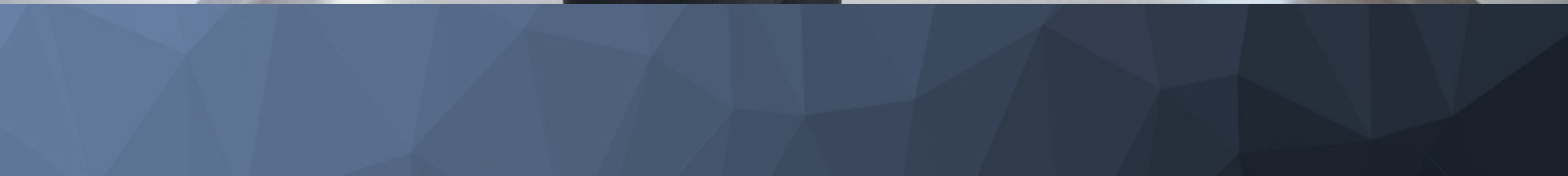




# 2020

Comprehensive Report to the Australian Medical Council  
and Medical Council of New Zealand



## College details

Name:	The Royal Australasian College of Physicians (RACP)
Address:	145 Macquarie Street, Sydney NSW 2000
Date of last AMC accreditation decision:	2015 (2014 reaccreditation assessment)
Reports since last AMC assessment:	2015, 2016, 2017, 2018 (with mini visit), 2019
Date programs accredited to:	March 2021
This report due:	31 August 2020
Officer to contact about this report:	Peter McIntyre, Chief Executive Officer
Telephone number:	+61 2 9256 5466
Email:	<a href="mailto:ceo@racp.edu.au">ceo@racp.edu.au</a>

The RACP trains, educates, and advocates on behalf of physicians and trainee physicians across Australia and Aotearoa New Zealand.

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

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

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## Summary of 2019 AMC findings

Standard	2019 Findings	No. of Conditions remaining
<b>Overall</b>	<b>Substantially Met</b>	<b>8</b>
1. The context of education and training	Substantially Met	Nil
2. The outcomes of specialist training and education	Substantially Met	1
3. The specialist medical training and education framework	Substantially Met	2
4. Teaching and learning methods	Substantially Met	2
5. Assessment of learning	Substantially Met	2
6. Monitoring and evaluation	Substantially Met	1
7. Issues relating to trainees	Met	Nil
8. Implementing the training program – delivery of educational resources	Met	Nil
9. Continuing professional development, further training and remediation	Met	Nil
10. Assessment of specialist international medical graduates	Met	Nil

## Executive summary

### Our achievements

Since our last accreditation assessment, the RACP has continued to mature as a specialist medical training provider and more broadly as an Australian and Aotearoa New Zealand organisation. Governance of our activities continues to evolve as we focus on best practice approaches that are supported by evidence for impact and effectiveness.

A key priority we have advanced is our commitment to incorporating Indigenous skills, values and knowledge systems at Board level with the Board endorsing the Joint Statement of Principles on Justice and Equity and reaffirming that Indigenous health and education equity are core business of the RACP. These fundamental governance changes and acknowledgements of culture are designed to strengthen our decade commitment to implementing the Indigenous Strategic Framework, and in doing so enhance physician training programs.

We continue to invest in and progress the renewal of our training, education and continuing professional development programs with a future focus. This is occurring in parallel to maintaining the standards and delivery of our current programs and making continuous improvements to these.

We have made good progress in addressing the eight outstanding conditions on our accreditation and the five remaining quality improvement recommendations.

A significant area of achievement for us this year is the progress we have made in renewal of our Advanced Training curricula. We have published the common curricula standards for Advanced Training, finalised the curriculum structure, and developed a draft common Learning, Teaching and Assessment program. We are well positioned to progress the 38 program-specific curricula reviews having confirmed the methodology and timeline for this.

We have made significant progress towards implementing our new Basic Training program. The training requirements for trainees at early adopter settings are published and we have developed a training plan to support trainees, educators, and staff to implement the program. The requirements for Basic Training providers have also been published and we are preparing to implement elements of our new accreditation program.

Undoubtedly our biggest achievement this year has been our collective response to the extensive impacts of the COVID-19 global pandemic on our people and activities.

### Our journey, the strengths, and challenges

The challenges we have faced this year have been unprecedented with the global pandemic disrupting our training programs, accreditation activities and delivery of our examinations. Our members and staff, their work and their wellbeing have been impacted too.

We have responded swiftly, expediting careful consideration and consultation processes to ensure that we take timely and appropriate action to address the impacts of the pandemic on our members. Our Fellows and trainees involved in this consultation and decision making have generously given their time providing valuable input to ensure that our responses are compassionate, supportive, flexible, and importantly maintain our physician training standards.

Our staff and committees have risen to the challenge of an abrupt transition to remote working. They have successfully and seamlessly maintained support for the administration of our training programs and education renewal projects whilst managing an increased workload due to the impacts of the pandemic. Our timely implementation of technology upgrades enabled this smooth transition.

We have found new ways to work together, solve problems and embrace opportunities and technologies to adapt long established structures and processes. These challenges have enabled and

informed organisational growth, galvanising the spirit of collaboration between members and staff. In some areas, for example examination delivery, the challenges have acted as a catalyst for innovation and readiness to embrace novel approaches.

The impacts of the pandemic coupled with delays to the education technology build have impeded our progress in implementing our new Basic Training program. These factors have forced us to enact a further contingency plan delaying implementation of the new programs to early 2021. We are using the additional time to communicate with our early adopters and help them prepare for implementation.

Addressing the concerns about Board governance through the Voluntary Compliance Agreement with the Australian Charities and Not-for-Profits Commission has prompted us to reflect and consider how we can strengthen our organisational governance. This reflective process has resulted in some immediate changes and led us to develop an action plan to address improvement recommendations from an independent review of our Board culture and governance. Our new Board is committed to enacting this plan. We are also engaging Indigenous constitutional legal experts to help strengthen our governance processes.

Our greatest strength is our people, both our members and our staff. We have consolidated our plans for implementation of our key education renewal initiatives and have developed relationships with our partners in the health sector and medical education. Responding to the challenge of the pandemic this year has required us to work closely with others in the health and medical education sector, strengthening these relationships further.

## **Our future**

We remain committed to realising our goal of improving physician education, to reflect the ever-changing nature of medicine and enable our physicians with the knowledge, skills and behaviours needed for the future.

Having worked carefully to redesign key elements of our training and education programs and develop plans for their implementation, we are on the verge of enacting our new Basic Training program. Our focus in the coming years will be supporting implementation of these changes in a way that will realise their intended benefits improving trainee and supervisor experiences, program delivery and outcomes.

Significant work lies ahead for us to successfully roll out and embed the renewed Basic Training program, new accreditation program and supporting education technology across 425 physician training settings in Australia and Aotearoa New Zealand.

Building on the approved foundations for our renewed Advanced Training programs we will progress the sizeable and complex, specialty program-specific review component in accord with our confirmed methodology and timeline. Learnings from the renewal of our Basic Training program will inform our approaches.

The unpredictable situation with the COVID-19 pandemic may continue to impact how we manage and deliver our training programs, accreditation, and examinations for some time. We will remain open to change and flexible in managing these impacts and maintain the focus of supporting our members.

We have established a clear roadmap to achieving our goals with resourcing in place to deliver our initiatives. We are confident in our plans, processes and most importantly in our people. We expect to deliver the significant proportion of our program of education renewal, and planned improvements to support continuous professional development over the next five years.

# Snapshot of 2020 achievements and five-year plans

	Achieved 2020	Planned 2021-25
 <p><b>IMPROVING GOVERNANCE AND PROGRAM MANAGEMENT</b></p>	<p>Improved governance policy and processes and made satisfactory progress against Voluntary Compliance Agreement with Australian Charities and Not-for-profits Commission</p> <p>Progressed initiatives linked to our Indigenous Strategic Framework</p> <p>Strengthened relationships with health jurisdictions and others involved in medical education and health</p> <p>Established a Culture Leadership Taskforce to help us review our values and build our organisational culture</p>	<p>Completing improvement action plan linked to Board and Governance Review Report</p> <p>Updating the RACP Constitution to recognise, include and honour Indigenous cultures, knowledge and histories and pledge our responsibility for improving health outcomes for Aboriginal and Torres Strait Islander peoples and Māori peoples</p> <p>Implementing initiatives linked to our Indigenous Strategic Framework</p> <p>Embedding our refreshed organisational values and fostering our organisational culture across staff and committee members</p>
 <p><b>IMPROVING TRAINING PROGRAMS</b></p>	<p>Significantly progressed Advanced Training curricula renewal with:</p> <ul style="list-style-type: none"> <li>published common curricula standards</li> <li>drafted learning, teaching and assessment program</li> <li>confirmed process and timeline for program-specific curricula review</li> </ul> <p>Published training requirements and training setting requirements for our new Basic Training program at early adopter settings</p> <p>Developed a training plan to support implementation of the new Basic Training Program</p>	<p>Implementing our new Basic Training programs, accreditation system and supporting education technology across physician training settings.</p> <p>Evaluating and refining programs and their implementation as we progress implementation</p> <p>Completing program-specific reviews of 38 Advanced Training curricula and progressing implementation of the renewed programs</p> <p>Transitioning our written examinations to Computer Based Testing and improving other aspects of our examinations</p>
 <p><b>IMPROVING SUPPORT AND RESOURCES FOR MEMBERS</b></p>	<p>Delivered 139 face to face Supervisor Professional Development Program workshops to 2961 participants in 2019</p> <p>Launched 140 new online College Learning Series lectures with additional 696 new registrants and released 9 new Podcasts</p> <p>Delivered an online Congress program due to COVID-19 impacts</p> <p>Published new resources to support completion of the new MyCPD Framework</p>	<p>Supporting the supervisor workforce to complete the Supervisor Professional Development Program</p> <p>Refreshing our Framework for Educational Leadership and Supervision</p> <p>Improving the Training Support Policy and Pathway informed by trainee and supervisor experiences</p> <p>Delivering a new MyCPD online platform for members</p> <p>Expanding our College Learning Series with a focus on Paediatrics &amp; Child Health content</p>

## Section A:

### Report against the standards and accreditation conditions

In the comprehensive report for extension of accreditation, the College is expected to provide evidence that it continues to meet the accreditation standards, and that it has maintained its standard of education and of resources. The report also provides an appraisal of the developments since accreditation, and information on plans leading up to the next AMC reaccreditation.

This section of the report addresses the following for each standard:

1. Analysis of strengths and challenges, and significant developments undertaken or planned with:
  - a short summary of major developments since the last accreditation assessment.
  - a description of the college's development plans for the next five years, and significant milestones for their implementation
  - identification and assessment of factors that could influence the achievement of the college's goals over the next five years
2. College activity towards satisfying AMC conditions or otherwise addressing the accreditation standards are rated as 'substantially met'
3. Statistics and annual updates (provided separately in Appendix 2)



# Standard 1

## The context of training and education

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

**2019 AMC assessment:** Standard Substantially Met

**Conditions open:** Nil



# Standard 1. The context of training and education

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

### Significant developments since the last accreditation assessment

#### **Responding swiftly to the impacts of the COVID-19 pandemic on our trainees.**

The unprecedented impacts of the COVID-19 pandemic in 2020 have necessitated an agile and flexible RACP response. Facing this extraordinary challenge demanded that we adapt our consultation and governance processes to engage affected stakeholders in discussion and decision-making outside established committee structures and meeting schedules to enable a timely response that was compassionate, supportive, flexible, and importantly, maintains our physician training standards.

We have found new ways to work together, solve problems and embrace opportunities and technologies to adapt long established structures and processes. These challenges have enabled and informed organisational growth, building the spirit of collaboration between members and staff.

We developed [principles to guide our decision making for education and training during the pandemic](#). We also determined a range of interim program changes relating to training requirements, examinations, and training setting accreditation. We consider clinical experience obtained during the COVID-19 pandemic a valuable training activity for all our trainees and have started from a position of wanting to make as much training count towards training programs as we can, whilst still ensuring specialty program requirements are met. Details of these [interim training, accreditation and examination changes due to the impacts of COVID-19](#) have been provided to the AMC earlier in 2020 and some are discussed in more detail in other sections of this report.

Our staff and committees have risen to the challenge of an abrupt transition to remote working, enabled by a significant and timely technology upgrade. They have worked admirably maintaining support for the administration of our training programs and progressing education renewal projects whilst managing an increased workload due to the impacts of the pandemic.

#### **Implementing strategic initiatives that contribute to improved health outcomes for Aboriginal and Torres Strait Islander peoples, and Māori**

A principal development in 2020 is our progress in implementing the [RACP Indigenous Strategic Framework](#) which confirms our priorities to:

1. Contribute to addressing Indigenous health inequity differences
2. Grow the Indigenous physician workforce
3. Equip and educate the broader physician workforce to improve Indigenous health outcomes
4. Foster a culturally safe and competent college
5. Meet the new regulatory standards and requirements of the AMC/MCNZ

In December 2019, the Board, Aboriginal and Torres Strait Islander Health Committee (ATSIHC) and the Māori Health Committee (MHC) jointly agreed six resolutions to recognise Indigenous cultural skills, knowledge systems and values as essential for the RACP Board, including that the ATSIHC and MHC become Committees of the Board.

The Board confirmed that the ATSIHC and MHC will have strategic oversight of the implementation of the Indigenous Strategic Framework. In addition, the Board endorsed the Statement of Principles for Justice and Equity and reaffirmed the advancement of Indigenous health and education is core business for the RACP, in accordance with its commitment to the Indigenous Strategic Framework.

We have since established Indigenous Strategic Framework strategic partnerships for the top ranked priority areas: growing our Indigenous membership, fostering a culturally safe competent College, and implementing the governance reforms and constitutional review.

These partnerships identify member leads who can collaborate and advise staff in between committee meetings to progress Indigenous Strategic Framework priority projects, and facilitate direct communication and relationship building between member leads and key staff.

In November 2019, the MHC hosted the fourth biennial Māori Health Hui, which provided an opportunity for the RACP to reflect on its own journey to date through the Indigenous Strategic Framework 2018-2028. In February 2020, we released our new [Reflect Reconciliation Action Plan](#) and held a series of College events to celebrate National Reconciliation Week.

In celebration of our Indigenous Strategic Framework journey, we commissioned a traditional Māori carving and Aboriginal and Torres Strait Islander bespoke artwork (Figure 1). These are reminders of our commitment to Indigenous health and recognising our Indigenous cultures.

**Figure 1: RACP Māori Carving and Aboriginal and Torres Strait Islander Bespoke Artwork**



**Tāne Mahuta  
Carved by Ihaia Puketapu**



**'Healing Place' By Riki Salam  
of WeAre27Creative**

### **Strengthening the consumer voice**

Linked to our [Framework for improving consumer engagement and patient centred care](#), our [Consumer Advisory Group](#) and consumer members on our peak committees, continue to provide important perspectives and input to our initiatives and our decision-making. This strengthening of the consumer voice across our activities, including a consumer member on the College Education Committee, is helping to ensure our work has a patient centred focus and that our membership is equipped to meet community needs and expectations.

## New Board and Chief Executive Officer

In October 2019 we welcomed our new Chief Executive Officer, Mr Peter McIntyre, and in May 2020, following implementation of a strengthened election process, our Board membership changed with Prof John Wilson assuming the role of President and Dr Jacqueline Small, President-elect. The current Board Directors are detailed in Figure 2 below.

**Figure 2: RACP Board Directors**



Professor John Wilson AM  
President



Dr Jacqueline Small  
President-elect



Dr George Laking  
President, Aotearoa New  
Zealand



Dr Tina Ahluwalia  
Trainee Director



Professor Paul Komesaroff  
Member Director



Professor Jennifer Martin  
Member Director



Monica Schlesinger  
Community Director



Rob Stewart  
Community Director



Tony Tenaglia  
Community Director &  
Honorary Treasurer



Dr Gregory Stewart  
Member Director

## Improving Board governance: update on stability of governance structure

### Update Required Against Standard 1

#### 2019 AMC Commentary

In view of the recent commencement of the new CEO and ongoing work on the ACNC's recommendations that remain to be successfully resolved, further evidence of stability in the College's governance structure needs to be demonstrated in next year's comprehensive report.

In July 2019, the RACP entered into a Voluntary Compliance Agreement (VCA) with the Australian Charities and Not-for-profits Commission (ACNC) to review the Board and the College's governance practices. In August 2019, the [ACNC released a statement](#) that "The RACP has fully cooperated with our investigation. The compliance agreement is evidence of the charity's commitment to working with the ACNC and addressing the governance issues identified".

The Board engaged Effective Governance Pty Ltd to undertake a Board and Governance Review. The review report of 18 December 2019 (A1.1), detailed 179 recommendations which were accepted by the Board and broken down into 428 tasks for implementation.

Since the last accreditation assessment, Effective Governance has provided the ACNC with three progress reports, most recently on 30 June 2020. The ACNC has reviewed and responded to each progress report. In June 2020 the ACNC determined:

*"The report identifies that significant progress has been made and the ACNC recognises the role Effective Governance has played in supporting RACP to achieve this. We approve the progress report #3."*

Due to the resourcing impact on RACP governance staff because of the 2020 election, Annual General Meeting, the Extraordinary General Meeting, and especially the COVID-19 pandemic, the initial timeframes of the action plan were re-baselined, and these were accepted by the ACNC.

Information on the ACNC Compliance, statements and progress reports are available to the membership on our website <https://www.racp.edu.au/about/board-and-governance/governance-documents/acnc-compliance>. The latest progress report from Effective Governance to the ACNC is attached (A1.1).

Throughout 2020, Effective Governance will continue to observe the implementation of the agreed recommendations at Board and Committee meetings until December 2020, at which time a final report will be submitted to the ACNC and a summary will be available to the RACP membership.

### Strengthening governance policies and processes

A range of policy and process improvements have been implemented since the last accreditation assessment. Some of these link to the governance improvement action plan to address the Board and Governance Review recommendations. We have updated our Conflict of Interest Policy for Board Directors, the [Whistleblower Policy](#), the Risk Management Policy and the Risk Management Framework. We strengthened our election processes for the two-yearly Board, committee, and College Body elections earlier this year. The Candidate Code of Conduct and Candidate Nomination Forms were implemented for this election and The Nomination and Election Process for the Board of the College and its College Bodies was updated. Guidance Notes for Candidates nominating for election to the RACP Board were also issued in the 2020 College elections. A Comprehensive Induction Program was approved and implemented in 2020 for the Board and Board committees.

## **Reorganising how we work together to deliver better outcomes**

In April 2020, we restructured some of our portfolios of work and staffing with the aim of improving how we work together to deliver better outcomes. No significant changes were made to the staff support for education or professional practice with our salaried Lead Fellow, Education Renewal continuing to support our work in Education, Learning and Assessment. In addition, the role of Dean of the RACP has evolved into a new combined position: Executive General Manager, Strategy and People and Dean of the College.

We have recently recruited a Fellow, Professor Andrew Coats AO, for this position to lead our new Strategy and People Team comprising the Strategic Coordination Unit, College Foundation, International Partnerships and People and Culture. The Dean will also deliver College-wide senior leadership physician perspective that supports, engages, and represents the physician membership base and partnerships internationally, acting as a trusted adviser to the Board, its Peak Committees, and the CEO. Professor Coats commences with the College on 1 October 2020.

## **Enabling renewal**

We remain focused on renewing our training and education and continuing professional development programs. Our program of educational renewal will deliver transformational change, shifting physician training towards a competency-based framework and modernising how RACP training and education programs are administered and experienced. We are on the verge of realising several of these changes.

## **Investing in technology to support delivery our programs**

We successfully rolled out a major component of our Information Technology Strategy in early 2020 just prior to the impacts of the COVID-19 pandemic. This has been critical in enabling our staff and committees to function remotely and continue to effectively support delivery of our training and education and continuing professional development programs. Considerable investment and progress have also been made in building our new education technology platform, Tracc, which will support delivery of our renewed programs.

## **Building our relationships with others involved in medical education and health**

This year we have had more frequent meetings with health departments and jurisdictional representatives to collaborate with and seek input to our responses to the impacts of the COVID-19 pandemic on our training, accreditation, and examinations activities. These regular meetings and communications have further strengthened our working relationships, which aligns well with the objectives of our Stakeholder Engagement Plan.

We continue to progress our Stakeholder Engagement communications plans focused on our program of educational renewal to raise awareness and build support for implementation of our education renewal initiatives, primarily the imminent roll out of our new Basic Training program. We have a close relationship with several medical colleges involved in our training and have taken the opportunity to present an update to them on our progress with renewal and plans for implementation. This has been well received.

## Five-year development plans, implementation milestones

### Delivering actions and outcomes aligned to our Indigenous Strategic Framework

We have prioritised progressing actions and outcomes aligned to our Indigenous Strategic Framework and several initiatives relating to growing the Indigenous physician workforce and fostering a culturally safe College are underway and gaining momentum. Our implementation plan details key milestones for our Indigenous Strategic Framework journey.

We have also prioritised governance reform linked to our Indigenous Strategic Framework including a Constitutional Reform Project to review and update the RACP Constitution to recognise and honour Indigenous cultures, knowledge and histories and affirm our responsibility to ensure principles of justice and equity are articulated and embedded at every level within the RACP's governance structure. We recognise that without self-determination it is not possible for Aboriginal and Torres Strait Islander and Māori people to fully overcome the legacy of colonisation and dispossession and its ongoing impacts on health.

This project will involve wide and deep consultation with our members and is anticipated to run for approximately 24 months. The scope of the review, including whether the Objects of the College will be reviewed, will be determined in the latter part of 2020.

### Completing our action plan to improve governance

A key focus for our new Board is satisfying the Voluntary Compliance Agreement with the ACNC by December 2020 as agreed. We plan to complete the action plan linked to the Effective Governance Board and Governance Review Report and recommendations. These actions will help us strengthen the governance of the organisation and increase member and public confidence in how we operate.

### Realising our strategic priorities

We continue to work towards realising our strategic priorities (Figure 3) with the Board planning to review and refresh its strategic priorities and plan towards the end of 2020.

Figure 3: RACP Strategic Priorities



### **Improving our organisational culture**

We have established a Board People, Culture and Remuneration Committee and a Culture and Leadership Taskforce to refresh our organisational values and progress strategies to improve the organisational culture.

