



# 2024 Proposal

*Endorsed by the Education Governance Working Group*

***For Stakeholder Consultation***



**RACP**  
**Specialists. Together**  
EDUCATE ADVOCATE INNOVATE

# Introduction

As co-chairs of the Education Governance Working Group (EGWG), we are pleased to share with you a proposal re-imagining our education governance at the RACP.

**The RACP Board established the EGWG to develop and implement a contemporary education governance and reporting structure that aligns with College Values, prioritises effective decision-making and timely communication, and improves the member experience.**

It has been a decade since we implemented our current education committee structure. Since then, there has been internal and regulatory drivers indicating that we need to improve how we govern our education and training programs.

**This proposal presents three options, and we request your feedback** to help shape the final proposal to the RACP Board in June 2024.

- Binational Governance Model
- Blended Governance Model
- Governance & Service Optimisation.

**You can provide your feedback** by completing the [online feedback form](#). You can also:

- Email us at [edi@racp.edu.au](mailto:edi@racp.edu.au)
- Attend specific consultation sessions arranged for key RACP committees. Contact us for more information at [edi@racp.edu.au](mailto:edi@racp.edu.au)

**The consultation period is open until 5 April 2024.**

We look forward to hearing from you, and we thank you for your valuable time and contribution to this process.



A handwritten signature in black ink that reads "Jac Small".

**Dr Jacqueline Small**  
RACP President, Co-chair EGWG



A handwritten signature in black ink that reads "Inam Haq".

**Prof Inam Haq**  
Executive General Manager, Education, Learning  
and Assessment, Co-chair EGWG

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Proposed Options for future  
education governance  
– *a snapshot*

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and Territory committees

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# RACP Education Governance Review

## 2024 Proposal – Snapshot



New components introduced



Components discontinued or removed



Continuing as per current governance



What does this mean for members and stakeholders...

Where components are the same, these are reflected as overlaps across the Options in the table.

### Provide your feedback:

- Complete the [online feedback form](#) or
- Scan QR code below or
- Email us at [edi@racp.edu.au](mailto:edi@racp.edu.au)



