

Physician of the Future

Report to the College Council and RACP Board on the outcomes and recommendations from the Physician of the Future Working Group.

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1. EXECUTIVE SUMMARY

The following report identifies key trends and opportunities for the Physician of the Future and makes recommendations for the Royal Australasian College of Physicians (RACP) to consider in preparing Fellows and trainees for practice in the next decade.

This report arose from a series of meetings held in 2022, at which a broad cross-section of the RACP membership and a consumer discussed the definition of a Physician and six themes for the Future Physician: (1) the Future Patient; (2) the Future Physician; (3) Training the Future Physician; (4) the Future Physician Workforce; (5) the Future Healthcare Organisation; and (6) Future Healthcare Technology. Discussion related to improvements in current practice and some of these issues overlapped with the work of other RACP groups working on Indigenous health, equity, and rural and regional training.

Despite the uncertainties of the future (for example, with the risks of further pandemics and climate change), the physician workforce is practical, adaptable, and resourceful, and remains focused on providing the highest-quality patient care.

We envisage that the major changes facing the Physician of the Future include that:

- The Future Patient has more complex medical issues and is better-informed and seeks a greater role in healthcare decision-making.
- The Future Physician Workforce is skewed bidirectionally towards more generalists, and more superspecialists with highly specific knowledge and technical skills. The Future Physician Workforce includes more women, and those who may prefer more flexible training pathways and less-than-full-time hours of work.
- The physician workforce maldistribution must be addressed, and regional, rural, and remote sites supported to obtain accreditation for training and enhance their education and learning opportunities.
- The RACP and the future health system must address physician and trainee wellbeing, so clinicians avoid issues like burnout, chronic illness, or cultural/colonial loading on Aboriginal, Torres Strait Islander, Māori, and Pasifika members, so that patients receive optimal care because skilled professionals are retained in practice.
- Efforts to improve Indigenous health, including the training of more Aboriginal, Torres Strait Islander, Māori, and Pasifika physicians to meet population parity, and education around cultural safety, must increase.
- The future health system provides more care from a multidisciplinary team, more in-home care, and more widely available care such as telehealth and remote monitoring.
- The future health system has a greater emphasis on population health and preventative medicine.
- Future Healthcare Technology includes the greater use of artificial intelligence, portable diagnostics, robotics, bioprinting, and 'personalised medicine' based on genomic testing, alongside data management, security and privacy protocols.

A major focus of the RACP must be to provide training and education for the Physicians of the Future at all stages of their careers.

- Physician trainees seek a more flexible and less stressful training and assessment program.
- The RACP can further support advanced training by further collaborating with the specialty societies, Faculties, Chapters, and Aboriginal, Torres Strait Islander, Māori, and Pasifika societies, and to build on its current online and archived webinar programs.
- The RACP can provide greater training in general skills such as teaching and education, leadership, management, Aboriginal, Torres Strait Islander, Māori, and

Pasifika health, mental health and addiction issues, advocacy, and future health technologies.

- The RACP should lead in sharing educational resources with other specialist medical colleges, and with medical professionals in the Asia-Pacific region, as well as comparable countries and blocs (such as Europe) from which some of our physicians come.
- The RACP must become more agile in its work practices to prepare for the future.

2. INTRODUCTION

The Royal Australasian College of Physicians (RACP) College Council, the peak advisory body to the RACP Board, identified the 'Physician of the Future' as an initiative in its 2020–2022 work plan. In 2021, terms of reference were developed and approved establishing the Physician of the Future Working Group (PFWG) to explore the role of the physician in the following decade.

For this report, the term 'physician' encompasses adult physicians, paediatricians, and specialists in all specialties where training is supervised by the RACP.

2.1. PFWG Purpose

The PFWG was charged with developing a report for the College Council, with recommendations for implementation by the RACP. The role and responsibilities of the PFWG, as outlined in the PFWG Terms of Reference, included to:

- Consider actions required in relation, but not limited, to physician education, professional development, and professional adaptation.
- Develop a project plan to advance a Physician of the Future strategy.
- Ensure appropriate consultation with relevant external and internal stakeholders such as, but not limited to, the College Education Committee and the College Trainees' Committee, in developing the project plan.
- Present recommendations to the College Council for endorsement prior to presentation to the College Board for approval.