### **Improving member engagement**

We plan to improve how we engage with our members through implementation of our Member Engagement Plan 2020-2025. The plan details a range of strategies that aim to improve our members' experience when they are interacting with their College by building a clear value proposition at each stage across the members' journey. It builds on the findings of our [Member Journey Research](#).

### **Helping our members connect with each other**

Over the next two years we are progressing our Online Community Project with the aim of delivering an online platform to enable our members to connect with each other and foster communities of practice in various areas of interest. We expect to trial this online platform by early 2021.

### **Delivering our IT strategy 2020-2025**

We are implementing our IT Strategy 2020-2025 to better utilise and integrate technology in our work and improve members' experiences and interactions with our programs and services.

### **Building educational expertise and exchange**

We continue to seek out opportunities to share our experience and learnings in medical education through conference presentations and submission of articles to peer reviewed journals.

As a member of the Tri-nation Alliance, we approved a proposal to expand membership of the alliance in two stages, firstly within existing Tri-nation countries, Australia, Aotearoa New Zealand and Canada. Wider Tri-nation Alliance membership will enhance opportunities to enable sharing of leading adult learning approaches to improve curriculum development, education and training, assessment, and professional development.

## **Identification and assessment factors that could influence the achievement of goals**

### **Maintaining stability of leadership**

Maintaining stability in our leadership, the Board, the Chief Executive Officer, and our Senior Leadership Team will impact our ability to achieve our goals. Our new Board, CEO and Senior Leadership Team are committed to enabling achievement of our goals.

### **Managing emerging and/or unanticipated priorities**

The unpredictable situation with the COVID-19 pandemic may continue to impact how we manage and deliver our training programs, accreditation, and examinations for some time. We will remain flexible in managing these impacts and maintaining a focus on supporting our members, incorporating learnings, and harnessing opportunities to improve how we operate.



It is possible we may need to respond to other unanticipated challenges that require a short- or longer-term redirection of effort and resources and which may impede progress with our current plans. Our agile response to the current pandemic and ability to maintain progress against new initiatives, as well as business as usual operations, gives us confidence that we will be able to manage future challenges.

### **Depending on availability of key members to progress and engage with initiatives**

We are reliant on the interest and availability of a proportion of our members to engage in committee work and guide our decision-making. Our recent experience in responding to the impacts of the pandemic is reassuring with these members demonstrating an extraordinary commitment to making themselves available at short notice and giving additional time to enable a timely response that supports our members and maintains our physician training standards.

New technologies enabling remote working may support more members to engage as it takes away the need to fly interstate or attend meetings in person. Our rapid transition to running all our meetings virtually and remotely during the pandemic has worked well with positive feedback from members. A greater utilisation of these technologies may become the way of the future for the College and facilitate broader member engagement.

### **Relying on external parties and contractors for deliverables**

With the scale and complexity of the initiatives we are progressing we have contracted outside experts to deliver some elements. Examples of this are contracts we have with external parties to deliver the new education technology system and computer-based testing. While this has key advantages, it does mean that we are reliant on these partners to deliver on implementation milestones.

We have strengthened our procurement process to mitigate some of the risk around engagement with third parties, and our legal team provides expert assistance with review and management of contracts.

## **2. Addressing accreditation conditions**

There are no open conditions remaining.

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

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

Outcomes of our processes for evaluating reconsiderations and reviews relating to training programs to identify system issues in 2019 include:

- 83% of reconsideration, review or appeal decisions are notified in less than 12 weeks.
- The most common reason for a committee varying the original decision is submission of additional information or evidence by the applicant. A minority are varied where the applicant demonstrates exceptional circumstances.
- Committees will consider deferring an original decision pending submission of additional information in the interest of transparency and fairness, despite any delay it may cause.

- Review decisions usually include suggestions on process resolutions and guidelines to training committees which are then implemented, for example, *'recommendations made in the accreditation site visit report be clearly communicated within the accreditation decision letter to the training setting and ensure individual training settings are provided with an understanding of the decision and what would be required to meet any deficient criteria.'*

**Table 1: College Governance Chart and Conflict of Interest Changes (2018-19\*)**

Policy/Procedure	Description of change(s)
List of College Bodies that report to the Board	See A1.2
<a href="#">Board Conflicts of Interest</a>	Updated March 2020

\* Covers period since last progress report, i.e. 1 August 2019 to 31 August 2020

# Standard 2

## The outcomes of specialist training and education

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

**2019 AMC assessment:** Standard Substantially Met

**Conditions open:** Condition 34



## Standard 2. The outcomes of specialist training and education

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

#### Significant developments since the last accreditation assessment

##### **Renewing program and graduate outcomes in Advanced Training**

In early 2020, we released the [common curricula standards for Advanced Training](#). These standards were finalised following extensive consultation with members, Specialty Societies, consumer organisations, training settings, and other colleges. The common curricula standards will guide the upcoming program-specific review process, with specialty-specific tailoring and additions to the curricula standards further defining the graduate outcomes for each Advanced Training program. See [Condition 6\(i\)](#) for a description of the common curricula standards for Advanced Training.

#### Five-year development plans, implementation milestones

##### **Evaluating and refining program and graduate outcomes across Basic and Advanced Training**

Our focus in the coming years will be evaluating and refining the program and graduate outcomes of our new Basic Training program. This process will proceed in line with the new Basic Training program implementation schedule and linked evaluation plan.

Through the Advanced Training Curricula Renewal project, we also plan to refine the program and graduate outcomes of our Advanced Training programs. We will evaluate the refined program and graduate outcomes following implementation of the new curricula in each specialty program. Implementation of the new curricula will proceed in line with the Advanced Training Curricula Renewal Program-Specific Review Plan (A2.1). See [Condition 6\(i\)](#) for a detailed description of the Program-Specific Review Plan.

#### Identification and assessment of factors that could influence the achievement of goals

##### **Successfully implementing our new Basic Training program**

Successful implementation of the new Basic Training program at early adopter sites is vital to ensure that the new program and graduate outcomes can be evaluated and refined prior to widespread rollout of the programs. Tracc, the enabling technology needed to implement the new Basic Training program, is one factor that may influence program implementation at early adopter sites. If Tracc is not built, tested, and live in line with planned timelines, then implementation may be delayed. As a result, there may be challenges with evaluating the program and graduate outcomes prior to widespread implementation of the new Basic Training program. Similarly, the long term impacts of the COVID-19 pandemic are unclear, but there is potential for the pandemic to delay implementation of the new Basic Training program at early adopter sites and impact our ability to evaluate the new program and graduate outcomes. The project team will be working closely with Directors of Physician

Education at these settings to develop contingency plans in case the situation worsens, and sites need to withdraw from the early rollout.

### **Maintaining Member availability**

The COVID-19 pandemic has the potential to slow progress in refining our Advanced Training specialty-specific program and graduate outcomes by reducing member availability. Our members fill key roles on College committees and advisory groups and will play an important role in developing our specialty-specific program and graduate outcomes. Reduced member availability is thus an additional factor that may influence our goals in this area.

## **2. Addressing accreditation conditions**

### **Condition 34**

**Due 2023**

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

### **2019 AMC Commentary**

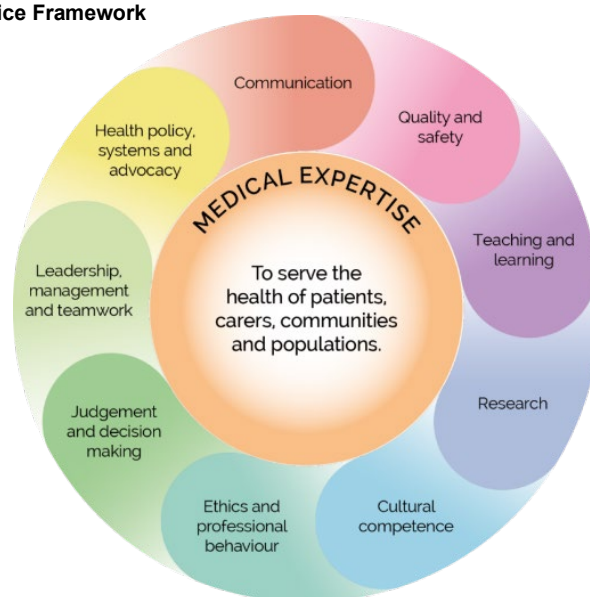
*The Professional Practice Framework (formerly known as the Standards framework) has now been integrated into the new Basic Training curriculum model. The framework defines the ten domains of professional practice for all physicians and forms the basis of the new RACP curriculum model. The framework and standards have been designed for application across the College's training and continuing professional development programs. The College have involved consumer groups to help ensure the consumer perspective informs the curricula framework and its alignment to community needs.*

*The AMC considers the College has satisfied the part of the condition relating to the Basic Training program and notes the renewal of the Advanced Training Curricula remains work in progress with projected implementation in 2023. To focus the College on the developments for the Advanced Training Curricula and to recognise that the Standards Framework is now known as the Professional Practice Framework, a new condition (Condition 34) will replace Condition 4.*

### **Integrating the Professional Practice Framework in Advanced Training**

The [Professional Practice Framework](#) (Figure 4) defines ten domains of professional practice for all physicians.

**Figure 4: The Professional Practice Framework**



In February 2020, the College Education Committee approved the [common curricula standards for Advanced Training](#). The standards and strategies of the Professional Practice Framework have been incorporated into the renewed Advanced Training programs via two of the three types of common curricula standards: Competencies and Entrustable Professional Activities.

### **Confirming common competencies in Advanced Training**

The Advanced Training common curricula standards include a set of competencies derived from the domains of the Professional Practice Framework. Supervisors will evaluate trainees against these competencies throughout their training. The competencies will apply to all Divisional training programs, although their applicability to some faculty training programs and the Clinical Diploma in Palliative Medicine may vary and will be discussed individually with each specialty group. See the [common curricula standards for Advanced Training](#) for a list of the competencies and their associated domains of the Professional Practice Framework.

We have yet to confirm the competencies associated with the Cultural Competence domain of the Professional Practice Framework. With the Indigenous Strategic Framework embedded in how we are now working, the Curriculum Advisory Group has recommended further stakeholder consultation with the Māori Health Committee and Aboriginal and Torres Strait Islander Health Committee. This is to ensure the approach to confirming these core competencies of the Professional Practice Framework is Indigenous led and strengths based. We have identified this consultation as a key priority for 2020.

### **Progressing Entrustable Professional Activities in Advanced Training**

The standards and strategies of the Professional Practice Framework are further embedded in the renewed Advanced Training curricula through their connection to Entrustable Professional Activities. Entrustable Professional Activities outline the essential work tasks that trainees need to be able to perform in the workplace. In February 2020, the College Education Committee approved 13 Entrustable Professional Activities that are likely to apply across all, some, or most of the Advanced Training programs (see [Condition 6\(i\)](#)). Supervisors will evaluate trainees' ability to perform the Entrustable Professional Activities by comparing their performance against a list of behaviours that align with the ten domains of the Professional Practice Framework.

With the standards and strategies of the Professional Practice Framework incorporated into the Advanced Training common curricula standards, trainees will understand the expected graduate outcomes and will be equipped with the necessary skills to provide safe, quality health care that meets the needs of the communities of Australia and Aotearoa New Zealand.

### 3. Statistics and annual updates

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

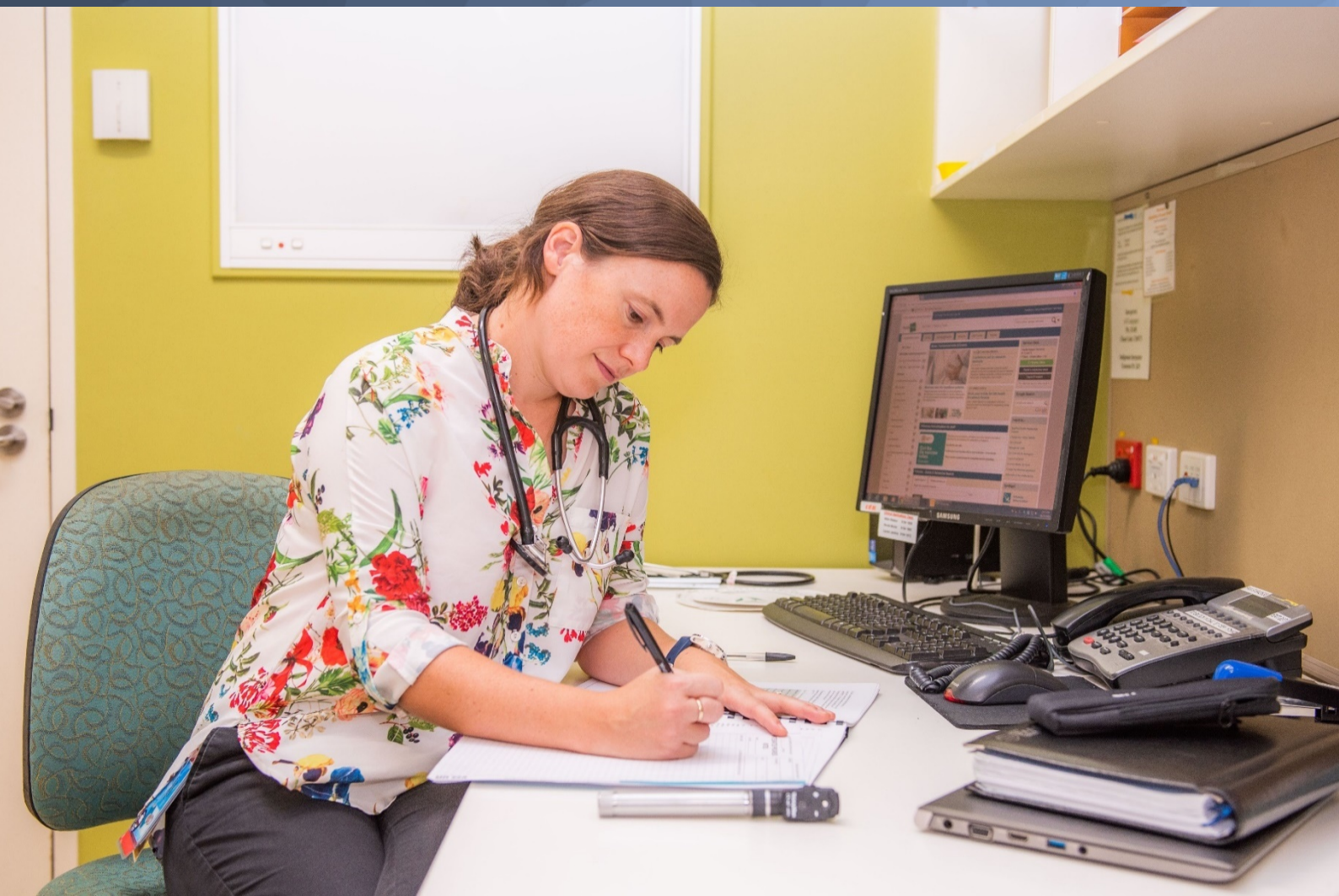
# Standard 3

## The specialist medical training and education framework

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

**2019 AMC assessment:** Standard Substantially Met

**Conditions open:** Condition 6(i), Condition 6(ii), Recommendation HH





# Standard 3. The specialist medical training and education framework

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

### Significant developments since the last accreditation assessment

#### Renewing the curricula framework and content for Advanced Training

In February 2020, the College Education Committee approved the [common curricula standards for Advanced Training](#). The incorporation of the Professional Standards and the Professional Practice Framework into our Advanced Training programs ensures that the renewed curricula build on key areas of specialist practice, such as patient centred care, leadership and teamwork, health policy and advocacy, teaching and learning, research, and cultural competence. See [Condition 6\(i\)](#) for a complete description of the common curricula standards for Advanced Training.

Since the last accreditation assessment, we have developed a draft Learning, Teaching, and Assessment structure for our renewed Advanced Training programs, which defines the continuum of training for Advanced trainees (Figure 5).

Figure 5: Advanced Training Learning, Teaching, and Assessment Structure



The final phase of Advanced Training is “Transition to Fellowship”, which leads into Continuing Professional Development.

As per the draft Advanced Training Learning, Teaching, and Assessment program, the renewed Advanced Training curricula will move the training programs from purely time-based to hybrid time- and competency-based training programs. The programs will also have a minimum and maximum time requirement for completion. Progress and completion decisions will be based on evidence of trainees’ competence. Advanced Trainees must also meet a new set of criteria to progress through each phase of Advanced Training (See A3.1 Advanced Training Draft Learning, Teaching, and Assessment program).

We expect a final draft of the Advanced Training Learning, Teaching, and Assessment program to be presented to the College Education Committee in April 2021.

## Implementing the new curriculum framework for Basic Training

### Update Required Against Standard 3

#### 2019 AMC Commentary

Please provide an update on the implementation of the Basic Training Curriculum.

In 2019, we completed the design and development of the new Basic Training program with confirmation of the Basic Training program requirements for 2020 and 2021 early adopters in [Adult Internal Medicine](#) and [Paediatrics & Child Health](#).

As of 2020, the project has moved into its implementation phase. Below, we provide an update on the implementation of the new programs.

In February 2020, due to delays to the build of Tracc, implementation of the new Basic Training program moved to a contingency implementation schedule. Aotearoa New Zealand early adopter training settings confirmed their preference to delay implementation of the new Basic Training program and participate as part of the 2021 early adopter cohort.

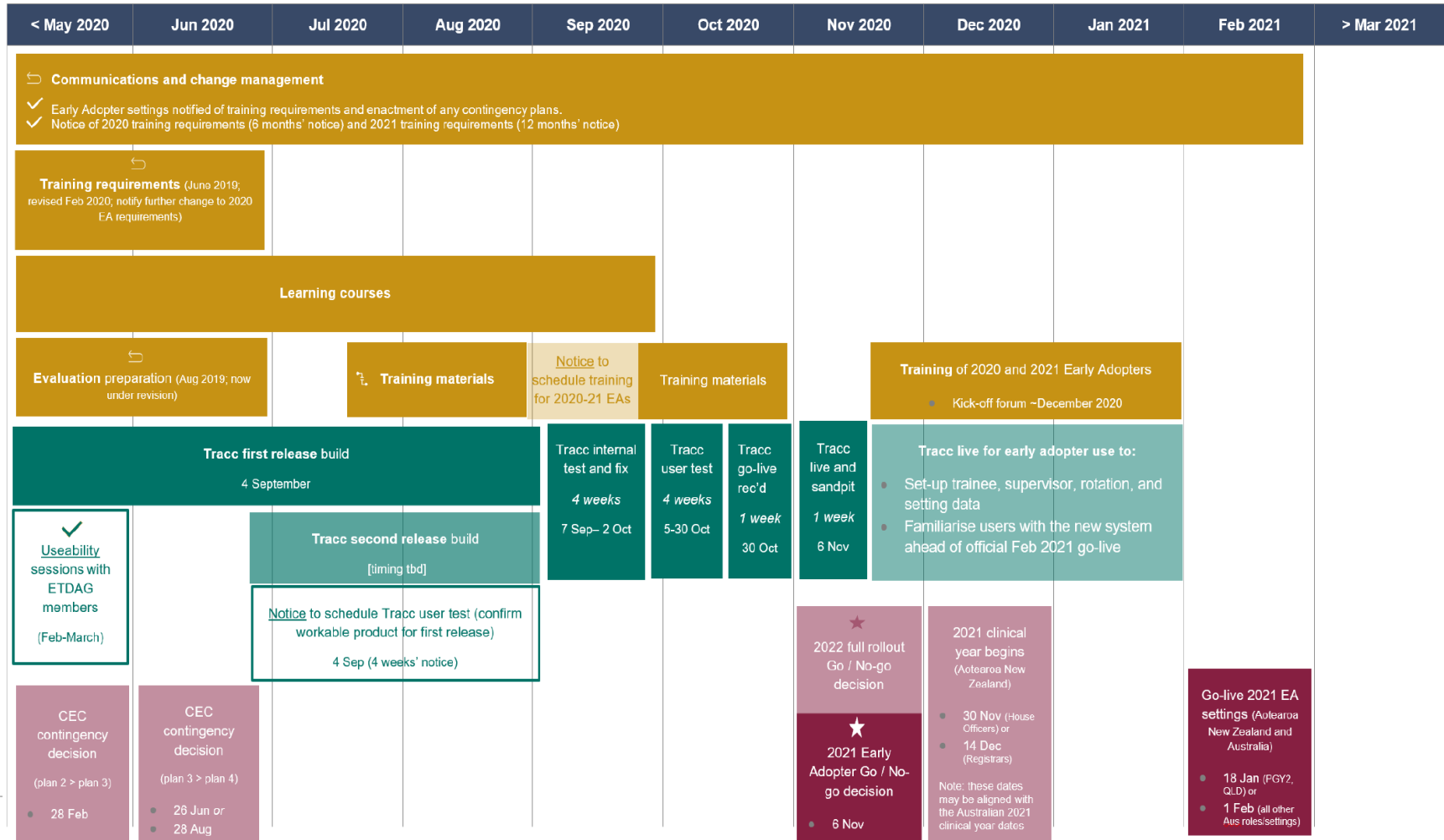
In June 2020, further delays to the delivery of Tracc and disruptions caused by the COVID-19 pandemic resulted in the College Education Committee approving the move to our current contingency implementation plan detailed in Table 2 and Figure 6.

**Table 2: Key Dates for the Basic Training Early Adopter Contingency Implementation Plan**

Activity	Contingency Plan (Approved Jun 2020)
Tracc build complete	September 2020
ETDAG recommendation for Tracc to go-live	October 2020
CEC approval for new Basic Training program to go-live for early adopters	November 2020
New Basic Training program go-live for early adopters	February 2021

Note: ETDAG is the Education Technology Development Advisory Group

**Figure 6: Basic Training Early Adopter Contingency Implementation Plan**



## Monitoring key implementation concerns and enacting mitigating strategies

The project team have created a register of key concerns that may impact implementation. As shown in Table 3, a set of mitigating strategies has been developed for each key concern.