	Binational Governance Model (Option 1)	Blended Governance Model (Option 2)	Governance & Service Optimisation (Option 3)
	<ul style="list-style-type: none"> <li>+ Committees <b>structured by function</b> under the College Education Committee (CEC), with direct risk/issue escalation pathway to the RACP Board and standardised bidirectional reporting with key stakeholders.</li> <li>+ Education risks/issues can be quickly escalated to CEC and/or the RACP Board through this direct pathway. Standardised reporting is developed to inform key stakeholders of metrics that bring value to them and their decision-making.</li> <li>+ <b>Most committees are binational</b> with aspirational 20% Aotearoa New Zealand (NZ) membership.</li> </ul>	<ul style="list-style-type: none"> <li>+ <b>Mix of binational &amp; AU/Aotearoa NZ committees</b> with aspirational 20% Aotearoa NZ membership on binational committees.</li> </ul>	<ul style="list-style-type: none"> <li>↻ <b>No structural change.</b> Committees remain under different peak bodies with varied reporting and risk/issue escalation pathways to the RACP Board.</li> <li>+ Committees may <b>vary current membership</b> composition individually.</li> <li>+ Education risks/issues are managed by different bodies which have resulted in escalation delays.</li> </ul>
	<ul style="list-style-type: none"> <li>+ <b>CEC assumes an expanded role in RACP education governance</b> and activity reporting to the RACP Board.</li> <li>+ Reporting to CEC, <b>6 lead function committees oversee policy and framework</b> development and ensure consistent implementation across programs and countries. Operational committees consult the delegated lead function committee directly for specific concerns/changes to programs/assessments. With clear responsibility over policies, lead function committees consider impact of policy changes across all programs and countries. Role of Divisions, Faculties and Chapters councils and Aotearoa NZ Committee embedded within the structure mechanisms. Function-based structure enables standardisation and consistency of processes for trainees and Fellows.</li> </ul>		<ul style="list-style-type: none"> <li>↻ <b>CEC responsible for RACP education governance</b> and accountable to the RACP Board.</li> <li>↻ <b>7 Divisional and Faculty Education Committees (DECs and FECs) perform same functions</b> and report directly to respective Councils and Aotearoa NZ committees. Dotted line/exception reporting to CEC.</li> <li>+ Multiple education committees overseeing same policies enable contextual interpretation but have resulted in differing implementation across programs.</li> </ul>
Lead Functions Committees	<p><b>Training Program Management Committee (TPMC)</b> oversees training program management including policies on trainee progression, flexible training, recognition of prior learning and training support.</p> <ul style="list-style-type: none"> <li>- Aotearoa NZ and AU <b>DECs and FECs merged</b> into single TPMC.</li> <li>+ <b>TPMC oversees policies</b> in progression through training, flexible training, RPL and training support. Training committees directly report to the TPMC.</li> <li>- <b>Aotearoa NZ training committees (TCs) merged</b> with AU TCs.</li> <li>↻ <b>Binational TCs perform same operations</b> across Aotearoa NZ and AU.</li> <li>+ TCs share good practice and standardise processes. Feedback from Aotearoa NZ members raised possible loss of personal contact with trainees and subsumed Aotearoa NZ voice.</li> </ul>	<ul style="list-style-type: none"> <li>↻ <b>No proposed change.</b> All existing TCs in Aotearoa NZ and AU are retained.</li> <li>+ Option 2 structure addresses Aotearoa NZ members' concerns regarding perceived loss of voice and trainee contact.</li> </ul>	<ul style="list-style-type: none"> <li>↻ <b>DECs and FECs oversee policy</b> implementation within their training programs and endorse proposed policy changes to CEC. <b>TCs report to relevant DECs and FECs.</b></li> </ul>
	<p><b>Accreditation Committee (AccC)</b> oversees accreditation of training providers, quality of program delivery, supervision and training experience.</p> <ul style="list-style-type: none"> <li>+ <b>New AccC oversees accreditation</b> program, standards, and policies. Existing accreditation subcommittees report to the AccC.</li> <li>- <b>Accreditation function of Aotearoa NZ DECs</b> is completed by BT accreditation subcommittees.</li> <li>↻ Advanced, Faculty, Chapter and Joint TCs <b>oversee accreditation of training providers</b> for their training program.</li> <li>+ Binational BT accreditation subcommittees enable sharing of best practice and consistent application of new standards across countries.</li> </ul>		<ul style="list-style-type: none"> <li>↻ Accreditation subcommittees <b>report to DECs (AU only) and AFRM.</b> Aotearoa NZ DECs oversee BT Accreditation in Aotearoa NZ. Advanced, Faculty, Chapter and Joint <b>TCs oversee accreditation</b> in their respective programs.</li> </ul>
	<p><b>Assessment Committee (AC)</b> oversees assessment quality, standards for assessments, the RACP assessment toolkit, development, delivery and outcomes of examinations and assessments.</p> <ul style="list-style-type: none"> <li>+ <b>Assessment Committee oversees policies</b> and standards regarding assessment and examinations.</li> <li>+ <b>One assessment committee per Division and Faculty</b> oversees assessment program, approves exam content and results.</li> <li>- Examination committees <b>become working groups</b> focused on exam development and exam coordination and delivery.</li> </ul>	<ul style="list-style-type: none"> <li>- Divisions assessment committees (DACs) are <b>discontinued.</b></li> <li>↻ Divisions examinations and Faculty assessment committees (FACs) are <b>retained.</b></li> <li>+ Opportunity to review governance of assessments and examinations as part of the Cross-College examinations review.</li> </ul>	<ul style="list-style-type: none"> <li>↻ Reporting to DECs and FECs, <b>DACs and FACs oversee individual assessments/examinations.</b> Examinations committees/working groups <b>report to DACs and FACs.</b></li> </ul>
	<p><b>Curriculum Committees (CC)</b> oversees development of curricula for training programs and supervisor training.</p> <ul style="list-style-type: none"> <li>+ <b>Curriculum Committee oversees curriculum</b> model and framework development and review of new and amended training program curricula.</li> </ul>		<ul style="list-style-type: none"> <li>↻ <b>Curriculum Advisory Group leads new curricula</b> development and advises CEC.</li> </ul>
	<p><b>Continuing Professional Development Committee (CPDC)</b> oversees CPD framework and program, Professional Practice standards, and supervisor credentialing.</p> <ul style="list-style-type: none"> <li>- CPDC AU and Aotearoa NZ CPD committee will be <b>merged.</b></li> <li>+ <b>CPDC oversees all CPD matters</b> across both countries.</li> <li>+ Binational CPDC enhances Aotearoa NZ voice in decision-making on CPD matters.</li> </ul>		<ul style="list-style-type: none"> <li>↻ <b>CPDC AU and Aotearoa NZ CPD Committee oversee CPD</b> matters in their respective countries.</li> </ul>
	<p><b>Overseas Trained Physicians Committee (OTPC)</b> oversees OTP assessment, regulatory compliance in Aotearoa NZ and AU for OTP assessment.</p> <ul style="list-style-type: none"> <li>+ <b>OTPC oversees all OTP matters</b> across both countries. Existing OTP assessment subcommittees continue with the <b>same</b> operations.</li> <li>- Aotearoa NZ OTP subcommittee will <b>report to the OTPC</b>, not the Aotearoa NZ Committee.</li> </ul>		<ul style="list-style-type: none"> <li>↻ Aotearoa NZ OTP Committee <b>report to Aotearoa NZ Committee.</b></li> </ul>