2.2 Membership

The PFWG comprised 12 members from the Adult Medicine Division (n=2); Paediatrics and Child Health Division (n=2); Australian Faculty of Occupational and Environmental Medicine (who later withdrew) (n=1); Australian Faculty of Rehabilitation Medicine (n=1); basic trainees (n=2); advanced trainees (n=3); and a consumer representative (n=1). Members were from Australia (n=11) and Aotearoa New Zealand (n=1).

2.3 Consultation

The PFWG met seven times by Zoom (refer to Appendix 1), and draft documents were reviewed offline by members, before presentation to the College Council. In developing the document, the PFWG met with the College Dean, President-elect of the Australasian College for Emergency Medicine, and received updates from the Gender Equity in Medicine Working Group (part time training) and the Rural and Regional Physician Working Group. The PFWG recognised that some of its roles overlapped with other College bodies, including the Aboriginal and Torres Strait Islander Health Committee, Māori Health Committee, Member Health and Wellbeing Committee, Gender Equity in Medicine Committee, Membership Diversity Advisory Group, Regional and Rural Physician Working Group (now the Regional, Rural, and Remote Physician Working Group), and the many training committees.

Recommendations were reached by consensus.

3. DEFINING 'PHYSICIAN'

The PFWG was asked to develop a definition of physician that could be used by the RACP and understood by physicians and the communities they serve in Australia and Aotearoa New Zealand. It was decided that such a definition required extensive consultation with the broader membership and was therefore beyond the scope of this report.

4. BACKGROUND

To appreciate the advances expected over the next decade, the PFWG first reflected on changes in the last ten years—some of which related to the COVID-19 pandemic. These included:

- An increased emphasis on the quality of care, patient safety, and value-based care.
- The implementation of multidisciplinary care.
- The adoption of in-home and in-place care.
- Recognition of the importance of preventative and public health.
- The introduction of electronic medical records and the widespread uptake of telehealth.
- Increasing medical interaction with government and government policymakers.

As physicians, the PFWG consider the priorities for the future to be:

- A greater emphasis on personalised and patient-centred care and outcomes, including a focus on the patient's lived experience and physician understanding that overlapping identities influence and individual's experience of advantage or disadvantage.
- The need for more flexible training and workplace practices that enable physicians to acquire new skills and ongoing education throughout their career.
- Support for the wellbeing and mental health of trainees, physicians, their families, and colleagues.
- Addressing health inequities. For instance, gender, indigeneity, racial, and geographical inequity in rural and remote areas.
- Aboriginal and Torres Strait Islander health – including a focus on truth-telling, allyship, Reconciliation, and healing.
- Hauora Māori – including developing skills to effectively navigate digital platforms while maintaining the principles of manaakitanga (hospitality and care), whanaungatanga (relationships and connections), and wairuatanga (spirituality).
- Improvements in the quality of aged and disability care.
- Improved integration of care across specialities.
- Dealing with the risk of climate change on health.

Some of these areas are outside the scope of this paper but are included here because the Future Physician will also advocate for improvements in health.

4.1. Current Physician Profile

The RACP comprises two Divisions (Adult Medicine and Paediatrics & Child Health Medicine) including 35 specialities, three Faculties (Occupational and Environmental Medicine, Public Health Medicine, and Rehabilitation Medicine), and three Chapters (Addiction Medicine, Palliative Medicine, and Sexual Health Medicine).

As of September 2025, the RACP has more than 33,000 members, over 9,500 of whom are trainees. Of the trainees, 54% are basic trainees and the remainder are advanced trainees in one of the 35 specialty advanced training programs (<https://www.racp.edu.au/trainees/advanced-training>).

5. THE FUTURE PHYSICIAN

Key themes with an impact on the Physician of the Future represent the basis of this report¹. These are: the Future Patient, Training the Future Physician, the Future Physician Workforce, the Future Healthcare Organisation, Future Health Technology, and Academia and Research. However, recommendations also overlap between these themes. Although the RACP is not an employer of physicians, and many conditions of employment are decided elsewhere, the RACP still wields power in that it determines the criteria for accreditation of health services for physician training.