**Table 3: Concerns and Mitigating Strategies for Implementation of the Early Adopter Program**

Areas of Concern	Mitigation Strategies
<p><b>Training settings' readiness to proceed</b></p> <p>The early adopter rollout of the new Basic Training program relies on training settings/networks having:</p> <ul style="list-style-type: none"> <li>• Sufficient capacity to work with the RACP on the rollout of the new Basic Training program</li> <li>• Sufficient training of supervisors in the new program and tools</li> <li>• First year Basic Trainees enrolled in the Foundation phase of training</li> <li>• Access to the technology to deliver the program</li> </ul>	<ul style="list-style-type: none"> <li>• Prepare contingency plans and communication strategies in case settings need to withdraw from the rollout due to COVID-19 impacts</li> <li>• Prepare a training setting focused 'implementation readiness' checklist</li> <li>• Investigate the local landscapes for early adopter implementation and identify any potential blockers</li> <li>• Work with and support early adopters to plan the rollout of the new program locally</li> </ul>
<p><b>Technology readiness</b></p> <p>The early adopter rollout of the new Basic Training program relies on delivery of the new tools in a functional technology that has been rigorously tested prior to its launch</p>	<ul style="list-style-type: none"> <li>• Prepare a testing plan and schedule to ensure the technology is functional and fit-for-purpose</li> <li>• Involve trainees and supervisors in testing process</li> <li>• Provide regular progress updates and technology demonstrations for key committees</li> <li>• Develop a contingency plan in case of critical failure of the technology following implementation</li> </ul>
<p><b>RACP evaluation of the early adopter rollout</b></p> <p>The move to a contingency plan will result in a reduction of participating 2020 early adopter training settings and time for trainees and supervisors to experience the new Basic Training program. The consequence is that the RACP will not have sufficient time or data from the 2020 rollout to make changes to the program ahead of the 2021 early adopter rollout</p>	<ul style="list-style-type: none"> <li>• Plan for member feedback sessions and more time for user acceptance testing of Tracc in the pre-implementation schedule</li> <li>• Plan regular monitoring and evaluation points to enable program updates that benefit users to be made throughout the 2021 training year</li> <li>• Continue to support early adopter leads and be responsive to local issues hindering intended use of the programs</li> </ul>
<p><b>Potential disadvantage to trainees</b></p> <p>Trainees enrolled in the early adopter new training programs will need assurance that they will not be disadvantaged by their participation in the trial as compared to their peers enrolled in the current Basic Training program</p>	<ul style="list-style-type: none"> <li>• Seek input from stakeholders on concerns with potential disadvantage to trainees</li> <li>• Prepare a support package for early adopter trainees</li> <li>• Ensure the contingency plan in case of critical failure of the new technology</li> </ul>
<p><b>Supervisor capacity</b></p> <p>The early adopter implementation relies on Rotation Supervisors, Education Supervisors, and Directors of Physician Education to have sufficient time, training, and support to deliver the new training program whilst simultaneously delivering the PREP program for existing trainees</p>	<ul style="list-style-type: none"> <li>• Automate administrative functions in the online system where possible to reduce the administrative burden on supervisors</li> <li>• Evaluate the time taken to complete the new assessment tools as part of the early adopter trial and adjust requirements accordingly.</li> <li>• Prepare a support package for early adopter supervisors</li> </ul>

## Working with Early Adopter Training Settings

As a result of the move to the current contingency implementation plan, the 2020 and 2021 early adopter cohorts have been effectively merged with an updated go-live date of February 1, 2021 for the new Basic Training program. The [early adopter settings](#) will work with the RACP to roll out the new program and provide feedback as part of the evaluation of the program. The new program is planned to be fully rolled out across all training settings in 2022.

## Delivering the new education technology system

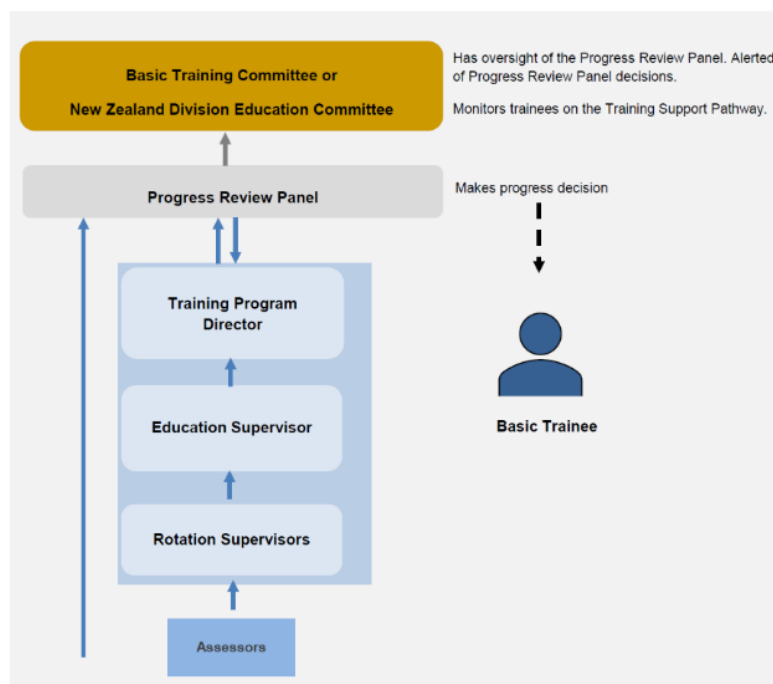
Delays to the Tracc build and the impact of this on achievement of project implementation milestones, resulted in the College Education Committee approving the current contingency implementation plan. According to the current schedule, the Tracc build is projected to be complete in September 2020, and the Education Technology Development Advisory Group (ETDAG) will make a recommendation for Tracc to go live in October 2020. The ETDAG meets monthly to review the technology build process and participate in feedback sessions.

Our schedule for implementation of the new Basic Training programs in 2021 is at risk of being impeded by further delays with the Tracc build and the impacts of the COVID-19 pandemic. The project team is continuing to closely monitor the schedule. Once the Tracc system is available, early adopter settings will be invited to participate in a soft launch of Tracc and the new assessment tools.

## Confirming governance arrangements for the new Basic Training program

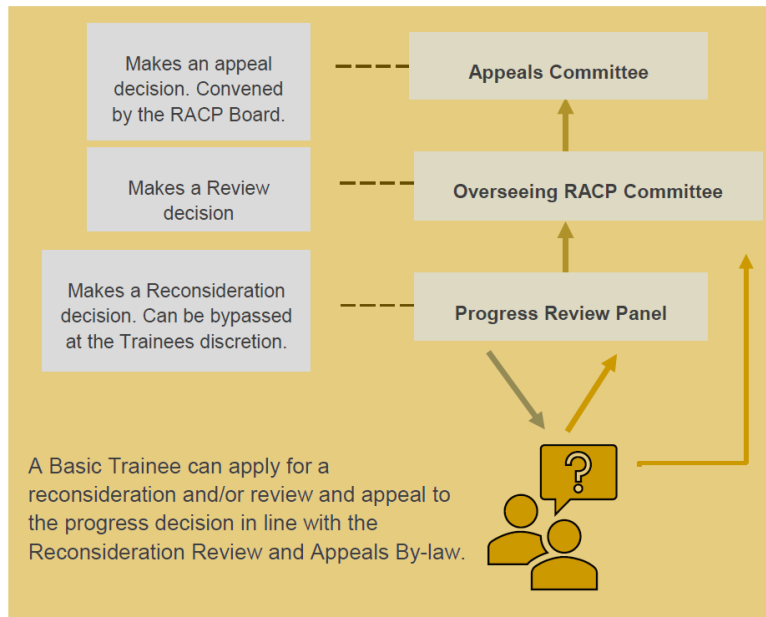
We have developed governance arrangements for the progression through training decisions made at the end of each phase of Basic Training. Progress Review Panels are responsible for making progression through training decisions. In making their decisions, the Progress Review Panels consider input from assessors, rotation supervisors, education supervisors, and training program directors (Figure 7).

Figure 7: Basic Training Progression Decision Making Process



As illustrated in Figure 8, trainees may choose to apply for a reconsideration, review, or appeal of the decision made by the Progress Review Panel.

**Figure 8: The Reconsideration, Review, and Appeals Process for Progression Through Training Decisions**



We have also developed a transition policy to guide trainees transitioning from the current PREP Basic Training program to the renewed Basic Training program. This transition policy will be reviewed by the College Education Committee at their August 2020 meeting.

### 2020 and 2021 Training Requirements

In November 2019, the College Education Committee approved the Basic Training program requirements for 2021 early adopters in [Adult Internal Medicine](#) and [Paediatrics & Child Health](#) following the move to the contingency implementation plan. All early adopters will use the 2021 training program requirements with the previously approved 2020 requirements retired.

On August 1, 2020, new versions of our [Recognition of Prior Learning \(RPL\) Policy](#) and [Flexible Training Policy](#) came into effect. These policies were updated to align language to the current and new programs.

### Five-year development plans, implementation milestones

#### Evaluating and refining Basic Training curricula standards

As part of the implementation of the new Basic Training program (starting in 2021), we plan to evaluate and refine the Basic Training curricula standards. We will also evaluate the hybrid time- and competency-based approach to determine if there is evidence to support making the time-based requirements more flexible.

## **Progressing renewal of the Advanced Training curricula**

In relation to the Advanced Training curricula renewal project, we will undertake the following activities from 2020-2021:

- Consult on and finalise the common Learning, Teaching, and Assessment program
- In partnership with the Aboriginal and Torres Strait Islander Health Committee and Māori Health Committee, define the competencies for the Cultural Competence domain of the Professional Practice Framework

From late 2020 to ~ 2026, we will also define and evaluate the program-specific curricula standards for our Advanced Training programs. See A2.1 for the Advanced Training Curricula Renewal Program-Specific Review Plan.

## **Reviewing the vertical integration of postgraduate training**

Finally, we plan to review the vertical integration of the postgraduate training years to the start of Basic Training. This process will commence once the Australian Medical Council finalises its [review of the National Framework for Medical Internship](#), which is estimated for completion in late 2020 (See [Recommendation HH](#)).

## **Identification and assessment factors that could influence the achievement of goals**

### **Successfully implementing our new Basic Training program**

If the COVID-19 pandemic impacts implementation of the new Basic Training program at early adopter training settings, we may not be able to evaluate and refine the new aspects of our Basic Training program, such as the curricula standards, content, and hybrid time-and-competency based approach prior to full rollout of the programs. The project team will be working closely with Directors of Physician Education at these settings to develop contingency plans in case the situation worsens, and sites need to withdraw from the early rollout.

A successful transition from the current PREP Basic Training program to the new Basic Training program is crucial for supervisors and trainees to accept the new curricula standards and content. An unsuccessful transition, due to an ineffective transition policy, implementation plan, or unreliable supporting technology, has the potential to impact the delivery of training by supervisors, and in turn, the quality of trainees' training experiences. Consequently, there may be unfavourable feedback from early adopter sites and challenges with stakeholder acceptance of the new curricula standards and content. We have created a register of key concerns and mitigating strategies to address potential concerns (See required [update against Standard 3](#)).

### **Managing the complexity of Advanced Training curricula renewal**

The scale and complexity of the Advanced Training curricula renewal project may impact our aim to define program-specific curricula standards for all 38 Advanced Training programs by 2026. To achieve sufficient consistency and quality across the 38 renewed training programs, we will need to inform and engage hundreds of key stakeholders, including separate committees, groups, and organisations. To manage this complexity, we plan to utilise project management methods, but the potential for unintended delays still exists.

## 2. Addressing accreditation conditions

### Condition 6(i)

Due 2020

In relation to the Advanced Training curricula, complete the review and implementation plan for the revised Advanced Training curricula, including the integration of the Professional Qualities Curriculum. (Standard 3.2)

#### 2019 AMC Commentary

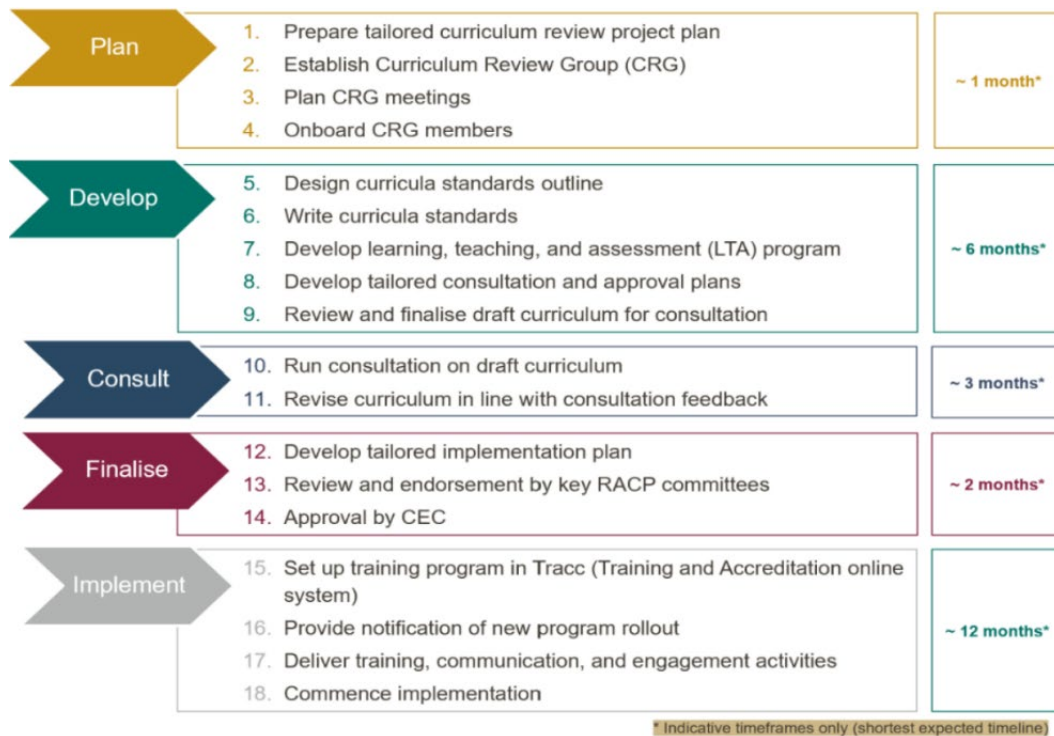
There are 30 committees involved in the renewal of the advanced training curricula. Progress is at the developmental phase with the common curricula standards for advanced training still to be determined. The draft Competencies and Entrustable Professional Activities will link directly to domains of the Professional Practice Framework and competencies are planned to be common across most Advanced Training programs. It is expected that program-specific reviews will begin in 2020. There is no specific implementation plan.

The AMC notes the College is progressing on developments and is extending the timeline for this condition to be met in 2020.

#### Confirming the review plan for Advanced Training Curricula Renewal

In April 2020, the College Education Committee approved the Advanced Training Curricula Renewal Program-Specific Review Plan (A2.1). As part of this plan, we have created a five-stage, 18 step process to guide the curricula renewal process (Figure 9).

Figure 9: Advanced Training Curricula Renewal Process

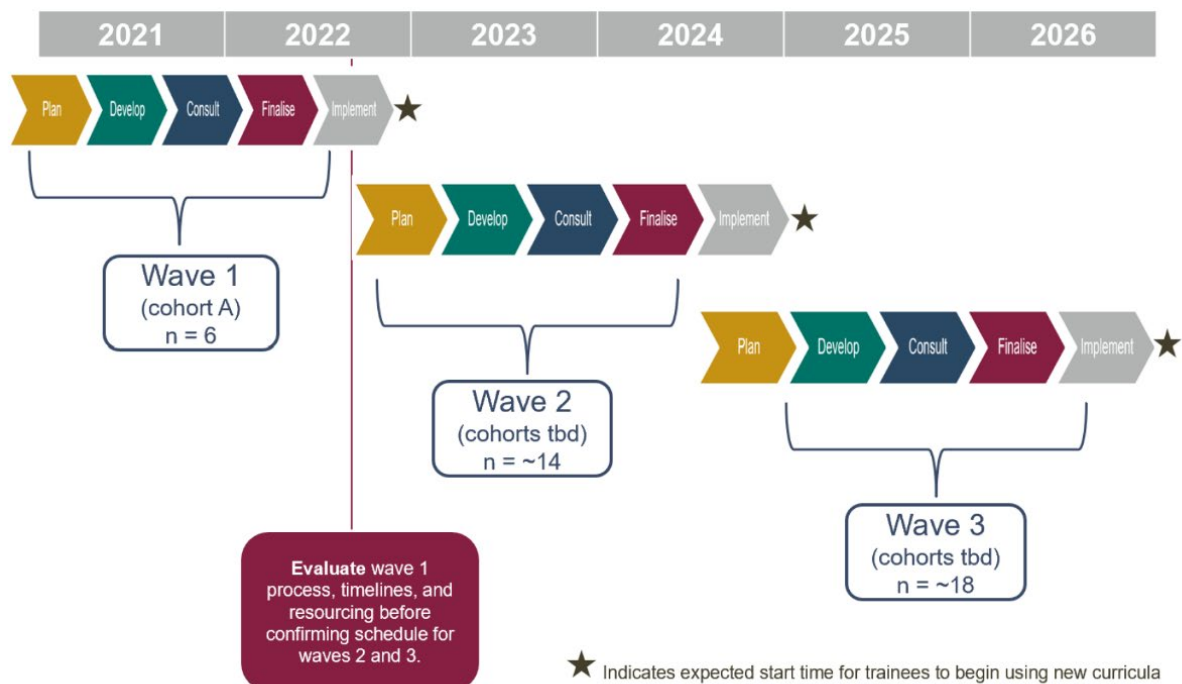


Given the substantial work required to renew 38 Advanced Training curricula, we have divided the 38 programs into six cohorts. The curricula renewal process will proceed in three waves, with different cohorts of training programs participating in each wave. Each wave of the curricula renewal process



will span at minimum two years. The first wave is planned to begin in late 2020, and the final wave is planned to finish in late 2026 (subject to timeline of first wave evaluation) (Figure 10).

**Figure 10: The Program-Specific Advanced Training Curricula Review Timeline**

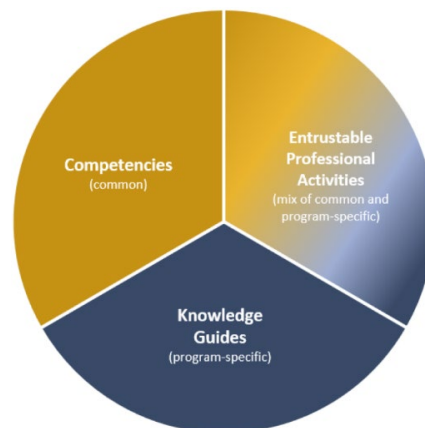


Members of the Curriculum Advisory Group and the RACP Curriculum Development team will support specialty groups in the curriculum development process. The commencement of the curriculum renewal process for the first cohort of training programs will be determined based on the impacts of the COVID-19 pandemic and the availability of resources to support this process.

### Confirming the common content for Advanced Training Curricula

The [common curricula standards for Advanced Training](#) have been published online. The new Advanced Training curricula will consist of a mix of program-specific content and content common across all training programs (Figure 11) (See [Condition 34](#)).

**Figure 11: Advanced Training Curricula Content**



As shown above, Entrustable Professional Activities will contain a mix of common and program-specific content. The common Entrustable Professional Activities can be divided into two groups: those that will apply across all training programs, and those likely to apply to some programs (Table 4).

**Table 4: Advanced Training Common Entrustable Professional Activities**

#	Theme	Title	Likely Applicability
1	Team leadership	Lead a team of health professionals	Applicable to all curricula
2	Supervision and teaching	Supervise and teach professional colleagues	Applicable to all curricula
3	Quality improvement	Identify and address failures in health care delivery	Applicable to most curricula
4	Clinical assessment and management	Clinically assess and manage the ongoing care of patients	Applicable to most curricula
5	Management of transitions in care	Manage the transition of patient care between health care professionals, providers, and contexts	Applicable to most curricula
6	Acute care	Manage the early care of acutely unwell patients	Applicable to some curricula
7	Longitudinal care	Manage and coordinate the care of patients with chronic illness, disability and/or long-term health issues	Applicable to most curricula
8	Communication with patients	Discuss diagnoses and management plans with patients	Applicable to most curricula
9	Prescribing	Prescribe therapies tailored to patients' needs and conditions	Applicable to most curricula
10	Procedures	Plan, prepare for, perform, and provide after care for important practical procedures	Applicable to some curricula
11	Investigations	Select, organise, and interpret investigations	Applicable to most curricula
12	Clinic management	Manage an outpatients clinic	Applicable to most curricula
13	End-of-life care	Care for patients at the end of their lives	Applicable to some curricula

The final curriculum for each program will be approved by the College Education Committee to ensure sufficient benchmarking across all programs.

### **Confirming the curriculum structure for Advanced Training**

In June 2020, the Curriculum Advisory Group and representatives of the Division Assessment Committees considered a draft of the Advanced Training common Learning, Teaching, and Assessment program (A3.1), which includes learning goals, assessment methods, and training requirements. This program will apply to all Advanced Training programs (except the Clinical Diploma in Palliative Medicine), but specialty groups will be able to tailor these programs by adding elements

such as time-based requirements, learning courses, and specific entry and completion criteria. According to the Advanced Training Learning, Teaching, and Assessment program, all Advanced Training programs will be structured in three phases (see Figure 5 above).

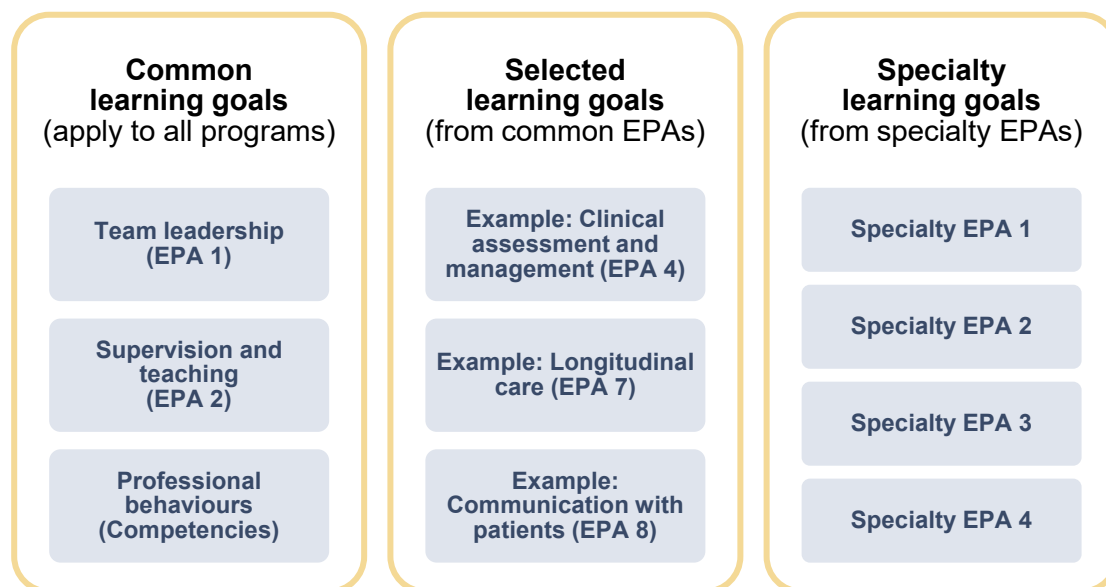
In the Specialty Foundation phase, trainees acquire skills and knowledge that form the foundation of practice in the specialty. In the Specialty Consolidation phase, trainees expand the breadth and depth of their knowledge and skills and make progress towards the learning goals. Finally, in the Transition to Fellowship phase, trainees demonstrate their readiness to transition to independent practice.