# Background

## Timeline of the Review



### Who are the EGWG members?

- Dr Jacqueline Small, RACP President
- Prof Inam Haq, Executive General Manager, Education, Learning and Assessment
- A/Prof Mitra Guha, Chair, College Education Committee
- A/Prof Tim Walker, Deputy Chair, College Education Committee / Chair, Adult Medicine Division Education Committee
- Prof Mark Cooper, Chair, Advanced Training Committee in Endocrinology
- A/Prof Sadasivam Suresh, Chair, Paediatrics & Child Health Division Education Committee
- Dr Phil Hider, Aotearoa New Zealand Representative, Faculty Training Committee for Public Health Medicine
- Dr Aidan Tan, Trainee Representative

# Background

## Current State

### 97 Education & Training College Bodies

(77 committees & 20 working/advisory groups as of January 2024)

Education committees maintain **multiple reporting lines** to the College Education Committee (CEC), Divisions, Faculties, and Chapters (DFaC) and/or Aotearoa New Zealand (NZ) committees.

There is a **cross-College component through the CEC** and its subcommittees responsible for overarching education governance, strategy, and approval of new and amended policy and programs. **DFaC and Aotearoa NZ education committees** are responsible for training program management and policy implementation for their own programs.

Since being established in 2014, our current governance has evolved to address unique needs of Divisions, Faculties and Chapters and individual committees. This further **presents risks and issues** for the College at regulatory, strategic and operational levels.