5.1. The Future Patient

- The Future Patient is more likely to be older, and have more complex medical conditions, more comorbidities, and more frailty.
- The Future Patient has more comorbidities such as diabetes, and more mental health challenges like anxiety. These conditions are influenced by longer life-expectancy, socio-economic factors and increasing uncertainty, insecurity and the pace of life for all demographics.
- The Future Patient is more knowledgeable and seeks a greater role in healthcare decision making, and more 'personalised' medical care, should each patient consent to this model of care, understanding that this will not be preferred by all patients.
- The Future Patient has access to their own electronic medical records that contribute to improved health literacy and decision-making. The physician should facilitate this as much as possible, noting the limitations of digital literacy and infrastructure.
- The Future Patient's experience and quality of care for the Future Patient are of utmost importance, ensuring that services are culturally responsive and respectful.
- The Future Patient bears more of the responsibility for their own health supported by public health measures that align with truth-telling, allyship, Reconciliation, and healing and the principles of manaakitanga (care) and whanaungatanga (relationships).

The health system must serve the needs of the patient. Patients currently have access to increased medical information from various sources and the Future Patient will be more informed about their diagnoses and treatment options.

The Future Patient may have direct access to their own electronic medical records and test results. Improved communication between patients' healthcare workers will be enabled by the wider use of the electronic medical record. The information provided by physicians and those writing reports must be able to be understood by the patient and their support network.

R01	The RACP supports members to partner with patients in decision making and assist them with developing an individualised approach to management.
R02	The RACP encourages members to adopt strategies that enhance patient health literacy, such as providing access to letters and investigations and promoting membership in Patient Support Groups. Additionally, it emphasises the importance of delivering culturally appropriate care, using suitable language and ensuring cultural safety to foster patient engagement and empowerment in their healthcare journey.
R03	The RACP empowers patients to address lifestyle issues that impact their health.

¹ Fernandes L, FitzPatrick MEB and Roycroft M. (2020). The role of the Future Physician: building on shifting sands. Clinical Medicine, 20(3), pp.285–289. doi:10.7861/clinmed.2020-0030.

R04	The RACP encourages the Future Physician to advocate for and support public health measures to reduce lifestyle harms.
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5.2. The Physician of the Future

- The Future Physician requires broader skills, including health service and team management.
- The Future Physician needs to ensure a culturally safe environment.
- The Future Physician must support public health initiatives as well as maintaining their own health and mental wellbeing.
- The Future Physician needs to recognise the contribution of Overseas Trained Physicians.

The Future Physician workforce includes divergent trends towards more generalists and more superspecialists. More generalists are required to care for the ageing population with their multiple, chronic, and increasingly complex conditions. More superspecialists with specific knowledge and technical skills are required to keep pace with rapidly advancing developments in diagnostics and therapeutics, and with genomics-based insights. Superspecialisation may also require more dual-trained specialists, for example training in palliative care for respiratory physicians who work with patients with terminal lung disease; in population health for infectious diseases physicians; and in genomics for many different specialities. New specialities such as chronic disease management, adolescent health, metabolic disease, and the care of adults with disabilities from childhood may expand.

The Future Physician also requires broader skills including in education training, management and leadership, and research training. The Future Physician will need to further develop and refine their advocacy skills, to support their patients, communities, and their profession. The Future Physician should be encouraged to advocate for changes to deal with social disadvantage, healthcare inequalities and climate action.

The Future Physician will treat patients from diverse cultural backgrounds and must provide a culturally safe environment. Cultural safety and competency benefit all patients and communities, including those based on age, gender, sexual orientation, socioeconomic status, ethnicity, religious beliefs, and disability. Cultural competency and safety are essential to empowering Aboriginal and Torres Strait Islander people to lead healthier lives and achieving Hauora Māori (Māori health and wellbeing).

Definition of cultural safety

The RACP has adopted the [Medical Council of New Zealand's definition of cultural safety](#): "Cultural safety can be defined as:

- The need for doctors to examine themselves and the potential impact of their own culture on clinical interactions and healthcare service delivery.
- The commitment by individual doctors to acknowledge and address any of their own biases, attitudes, assumptions, stereotypes, prejudices, structures, and characteristics that may affect the quality of care provided.
- The awareness that cultural safety encompasses a critical consciousness where healthcare professionals and healthcare organisations engage in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care, as defined by the patient and their communities."

The RACP must support the Future Physician in staying current in both their specialty and in general or acute medicine, and with new managements and technologies in collaboration with speciality societies. Education can be provided in webinars which are then archived in the online RACP library or future platform to supplement external education and training programs. This is of particularly importance for physicians and trainees with more limited access to education.

In particular, the RACP should facilitate the education and training required for continuing professional development and fulfilling the regulatory requirements. The College Learning Series was developed for basic physician trainees but should be publicised to be available to all RACP members.

The Future Physician must support public health initiatives and primary care physicians in advocating for healthy lifestyles and self-care, and in ongoing management of chronic disease.