According to the draft Learning, Teaching, and Assessment program, each specialty training program will have a minimum of ten and a maximum of 14 learning goals, which will be continuously assessed throughout the phases of Advanced Training. There will be three categories of learning goals:

- Common learning goals, which will consist of the two common EPAs (Team leadership and Supervision and teaching) and Professional behaviours (the Competencies)
- Selected learning goals, which will be chosen from the list of 11 remaining common EPAs (with options for customisation of EPA content for the specialty context)
- Specialty learning goals, which are specialty-specific EPAs written by each specialty Curriculum Review Group










See Figure 12 for an example of the learning goals in a hypothetical Advanced Training program.

**Figure 12: Example of the Composition of Learning Goals in a Hypothetical Advanced Training Program**



The draft Advanced Training Learning, Teaching, and Assessment program also specifies the training requirements that must be met by all trainees (Table 5). These training requirements may change as the consultation draft of the Learning, Teaching and Assessment program has yet to be finalised.

**Table 5: Draft Training Requirements for Advanced Training**

What do I need to do?	When do I need to do it?
<i>Learning program requirements</i>	
	<ul style="list-style-type: none"> <li>Complete at least 36 months<sup>1</sup> of relevant professional experience in approved rotations in at least two different training settings.</li> </ul>
	<ul style="list-style-type: none"> <li>RACP Induction to Advanced Training resource*</li> <li>RACP Supervisor Professional Development <a href="#">Program</a> (workshops 1, 2 and 3)</li> <li>Health Policy, Systems and Advocacy resource*</li> <li>RACP Introduction to Continuing Professional Development resource*</li> </ul> <p>*resource to be developed</p>
<i>Teaching program requirements</i>	
	<p>2 named individuals for the role of Education Supervisor</p> <p>1 nominated RACP training committee to act as a Progress Review Panel<sup>2</sup></p> <p>1 named individual for the role of Research Project Supervisor (may or may not be the Education Supervisor)</p>
<i>Assessment program requirements (each phase of training)</i>	
	<p>1 Registration form</p>
	<p>12-24 Learning capture, across the range of learning goals</p>
	<p>12-24 Observation capture, across the range of learning goals</p>
	<p>1 Case report</p>
	<p>1 Learning plan</p>
	<p>4 Progress report</p> <p>Minimum of one every three months Note: fourth progress report includes end-of-phase review</p>

	1 Research project (over course of training)	<ul style="list-style-type: none"> <li>Submitted for marking before the start of the Transition to Fellowship phase.</li> </ul>
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<sup>1</sup> Duration of training will vary for four- and five-year programs.

<sup>2</sup> Committees with large numbers of trainees may wish to have local, regional or state-based Progress Review Panels to help manage decision-making. This has been flagged for discussion in the development process.

Once the common Learning, Teaching, and Assessment program is finalised, specialty groups will be given guidance on how to build the specialty-specific components of their programs.

<b>Condition 6(ii)</b>  In relation to the Advanced Training curricula, implement the revised Advanced Training curricula (Standard 3.2)	<b>Due 2023</b>
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**2019 AMC Commentary**

*As yet, there is no business case referencing the project scope, timeline and resources required for the implementation of the advanced training curricula. This will require the approval of the College Board.*

*The AMC notes the College’s plans for the advanced training curricula and is extending the timeline for this condition to be met in 2023.*

We have now confirmed our methodology and timeline for review of the 38 program-specific Advanced Training curricula. Given the significant scope and scale of this task, we plan to monitor and evaluate the resourcing required for the first wave of programs to renew their curricula. This information will be used to inform resourcing plans for the remaining waves of programs to renew their curricula.

We have engaged with the Advanced Training Committees who will be involved in the first wave of curricula reviews. Our Advanced Training Curricula Renewal Program-Specific Review Plan (A2.1), projects the first wave of Advanced Training programs will implement their revised curricula in 2023. The second and third waves of programs are estimated to implement their new curricula in 2025 and 2027, respectively.

Given that the entire curricula renewal process is planned to extend through 2026, we do not expect to close this condition by 2023. We will begin detailed implementation planning for the renewed 38 Advanced Training curricula once program-specific curricula development has commenced.

### 3. Statistics and annual updates

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

# Standard 4

## Teaching and learning

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

**2019 AMC assessment:** Standard Substantially Met

**Conditions open:** Condition 9, Condition 32, Recommendation ZZ



## Standard 4. Teaching and learning

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

#### Significant developments since the last accreditation assessment

##### **Improving our teaching and learning approaches**

The RACP employs three main teaching and learning approaches across all training programs: work-based/experiential learning, supervision and feedback, and formal/structured learning. Since the last accreditation assessment, we have progressed initiatives in each of these areas.

##### *Defining expectations for work-based/experiential learning*

Since the last accreditation assessment, we finalised and published the specific requirements for settings delivering training in Basic [Adult Internal Medicine](#) and [Paediatrics & Child Health](#). The [Training Provider Standards](#), which guide training settings on our expectations for teaching and learning, formed the basis of these requirements.

##### *Building feedback-based assessments into our new technology system*

Our new Basic Training program includes several new work-based assessments to prompt trainees' reflection and supervisor/assessor feedback. The new work-based assessments include Learning Captures, Observation Captures, Rotation Learning Plans and Progress Reports, and Phase Learning Plans and Progress Reports, and each of these assessment forms are currently being built into Tracc, an online, mobile friendly-platform.

##### *Expanding our formal/structured learning opportunities*

Over 400 College Learning Series lectures are now available, and a refreshed series of between 130 and 170 lectures for Adult Internal Medicine is delivered annually. The lectures, while targeted at supporting Basic Trainees, also work as refresher lectures for Fellows, delivering useful, up to date information across the curricula.

To support cohesion between the content of our College Learning Series and Divisional examinations, members of the College Learning Series committee and exam item writers are given early access to College Learning Series material.

##### **Defining key progression criteria to facilitate increasing independent responsibility**

Through the Basic Training curricula renewal project, we have introduced progression criteria to facilitate trainees' development of an increasing degree of independent responsibility. By the end of each phase of training, trainees will be assessed on whether they have achieved the expected standard for each learning goal (drawn from the curricula standards), and this standard gradually increases as trainees progress through the program. See [Condition 9](#) for more detail about how our training facilitates trainees' increasing degree of independent responsibility.

## Five-year development plans, implementation milestones

### Mapping learning opportunities to key learning goals

As part of the implementation of the new Basic Training program, training settings will be asked to define their local learning opportunities and map these to the 10 key learning goals for the program. This information will be collected through Tracc. A similar approach will be taken through the renewal of the Advanced Training programs.

### Evaluating the curricula design

As part of the implementation of the new Basic Training program, we also plan to evaluate the curricula design to facilitate trainees' increasing degree of independent responsibility (see [Condition 9](#)). By April 2021, we plan to design and finalise similar mechanisms for our renewed Advanced Training programs as part of the common Learning, Teaching, and Assessment program.

### Expanding the College Learning Series

We intend to make continuous improvements to the College Learning Series over the next five years. By December 2020, we plan to establish a governance structure for Paediatrics & Child Health content on the College Learning Series. In mid-2021, we will undertake work to allow trainees and Fellows to provide a review of lecture videos immediately after viewing them. This real-time evaluation will allow trainees to provide more robust feedback and, in turn, improve our ability to enhance the quality of the lectures. Over the next five years, we also plan to consider whether the College Learning Series should be expanded beyond Basic Training.

## Identification and assessment factors that could influence the achievement of goals

### Supporting supervisors' transition to the new program

The success of the Basic Training program's new work-based assessments may be impacted by educational supervisors' ability to run the existing PREP program in parallel to the new curriculum. Training providers will be required to run the two programs in parallel for two to three years during the transition to the new Basic Training program, resulting in increased workload for supervisors who would manage two different sets of work-based assessments across two different technology systems. If supervisors are ill-prepared to manage the requirements of both programs and are unable to provide quality feedback on the new work-based assessments, there may be challenges with trainee acceptance of the new learning approaches. To mitigate this concern, we will provide supervisors at early adopter sites with support packages to help them understand the new work-based assessments and manage the transition to the new program. The success of the work-based assessments also depends upon the usability and reliability of Tracc, which will be used to log the results of the work-based assessments.

### Successfully implementing the new Basic Training program

Our ability to evaluate and refine the curricula design to facilitate trainees' increasing level of independence hinges on the successful implementation of the new Basic Training program at early adopter sites. The long-term impacts of the COVID-19 pandemic are uncertain, and there is potential



that we may be unable to evaluate whether the curricula design is effective in increasing trainee independence before widespread roll out of the program.

## 2. Addressing accreditation conditions

### Condition 9

Due 2019

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

#### 2019 AMC Commentary

*Entrustable Professional Activities form eight of the ten learning goals that trainees are assessed against in the Basic Training Program. This forms part of the "assessment toolkit" that includes learning observations, learning capture and progress reports. The new assessment forms are being incorporated into a new online system. The College intends to provide support for the educational supervisors in helping them understand the learning goals and how these relate to the Entrustable Professional Activities.*

*The College is asked to provide detail as to how EPAs will be incorporated into the Advanced Training Program.*

In the new Basic Training program, trainees will be evaluated against 10 key learning goals. By the end of each phase of training, trainees are expected to achieve an expected standard in each learning goal, and this standard gradually increases as trainees progress through each phase of training (Table 6).

Table 6: Basic Training Phase Progression Criteria According to the 10 Learning Goals

Learning Goals	Progression Criteria		
	Foundation Phase to Consolidation Phase	Consolidation Phase to Completion Phase	Completion Phase to Advanced Training
#1-8 Entrustable Professional Activities	Evidence of the ability to consistently perform Entrustable Professional Activities 1,2,3,4, and 6 with indirect supervision	Evidence of the ability to consistently perform Entrustable Professional Activities 1,2,3,4, and 6 with only distant supervision	Evidence of ability to consistently perform all Entrustable Professional Activities with only distant supervision
#9 Professional Behaviours	Consistent behaviour in line with each of the ten areas of professional practice	Consistent behaviour in line with each of the ten areas of professional practice	Consistent behaviour in line with each of the ten areas of professional practice
#10 Knowledge Guide	The understanding of how to apply medical knowledge to patient care (knows how)	The ability to apply medical knowledge to patient care (shows how)	The ability to consistently apply a sound medical knowledge base to patient care (does)

When making progression decisions, the Progress Review Panel will consider trainee's progress against all 10 learning goals, including their increasing degree of independence in performing the 8 Entrustable Professional Activities. Thus, trainees' increasing degree of independence is evaluated by their supervisor throughout each phase of Basic Training and by a Progress Review Panel at the completion of each phase of training.

The Advanced Training curricula renewal project will build on the approach used in Basic Training to ensure that trainees' increasing degree of independence is systematically evaluated. The Advanced Training common curricula standards include a set of common competencies and Entrustable Professional Activities that will apply to all Advanced Training Programs. These common competencies and Entrustable Professional Activities will be used in conjunction with program-specific Entrustable Professional Activities and knowledge guides to define the learning goals for Advanced Trainees. Trainees will be regularly assessed on their ability to perform both common and program-specific Entrustable Professional Activities.

### **Condition 32**

**Due 2020**

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

#### **2019 AMC Commentary**

*The College continues to progress the Model of Collaboration schedules with the specialty societies. A total of eight schedules have been completed as of August 2019 with a further four schedules expected to be completed by March 2020. Smaller specialty societies continue to face capacity and staff resourcing issues which have hindered their progress in drafting their schedules. The College is developing a master schedule, which is designed to alleviate these resource pressures whilst continuing to allow societies to establish their own schedules.*

*The College, in collaboration with the specialty societies, have also been piloting a webinar series focused on specialty specific content that can be used as a Continuous Professional Development (CPD) tool for specialty societies and their members.*

*The AMC is amending this condition to remove "post fellowship subspecialty training" to focus the College's attention on the renewal of the advanced training curricula. The AMC notes the College has begun collaboration with specialty societies on the webinar series for CPD.*

#### **Formalising relationships through the Model of Collaboration**

We continue to work with the Specialty Societies to articulate collaboration through the Model of Collaboration. As of February 2020, a total of nine schedules have been completed, including the Australian Association for Adolescent Health. A further eight schedules are in the final stages of negotiations. There have been some delays in progressing other schedules due to the impacts of COVID-19.

#### **Collaboration to deliver Advanced Training programs**

We adopt a collaborative approach with Specialty Societies in the delivery of Advanced Training programs. Many Advanced Training committees, which oversee the Advanced Training programs, have representation in their membership from the relevant Specialty Society/Societies. This

representation is formalised in their Terms of Reference. Responsibilities of these committees include:

- monitoring and assessing individual trainee progress in the specialty
- confirming completion of training requirements to progress to Fellowship
- accrediting training sites or programs in the specialty
- monitoring and reviewing training program requirements, assessment and curricula in the specialty in consultation with the relevant specialty society(ies) and other stakeholders and recommending changes to the College Education Committee.

This governance arrangement ensures appropriate strategic and operational linkages between the Advanced Training programs and the Specialty Societies.

### **Working with Specialty Societies on Advanced Training curricula renewal**

As part of the development of the new Advanced Training curricula, we have been working closely with Specialty Societies, most recently consulting on the Advanced Training common curriculum content. Specialty Societies have been engaged to provide input to draft common standards that include competencies (statements of behaviours, values, and practices of trainees) and Entrustable Professional Activities (essential work tasks that can be delegated, observed and assessed).

All [Specialty Societies](#) from Australia and Aotearoa New Zealand were consulted as part of this process and will continue to be closely engaged as content experts supporting the development of specialty-specific curriculum content.

### **Collaborating on the 2020 Webinar Series**

Building on the highly successful 2019 webinar series run in collaboration with the Specialty Societies, the 2020 Webinar Program opened in April 2020 to the 51 Specialty Societies affiliated with the College. We initially offered up to 45 webinar sessions, with Specialty Societies invited to apply for up to six sessions each.

The 2020 Webinar Program was met with significant interest, with ten societies submitting applications to run a total of 51 webinars. Applicants included one Faculty and an Aotearoa New Zealand based society as well as societies from the Adult Internal Medicine and Paediatrics & Child Health Divisions.

We are mindful of the impact that COVID-19 has had on Specialty Societies, including the cancellation of Annual Scientific Meetings, and the resulting increased interest in online modes of delivery. In response we expanded our capacity to meet this year's increased interest. All applications received from all Specialty Societies to date have been accepted.

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

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

# Standard 5

## Assessment of learning

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

**2019 AMC assessment:** Standard Substantially Met

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



## Standard 5. Assessment of learning

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

#### Significant developments since the last accreditation assessment

##### **Responding to the impacts of COVID-19**

The impacts of the COVID-19 pandemic on our ability to prepare for and deliver our 2020 examinations has presented an unprecedented challenge, particularly for the clinical examinations. We have been forced to creatively and strategically problem solve, looking to technology for solutions and opportunities in an environment requiring social distancing, and limiting travel and face to face interactions.

The oral examination for the 2020 Australasian Chapter of Sexual Health Medicine was successfully conducted using video conferencing technology in August 2020.

We have previously reported to the AMC the postponement of our 2020 Divisional Clinical Examination (DCE) due to the impacts of COVID-19. We have since focused on investigating alternative delivery models for the Divisional Clinical Examination to manage a double cohort into 2021 with the goal of identifying delivery methods that will aid in addressing ongoing capacity issues.

Given the lower than expected COVID-19 patient numbers and impacts in most States and Territories in Australia and Aotearoa New Zealand during April-June 2020, we received a large amount of feedback from Directors of Physician Education, examiners, Advanced Training supervisors and trainees of a preference to move the exam earlier if possible. This would allow trainees to undertake the majority of the exam whilst still in a structured Basic Training program, rather than having to study for it whilst in provisional Advanced Training.

The RACP has met with State and Territory Health Departments and District Health Boards to discuss if elements of the exam could now be held in late 2020. They were supportive of this approach if changes were made to the exam delivery format.

##### **Adapting the Divisional Clinical Examination format due to COVID-19**

To minimise the risks of COVID-19 impacting the rescheduled exam, the Clinical Examination Committees in Australia and Aotearoa New Zealand have decided the rescheduled Divisional Clinical Examination will be split into two parts and delivered as a 'modular exam'. This will still involve two Long Cases and four Short Cases, but they will no longer be held on the same day. The Long Cases will now be held locally at an earlier date than the Short Cases, and candidates will interact with patients virtually. Candidates need to score above a Band 0 in the Long Cases to be able to progress to the face-to-face Short Cases. Short Cases will now also be run within State where possible.

By running the Long Cases virtually and reducing candidate, patient and examiner travel, we reduce the public health risks associated with the exam. We will also be able to continue with the exam if the patient or examiners are needing to self-isolate due to COVID-19. The new approach also reduces the amount of time required for running the Short Case exam and increases exam capacity by only allowing those who have been successful in the Long Cases to attempt the Short Cases component.

This modular approach will be used for all candidates, except for Paediatrics & Child Health in Aotearoa New Zealand who will continue to use the traditional exam format. This decision has been made by the relevant Committees after reviewing the COVID-19 situation in Aotearoa New Zealand and their smaller number of exam candidates.

In July 2020, the College Education Committee approved a plan for delivery of the Divisional Clinical Examination (Table 7). Trainees and Directors of Physician Education were notified of these dates on 15 July 2020. This met the requirement to provide trainees with three months' notice of the exam, a principle previously agreed to by the CEC.

**Table 7: Rescheduled dates for RACP Divisional Clinical Examinations**

Country	Exam	Exam format	Dates
Australia	Adult Medicine Divisional Clinical Exam	Modular approach	Long Cases from November 2020 to January 2021  Short Cases from February to March 2021
Australia	Paediatrics & Child Health Divisional Clinical Exam	Modular approach	Long Cases from November 2020 to January 2021  Short Cases from February to March 2021
Aotearoa New Zealand	Adult Medicine Divisional Clinical Exam	Modular approach	Long Cases 21 to 29 November 2020  Short Cases 26 to 28 February 2021
Aotearoa New Zealand	Paediatrics & Child Health Divisional Clinical Exam	As normal (traditional format)	Friday, 30 October until Sunday, 8 November 2020

There will be no exams between 21 December 2020 and 15 January 2021.

This exam will only be for those trainees who were eligible to sit the exam originally scheduled for 2020. The 2021 Divisional Clinical Examination is still on track to be run during its normal timeframes.

All dates remain dependent on:

- permission from hospitals to enter premises, release staff and use facilities for the exam purposes
- permission from the Chief Public Health Officer or Chief Medical Officer to allow the exam to proceed
- Australian lockdown restrictions allowing the exam to proceed, including the clinical impact on health services within a state or territory
- Aotearoa New Zealand remaining at Alert Level 1

Contingency planning is underway in the event an exam or part of an exam cannot occur as planned. This will be discussed at the next Exams Advisory Group on August 21.

### **Trainee feedback on the revised Divisional Clinical Examination dates and approach**

Two Trainee webinars were held to allow trainees to hear from the Chairs of the relevant Basic Training Committees and provide them with the opportunity to ask questions. Over 500 trainees

attended the Adult Medicine Australia and NZ Webinar on the 20 July and approximately 250 trainees attended the Paediatrics and Child Health Australia and NZ Webinar on July 23.

A large amount of negative feedback has been received from trainees at the webinars and on the Trainees' Facebook page. This included unhappiness over the Long Cases being moved to November this year, which was earlier than trainees expected, and Victorian trainees being very concerned over having the time and access to patients to undertake exam practice.

Whilst the original intent of the date change was to support trainees getting through the exam whilst still in Basic Training at a time when COVID-19 impacts had been very low, the escalation of COVID-19 cases during July coinciding with the timing of the change being announced has led to increased trainee anxiety and this is reflected in the feedback received.

It should be noted that the virtual long case dates span 2020-2021. We are in the process of finalising dates, which includes exploring the feasibility of allocating the earlier months to those States/Territories currently least impacted by COVID-19. It is also only provisional Advanced Trainees who must sit this first offering. We have conducted a short Pulse Survey with all trainees eligible to sit the 2020 DCE to gather their feedback on the impact of COVID-19 on their work environment and exam preparation, as well as their preferences on the dates of the exam. This information will be used to inform exam planning. We are monitoring the situation in Victoria closely to see how we can best support our trainees, supervisors and examiners, and we are working as swiftly as possible to finalise the exam details. We are also preparing digital resources to help trainees to digitally prepare for the exam to minimise unnecessary exposure to patients.

The College Trainees' Committee formally requested that this year's DCE attempt does not count towards the official number of exam attempts due to the impact of COVID-19 on training and the introduction of the modular approach. This was approved by the College Examination Committee in early August 2020.

### **Impacts on provisional Advanced Training**

In May 2020, the College published its approach for provisional Advanced Training. Several updates have now been made to align to the updated DCE approach. These are:

- Candidates who fail the 2020 exam will be able to re-sit later in 2021 with the 2021 cohort, exam attempts allowing
- Modular exam format candidates (all Australian trainees and NZ Adult Medicine trainees) who do not score above a Band 0 in the Long Cases, cannot pass the DCE and will not be eligible to sit the Short Cases. As a result, they will be unable to proceed into provisional Advanced Training for the 2021 clinical year. Employment implications will need to be discussed with their current/future employer. Health departments are aware of this scenario and are working through options. Analysis of previous DCEs has shown that around 9% of candidates score a Band 0.
- Traditional exam format candidates (NZ Paediatrics & Child Health trainees) who fail the DCE are unable to proceed into pAT for the 2021 clinical year.
- Candidates eligible to sit the DCE in 2020 who opt to stay in Basic Training in 2021 can choose if they want to sit the first offering of the exam with the 2020 cohort, or if they would prefer to wait and sit with the 2021 cohort later in the year.