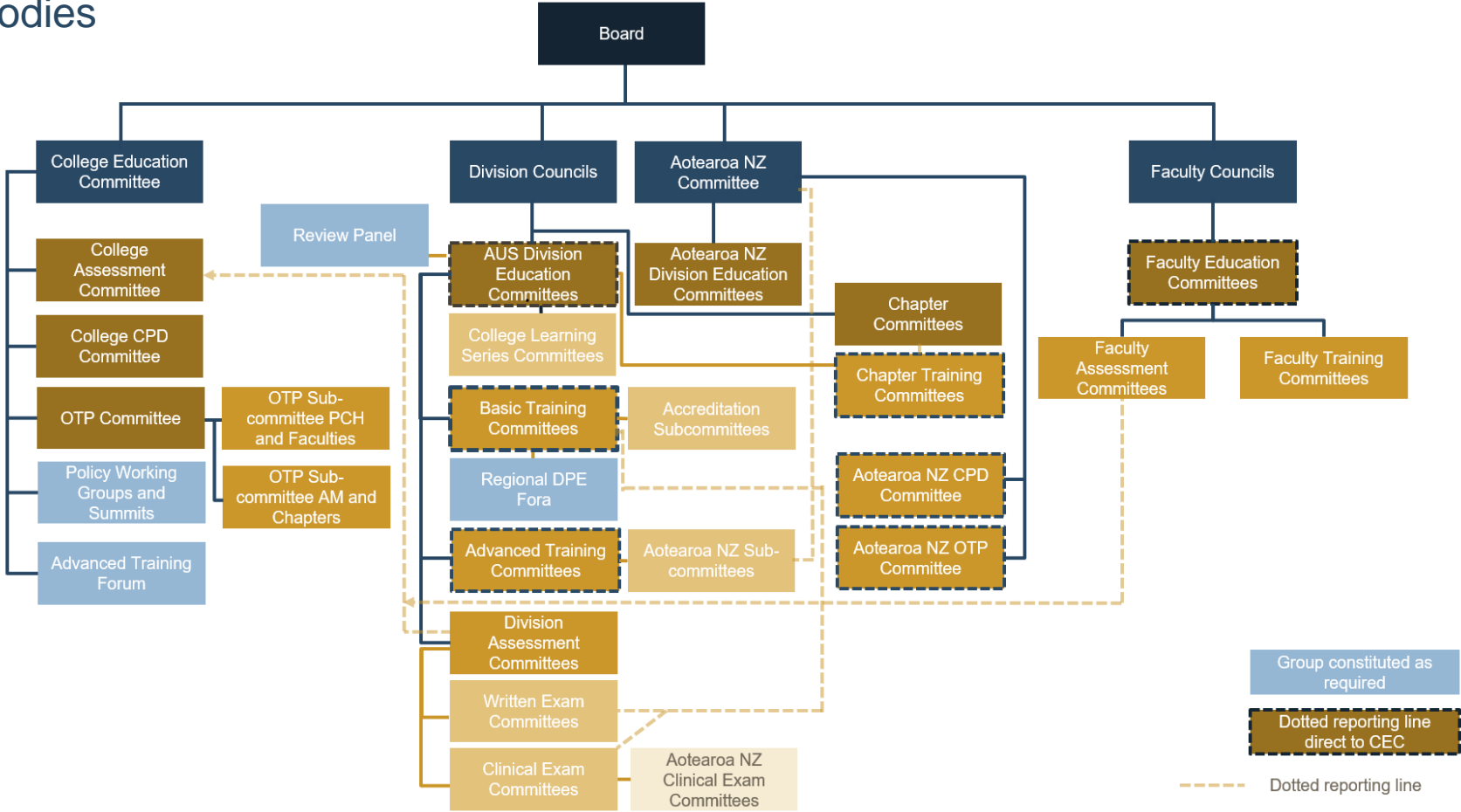


Figure 1: High-level organisation chart of current education governance

# Background

## Why are we doing this Review?



### Problem Statements

1. Our education governance structure poses **a risk to our compliance with AMC/MCNZ** and our **overall performance in the current regulatory landscape** where standardisation is strongly recommended.
2. Varied and unclear reporting lines, and risk and issue escalation pathways **impede proper oversight by the Board** on education matters, **contribute to lack of accountability on decisions**, and **delay the decision-making process** impacting trainees and members.
3. Our structure has **ineffective communication and engagement processes** in place with key stakeholders, such as Divisions, Faculties, Chapters and Specialty Societies.
4. Our structure poses **a risk to our sustainability**: prolonged vacancies of committee positions and increasing resource constraints.

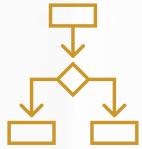
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# Future Vision

*The Future Vision has been developed by the EGWG based on the Design Principles.*



**The committee structure is simple, efficient and organised by education function** reducing duplication and promoting harmonisation of programs. Largely bi-national committees share good practice and recognise contextual differences with a balanced member representation for Aotearoa New Zealand and Australia.



**The voices of our diverse stakeholder groups are heard and inform decision-making** through representation and consultation (Trainees, Fellows, Divisions, Faculties and Chapters, Indigenous Committees, and Specialty Societies).



**Emerging risks and issues are visible to the peak education committee and Board** and there is effective performance monitoring of all our education programs.



**There are clear terms of reference and a comprehensive delegation schedule** articulating the committee, committee member or staff position responsible for all our education functions. Functions that do not require member expertise are delegated to College staff enabling faster decision-making and processing.



**Member and staff contributions are rewarding and an effective use of time and expertise.** Less member volunteer and College staff time is needed to support education governance. Operating costs are minimised.



**Members are highly satisfied with the speed and rigour of decisions and responses** to queries, applications and concerns. They understand how education is governed and decisions are made.