The Future Physician and trainee must maintain their own health and mental wellbeing. All Future Physicians and trainees will contribute to an improved culture and the eradication of bullying. Strategies to support mental wellbeing include improved medical staffing levels, fostering a culture of peer support, and addressing issues such as the administrative load, loss of autonomy and reduced time for patient care. The RACP can support such strategies through their process of accreditation for training.

The future health system will continue to rely on Overseas Trained Physicians. The Future Physician should acknowledge their contribution and the RACP facilitate their acculturation and transition to work in these countries.

The RACP can also facilitate transition to retirement with webinars on opportunities available for retiring physicians to use their skills acquired through a lifetime of medical practice.

The RACP should share its educational resources with the other specialist medical colleges within Australia and Aotearoa New Zealand and with professionals working in healthcare in the Asia Pacific region.

R05	The RACP continues to expand educational offerings for the Future Physician to include updates on medical developments in General and Acute Care Medicine and medical specialities in collaboration with the specialty societies.
R06	The RACP advocates for improved working conditions and providing a culturally safe environment.
R07	The RACP promotes the College Learning Series to all RACP members.
R08	The RACP facilitates the development of new training programs in emerging specialties.
R09	The RACP provide educational and other programs suitable for continuing professional development.
R10	The RACP seeks ways to develop educational resources to be aware of and support Fellows' and trainees' well-being and mental health.
R11	The RACP supports and promotes physicians practising in regional, rural, and remote areas.
R12	The RACP collaborates with other specialist medical colleges to enhance synergies in education.

R13	The RACP provides access to its educational resources to developing countries in the Asia-Pacific region.
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5.3. Training the Future Physician

- The Future Trainee expects more flexibility in training.
- The Future Trainee expects more support for examination preparation from the RACP.
- The RACP facilitates opportunities for training in regional, rural, and remote locations.
- The Faculties and Chapters are given further educational resources.
- The Future Trainee is given educational resources for research training.

The revision of the [RACP Flexible Training Policy](#) acknowledges the importance of flexibility in training.

The College Learning Series should be expanded and enhanced, for example, by providing multiple choice questions (MCQs) for each lecture.

The PFWG had specific recommendations in relation to the written and clinical examinations. It is recommended that trainees have access to past papers to assist with their examination preparation; that the written examination questions follow the syllabus more closely and focus on realistic and practical clinical problems rather than esoteric knowledge; that the RACP provide further examples of 'short case' examinations in the form of webinars as preparation for the clinical examination; and that there be at least two examination cycles per year. Increased support for mental health and wellbeing during the examination period and training is also recommended.

The PFWG identified frequent difficulties in completing the required research project resulting from a lack of training resources and supervision. The RACP can provide some of the resources required for completing the research project such as webinars on scientific writing; design of a simple clinical trial; how to undertake a systematic review; and basic statistics.

There is interest in later workforce opportunities, for example, gaps in the number of physicians working in certain specialities.

R14	The RACP advocates for and supports part-time training among physician trainees and updates relevant training policies, as necessary.
R15	The RACP College Learning Series provides learning for trainees that is aligned to the College curriculum, continuously updated, and accessible from any device.
R16	The RACP publishes recent past papers or sample questions to assist with examination preparation for physician trainees.
R17	The RACP provides more examples of 'short cases' online in both demonstration and examination format for physician trainees preparing for the clinical examinations.
R18	The RACP ensures that there are national online training programmes and other resources for all the Chapters and Faculties.
R19	The RACP supports accreditation and promotes training and education in regional, rural, and remote locations.
R20	The RACP supports more training in the specialties that are required but underrepresented.
R21	The RACP supports research training webinars.

5.4. The Future Physician Workforce

- The Future Physician Workforce will help improve the maldistribution of physicians in metro and rural and regional locations.
- The Future Physician Workforce will have more flexible (including less-than-full-time) working patterns.
- The Future Physician Workforce will rely more on multidisciplinary team care, with a wider remit of nursing and other healthcare workers.
- The Future Physician Workforce will have more in-home and in-place care and more remote monitoring.
- The Future Physician Workforce will have more Aboriginal, Torres Strait Islander, Māori, and Pasifika physicians.
- The Future Physician Workforce will recognise the contribution of, and support, Overseas Trained Physicians.
- The Future Physician Workforce will adapt to new technological advances.