As we have seen recently in Victoria, COVID-19 can unfortunately change the best laid plans. We will continue to monitor the COVID-19 situation and consult with health settings on any impacts on the delivery of College examinations and other program requirements.

All Faculty examinations have been rescheduled to 2021, with final dates to be confirmed in late 2020.

### **Progressing the Basic Training and Advanced Training assessment toolkit**

Our draft Advanced Training common Learning, Teaching, and Assessment program includes a proposed assessment toolkit (see [Condition 12](#)). The assessment toolkit outlines a suite of assessment tools, including several new work-based assessments, that will be used to assess trainees against the Advanced Training curricula standards. The draft Learning, Teaching, and Assessment program also includes a high-level blueprint that specifies which of the common learning goals (and associated curricula standards) could be and will be covered by the work-based assessments (see [Condition 12](#)). As we begin to consult on the draft Learning, Teaching and Assessment program in August, we will continue to refine the work-based assessments in the toolkit.

### **Taking a more strategic approach to committee work planning**

In 2019 we introduced formal work plans for all Divisional and Faculty assessment committees to manage work related to strategic and operational elements of assessment. The work plans are cascaded from the College Assessment Committee to ensure alignment with strategic goals. These plans assist in prioritisation of work and allow for monitoring of resource requirements in relation to achievement of goals.

### **Reviewing the definition and blueprint of the Divisional Written Examination**

Earlier this year, we undertook a review of the definition and blueprint of the Divisional Written Examination. This work led to greater clarity in the information available to trainees regarding the purpose and structure of the exam (A5.1) and will be published on the College website as part of the new online exam preparation materials. This has also assisted in refining the requirements for item bank development to ensure items are developed across the breadth of the curriculum.

We also implemented changes to the item writing processes to encourage output and collaboration, using the buddy system, gap analysis, sharing items across banks, to assist with growing the item bank for the Divisional Written Examination. This will enable the exam to be delivered more than once per year.

### **Acting on feedback from candidates to improve our examinations**

Newly implemented Post Exam Candidate Surveys (PECS) have provided a range of feedback from candidates, which contributes to the overall continuous improvement of our exams. We assess survey outcomes and apply these against short, medium and long term planning, with a number of 'quick wins' able to be identified and applied against multiple examinations to create an ongoing enhancement to candidate experience, examination processes and overall assessment quality.



Of the 2627 examination candidates in 2019, 33% shared their views on a range of topics including exam content, preparation, examiner and station suitability, and venue conditions. The anonymous feedback was provided to assessment leads and chairs of committees for each Faculty or Division exam for their consideration.

We received frank and constructive feedback that has helped us implement a range of positive changes that include:

- Feedback on exam difficulty has been received leading to a review of the purpose of the exam and plans for increased transparency.
- Comments on the time between the exam and results release have been reviewed to ensure results are released within the shortest amount of time between the exam whilst maintaining quality assurance.
- Exam application processes have improved to help candidates apply for their exams in a timely way and help ensure candidates meet eligibility requirements.
- Candidates are now able to wear analogue watches for written exams including the Divisional Written Exam and the Faculty Exams.
- Highlighters and water bottles are now allowed to be brought into the exam venues for written exams.
- Larger clocks have been made available in exam venues to provide better visibility for candidates.
- After a Faculty examination, candidates reported that they had difficulty completing a specific question. Upon review, the question was adjusted to compensate to make the exam fairer.
- When candidates consistently noted that they did not have enough time to complete stations for the AFRM OSCE assessments, the FAC implemented change to increase the length of time for each station to allow candidates to have more time to demonstrate their competence.

We have administered PECS for the 2020 examinations that were conducted and will continue to make improvements as part of this ongoing continuous improvement of the assessment of our trainees.

We have also started publishing generic feedback reports for Faculty exams on our website. Pass rates are also now posted on the College website for Faculty exams. This is to further increase transparency and accessibility for our trainees.

## Five-year development plans, implementation milestones

### **Transitioning to Computer-based Testing**

We are making good progress towards a transition to Computer-based testing (CBT) for the Divisional Written Examination (DWE). Having undertaken a Request for Proposal (RFP) process in early 2020, we have confirmed a provider and are aiming for initial roll out of CBT in May 2021.

The initial rollout of CBT will be for the Australasian Faculty of Rehabilitation Medicine Module 1 Assessment. This is a multiple-choice examination and will be run in May 2021.

Contingent on successful delivery of this exam, we then plan to deliver the Divisional Written Examination (DWE) twice in 2021, with the addition of a CBT in October 2021 to the current annual paper-based examination in February 2021. This limited rollout of the DWE in late 2021 will be the first time the DWE has been delivered more than once per year and aligns to ongoing requests from trainees and Fellows to offer the exam more than once each year.

A successful delivery of CBT in 2021 is intended to lead to ongoing CBT exams and to provide opportunities for introduction of innovative assessment models.

Contingency planning for the CBT exams will focus on clear communications in advance of the examination regarding a well-defined process if any failure of the CBT exam occurs. A communication strategy which includes detailed information of contingency plans will be rolled out to members (See [Standard 7](#)).

### **Addressing capacity issues for the Divisional Clinical Examination**

The College continues to address capacity issues for the Divisional Clinical Examination (DCE). Due to the postponement of the DCE in 2020 and to minimise the risk of COVID-19 impacting the rescheduled exam, we have changed the way it will be delivered for Adult Internal Medicine candidates. A new 'modular format' will be used.

#### *Modular approach*

The modular format still consists of two Long Cases and four Short Cases, but they will no longer be held on the same day.

The Long Cases will be held locally, and candidates will interact with real patients via video conference. Candidates need to score above a Band 0 in the Long Cases to be able to progress to the face-to-face Short Cases. This is consistent with our existing standard setting processes. Complete information on these changes have been published on the [Examinations](#) page of our website. This modular approach will be used for all candidates, except for Paediatrics & Child Health in Aotearoa New Zealand who will continue to use the traditional exam format. This decision has been made by the relevant Committees after reviewing the COVID-19 situation in Aotearoa New Zealand and their smaller number of exam candidates.

#### *Benefits of the modular approach*

By running the Long Cases virtually and reducing candidates and examiner travel, we reduce the public health risks associated with the exam. We will also be able to continue with the exam if the patient or examiners need to self-isolate due to COVID-19.

The new approach also reduces the amount of time required for running the Short Case exam and increases exam capacity by only allowing those who achieve a minimal requirement in the Long Cases to attempt the Short Cases component.

We see the new modular delivery model as a sustainable solution to maintain the standard of the exam while better managing exam capacity now and into the future. Decisions on the longer-term use of this modality will be made following evaluation of its use in 2020/21.

## **Assessment monitoring and evaluation and blueprinting**

Implementation of the new Basic Training curriculum will incorporate the ongoing monitoring and evaluation of examinations and other assessment elements to ensure that all assessments are blueprinting to the breadth of the new curriculum. The focus of the evaluation will be on the assessment program overall as per the aims of programmatic assessment. The evaluation will also ensure exam questions suit the intent of the assessment, align to the new purpose and complement the ongoing blueprinting review of the Divisional Written and Clinical Examinations.

## **Reviewing Faculty and Chapter examinations**

All Faculty and Chapter examinations now undergo review of blueprints and assessment outcomes, detailed psychometric analysis and monitoring the performance of examinations and candidate outcomes. This is undertaken by the College Assessment Committee to ensure peer review and sharing of best practice.

The Advanced Training curricula renewal process will reconsider the whole assessment program to ensure work-based assessments and examinations are fit for purpose. One Faculty program is included in the first wave of the Advanced Training curricula renewal process scheduled to commence in late 2020, with the remaining Faculties and Chapters included in later waves (See Standard 3, Figure 10).

## Identification and assessment factors that could influence the achievement of goals

### **Changing education needs and expectations of the health workforce**

The changing needs and expectations of the health workforce will be a key driver for change in RACP education and assessment plans. Two key elements require ongoing evaluation.

#### *Divisional Clinical Examination delivery model*

As demands on health services increase, the feasibility of the current delivery model requires ongoing evaluation. The COVID-19 situation has highlighted the risks of the current model on health services in terms of public health, exam capacity and timing. These factors will be key drivers of change over time.

#### *Divisional Clinical Examination capacity*

The issue of capacity has been of concern for some years with ongoing efforts required to address the impacts of the current model. A Clinical Examination Working Group was established in 2019 to address this issue, with the Working Group continuing to play a key role in evaluating future delivery models.

The implementation of a modular examination format in 2020 will help manage the capacity issue and has potential to provide a sustainable solution to managing the DCE capacity issue moving forwards. This new approach will be monitored and evaluated to determine its ongoing suitability.

## **Appetite for change**

As the needs and expectations of health services in relation to training and assessment of Basic Trainees evolve there is an increasing expectation that we will provide sound education and assessment frameworks to address change. It will be critical for us to have a robust communication strategy to communicate the rationale and details of any proposed change to assessment. This involves extensive consultation and co-design approaches, which is time-consuming and can be circular. The higher degree of rigour is associated with additional resource requirements (cost impact) and timeline (to ensure quality checks).

## **Enhancements in technology**

We adopted and actioned the recommendations from the Ferrier Hodgson Report and the BDO Report following the computer-based testing failure in 2018. Both the Ferrier Hodgson Report and the BDO Report have been provided to the AMC in previous progress reports.

As technology advances and becomes more integral to healthcare practice, we will need to remain abreast of changes in technology and how these can be leveraged to enhance the overall assessment model. The implementation of the new Basic Training Curriculum, which is strongly supported by technology, will play a key role in giving Fellows increased confidence in the College's use of technology.

Due to COVID-19, we have expedited the trialling of video-conferencing and other technology (such as digital scoring sheets) to improve the delivery of our rescheduled clinical exams. This opportunity has helped accelerate our readiness to explore and integrate the use of technology moving forward.

The successful implementation of Computer-Based Testing in 2021 will help build a level of confidence in our ability to employ technology in RACP examinations. It will also create further opportunities for exam enhancement including consideration of different item types in the examination.

It is important that we do not try to introduce too much change at the same time, with careful evaluation of improvements being key to success in this area.

## **2. Addressing accreditation conditions**

### **Condition 11**

**Due 2018**

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

### **2019 AMC Commentary**

*The new Basic Training Assessment program is blueprinted against the Basic Training curricula standards. Ten learning goals have been identified for use in the assessment program and these link directly to the basic training curricula standards and form the basis of the assessment blueprint. The College have not yet mapped the learning goals to the appropriate phases of basic training.*

## **Assessment in the new Basic Training Program**

As our training programs shift towards programmatic assessment, we are moving away from formative and summative terminology.

A detailed description of each assessment method can be found in the Basic Training Learning, Teaching, and Assessment program (A5.2). A brief description of the purpose and structure of the Phase Progress Report, Written Examination and Clinical Examination is provided below.

### *Phase Progress Report*

In the new Basic Training program, trainees will progress through three phases of training: the Foundation Phase, the Consolidation Phase, and the Completion Phase. Each phase of training requires trainees to complete a set of work-based assessments, including 12 learning captures, 12 observation captures, and 4 rotation plans and progress reports. The phase progress report, completed at the end of each phase of training, has been designed in alignment with the new Basic Training curricula standards. To complete the phase progress report, supervisors review evidence of learning and work-based assessment results and rate trainees' progress against the ten key learning goals. Based on the phase progress report, supervisors make a recommendation regarding trainees' readiness to progress to the next phase of training. We will analyse trainee and educator satisfaction with the suite of new work-based assessment tools as part of the evaluation of the new program with early adopter training settings.

### *Written Examination*

The Written Examination assesses trainees' ability to apply knowledge of the scientific basis of health and disease to the management of patients. The examination consists of 170 multiple choice questions, which are aligned to the Basic Training Knowledge Guides for Adult Internal Medicine or Paediatrics & Child Health.

### *Clinical Examination*

The Clinical Examination assesses trainees' ability to clinically assess patients, incorporating interview, examination, and formulation of a differential diagnosis and management plan. The examination is delivered with real patients and consists of four short cases (15 minutes) and two long cases (95 minutes). During the examination, examiners complete a scoring rubric that is aligned with Basic Training curricula standards.

## **Mapping the Learning Goals to the Phases of Basic Training**

The ten learning goals have been mapped to the phases of Basic Training. The progression criteria outlined in the Basic Training Learning, Teaching and Assessment program defines, for each learning goal, the expected level of achievement required to advance through each phase of Basic Training (Table 8).

**Table 8: Learning Goals Mapped to the Phases of Basic Training**

Learning goals	Expected level of achievement (F = Foundation phase   C = Consolidation phase   Co = Completion phase)				
	The trainee is able to <b>be present and observe</b>	The trainee is able to <b>act with direct supervision</b>	The trainee is able to <b>act with indirect supervision</b>	The trainee is able to <b>act with supervision at a distance</b>	The trainee is able to <b>provide supervision</b>
<b>Clinical assessment</b> Clinically assess patients, incorporating interview, examination and formulation of a differential diagnosis and management plan			F	C Co	
<b>Communication with patients</b> Discuss diagnoses and management plans with patients and their families or carers			F	C Co	
<b>Documentation</b> Document the progress of patients in multiple settings			F	C Co	
<b>Prescribing</b> Prescribe medications tailored to patients' needs and conditions.			F	C Co	
<b>Transfer of care</b> Transfer care of patients				Co	
<b>Investigations</b> Choose, organise, and interpret investigations			F	C Co	
<b>Acutely unwell patients</b> Assess and manage acutely unwell patients				Co	
<b>Procedures</b> Plan, prepare for, perform, and provide after care for important procedures				Co	

	The trainee needs to work on their behaviour in <b>more than five</b> areas of professional practice	The trainee needs to work on their behaviour in <b>four or five</b> areas of professional practice	The trainee needs to work on their behaviour in <b>two or three</b> areas of professional practice	The trainee needs to work on their behaviour in <b>one</b> area of professional practice	The trainee <b>consistently</b> behaves in line with each of the ten areas of professional practice
<b>Professional behaviours</b> Behave in accordance with the expected professional behaviours, values, and practices					
	The trainee has heard of some of the important medical topics and concepts underpinning patient care ( <b>heard of</b> )	The trainee knows the important medical topics and concepts that underpin patient care ( <b>knows</b> )	The trainee knows how to apply their medical knowledge to patient care ( <b>knows how</b> )	The trainee frequently shows that they can apply their medical knowledge to patient care ( <b>shows how</b> )	The trainee consistently applies a sound medical knowledge base to their care of patients ( <b>does</b> )
<b>Knowledge</b> Acquire baseline level of knowledge for Basic Training					

## Condition 12

Due 2022

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

### 2019 AMC Commentary

*The College reported that due to the delays in implementing the Basic Training curriculum, very slow progress is being made with respect to the development of the Advanced Training curricula. The College have advised that it is unlikely that this condition will be met by 2020.*

*The AMC has extended the timeline to satisfy this condition to 2022, and would like the College to provide details of the blueprint and methods used in the next report.*

Our confirmed methodology and timeline for review of our 38 Advanced Training curricula are detailed under [Condition 6\(i\)](#).

We have developed a draft Advanced Training common Learning, Teaching, and Assessment program (A3.1) with significant input from our Fellows. In August 2020, we will begin consulting widely on this draft program. The draft program includes a proposed assessment toolkit outlining a suite of

assessment tools that will be used to assess trainees against the Advanced Training curricula standards (Figure 13). When the specialty specific curricula reviews commence, each Advanced Training committee will be able to add speciality-specific elements to the common Learning, Teaching, and Assessment program to build their programs.

**Figure 13: Draft New Advanced Training Program Assessment Toolkit**

	<b>Registration form</b>	<ul style="list-style-type: none"> <li>• Enrol trainees and assess entry criteria</li> <li>• College-run (centralised)</li> </ul>
	<b>Learning capture</b>	<ul style="list-style-type: none"> <li>• Trainee enters evidence of work-based learning linked to learning goals</li> <li>• Work-based</li> </ul>
	<b>Observation capture</b>	<ul style="list-style-type: none"> <li>• Supervised observation of trainees' performance linked to learning goals</li> <li>• Work-based</li> </ul>
	<b>Case report</b>	<ul style="list-style-type: none"> <li>• Assess knowledge level and the ability to apply knowledge to clinical and/or population health problems, and the Professional Behaviours learning goal (specifically the Communication domain).</li> <li>• Work-based</li> </ul>
	<b>Learning plan</b>	<ul style="list-style-type: none"> <li>• Plan and review learning for the phase and the quarter</li> <li>• Work-based</li> </ul>
	<b>Progress report</b>	<ul style="list-style-type: none"> <li>• Assess progress against all learning goals for the quarter and the phase, and progress against the criteria to progress to the next phase.</li> <li>• Work-based</li> </ul>
	<b>Research project</b>	<ul style="list-style-type: none"> <li>• Enable trainees to develop experience in research methods, the ability to interpret research literature and quality improvement skills, and achieve the Professional Behaviours learning goal (specifically the Research domain).</li> <li>• Work-based and centrally marked by the RACP training committee.</li> </ul>

**Note:** These assessments may change as the consultation draft of the Advanced Training Learning, Teaching and Assessment program has yet to be finalised.

At the end of each phase of training, the outcomes of all the workplace assessments will be synthesised and used to make high-stakes recommendations regarding trainees' readiness to progress to the next phase of training. These recommendations will be recorded in trainees' progress reports.



While there are no plans to introduce examinations into our renewed Divisional Advanced Training programs, trainees completing their training in one of our three Faculty programs or the Chapter of Sexual Health Medicine are required to complete examinations. These examinations are a mix of written, clinical, and oral examinations. More information about these examinations can be found on our [website](#).

The draft Learning, Teaching, and Assessment program also outlines a high-level assessment program blueprint for a hypothetical program. The blueprint specifies which of the common learning goals (and associated curricula standards) *could be* and *will be* covered by the assessment tools (Figure 14). This hypothetical example blueprint will be used to inform more detailed blueprints for each specialty.

**Figure 14: Advanced Training High-Level Assessment Blueprint**

Learning goals	Assessment tools					
	Registration form	Learning capture	Observation capture	Progress report	Case report	Research project
1 Team leadership	x	Could assess	Could assess	Will assess	x	x
2 Supervision and teaching	x	Could assess	Could assess	Will assess	x	x
3 Professional behaviours	x	Could assess	Could assess	Will assess	Will assess	Will assess
4 Clinical assessment and management	x	Could assess	Could assess	Will assess	Could assess	x
5 Longitudinal care	x	Could assess	Could assess	Will assess	Could assess	x
6 Communication with patients	x	Could assess	Could assess	Will assess	x	x
7 Specialty learning goal (tba)	x	Could assess	Could assess	Will assess	Could assess	x
8 Specialty learning goal (tba)	x	Could assess	Could assess	Will assess	Could assess	x
9 Specialty learning goal (tba)	x	Could assess	Could assess	Will assess	Could assess	x
10 Specialty learning goal (tba)	x	Could assess	Could assess	Will assess	Could assess	x

Note: This assessment program blueprint may change as the consultation draft of the Learning, Teaching and Assessment program has yet to be finalised.

Our work to align our assessment tools and processes to our learning goals has contributed to ensuring our program of assessments is valid. The reliability of our assessments comes from two components, firstly examination internal consistency which is reported under the statistics section of this report (Appendix 2) and secondly the use of a variety of assessments on a number of occasions. Consistent with a programmatic approach to assessment, multiple low stakes assessments inform high stakes decisions. The use of these multiple assessments in our Advanced Training Programs contributes to both reliability and validity.

### 3. Statistics and annual updates

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

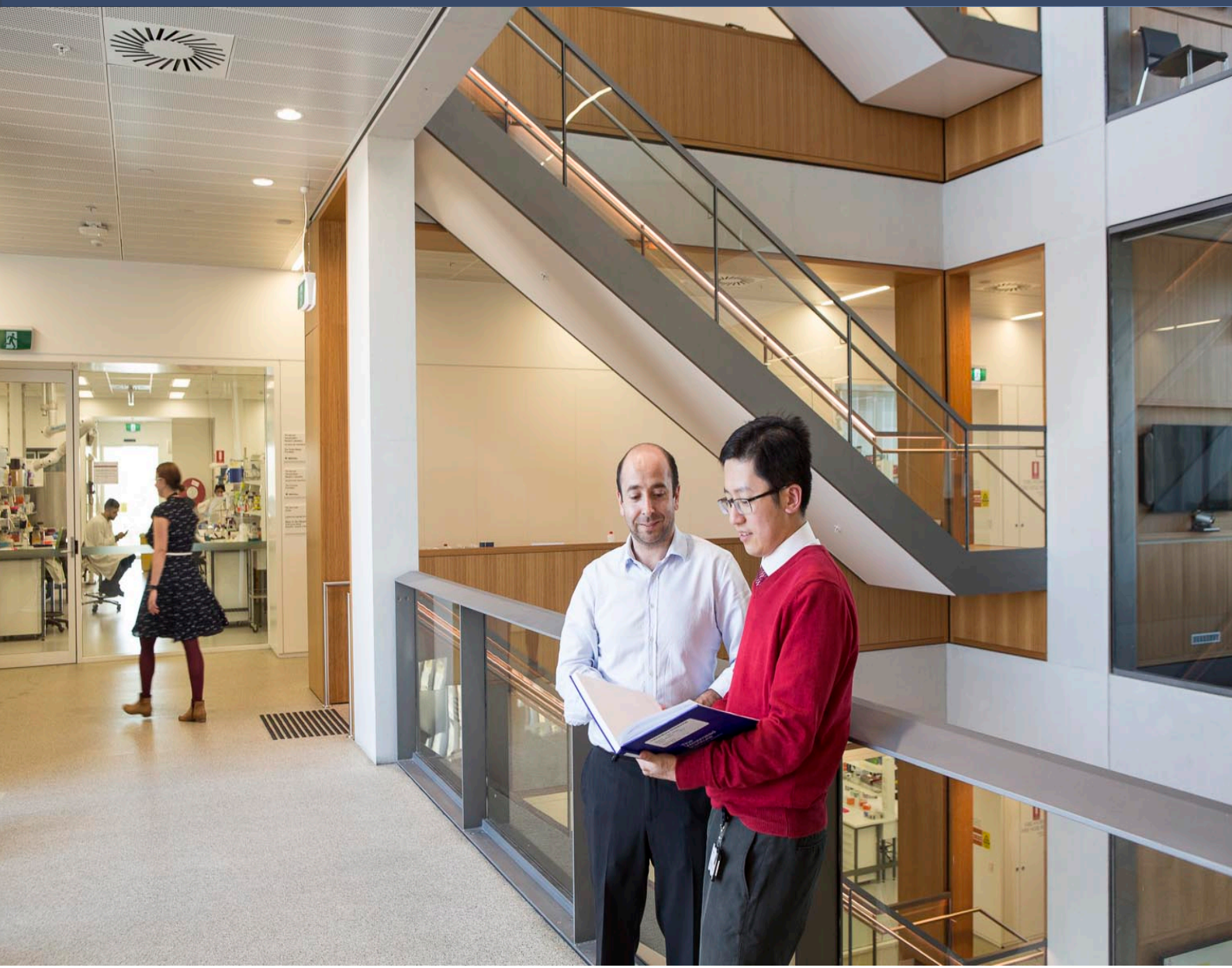
# Standard 6

## Monitoring and evaluation

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

**2019 AMC assessment:** Standard Substantially Met

**Conditions open:** Condition 18, Recommendation NN



## Standard 6. Monitoring and evaluation

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

#### Significant developments since the last accreditation assessment

##### **Monitoring the impacts of COVID-19 on training from a trainee perspective**

In March we conducted an [online pulse survey to gauge the impacts of the COVID-19 pandemic on training](#) from a trainee perspective and help inform our response to the emerging issues. The nine-item survey was open for just five days and elicited responses from 1519 trainees across Australia and Aotearoa New Zealand including 1079 responses to the free text question asking trainees about their concerns.