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# Alignment with the College Indigenous Object

The EGWG is committed to ensure that the future education governance aligns to and enables the [College Indigenous object](#) to demonstrate its commitment to Indigenous aspirations and outcomes.

The EGWG will also:

- **ensure appropriate acknowledgments and inclusion** in committee terms of reference, membership composition, documentation, meeting practices and cultural safety for education committee members
- **develop the best approach to engage with Aboriginal and Torres Strait Islander and Māori RACP members**, considering cultural load and other mechanisms beyond committee representation
- **seek input from the Aboriginal and Torres Strait Islander Committee and Māori Health Committee** in consultation and refinement of the education governance proposal.

The EGWG further considers the possible impacts on Aboriginal and Torres Strait Islander and Māori trainees as an important aspect throughout this Review.

- Respect and promote the principles as enshrined in the Uluru Statement from the Heart, Te Tiriti ō Waitangi, and the United Nations Declaration on the Rights of Indigenous Peoples
- Advance justice and equity in health care for Aboriginal and Torres Strait Islander and Māori communities
- Acknowledge the world views, protocols and cultures of the Aboriginal and Torres Strait Islander and Māori peoples.

– RACP Constitution May 2023 Amendment, Section 1.1.9

# Role of the Divisions, Faculties and Chapters Councils


The Division and Faculty Councils and Chapter Committees (DFaCs) will continue to play **an essential role in education governance**.

The proposed [Binational](#) and [Blended Governance Models](#) demonstrate **improved linkage and bidirectional communication** between them and education committees:

- The CEC membership will be expanded to include **a nominee from all three Faculties**.
- The DFaCs President or delegate will be **part of the selection panel** for the DFaC nominee on CEC.
- As a member of the relevant Council, each **DFaC CEC nominee will speak at DFaC meetings** to regular CEC reports provided to the DFaCs (in addition to current consultation process for policy/program changes).
- Existing **DFaC Training Program Committees (TPCs) will continue to oversee their training programs** and monitor trainee progression.
- For reviews of decisions, the relevant DFaC Council (and Aotearoa New Zealand Committee where appropriate) could be asked to **nominate two Council/Committee members of the review panel**, together with a member of the parent committee. This approach is subject to review of the [Reconsideration, Review and Appeals Process By-Law](#).
- The **DFaCs will continue to be represented** on the CEC's reporting committees.



# Role of the Aotearoa New Zealand Committee and State & Territory Committees

- 
- The Aotearoa New Zealand (NZ) Committee and State and Territory Committees in Australia will continue to:
    - **support development and implementation of education initiatives** in their differing local contexts
    - be involved in established **consultation processes for proposed policy and program changes**
    - **facilitate connections and advocate** for education priorities locally with relevant health authorities and governments.

Mechanisms will enable these committee to raise education-related risks, issues or other matters with the CEC directly.

- Where reporting lines change for education committees, **communication and collaboration will continue** between the Aotearoa NZ Committee, CEC and other College bodies as appropriate.
- **Aotearoa NZ representation on binational committees will be strengthened** with an aspiration of 20% committee members residing in Aotearoa NZ. The terms of reference will be worded to support our progress towards this aspiration and ensure committee functions can continue.
- **Regular reports will be shared** with the Aotearoa NZ and State and Territory Committees to inform of education activity and emerging issues.
- CEC members residing in Aotearoa NZ will hold **ex-officio positions on the Aotearoa NZ Committee** to facilitate communication and collaboration between College bodies.



# Role of the Specialty Societies

Specialty societies play an **important collaborative role** in our advanced training programs. As the primary body governing physician training programs, the RACP acknowledges our common memberships and education goals.

Within the Proposal, the EGWG was careful to **maintain existing mechanisms** that support communication and collaboration with specialty societies:

- Many RACP training committees will continue to have **positions for specialty society representatives**.
- Current RACP process require **consultation with specialty societies** on education and training matters.
- Specialty societies will continue to be **closely involved in shaping the renewed advanced training curricula** through membership of curriculum review groups and targeted consultation with specialty society members on draft curricula.