The current physician workforce has a much greater proportion based in metropolitan centres. The RACP must assist with the accreditation of non-metropolitan training sites, with the aim of increasing the number of physicians in these areas. It is the advanced trainees who represent the likely Future Physicians in these locations so promotion and support of these training sites is important. The RACP should implement effective monitoring and evaluation methods to ensure that accredited sites are safe learning environments for our trainees.

With more physicians who are female in the workforce, and more physicians seeking a better work-life balance, more flexibility is needed in working patterns.

Evolution of the roles of members within multidisciplinary teams may see the physician focus on more specialised practice and an increased role expansion of other health professionals such as nurse practitioners.

The Future Physician Workforce plan will advance initiatives supporting the [RACP Indigenous Strategic Framework](#) priorities to fulfill our commitment to Te Tiriti o Waitangi, as outlined in the Indigenous object of the RACP Constitution. This includes upholding and promoting the principles of the [Uluru Statement from the Heart](#) and meeting the RACP's obligations under the [United Nations Declaration on the Rights of Indigenous Peoples \(UNDRIP\)](#). The plan will enhance the recruitment, retention, and professional development of Aboriginal, Torres Strait Islander, Māori, and Pasifika physicians, addressing the healthcare needs of the Indigenous population.

The physician workforce must prepare for further technological advances, with increased eHealth, electronic medical records, and artificial intelligence. The move to telehealth will continue.² Some supervision of trainees will be possible remotely.

R22	The RACP facilitates the accreditation of basic and advanced training positions for rural and regional sites and assists with ongoing education and training in these sites.
R23	The RACP facilitates opportunities for basic and advanced training in rural and regional locations.
R24	The RACP collaborates with government workforce planners to advocate and plan for the workforce required for rural and regional centres, their training, educational resources, and significantly enhanced infrastructure to ensure regional, rural and remote

² Cervin C. (2021). Seeking a better future. *Canadian Family Physician*, 67(10), pp.789–789. doi:10.46747/cfp.6710789.

	connectivity which is sufficiently reliable to rural clinicians and patients at parity with metropolitan counterparts.
R25	The RACP continues to monitor the number of physicians and trainees identifying as Aboriginal, Torres Strait Islander, Māori, or Pasifika.
R26	The RACP supports members to work in new ways that add meaningful value, including remote monitoring of training or supervision.
R27	The RACP supports and promotes the work of Overseas Trained Physicians and provides education to facilitate their transition to work in Australia or Aotearoa New Zealand.
R28	The RACP facilitates physicians using their skills in retirement.

5.5. The Future Healthcare Organisation

- The Future Healthcare Organisation has a greater focus on preventative public health measures and better healthcare for all.
- The Future Healthcare Organisation values personalised (including community-based and localised) or precision-based models of care.
- The Future Healthcare Organisation emphasises value-based healthcare.
- The Future Healthcare Organisation includes virtual wards, clinics, and emergency departments, and uses remote monitoring.
- The Future Healthcare Organisation improves communication within the teams caring for the patient through use of the electronic medical record and My Health Record.

Disease prevention and health improvement will be adopted increasingly in response to the demand for sustainable healthcare. The Future Patient will have greater access to preventative care through population health strategies. They will also have more personalised healthcare, influenced by increased patient awareness, autonomy, and shared decision-making. Community-based and localised care is also important for many patients, including those from Aboriginal, Torres Strait Islander, Māori, and Pasifika backgrounds.

Healthcare will be delivered more in place with remote monitoring and telehealth. Emergency care will be delivered more often through video health. Care for the Future Patient will be integrated better from the clinic or hospital to the home. This will be accompanied by the need for increased in-home medical and nursing support, physiotherapy, and allied health services.

The use of the electronic medical record will facilitate health management from primary care to the specialist clinic, in patient care, laboratory investigations and allied health care and rehabilitation.

R29	The RACP facilitates training in new models of health care and includes them in site and training position accreditation.
R30	The RACP supports more training in public health principles and the training of more public health physicians.

5.6. Future Health Technology

- Future health technology includes enhanced and remote patient monitoring with new developments in telehealth and increases in other technology including artificial intelligence.
- Future health technology includes machine learning aids in diagnostics and other areas.
- Future health technology includes machine-assisted procedures such as robotics in investigations and treatment.
- Future health technology includes the use of “chatbots” and other forms of artificial intelligence to answer questions and interpret pathology tests and imaging.