The survey data were extremely valuable and informed our response. Survey results were broken down by program and where thresholds were met, a summary was provided to the overseeing committee to inform program-specific interim responses to the impacts of the pandemic on training.

##### **Monitoring trainee experiences of local selection**

In November 2019 we sought feedback from trainees about their experiences of local selection. Over 500 trainees responded to the [anonymous online pulse survey](#), and their feedback is being used to help improve local selection practices. This is discussed further under [Standard 7](#).

##### **Sharing trainee and educator feedback on training experiences**

We have worked with a third-party provider to deliver a results dashboard for our Physician Training Survey, a routinised systematic and confidential feedback mechanism for trainees and educators, exploring topics aligned to the new training provider standards.

We launched the results dashboard to Directors of Physician Education, Setting CEOs, Health Service CEOs, jurisdictional representatives, and members. Sharing the survey results with settings combined with implementing our process for managing concerning responses is intended to support training settings to identify areas of strength and more importantly areas that need to be improved.

##### **Increasing engagement via co-design methods**

We have continued our efforts to create effective partnerships between professional staff, members (Fellows and trainees) and other key stakeholders through the use of co-design methods. The Accreditation Renewal, Curricula Renewal, Entry into Basic Training, Computer-Based Testing and Indigenous Strategic Framework initiatives have all been conducted with this approach and have received generally positive stakeholder feedback regarding the process and end product, along with observable change management benefits.

##### **Involving broadened stakeholder voices in physician training**

We have broadened stakeholder voices in physician training by working with our Consumer Advisory Group and we have increased dialogue with the Aboriginal and Torres Strait Islander Health Committee (ATSIHC) and Māori Health Committee (MHC). Establishment of strategic partnerships

with members from the ATSIHC and MHC will provide valuable leadership and input to initiatives linked to growing our Indigenous physician workforce and fostering a culturally safe College.

Perspectives of jurisdiction and health service leaders are being explicitly sought through their explicit inclusion in education and accreditation improvement cycles (e.g. in responding to the findings of the Physician Training Survey and undertaking self-assessment for training setting accreditation) and through comprehensive stakeholder engagement plans for the components of the education renewal program.

### **Building our strategic approach to educational research and evaluation**

We continue to shift towards a more programmatic approach to monitoring and evaluating our activities, emphasising routinised and strategic data collection that can be used for multiple purposes. This has yielded valuable evaluative outcomes for existing activities as well as contextualised evidence to inform program innovation and design.

Our [Education Renewal Research and Evaluation Strategy](#) operationally defines the theories, process and methods for research and evaluation activity. We have used this overarching framework to develop more detailed evaluation plans for components of the education renewal program. Since the last accreditation assessment, we have developed an evaluation plan for implementation of the new Basic Training program and are working towards development of an evaluation plan for implementation of our new Training Provider Accreditation Program.

### **Five-year development plans, implementation milestones**

#### **Expanding capacity for exploration of training experiences and outcomes**

In the next five years, we intend to continue to expand our capacity for exploration of training experiences and outcomes by:

- Implementing a routinised survey of new Fellows to explore graduate outcomes and transitions in practice. This will build on the work of our Preparedness for Independent Practice Evaluation first conducted in 2014.
- Using event history/survival analysis methodology to explore patterns and predictors of training experiences and outcomes, using routinely collected historical training data. So far, this method is used to explore the Advanced Training in General and Acute Care Medicine and Basic Training program. This secondary use of administrative data for monitoring and exploratory analysis is an approach we intend to continue to expand.
- Expanding the use and impact of the Physician Training Survey.
- Empowering the monitoring and improvement of training experiences via the Accreditation Renewal project.
- Developmentally evaluating the implementation of the new Basic Training Curricula (we have plans and milestones for this) and the new Training Provider Accreditation Program.
- Routinely monitoring trainee experiences of our examinations and using this feedback to identify opportunities for improvement (Post Examination Candidate Surveys).
- Using examination data for quality assurance across all RACP examinations (overseen by the College Assessment Committee).

To enable this work, we will continue to build our technological capacity to utilise secondary data sources and dashboard analytics systems. This will better empower internal and external stakeholders to undertake continuous quality improvement activities. We will also continue to strengthen partnership-based approaches to research and evaluation to better engage with stakeholders in physician training.

### **Refining our governance and communication**

We intend to continue to develop the quality and impact of our research and evaluation activities through clarified governance processes and increased communications (for example via peer reviewed journal articles, posters and presentations at industry conferences, interactive results dashboards).

## Identification and assessment factors that could influence the achievement of goals

Achievement of these plans is contingent upon sustained resource availability, delivery of the Education Renewal program to schedule and scope, and the impact of COVID-19.

## 2. Addressing accreditation conditions

### **Condition 18**

**Due 2018**

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

#### **2019 AMC Commentary**

*The College have developed a "Health Department Engagement Plan" with the aim of updating jurisdictional health departments on developments within the curriculum. This is in conjunction with a comprehensive stakeholder analysis and mechanisms whereby appropriate feedback can be received. The College's move to include a consumer representative on its College Education Committee is noted, however, detail of how this and other consumer input is incorporated into the process of evaluation will be appreciated in the 2020 report.*

### **Incorporating consumer input into the process of evaluation**

Our Consumer Advisory Group (CAG) is taking an active role in the development, consultation, and evaluation of many initiatives across the College. The CAG recently participated in our consultation to further evaluate and shape the Advanced Training common curricula standards. The consumer input ensured alignment with our established principles of patient centred care embedded in our Professional Practice Framework.

The inclusion of a consumer member on the College Education Committee, the peak decision-making body for education, has provided vital platform for the consumer voice in all education and training-related decisions. The consumer member is a full voting member whose perspectives are actively sought in College Education Committee discussions, deliberations and decisions that shape our education policies and programs.

Consumer representatives participate in a range of College activities to ensure the consumer view is incorporated into the design and delivery of College programs and resources. The CAG will contribute to the evaluation of continuous learning resources as part of their next review. We currently have CAG representatives on the Pomegranate Podcast Editorial Group and have had CAG representatives attend the RACP Congress and present a session: [Integrated care – the future must be about partnerships](#). Two consumer members have recently been appointed to the 2021 Congress Planning Committee to provide input to the shaping of the conference program.

Our Managing a Concern process utilises the results of our Physician Training Survey to identify and manage instances where there is an increased likelihood of a workplace training or health and wellbeing concern. The process directly engages key persons involved in physician training at the training setting, including the Director of Physician Education, Chief Executive, Health Services Chief Executive and relevant Jurisdictional representative. Where we have identified a concern, we communicate this in writing to the key persons providing the data we have captured. We ask them to evaluate the data to determine if there has been an issue and if so, to respond to it.

In addition, as part of the new Training Provider Accreditation Program, accreditation teams will include medical administrators and educationalists. As part of the accreditation team, they will be expected to contribute to evaluations, assess site accreditation and help form recommendations about the accreditation of a setting and training program.

### 3. Statistics and annual updates

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

#### **Considering trainee feedback from the Medical Training Survey results**

In early 2020, the results of the first annual Medical Training Survey (MTS) were released. The MTS was a nation-wide survey of all doctors in training across Australia. The survey is a new and valuable information source, and we have so far analysed the results of the MTS by:

- comparing and validating the results against the findings of our own Physician Training Survey (PTS)
- identifying key areas in which the responses of RACP trainees were considerably less favourable than the responses of all doctors in training across Australia
- comparing the results of the examination-related questions against the findings of our own Post Examination Candidate Surveys.
- reviewing the MTS Aboriginal and/or Torres Strait Islander Workforce report to consider key concerns and barriers facing Indigenous doctors in medical training.

The 2019 MTS Results: Analysis and Consultation (A6.1), provides a platform for exploring and validating the results with key RACP committees. It prompts consideration of the results alongside RACP trainee survey data and current strategies linked to aspects of the training experience less favourably viewed by trainees. It is being used with stakeholders to illicit comments and input to help consider issues highlighted by the results and inform future initiatives to improve physician training experiences.

# Standard 7

## Issues relating to trainees

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

**2019 AMC assessment:** Standard Met

**Conditions open:** Nil





## Standard 7. Issue relating to trainees

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

#### Significant developments since the last accreditation assessment

##### **Supporting the selection of Indigenous trainees into RACP training programs**

As part of our goal to increase recruitment and selection of Aboriginal and Torres Strait Islander and Māori trainees, we are currently working on a *Strategic Framework for Indigenous Selection into Training*, which will link to our [Indigenous Strategic Framework](#) and addresses Priority 2: Growing the indigenous workforce. Our response to the recommendations from the *Report- Strategies for increasing Indigenous entry into training*, is being undertaken in consultation with the Aboriginal and Torres Strait Islander Health Committee and the Māori Health Committee.

In the Local selection section of our website, we have [published new information and resources about Indigenous doctors in training](#). We are also developing resources to ensure there are culturally safe and respectful local selection processes that support the increasing the number of Indigenous trainees entering, and successfully completing, the RACP training programs.

Working in collaboration with the Australian Indigenous Doctors' Association (AIDA) and other specialist medical colleges, we have agreed to implement a total of 15 standards, developed in collaboration with AIDA and aimed at improving the recruitment and retention of Aboriginal and Torres Strait Islander doctors into specialties. We contributed our first self-assessment against those standards to the report [Growing the number of Aboriginal and Torres Strait Islander medical specialists](#) released on 29 June 2020.

##### **Improving trainee experiences of local selection into training**

#### **Update Required Against Standard 7**

##### **2019 AMC Commentary**

Please provide an update on any issues with the application of the selection policies/ The Guidelines for Training Providers on Local Selection for Training, particularly in view of prospective changes to Advanced Training, in the 2020 comprehensive report.


In November 2019, we ran an [anonymous pulse survey](#) on the trainee selection experience. We received over 500 trainee responses with the majority of experiences positive. However, some trainees shared concerning experiences, and we are taking steps to eliminate these practices in the selection process. Figure 15 provides a summary of the key survey findings.

Figure 15: Summary of Trainee Selection Pulse Survey Findings



We are already acting on recommendations made in the survey report to help selection panels and in 2020 we are reinforcing communications around fair practices. We have updated our 2020 selection poster (Figure 16) to include the key findings of the trainee survey about selection experiences.

Figure 16: 2020 Local Selection into Training at a Glance Poster



# RACP

Specialists. Together

EDUCATE ADVOCATE INNOVATE

## Local Selection into Training: At a Glance

### PRINCIPLES

We set out four guiding principles to underpin selection into our training programs

- 1

**EXCELLENCE**  
Identify candidates with the capabilities and attributes to successfully complete the program and progress to competent independent practice as defined in our Standards Framework.
- 2

**RIGOUR AND FAIRNESS**  
Use criteria and processes that are evidence-based, merit-based, transparent, current, sustainable, objective, equitable and procedurally fair.
- 3

**EMBRACE DIVERSITY**  
Support a diverse range of candidates to apply for and progress through training in a culturally safe working environment.
- 4

**CONTINUITY**  
Advocate for continued recognition of trainees who progress satisfactorily and support them to complete training.


### INTERVIEW PRACTICES


Selection of a candidate into a training position is part of recruitment.  
Your Human Resources Department can assist in planning your interview and advise on questions you should and should not ask.

Questions must focus on the requirements of the job and suitability for training and allow you to assess the skills and abilities of an applicant in relation to the requirements of the role.

Each applicant must be treated fairly and consistently.

- Ask clear, unambiguous questions that directly relate to pre-defined selection criteria and the position description or training program.
- Assess the candidate's suitability for the role based on objective criteria and on their demonstrated ability to undertake the key accountabilities listed.
- Behavioural questions using the SAR (situation, action, resolution) technique are encouraged.





Health service employees are appointed to training or service positions


**RACP trainee selection**  
Assessing candidates to predict success in an RACP training program and appointing them to a training position in a health service.

**DECISION:** Are they likely to successfully progress through training to independent practice?

**Service employee selection**  
Assessing and appointing suitable candidates to jobs in a health service.

**DECISION:** Are they suitable for employment in a service role?

### Selection Pulse Survey

- Ran for two weeks in Nov-Dec 2019
- 512 responses
- Responses from NZ and across Aus 
- 74% interviewed for advanced training  
26% for basic training positions

**Key findings**

73% Found application information easily accessible	10% asked about family planning	37% confirmed there were pre-interview meetings
8% asked about plans for extended leave	83% considered panels were representative	

In November 2019 we ran a survey on trainee selection experiences. The results indicated recruitment practices would improve if selectors followed these simple do's and don'ts.

**TRANSPARENCY**  
**Do:** Ensure application information is easy to access and understand. This should include a copy of the position description.

**APPROPRIATE QUESTIONS**  
**Don't:** Ask questions that relate to pregnancy or family planning or extended leave during the selection process.

**REPRESENTATIVE SELECTION PANELS**  
**Do:** Build a diverse selection committee and panel to ensure a range of viewpoints are factored into final selection decisions.

**PRE-INTERVIEWS**  
**Don't:** Hold informal meetings or 'pre interviews. Instead, organise group information sessions open to all applicants.

**Go to [racp.edu.au/selection](http://racp.edu.au/selection) to access the survey results and access local selection guidance resources**

### CHECK LIST

<div style="display: flex; align-items: center;"> <div style="color: white; font-size: 2em; margin-right: 10px;">✓</div> <div style="font-size: x-small; color: white;"> <p>Have all persons involved in selection received appropriate Human Resources and cultural competency training within the last three years? Is your selection panel diverse?</p> </div> </div>	<div style="display: flex; align-items: center;"> <div style="color: white; font-size: 2em; margin-right: 10px;">✓</div> <div style="font-size: x-small; color: white;"> <p>Is your selection process:</p> <ul style="list-style-type: none"> <li>focused on the essential requirements of the role?</li> <li>consistent and fair?</li> </ul> </div> </div>	<div style="display: flex; align-items: center;"> <div style="color: white; font-size: 2em; margin-right: 10px;">✓</div> <div style="font-size: x-small; color: white;"> <p>Is the application process outlined on your website?</p> <ul style="list-style-type: none"> <li>Is it easy to find and understand?</li> <li>Have you provided position descriptions with clear selection criteria?</li> </ul> </div> </div>	<div style="display: flex; align-items: center;"> <div style="color: white; font-size: 2em; margin-right: 10px;">✓</div> <div style="font-size: x-small; color: white;"> <p>What have you done to minimise:</p> <ul style="list-style-type: none"> <li>collection of information not relevant to the candidate's ability to perform the duties and tasks required of them?</li> <li>personal bias?</li> </ul> </div> </div>
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View the full Local Selection into Training resources at [racp.edu.au/selection](http://racp.edu.au/selection)



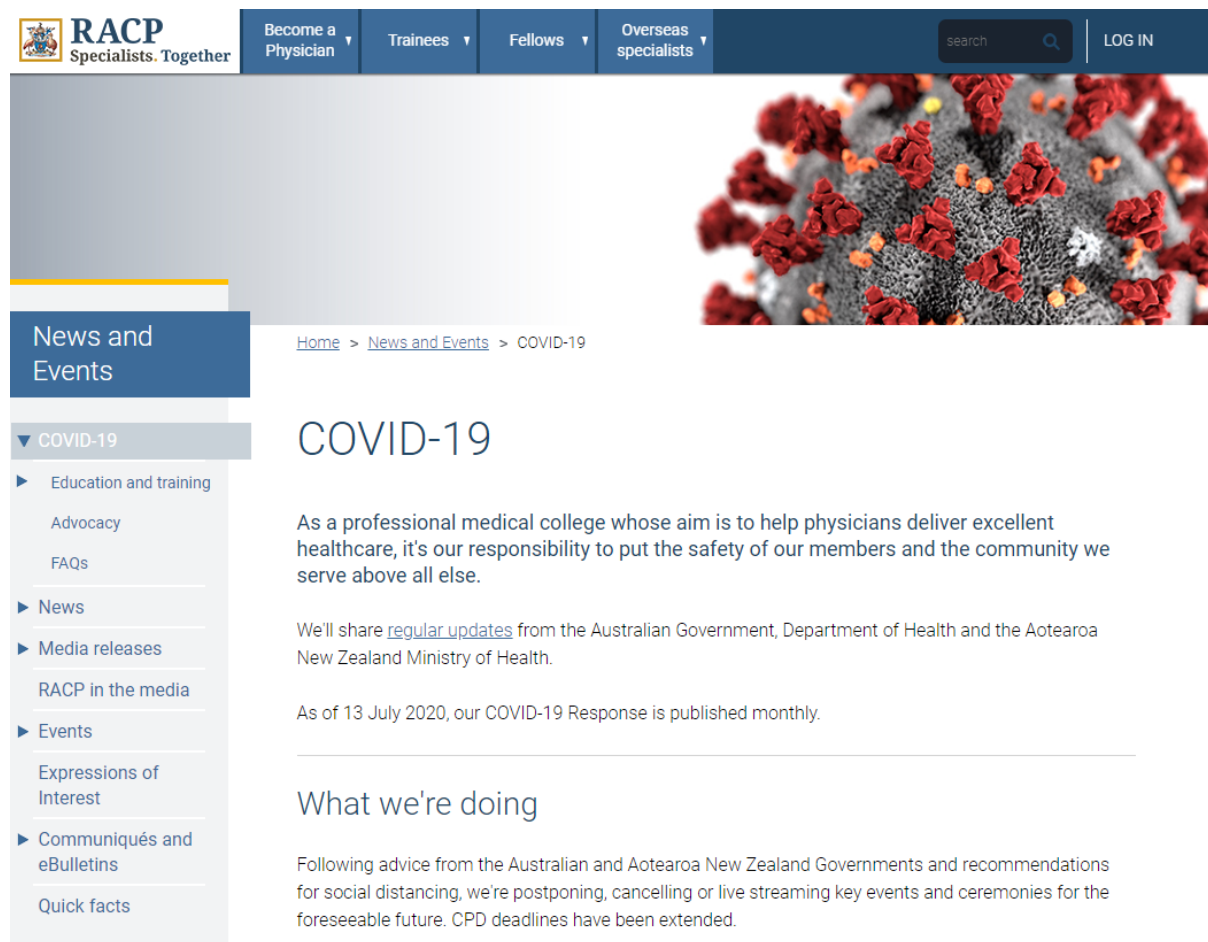
## Communicating effectively with our trainees during COVID-19

Communicating effectively with trainees in a way that ensures they receive and understand key information in a timely way remains a challenge. The COVID-19 impacts have demanded clear and timely communications with trainees during what is an evolving situation.

Direct email remains the preferred method for us to be able to monitor and record receipt and opening of emailed information. When asked in the recent trainee pulse survey on the impacts of COVID-19, our trainees identified the RACP website and E-Bulletins (for example the President's Message) as the most helpful methods, other than direct email, for communicating with them during the pandemic.

Aligned to this preference, we developed an easy access [area of the website containing all relevant information and updates](#) (Figure 18). Anecdotal feedback from trainees has been positive.

Figure 18: Dedicated Website Page for Education and Training Updates Relating to COVID-19



The screenshot shows the RACP website's dedicated page for COVID-19. The header includes the RACP logo and navigation links: 'Become a Physician', 'Trainees', 'Fellows', and 'Overseas specialists'. A search bar and 'LOG IN' button are also present. The main content area features a large image of a virus particle. The sidebar on the left lists various categories under 'COVID-19', with 'Education and training' selected. The main content area has a heading 'COVID-19' and several paragraphs of text.

News and Events

Home > News and Events > COVID-19

## COVID-19

As a professional medical college whose aim is to help physicians deliver excellent healthcare, it's our responsibility to put the safety of our members and the community we serve above all else.

We'll share [regular updates](#) from the Australian Government, Department of Health and the Aotearoa New Zealand Ministry of Health.

As of 13 July 2020, our COVID-19 Response is published monthly.

### What we're doing

Following advice from the Australian and Aotearoa New Zealand Governments and recommendations for social distancing, we're postponing, cancelling or live streaming key events and ceremonies for the foreseeable future. CPD deadlines have been extended.

All committee meetings will be held virtually through our video-conference provider, Zoom. Contact the relevant committee secretary for more information.

We have also ensured there is trainee representation on our two COVID-19 Advisory Groups and have held Trainee webinars to provide an overview of COVID-19 changes and give trainees the opportunity to ask questions to key Committee Chairs. Another webinar is planned for September with a focus on the Divisional Clinical Examination.

The uncertainty brought on by COVID-19 has undoubtedly led to increased stress for trainees. The knock-on impacts of the pandemic on training and examinations are complex and evolving. As we

work through how to best respond to what is a rapidly changing situation it has been challenging to provide trainees with certainty and detail. We have endeavoured to communicate with trainees clearly and regularly and sought trainee representative input to decision making and communications.

### Improving our communications with trainees about examinations

We have improved our communications with trainees about examinations. The [examination information](#) (previously known as Instructions to Candidates) has been converted from a lengthy PDF document into HTML content and published on our website. The new HTML content is written in Plain English, has tabs to help find critical information easily and is more user friendly for mobile and tablet devices.

We have refined our standard email communications for exams. A full review and edit of communications related to our largest exam, the Divisional Written Examination, was implemented from November 2019 to March 2020. Our standard communications are now clearer, more concise and include information about wellbeing support in the lead up to and post exam.

We have updated our exams results letters to be more compassionate and congratulatory depending on the result, and these have already been implemented with positive feedback from the College Trainees' Committee.

### Communicating with trainees about the Education Renewal Program

The RACP has a change and communication strategy for the Education Renewal Program. The communications approach is aligned to key program milestones. The communication channels are mixed and include newsletters, direct communication, posters, social media and the [RACP website](#) (Figure 19) to ensure trainees and other stakeholders are aware of the program and of the changes that are coming.

Figure 19: Website information about Education Renewal Program



## Reflecting on trainee feedback about workload and wellbeing

### Update Required Against Standard 7

#### 2019 AMC Commentary

The AMC notes the 2018 Trainee Physician Training survey reported fatigue and work and training impacted on wellbeing, as issues raised by trainees. The College is asked to provide reflection on the feedback provided under Standard 7 in the 2020 comprehensive report.

We acknowledge the reported impacts of work and fatigue on trainee wellbeing and have been promoting trainee wellbeing through initiatives linked to our [Physician Health and Wellbeing Strategy](#). Our survey findings have been validated by the results of the Medical Training Survey results of all doctors in training, which suggest that workload and wellbeing are systemic issues.

We will need to take action as a College and work collaboratively with our partners in the health sector to address these issues. Our new Training Provider Standards include standards relating to workload and wellbeing, and we will be monitoring and assessing workload and wellbeing issues more closely through our new accreditation program and processes.

Our response to these issues is also considered in our draft MTS Results Response Strategy, which is outlined in [Standard 6](#).

Issues raised by trainees in the Physician Training Survey have been highlighted to relevant training sites and responses from 70% of these 43 training sites indicate that action is being taken to address concerns. The next PTS is to be run in October 2020 and will enable improvements to be monitored.

### Raising awareness about available support resources

We have developed a communication plan to help raise awareness about our Training Support Unit and available resources including the curated resources on Doctor's Health and Wellbeing available through the College Learning Series (Figure 20).

Figure 20: College Learning Series Curated Collection – Doctors' Health and Wellbeing

My courses > Curated Collection - Doctors' Health and Wellbeing

### Curated Collection - Doctors' Health and Wellbeing

*"Medice, cur ate ipsum."*  
Luke 4:23

This collection has been curated by Fellows of the RACP to help you find high quality CPD resources on doctors' health and wellbeing.

Don't forget to claim CPD credits for any learning from resources. Download the current MyCPD Framework.

**Doctors' Health - the elephant in the room?**

Doctors' health means more than just the absence of ill-health and infirmity. It refers to the overall mental, physical and social wellbeing which enables you to practice effectively.

To achieve this it is important not only to have your own GP and get regular check-ups, but also to be aware of your mental health and very real issues like stress, burnout and depression. The following collection includes resources to help and support yourself, your colleagues and your teams.

**Short on time? Try this**

- Read a short guide on managing stress and anxiety
- Listen to a podcast on doctor's health
- Watch a video on how to use your stress positively

We continue to promote and communicate the range of [health and wellbeing resources](#) available to trainees through the College. This includes the [RACP Support Program](#), provided by Converge International, which has seen a steady uptake by RACP members. In addition to broad promotion of these resources, we expressly promote them at times when trainees may particularly benefit from accessing them, for example around examination time, or when trainees are responding to questions in the Physician Training Survey about their training experiences.

We have also made improvements to the [Flexible Training Policy](#) (A7.1) to further support our trainees in their training. From August 2020, trainees undertaking part-time training will only complete work-based learning and assessment tools pro-rated to the amount of training for which they have been approved, allowing part time trainees to better streamline their training.

## Five-year development plans, implementation milestones

### Communicating with trainees

We are working to deliver the pilot of an online community for our membership, helping to foster communication between trainees. While focused on supporting peer-to-peer communication, it is anticipated the online community platform will also enable us to create targeted communications for member cohorts including our trainee members. Despite delays due to the impacts of COVID-19, we expect to commence the pilot by early 2021.

We will be enacting a new communications strategy for the re-introduction of Computer Based Testing and these are based on feedback from the 2018 Computer Based Testing failure. The new strategy and subsequent communications plans include engaging with our trainees and wider consultation with our different College committees and regular updates for the wider membership. As we come closer to the implementation of CBT for certain exams the communications become more targeted to the impacted trainees and supervisors. The communications strategy also includes measures of success.

### Refining the Training Support Pathway

We have started the process of reviewing and refining our [Training Support Pathway](#). To inform this renewal we are using the results of an internal policy and process review as well as evaluations of trainee and supervisor experiences the Training Support Pathway. Both have provided valuable insights and will provide useful baseline measures for future comparisons.

### Supporting supervisors to support trainees

We plan to improve the training and support for supervisors who are supervising trainees experiencing difficulty in training. Beginning in 2021, we intend to enhance the case support for Educational Supervisors by:

- Revising the Supervisor Professional Development Program to include an expanded module on the Training Support Pathway.
- Initiate bespoke support services for supervisors who have a trainee on the pathway. This will ensure supervisors are well informed and receive appropriate support to manage trainees who require enhanced support.



- Scoping the development of a dedicated supervisor portal that could support a range of resources and services such as a community of practice, peer support and other avenues for assistance.

### **Evaluating our progress against the Physician Health and Wellbeing Strategy**

We are progressing the remaining actions linked to the strategic objectives set out in our [Physician Health and Wellbeing Strategy](#) 2019-2021, and we are monitoring and measuring our progress against these strategies. We intend to review this strategy in 2022 and evaluate our progress against the stated objectives.

## Identification and assessment factors that could influence the achievement of goals

### **Trainee wellbeing**

We expect maintaining adequate staff resources for case management to be a challenge as trainee numbers increase and the complexity in the training environment increases. The implementation of the new Basic Training curriculum may also require additional support from supervisors and Training Support staff.

A review of resourcing requirements to meet short, mid and long-term member needs is currently underway.

### **Improving entry to Basic Training**

In November 2019, the College Education Committee approved the roadmap for improving entry into Basic Training. One of the key recommendations in the roadmap was to 'pilot and evaluate the use of a Situational Judgement Test (SJT) as a culling tool for applicants to the Paediatrics & Child Health Basic Training program.

To meet this recommendation, we are proceeding with piloting an SJT with the following scope:

- SJT test results will not be used to inform any shortlisting/selection decisions during the pilot year. Instead applicants will be tracked through the selection process and outcomes then compared back to how they did in the SJT to determine if any significant associations can be drawn.
- The SJT will be piloted at the training network level, rather than being centrally run College selection tool.
- The College will fund the pilot year, with no costs to candidates taking the SJT.
- Only after the pilot has been evaluated will a decision be made as to if the SJT should be continued to be used by training networks, endorsed by the College and rolled out on a wider scale.

We have gone to market for an SJT supplier and confirmed a preferred supplier. However, due to impacts of COVID-19 on training in 2020, the pilot has been postponed until 2021.

A Working Group has been established to support the project and includes representation from each training network participating in the pilot and several trainees.

## 2. Addressing accreditation conditions

There are no open conditions remaining.

## 3. Statistics and annual updates

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

# Standard 8

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

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

**2019 AMC assessment:** Standard Met

**Conditions open:** Nil



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

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

#### Significant developments since the last accreditation assessment

##### Supporting supervisors in their educator role

We continue to deliver our [Supervisor Professional Development Program](#) (SPDP) workshops 1, 2 and 3 to support our supervisors in their educator role. During the 2019 calendar year, we delivered 139 face to face workshops with 2961 supervisors participating. A further 575 supervisors participated in the six online SPDP modules that were offered last year. We also trained 47 new facilitators to deliver SPDP workshops.

Despite our efforts to encourage supervisors to complete the SPDP, only 49% of our more than 8000 strong supervisor workforce had completed or partially completed the program in December 2019.

The challenge remains for us to support the rest of our supervisors to complete the SPDP by the end of 2022. Earlier this year, the College Education Committee extended the deadline for the mandatory completion of the SPDP by all supervisors to the end of 2022 in alignment to our [Framework for Educational Leadership and Supervision](#). This was in part due to the impacts of the pandemic on SPDP.

We have improved support and streamlined supervisors' experience by:

- Implementing a new exemption process allowing eligible supervisors (who have completed a post-graduate qualification in medical education and have been a supervisor for 3 years) to apply for an exemption from SPDP workshops 1 and 2.
- Developing and piloting specialised SPDP workshop 3 for Public Health Medicine, to incorporate and support supervisors in the specific requirements and assessment of this specialty.
- Allowing the disclosure of individual supervisors' SPDP status to their sites or specialty groups to help support SPDP completion.
- Sending SPDP status letters via email to each individual supervisor.
- Reviewing the Supervisor Learning webpages, and further streamlining information and communications.

##### Adapting how we deliver SPDP to manage COVID-19 impacts

During 2020 we have adapted our mode of delivery of SPDP workshops in response to the COVID-19 pandemic and its impacts on supervisor workload, travel, social distancing, and visitor restrictions to health settings.

We were forced to cancel 64 planned face-to-face workshops, which would have seen approximately 1600 participants progress towards their completion of SPDP and 'approved' supervisor status.

To date, 40 of the planned face-to-face workshops have been converted to virtual workshops between March and August 2020. 21 of these workshops have already been completed with 436 supervisors participating. More virtual workshops are planned this year, with positive feedback from supervisors

and the content and learning on par with face-to-face workshops, promoting this mode of delivery as another option post pandemic.

### **Accrediting training settings**

The RACP has the largest speciality training workplace accreditation program across Australia and Aotearoa New Zealand. Each year we undertake approximately 400 comprehensive reviews of training settings that deliver Basic and Advanced Training. Due to the impacts of COVID-19, the College Education Committee determined in April that:

- All College accreditation visits currently scheduled for 2020 will be postponed to 2021.
- When accreditation resumes, high-risk settings, those with trainee safety concerns and/or quality issues will be prioritised for the first scheduled visits. If face to face visits are still not possible, these will be run via video conferencing.
- Any settings identified as at risk during the COVID-19 pandemic period will be required to provide progress reports with mitigation strategies to counter risks identified.
- Each Committee including the Accreditation Subcommittees will appoint a lead to support RACP staff in managing queries and to fast-track accreditation decisions during this time.

In June 2020, the College Education Committee endorsed the Australasian Faculty of Rehabilitation Medicine's request to progress some planned virtual site visits in the remainder of 2020 where settings are agreeable to this. Some other Advanced Training Committees are now also considering the feasibility of limited virtual site visits in the latter part of 2020.

### **Advancing our Training Provider Accreditation Renewal**

We have made good progress in renewing our Training Provider Accreditation Program. Since August 2019 we have:

- Published the [Adult Internal Medicine and Paediatrics & Child Health Basic Training Program Requirements](#), which outline the unique accreditation criteria that need to be addressed to have a training program accredited.
- Developed the Accreditation Decisions and Classification Framework for Adult Internal Medicine and Paediatrics & Child Health Basic Training Program, which supports classification of training programs based on their relationship with a Training Network and the breadth and depth of training offered. We have broadened the classification of training programs to encourage a diverse range of training providers to participate in training and support trainee exposure to the variety of medicine practiced.
- Approved an updated [Training Provider Accreditation Policy](#) (A.8.1) that outlines how the RACP will assess, accredit, and monitor training providers and published the new policy on our website.
- Confirmed that implementation will be in two phases: initial rollout in 2020 and full rollout from 1 January 2021.

Development of these products has been led by our Accreditation Renewal Working Group employing a cycle of consultation that has enabled members to provide feedback using surveys, focus groups and modified Delphi approaches.

Delivery of the new accreditation program will be supported by the accreditation component of the new education technology system, Tracc. Delays with the education technology build for the new Basic Training program have impacted our progress with the accreditation component of the build.

Initial roll out of the new Training Provider Accreditation Program will utilise electronic forms to test the approach.

## Five-year development plans, implementation milestones

### Providing role clarity and support for our supervisors

Our development plans for the next five years link to the development and implementation requirements of the new Basic Training and Advanced Training curricula. We will align supervisor training with the new training programs to ensure supervisors are supported in their important role in supporting our trainees. We are currently progressing development of our training plan for implementation of the new Basic Training program. We will also embed cultural safety in our supervisor training linked to implementation of our Indigenous Strategic Framework.

We plan to review our [RACP Framework for Educational Leadership and Supervision](#) with a focus on educational domains, ongoing supervisor professional development and rewards and recognition. As part of this, we will undertake an SPDP content review to align the modules of this training program with the renewed educational domains and the new competency-based training, including the new work-based assessment tools. When available, we intend to utilise our new platform for online communities of practice (See [Standard 1](#)) to develop a targeted supervisor community to help connect and support them in this role throughout their career.

We will continue to explore innovative ways to deliver SPDP to increase accessibility, including the continuation of virtual workshops via Zoom to assist in meeting the target of training for all supervisors by the end of 2022. We will also focus on developing a range of options for maintaining supervisory skills and knowledge, including a focus on educational leadership.

### Delivering our new Training Provider Accreditation Program

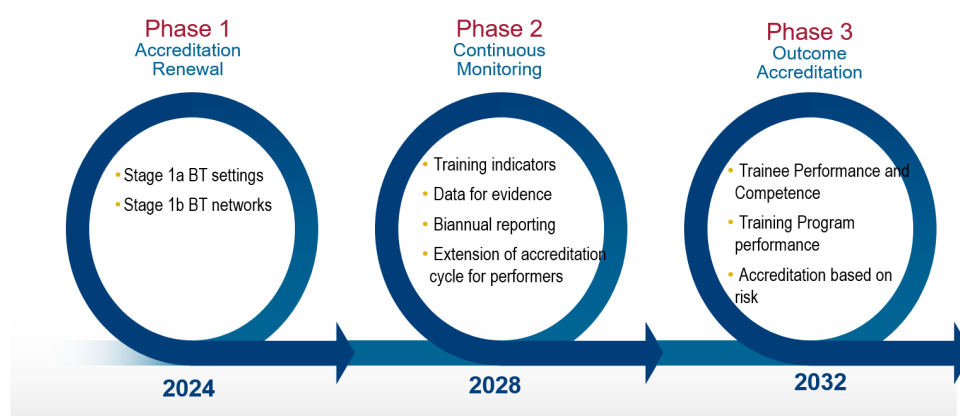
The goal of our new Training Provider Accreditation Program is to implement a robust accreditation program that will:

- assess whether workplace training is likely to develop competent physicians who deliver safe and effective health care to patients, now and into the future
- safeguard trainees and trainee-delivered patient care
- promote high-quality learning that integrates medical practice, training and research in an optimal environment
- support quality teaching and supervision
- enable Training Providers to reflect on training practices and continuously improve
- provide transparent information to trainees that informs training choices.

Our new Training Provider Accreditation Program has been designed to link explicitly to RACP curricula, streamline and coordinate processes, provide flexibility to accredit a range of settings and assess Training Providers' capacity to train.

Broadly, the phases for implementation of the new Training Provider Accreditation Program are set out in Figure 21 and described in more detail below.

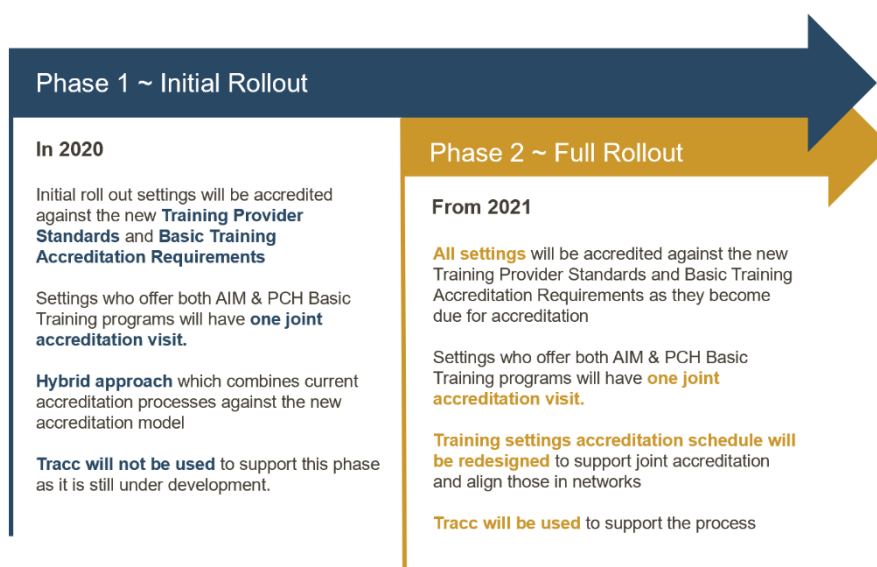
**Figure 21: Training Provider Accreditation Program – Development Phases**



### Implementing the new Training Provider Accreditation Program for Basic Training

The new Training Provider Accreditation Program will be implemented for Basic Training progressively. Figure 22 below illustrates the project’s two phased approach: initial rollout and full rollout. The phased implementation of the Training Provider Accreditation Program will provide time for Training Providers to evolve their training programs and systems to meet the new standards and requirements.

**Figure 22: Training Provider Accreditation Program – Development Phases**



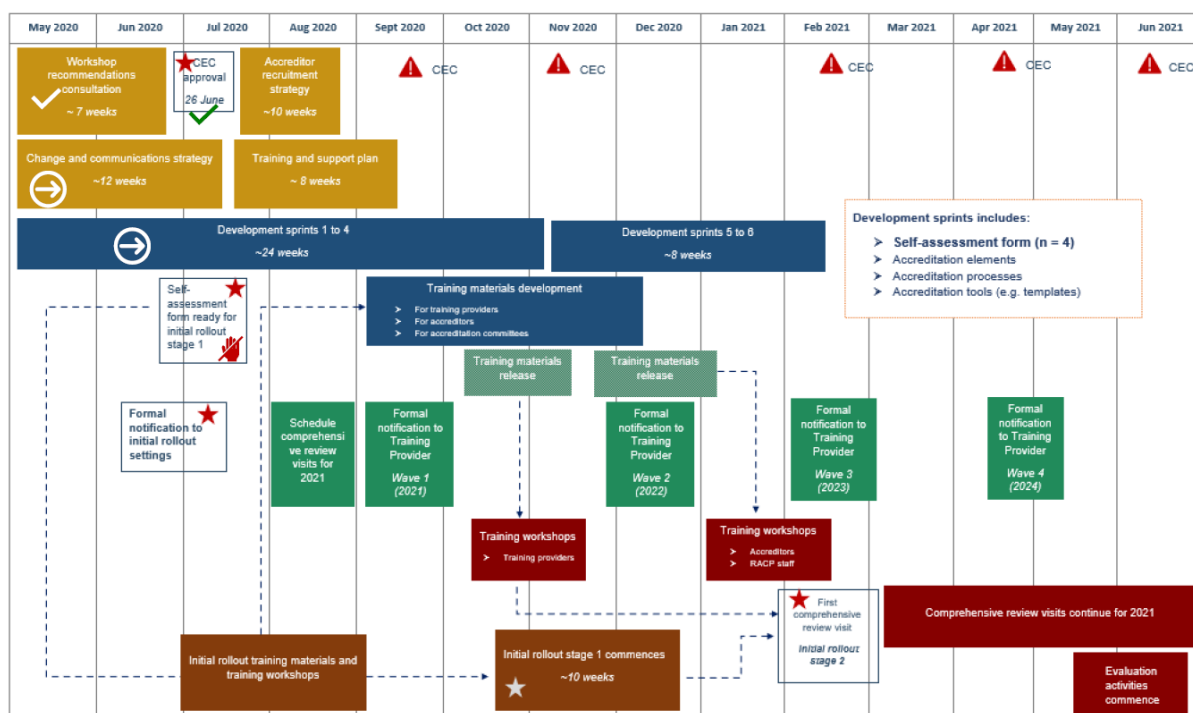
We are preparing for initial roll out of our new Training Provider Accreditation Program for Basic Training from September 2020. On 1 January 2021 there will be a direct changeover to the new accreditation standards and requirements for all Training Providers offering Basic Training programs.

We are well progressed with this project and have detailed plans and milestones for completing this work. The diagram below (Figure 23) provides a high-level roadmap for implementation of the new accreditation program for Basic Training.

Figure 23: Implementation of New Training Provider Accreditation Program in Basic Training - High Level Roadmap

## High level roadmap

✓ Completed    ↻ In progress    ⚠ Delayed



We expect to complete all collateral products for the new accreditation program by 2023. This includes products to support accreditation management, the accreditation cycle, accreditation pathways, accreditation teams, Training Provider resources and rotations.

### Implementing our new Training Provider Accreditation Program for Advanced Training

With confirmed Training Provider accreditation requirements for delivery of our new Basic Training program, we now intend to complete the same work for our Advanced Training programs.

We plan to work with each of the Advanced Training Committees to review and revise their training program accreditation requirements and determine a decision framework and classification system.

We will progress this development work using a wave approach like the Advanced Training curricula program-specific reviews to support groups of programs through the development cycle.

Once completed the new Advanced Training accreditation requirements will be published and all materials will be loaded into Tracc so that we can begin to accredit Advanced Training programs through the new system (Implementation Stage1c).

As Advanced Training programs' new accreditation requirements, decision frameworks and classification system are approved, we will modify our existing accreditation schedule and future accreditation will occur when setting accreditation occurs.



## Identification and assessment factors that could influence the achievement of goals

### **Keeping our supervisors engaged and supported**

As trainee numbers continue to increase, the participation of more Fellows as supervisors will be required to maintain high quality supervision. This means that we will need to ensure that both incentive and adequate support is available for supervisors, which continues to be a challenge.

### **Addressing factors that could impact delivery of our new accreditation program**

Obtaining stakeholder support is critical to success of the new accreditation program. We will continue to actively involve Fellows, trainees, and other stakeholders in every stage of the design, development and approval process. At each of these stages there is a possibility of rework to ensure the outcome is fit for purpose and supported.

Reliance on a Third-Party Provider has the potential to influence our ability to achieve our goals. We use external companies to develop some of our products, including IT systems. Development of these systems is complex and requires many resources to deliver a product which meets the expectations of members. This can delay release of products.