The adoption of new technologies in healthcare such as telehealth accelerated during the COVID-19 pandemic, and made it easier, faster, and more convenient for patients to obtain medical advice.

Other recent technical developments include remote monitoring, wearable technology, 3-dimensional bioprinting, virtual and augmented reality, and the increased use of artificial intelligence and to interpret test results.

Healthcare is looking ahead to further integrate data sharing in research.

R31	The RACP provides opportunities and resources to enable developing skills in new and emerging technologies and subject matter such as genomics, artificial intelligence.
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5.7. Research and Academia

- Research will continue to play a key role in the Future Physician’s work, whether in acquiring the skills to interpret the medical literature or as a physician-researcher.
- With the electronic medical record and the availability of “big data” there are further opportunities for research in data analytics.
- The RACP helps facilitate research for physicians and trainees and removes barriers.
- The RACP provides further PhD research training scholarships and research grants.
- The RACP facilitates training opportunities for stand-alone research work that aims to add to a body of knowledge, fostering multidisciplinary collaboration, translation, and publication.

Training modules in research techniques and the recorded reflections of researchers to encourage, educate, and inspire physicians starting out in their careers.

The RACP provides more PhD scholarships and research funds, and advertises these, and ensures equity in their award.

Physicians involved in research will continue to engage with patients, who are important members of the research team.

The RACP facilitates greater collaboration with Human Research Ethics Committees (HRECs) across Australia and Aotearoa New Zealand, to help physicians undertaking clinical research in different health services, as occurs in the United Kingdom.

R32	The RACP recognises the importance of research and research training to clinical care.
R33	The RACP provides structured and ongoing research training (for trainees and Fellows) through the development of online resources.

R34	The RACP increases its available internal research grants, encourages patient/consumer participation in assessment of research grants, and seeks to achieve equity among research grant recipients.
R35	The RACP works with the bodies responsible to remove barriers to research, such as a unified simplified ethics application.
R36	The RACP increases its academic activity and publishes its educational outcomes so that they can be bench-marked.

6. RECOMMENDATIONS AND PROPOSED ACTIONS

Recommendations		Proposed actions
The Future Patient		
R01	The RACP supports members to partner with patients in decision making and assist them with developing an individualised approach to management.	- Partner with health consumer organisations to provide education and support to physicians and trainees. - Create online repository for known and available resources.
R02	The RACP encourages members to adopt strategies that enhance patient health literacy, such as providing access to letters and investigations and promoting membership in Patient Support Groups. Additionally, it emphasises the importance of delivering culturally appropriate care, using suitable language and ensuring cultural safety to foster patient engagement and empowerment in their healthcare journey.	- Review available patient health literacy resources for physician and trainee suitability. - Develop a communication plan to disseminate resources to physicians and trainees.
R03	The RACP empowers patients to address lifestyle issues that impact their health.	- Engage with the Australasian Faculty of Public Health Medicine (AFPHM) to identify key lifestyle issues impacting health. - Develop advocacy strategy to raise general awareness of lifestyle issues, including physician health.
R04	The RACP encourages the Future Physician to advocate for and support public health measures to reduce lifestyle harms.	Identify and confirm potential measures to reduce lifestyle harms through consultation with the Australasian Faculty of Public Health Medicine.
The Future Physician		
R05	The RACP continues to expand educational offerings for the Future Physician to include updates on medical developments in General and Acute Care Medicine and medical specialities in collaboration with the specialty societies.	- Map current educational offerings available within the RACP such as basic physician training, advanced training, professional development, continuing professional development, lifestyle issues, advocacy. - Consult with specialty societies to identify educational offerings through the RACP and future opportunities. - Identify gaps in current educational opportunities offered by the RACP and specialty societies and develop educational resources.
R06	The RACP advocates for improved working conditions and providing a culturally safe environment.	
R07	The RACP promotes the College Learning Series to all RACP members.	Develop a communications plan to promote the College Learning Series among members and specialty societies.

		Expand the offerings of the College Learning Series to include more diverse offerings.
R08	The RACP facilitates the development of new training programs in emerging specialties.	- Complete environmental scan to identify emerging specialties that require new training programs, for example adolescent health, metabolic medicine, chronic disease management, transition medicine (adults with childhood onset disabilities). - Monitor developments in emerging specialties to identify new training pathways.
R09	The RACP provide educational and other programs suitable for continuing professional development.	- Undertake desktop analysis to identify current educational offerings appropriate for continuing professional development. - Identify gaps and demand for educational programs – short case examination preparation, continuing professional development, advocacy, and other professional development. - Engage with other organisations, for example specialty societies and other specialist medical Colleges, to share resources.
R10	The RACP seeks ways to develop educational resources to be aware of and support Fellows' and trainees' well-being and mental health.	Support the Member Health and Wellbeing Strategic Plan 2023–2026.
R11	The RACP supports and promotes physicians practising in regional, rural, and remote areas.	Support the Regional, Rural and Remote Physician Strategy to improve the attraction and retention of RRR physicians.
R12	The RACP collaborates with other specialist medical colleges to enhance synergies in education.	Actively participate in Council of Presidents of Medical Colleges (CPMC) and Council of Medical Colleges (CMC) roundtable discussions to jointly help with recruitment and retention in regional, rural, and remote locations.
R13	The RACP provides access to its educational resources to developing countries in the Asia-Pacific region.	
Training the Future Physician		
R14	The RACP advocates for and supports part-time training among physician trainees and updates relevant training policies, as necessary.	- Monitor trends in part-time training among physician trainees. - Update relevant policies relating to training based on evidence.
R15	The RACP College Learning Series provides learning for trainees that is aligned to the College curriculum, continuously updated, and accessible from any device.	- Review the College Learning Series to ensure alignment with College curriculum and identify any gaps or inconsistencies. - Explore suitable platforms so that the College Learning Series is accessible from any device.
R16	The RACP publishes recent past papers or sample questions to assist with examination preparation for physician trainees.	Publish past examination papers/questions as a trainee resource for exam preparation.

R17	The RACP provides more examples of 'short cases' online in both demonstration and examination format for physician trainees preparing for the clinical examinations.	Develop examples of short case presentations as a trainee resource in preparation for clinical examinations.
R18	The RACP ensures that there are national online training programs and other resources for all the Faculties and Chapters.	- Engage with relevant Faculty and Chapter regional, education, and training committees to identify opportunities for national training, such as for occupational health. - Increased promotion of existing national training opportunities, such as Annual Training Meetings.
R19	The RACP supports accreditation and promotes training and education in regional, rural, and remote locations.	Support the Regional, Rural and Remote Physician Strategy focus areas and recommendations.
R20	The RACP supports more training in the specialties that are required but underrepresented.	- Review existing data to understand which specialty workforces are underrepresented and in which areas of Australia and Aotearoa New Zealand – that is, identify the gaps. - Consult with relevant specialist medical colleges to identify which subspecialties are seen as underrepresented.
R21	The RACP supports research training webinars.	- Survey current trainees and new Fellows to identify any skills that need further enhancement. - Survey Advanced Training Research Project supervisors to identify any development required for supervisors of research. - Develop research-focused resources. - Develop research and education initiatives that uphold the principles of Māori research ethics, as outlined in Te Ara Tika Guidelines for Māori Research ethics, or Aboriginal and Torres Strait Islander knowledge and methodologies.
The Future Physician Workforce		
R22	The RACP facilitates the accreditation of basic and advanced training positions for rural and regional sites and assists with ongoing education and training in these sites.	Support the Regional, Rural and Remote Physician Strategy focus areas and recommendations.
R23	The RACP facilitates opportunities for basic and advanced training in rural and regional locations.	Support the Regional, Rural and Remote Physician Strategy focus areas and recommendations.
R24	The RACP collaborates with government workforce planners to advocate and plan for the workforce required for rural and regional centres, their training, educational resources, and significantly enhanced infrastructure to ensure regional, rural and remote connectivity which is sufficiently reliable to rural clinicians and patients at parity with metropolitan counterparts.	- Support the Regional, Rural and Remote Physician Strategy focus areas and recommendations. - Seek to partner with bodies like The Energy Charter.