## 2. Addressing accreditation conditions

There are no open conditions remaining.

## 3. Statistics and annual updates

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

# Standard 9

## Continuing professional development, further training and remediation

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

**2019 AMC assessment:** Standard Met

**Conditions open:** Nil



## Standard 9. Continuing professional development, further training and remediation

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

#### Significant developments since the last accreditation assessment

##### Completing CPD requirements in 2020

This year we expect some of our members may not be able to meet CPD requirements due to the impacts of the COVID-19 pandemic. The Medical Board of Australia (MBA) has stated that Australian Health Practitioner Regulation Authority will not take action if our members cannot meet the CPD registration standard when they renew their medical registration this year. The MBA is encouraging medical practitioners to continue to do Continuing Professional Development (CPD) that is relevant to their scope/s of practice where possible.

The Medical Council of New Zealand has resolved to waive recertification requirements for 2020. The RACP has published that we will also not take action if members cannot meet CPD requirements in 2020.

We acknowledge that many members will complete a multitude of CPD activities this year, whether up-skilling in the use of telehealth for virtual consultations, reviewing online mental health resources, or of course, vaccine development for those who are involved in immunology and infectious diseases research. We recognise that the types of innovation we are seeing from our medical profession at present is perhaps the ultimate CPD. If members wish to record CPD throughout 2020, their record will remain open as usual.

##### Communicating with members

Since the release of the MBA's Professional Performance Framework and the 2019 MyCPD Framework, we have made considerable effort to continue to inform, support and advise members of the changes that will be implemented over the coming years. Our communication strategy included promoting the changes across multiple channels as well as the development of two new CPD resources to educate Fellows on the changes:

- [MyCPD Interactive Handbook](#): this handbook curates all CPD resources in a central location with a searchable online platform.
- [CPD: Applying the New Framework](#): this online learning course was created to assist CPD participants in understanding the background around the changes to the framework. This resource provides information on the requirements and assistance on how to plan future CPD activities to meet these requirements moving forward.

By implementing changes to the CPD Framework before the introduction of mandatory regulatory requirements in Australia, we have allowed for considerable feedback from our members, which has guided resource development (Table 9) to help meet the proposed new CPD requirements.

**Table 9: Member Feedback About New CPD Requirements and RACP Response**

Member feedback highlights	RACP action
Significant proportion of Fellows require support to incorporate the new Professional Performance Framework categories, review performance and measure outcomes, into their practice CPD activities.	We have focused on developing activities and tools that support individual and institutional audit, provide clarity and examples and offer activity templates for reviewing performance and peer review.
The changes would be more challenging for certain scopes of practice, such as Occupational and Environmental Medicine and Public Health.	We continue to collaborate with different Faculties as well as the Speciality Societies to develop specific resources to assist our members to meet the MBA's proposed new requirements.

### Updating our online learning resource development strategy

Our online learning resource development strategy has undergone significant change since our last accreditation. The main improvements include the development and implementation of mobile and social learning, resource development standards, the integration and use of data analytic principles to drive resource design and a focus on the user experience in the online learning space.

We also continue to build the range of online resources we offer to assist members in meeting their CPD requirements and training needs, including:

- eLearning courses on topics such as ethics, cultural competence, supervision, and communication skills
- Curated collections that provide members with learning guides and resources on topics such as refugee and immigrant health, research, and quality and safety
- Online Professionalism Program courses on topics such as end of life care and cultural responsiveness
- Large scale video libraries, such as the College Learning Series, to assist trainees in exam preparation, and Fellows in cross-specialty development.

### Five-year development plans, implementation milestones

#### Upgrading our MyCPD platform

We are currently in the process of developing a new MyCPD platform to improve the functionality of the application software. The upgrade will create a more efficient system enabling easier recording of CPD activities, simpler methods to provide evidence of CPD activities, enhance professional development plan functionality and smoother integration with other systems such as our online learning resources platform. The bespoke platform is currently being developed by an external vendor and is due to be rolled out in November 2020.

#### Integrating additional aspects of the Professional Performance Framework to MyCPD

In addition to the changes already implemented to the MyCPD Framework to align with the MBA's proposed revised Registration Standard for CPD, we will continue to integrate all additional aspects of

the Professional Performance Framework. This will require further amendments to the MyCPD Framework with a communication strategy to inform members. We will continue to advocate for high quality and meaningful CPD activities with a focus on reviewing performance and measuring outcomes.

### **Strengthening the focus on cultural competence and Indigenous health in CPD activity**

As a result of the strengthened recertification requirements in Aotearoa New Zealand, we will develop a strategy to embed cultural competence, cultural safety, and issues of health equity into our CPD activities.

### **Expanding our education resources for CPD**

We will continue to collaborate with Divisions, Faculties and Chapters, Fellows and Speciality Societies to create resources to assist CPD participants in meeting their requirements and identify areas that require improvement and additional development.

### **Identification and assessment factors that could influence the achievement of goals**

The improvements we have identified are dependent on the Medical Board of Australia's final revised CPD Registration standard. We contributed to the MBA's confidential and public consultations earlier this year and now await further guidance before implementing further changes to the CPD Framework to ensure alignment with the requirements of the new standard.

The availability of members to assist in developing and curating CPD resources is also a factor that could influence the achievement of our goals. We are reliant on the participation and speciality knowledge of our members to continue to develop CPD resources.

## **2. Addressing accreditation conditions**

There are no open conditions remaining.

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

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

# Standard 10

## Assessment of specialist international medical graduates

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

**2019 AMC assessment:** Standard Met

**Conditions open:** Nil



# Standard 10. Assessment of specialist international medical graduates

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

### Significant developments since the last accreditation assessment

#### **Improving Specialist International Medical Graduate assessment processes**

We have further streamlined our processes to significantly reduce Specialist International Medical Graduate (SIMG) assessment timeframes, improve quality, and increase transparency. Specific improvements we have introduced since the last accreditation assessment include:

- A paper-based review for United Kingdom (UK) and Irish applicants in Australia and a recommendation to provide final preliminary in Aotearoa New Zealand. UK and Irish applicants no longer require an interview as a standard.
- Eligibility criteria to enable SIMGs to self-assess their likelihood of success before submitting their application
- In collaboration with The Royal Australian and New Zealand College of Radiologists, a streamlined process for dual applicants seeking recognition in Radiology and Nuclear Medicine
- A fully electronic process
- Videoconference interviews in Australia and Aotearoa New Zealand to enable applicants to flexibly conduct their interview from overseas.

#### **Expanding our resources for SIMGs, their assessors and supervisors**

We have introduced a range of new resources to improve support for Overseas Trained Physicians (OTPs), their assessors, and supervisors. These include:

- Country qualification guides to support knowledge of overseas training programs as well as consistency in the decision-making process
- An updated [OTP Orientation Program](#), which is available to and utilised by other Specialist Medical Colleges
- OTP Interviewer Training, which is a one-day workshop introduced to familiarise assessors with the regulatory context and the College's role in the assessment of SIMGs. The training program also provides information on the assessment process, the role of the interviewer and the complexities involved in SIMG assessments. Practical activities, such as role plays, are also included. The training is run across Australia and Aotearoa New Zealand, and to date, 96 Fellows have completed the program providing positive feedback on the benefits of the training. The program also contributes to Fellows continuing professional development
- Decision-making guidelines for SIMG Committee members to support consistency as well as knowledge transfer for new Committee members
- Access to the [RACP Support Program](#) and [wellbeing resources](#) developed by the College

- Access to the [College Learning Series](#). The lectures, while targeted at supporting Basic Trainees, also work as refresher lectures for SIMGs, delivering useful, up to date information across the curricula (see [Standard 4](#)).

We continue to promote awareness of initiatives across the College that support SIMGs.

### **Updating our policies and guidelines**

Our SIMG [policy](#) and [guidelines](#) are regularly reviewed to provide up-to-date information for SIMGs. The latest edition of the guidelines was published in August 2019.

We operate our SIMG assessment processes according to the principles of procedural fairness and continue to see a decline in the number of reconsiderations, reviews and appeals as a result of the quality improvement initiatives undertaken and the additional resources introduced to support SIMGs, their assessors and supervisors.

### **Developing an online version of our OTP Interviewer Training Program**

Considering the recent events relating to COVID-19, we are developing the OTP Interviewer Training Program into an online resource for use by assessors in Australia and Aotearoa New Zealand. The resource will support continued delivery in the absence of face-to-face workshops and will also act as a refresher course for Fellows already trained. The resource is due to be delivered by December 2020.

## **Five-year development plans, implementation milestones**

### **Ensuring alignment to the MBA Good Practice Guidelines for SIMG assessment**

The Medical Board of Australia (MBA) is due to release the revised Good Practice Guidelines for the SIMG assessment process. The College provided a response to the confidential and public consultations supporting the revisions in early 2020. Based on these proposed revisions, we do not anticipate major changes to our processes but will review to ensure alignment, where required.

### **Expanding our support resources for peer reviewers and supervisors of SIMGs**

Pending release of the MBA's revised guidelines, we plan to develop further supporting materials for peer reviewers and supervisors of SIMGs. This is likely to include updated guidelines, and potentially an online resource, to support and guide supervisors/peer reviewers in their roles and responsibilities within the assessment process.

### **Monitoring SIMG experiences of the assessment process to improve our processes**

In January 2020, we undertook an evaluation of the SIMG assessment process in Australia by surveying 200 SIMGs who recently achieved Fellowship. We received a 49% response rate, and preliminary findings suggest strong overall satisfaction. Detailed analysis is currently being undertaken, and this will inform future quality improvement activities throughout 2021.



## **Reviewing how we can support SIMGs**

In collaboration with Education, Learning and Assessment, we will participate in the review of the [Training Support Pathway](#). This will consider support mechanisms offered to SIMGs as well as trainees. Health and wellbeing resources will also be considered as part of this review.

## **Identification and assessment factors that could influence the achievement of goals**

The achievement of the first two goals listed above are dependent upon the release of the MBA's revised guidelines, which will dictate whether major changes are required to assessment processes and procedures and the potential revision requirements and timelines of those processes or procedures.

In addition, the availability of interviewers, assessors and peer reviewers is a factor that could influence the achievement of goals. We are reliant on members for all assessment-related OTP functions and continue to encourage and support their involvement with OTP and the College.

## **2. Addressing accreditation conditions**

There are no open conditions remaining.

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

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

## **Section B:**

### **Report on Quality Improvement Recommendations**

Quality improvement recommendations are suggestions for the education provider to consider (not conditions on accreditation), and the AMC is interested in how the College considers these, and what, if any, action occurs as a result.

This section provides an update on Quality Improvement Recommendations.

## Standard 3:

### Recommendation HH

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

#### 2019 AMC Commentary

*The College continues to collaborate with key stakeholders in prevocational training at local, state and national level. The College is yet to define the capabilities expected from for these two years of training and how they link with entry to Basic Physician Training.*

*The College is asked to demonstrate a clear link established and how this was done in the 2020 report.*

We have clarified the links between postgraduate experience and College training programs with the publication of the new Basic Training program handbooks. Our new Adult Internal Medicine and Paediatrics & Child Health Handbooks include program entry and selection criteria, which clarify the expected abilities of trainees entering each program. For example, the selection and entry criteria published in the Adult Internal Medicine 2021 Handbook are outlined below (Figure 24).

Figure 24: Selection and Entry Criteria in the New Basic Training Adult Internal Medicine 2021 Handbook

## 2021 Training program requirements

### Summary

#### What do I need to do?

#### When do I need to do it?

#### Entry and registration requirements



1 Registration form

- Before 30 November for New Zealand applicants
- Before 31 January for Australian applicants

Prospective trainees can demonstrate...

#### Selection criteria

- A commitment and capability to pursuing a career as a physician or paediatrician
- The ability to plan and manage their learning
- The ability and willingness to achieve the Basic Training Competencies, particularly those associated with:
  - Communication
  - Cultural competence
  - Ethics and professional behaviour
  - Leadership, management, and teamwork

#### Entry criteria

- A Basic Training position in an RACP-accredited training setting or network.
- General medical registration with the Medical Board of Australia if applying in Australia or a medical registration with a general scope of practice with the MCNZ if applying in New Zealand.

We continue to collaborate with organisations designing the prevocational curricula to clarify the links between the first two years of postgraduate experience and entry into Basic Training.

In October 2019, the AMC invited the College to comment on the scope of their [review of the National Framework for Medical Internship](#). Initially published in 2014, the National Framework for Medical Internship sets standards and provides guidance relating to training, assessment, and quality assurance for the internship years of medical training. In November 2019, we responded to the AMC's request for feedback on the scope of the review. Our response indicated our support for the proposed scope of the review and the shift to a competency-based postgraduate curriculum. We believe that a competency-based postgraduate curriculum would significantly support an intern's transition into our new competency-based Basic Training program.

In February 2020, the AMC wrote to the College to request use of our Basic Training curriculum materials and Entrustable Professional Activities as resources to build on and/or use as reference documents in the development a two-year prevocational capability and performance framework. In the spirit of collaboration, we consented and agreed to meet with members of the AMC to share our experience in developing our e-products and supervisor training materials.

Alignment of the new postgraduate curriculum to our Basic Training curriculum will enhance the link between the first two years of postgraduate experience and College training programs. The AMC has projected that the review of the National Framework for Medical Internship will be complete in late 2020, at which point we will review the vertical integration of the postgraduate training years to the start of Basic Training.

## Standard 4:

### Recommendation ZZ

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

### 2019 AMC Commentary

*The College are still in the process of communicating the learning, teaching and assessment structure of the basic training program to its trainees and supervisors. Learning opportunities are still to be defined for each training rotation and these will need to be blue printed to the 10 basic training learning goals. The common learning and teaching methods for advanced training are not yet finalised.*

### Basic Training Learning Model

The Basic Training Learning, Teaching, and Assessment program (A5.2) represents the learning model followed by Basic Trainees and clearly outlines all training program requirements and timelines for their completion. The program has been published in the new Basic Training Handbooks for Adult Internal Medicine and Paediatrics & Child Health and can be accessed by all Basic Trainees.

According to the Basic Training Learning, Teaching and Assessment program, trainees are required to gain clinical experience over a mix of training rotations. As part of implementing our new Basic Training program, training settings will be required to define the learning opportunities for each rotation and map these to the 10 key learning goals for the program. This information will be collected using the rotation description forms on Tracc (Figure 25).

**Figure 25: Preliminary Screenshot of Rotation Description Form Built into Tracc**

Add rotation supervisors to rotation

Filters

Last Name  Search ADD NEW ROTATION SUPERVISOR TO SYSTEM

CLEAR SEARCH

FIRST NAME / PREF NAME	SURNAME EMAIL	PHONE	FTE AT SETTING	ROTATION SUPERVISOR	RESPONSIBLE SUPERVISOR	HEAD OF DEPARTMENT	QUALIFICATION ALLOCATED TO SUPERVISION	HOURS
Henry	Harkins hh@xxx.com		1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		30
Alex	Brixton ab@xxx.com		1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		0

Learning opportunities mapped to key learning goals

Basic Training in Adult Medicine - AU Admissions / On take Edit ADD LEARNING OPPORTUNITY

LEARNING OPPORTUNITY	KNOWLEDGE GUIDES (KGS) - AIM	COMMUNICATION WITH PATIENTS (EPA2)	CLINICAL ASSESSMENT (EPA1)	DOCUMENTATION (EPA3)	PRESCRIBING (EPA4)	TRANSFER OF CARE (EPA5)	INVESTIGATIONS (EPA6)	ACUTELY UNWELL PATIENTS BEHAVIOURS (EPA7)	PROFESSIONAL
Admissions / On take	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ambulatory Clinics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Community / out reach services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exam Preparation Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grand Rounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1 2 3

Trainees will be able to use this information to create learning plans that align learning activities with the curricula standards.

The Basic Training Learning, Teaching, and Assessment program also specifies a range of assessments that must be completed by trainees, including learning captures, observation captures, and rotation plans/progress reports.

### Advanced Training Learning Model

February 2020 marked a significant milestone in the development of the Advanced Training learning model, with the College Education Committee approving the common curricula standards for Advanced Training. With the common curricula standards finalised, our focus has shifted to developing the Advanced Training Learning, Teaching, and Assessment program, which represents the learning model that will be followed by Advanced Trainees.

A draft of the Learning, Teaching, and Assessment program has been completed (A3.1) and outlines the training program requirements and the timeline for their completion. The draft program proposes that Advanced Trainees will need to complete at least 36 months of relevant professional experience in approved rotations in at least two different training settings. The program also specifies a range of assessments that trainees must complete, including learning captures, observation captures, progress reports, case reports, and a research project. As the program is still in draft form, it has yet to be communicated to Advanced Trainees.

## Standard 5:

### Recommendation LL

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

#### 2019 AMC Commentary

*The College continues to provide pre-examination feedback to examiners through calibration sessions. These sessions are regularly reviewed to ensure that they are providing relevant and targeted examiner training. In addition, the marking guide has been reviewed with the intention of providing both candidates and examiners with improved clarity on the competencies being assessed. There is also a new marking scale linked to curriculum competencies and inter-rater reliability has been greatly improved. This remains work in progress with the College focusing on providing examiners with greater feedback with respect to their performance.*

We use an Examiner Feedback Form (A5.3) to guide thirty-minute structured face to face peer feedback sessions scheduled during each examination day. Senior examiners, who are members of the National Examining Panel, provide feedback to their examining partners, however two-way peer to peer feedback is encouraged.

We continue to provide pre-examination feedback to examiners through calibration sessions. Calibration sessions are regularly reviewed to ensure they provide relevant and targeted training for examiners. We are reviewing the calibration process and examiner support materials this year ahead of introducing the modular examination delivery model.

### Recommendation MM

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

#### 2019 AMC Commentary

*The College continues to explore the recommendation to conduct the written examination twice a year but have been hindered by the failure of the computer-based written examination in 2018 and the requirement for larger examination item banks. This remains “work in progress”.*

### Timing of the Divisional Clinical Examination

The College has explored the implications of changing the timing of the Adult Internal Medicine Clinical Examinations. The timing of the Adult Internal Medicine Clinical exams has to date remained unchanged; however, the Paediatrics & Child Health Clinical Exams moved to earlier in the year in 2016.

In 2019 the Clinical Examination Capacity Working Group proposed to move the Divisional Clinical Examination for Adult Internal Medicine from July/August to June in 2021. As a result of the postponement of our 2020 examination due to the impacts of COVID-19, this action is currently on hold and will be reviewed in relation to the 2022 Divisional Clinical Examination.

## **Decoupling Divisional Written Examination papers**

Consultation undertaken as part of the curricula renewal determined that members do not generally support de-coupling the medical sciences and clinical applications papers of the Divisional Written Examination. This continues to be considered as part of the ongoing review of the Divisional Written Examination.

## **Conducting key written examinations twice a year**

The Board has endorsed a strategy for a carefully phased transition to computer-based testing (CBT) for key written exams, developed with guidance from the College Education Committee.

The February 2021 Divisional Written Examination will be offered via the current paper-based exam method. The initial rollout of CBT will be with the Australasian Faculty of Rehabilitation Medicine (AFRM) Module 1 Assessment in mid-2021. A limited rollout of the Divisional Written Examination for Basic Trainees will then be run later that year. Trainees have asked for more than one Divisional Written Examination per year and we are excited to be able to work towards delivering this.

To make CBT a success, a range of committees have been closely involved and consulted including the AFRM Assessment Committee, AFRM Education Committee, AFRM Trainees' Committee, AFRM Council, College Trainees' Committee, College Education Committee and all committees involved in assessments. A dedicated group of trainees and Fellows have also joined our CBT Working Group to provide advice and feedback.

This project addresses the recommendations in the Ferrier Hodgson (PDF) and BDO report (PDF), developed in response to the 2018 CBT Divisional Written Examination. We are making sure there will be a significant amount of time for testing. Mock exams will be run using live systems in test centres and strict conditions must be met before a College exam can be run as CBT. We are also finalising the arrangements for how a back-up exam will run should it be required.

We are currently evaluating submissions to a Request for Proposal for the Computer Based Testing (CBT) project. Once an RFP is accepted, the CBT project will transition to the new exam schedule in 2021 by offering a second Divisional Written Exam in late 2021 by Computer Based Testing only.

Delivery of the CBT project will be evaluated and if delivery of this project is successful, we will commence offering the Divisional Written Exam two times each year from 2022. Significant development work is required to build an item bank of a suitable size and quality to create the required number of examination forms to support this initiative on an ongoing basis and work is underway to support this.

## **Standard 6:**

### **Recommendation NN**

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

### **2019 AMC Commentary**

*The College have developed draft accreditation requirements for basic training. The requirements include executive summary reports for all training settings with the intention that these are made available on the College website.*

The College is continuing work to progress this recommendation. There are plans for the new Training and Accreditation (Tracc) system to include a reporting feature. We will be evaluating if this feature includes executive summary reports, which could be lifted out of the system to be made available on the College website.



## **Appendix 1 – Attachment list**

**Appendix 1 attachments listed here are provided separately to this report**

### **Standard 1. The context of training and education**

- A1.1 Effective Governance – Summary Progress Report #3 (May and June 2020) RACP
- A1.2 List of College Bodies that report to the Board

### **Standard 2. The outcomes of specialist training and education**

- A2.1 Advanced Training Curricula Renewal Program-Specific Review Plan

### **Standard 3. The specialist medical training and education framework**

- A3.1 Draft Advanced Training Common Learning, Teaching, and Assessment Program

### **Standard 4. Teaching and learning**

N/A

### **Standard 5. Assessment of learning**

- A5.1 Description of the RACP Written Examination
- A5.2 Basic Training Learning, Teaching, and Assessment Program
- A5.3 Examiner Feedback Form

### **Standard 6. Monitoring and evaluation**

- A6.1 Draft 2019 Medical Training Survey Analysis and Consultation Plan

### **Standard 7. Issues relating to trainees**

- A7.1 Flexible Training Policy

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

- A8.1 Training Provider Accreditation Policy

**Standard 9. Continuing professional development, further training and remediation**

N/A

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

N/A



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**The Royal Australasian College of Physicians**

145 Macquarie Street, Sydney NSW 2000, Australia

Tel: +61 2 9256 5444 | Fax: +61 2 9252 3310

[racp@racp.edu.au](mailto:racp@racp.edu.au) | [www.racp.edu.au](http://www.racp.edu.au)