R25	The RACP is committed to increasing the number of physicians and trainees identifying as Aboriginal, Torres Strait Islander, Māori, or Pasifika.	• Support the Indigenous Strategic Framework 2018–2028. • Review and update the RACP process for data collection, including recommendations from the Australian Bureau of Statistics and StatsNZ. • Implement the Aboriginal and Torres Strait Islander Data Sovereignty Framework and the Māori Data Governance Framework. • Support the development of new initiatives to recruit and retain First Nations and Māori trainees, for example fee reimbursement, scholarships.
R26	The RACP supports members to work in new ways that add meaningful value, including remote monitoring of training or supervision.	• Develop and/or facilitate access to resources and knowledge centres/hubs (groups).
R27	The RACP supports and promotes the work of Overseas Trained Physicians and provides education to facilitate their transition to work in Australia or Aotearoa New Zealand.	• Survey Overseas Trained Physicians (OTPs; past and present) to identify gaps in education facilitating their transition to employment. • Identify existing resources available for OTPs working in Australia and Aotearoa NZ. • Develop a communications plan to promote the resources available for OTPs. • Identify funding to support development of OTP resources in Australia and Aotearoa NZ, for example Specialist Training Program project funding. • Develop appropriate resources to facilitate the transition of OTPs into employment in Australia and Aotearoa NZ. • Provide resources that include relevant history, cultural competency, and cultural safety training for OTPs and monitor and evaluate the use of appropriate metrics to determine the efficacy. • Implementation of relevant recommendations of the Independent Review of Overseas Health Practitioner Regulatory Settings (Kruk Review).
R28	The RACP facilitates physicians using their skills in retirement.	• Using member segmentation, identify opportunities for late-stage or retired physicians to continue to contribute to RACP. • Develop communications plan to promote opportunities for using their skills meaningfully to late-stage or retired physicians.
The Future Healthcare Organisation		
R29	The RACP facilitates training in new models of health care and includes them in site and training position accreditation.	•

R30	The RACP supports more training in public health principles and the training of more public health physicians.	• Leverage the public health physicians: Protecting, Promoting and Improving Health for the Whole Community document to develop a communications plan promoting public health medicine training. • Develop resources to fill gaps in knowledge of public health principles.
The Future Health Technology		
R31	The RACP provides opportunities and resources to enable developing skills in new and emerging technologies and subject matter such as genomics, artificial intelligence.	• Conduct regular webinars relating to new and emerging technologies. Making these available in the online library.
Academia and Research		
R32	The RACP recognises the importance of research and research training to clinical care.	• Improve research training for physician trainees. • Increase prominence of internal research committees (College, PCHD, AFRM). • Identify leader in research (who holds a PhD) to promote research and research training. • Explore increasing the number and value of RACP PhD research scholarships. • Encourage member contributions, donations, or endowments to scholarship and research grants. • Support mid-career researchers who have a current gap in funding. Support researchers who miss out on funding for a year. • Promote research grant recipients and outcomes of grant-funded research projects.
R33	The RACP provides structured and ongoing research training (for trainees and Fellows) through the development of online resources.	• Support new and emerging researchers (trainees and Fellows) and researchers at all stages of their careers. • Include a Lived Experience component to research (e.g., Consumer and community engagement NHMRC Why involve consumers?). • Collaborate with other organisations (specialty societies, universities, health departments) to develop research training (including applying for research grants) opportunities.
R34	The RACP increases its available internal research grants, encourages patient/consumer participation in assessment of research grants, and seeks to achieve equity among research grant recipients.	• Undertake a review of existing RACP research grants and scholarships to identify any gaps or changes to requirements. • Understand diversity of research grants and scholarships recipients. • Implement He toi whakairo - Māori Scholarship and Leadership Fund Program.

		• Develop communications plan to promote research grants and scholarships. • Explore involvement of RACP Consumer Advisory Group in reviewing applications for RACP research grants and scholarships and consumer membership of RACP research committees.
R35	The RACP works with responsible bodies to remove barriers to research, such as a unified simplified ethics application.	• Commence broader discussions regarding the clinician researcher pathway – in discussion with the Australian Academy of Health and Medical Sciences (AAHMS) or Aotearoa NZ equivalent. • Build relationships with external organisations, such as universities and other colleges, to support a research culture among physicians and trainees.
R36	The RACP increases its academic activity and publishes its educational outcomes so that they can be bench-marked.	• Provide aggregated analysis of examination results. • Engage with the Editors-in-Chief of the Internal Medicine Journal and the Journal of Paediatrics and Child Health to publish RACP examination data. • Undertake high quality educational research that informs international practices of speciality training

7. DEFINITIONS

Term	Means
"Board"	the Board of Directors of the College.
"College"	The Royal Australasian College of Physicians, ACN 000 039 047, an incorporated body limited by guarantee.
"Fellow", "Trainee", and "Member"	have the same meaning as in the College Constitution.

8. ACKNOWLEDGEMENTS

This report has been prepared by the Physician of the Future Working Group:

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9. HISTORY

Revision	Effective Date	Summary of Changes
1.0	31/10/2025	Initial version approved by Board.