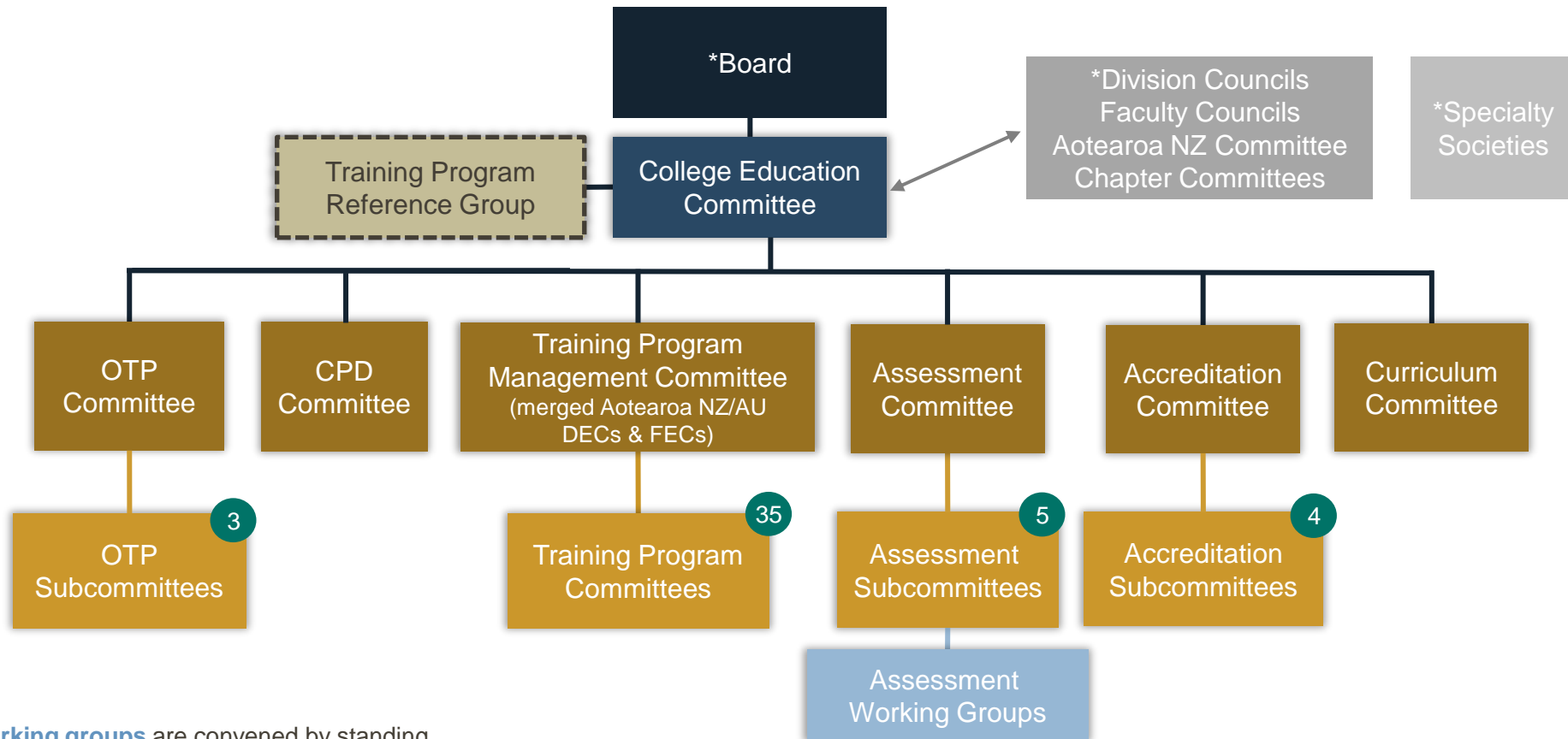
In addition, **a new reporting mechanism** will be established to facilitate information-sharing and collaboration with specialty societies. This will include regular education activity reports, with key performance metrics of the relevant training program.

# Binational Governance Model (Option 1)



Click on the **College body** to view detailed information on the proposed changes.

Complete [online feedback form](#) or scan QR code



## Notes:

- Other **advisory and working groups** are convened by standing committees as required.
- [Decision review panels](#) are convened by parent bodies as required.
- \*Some boxes do **not** contain links.

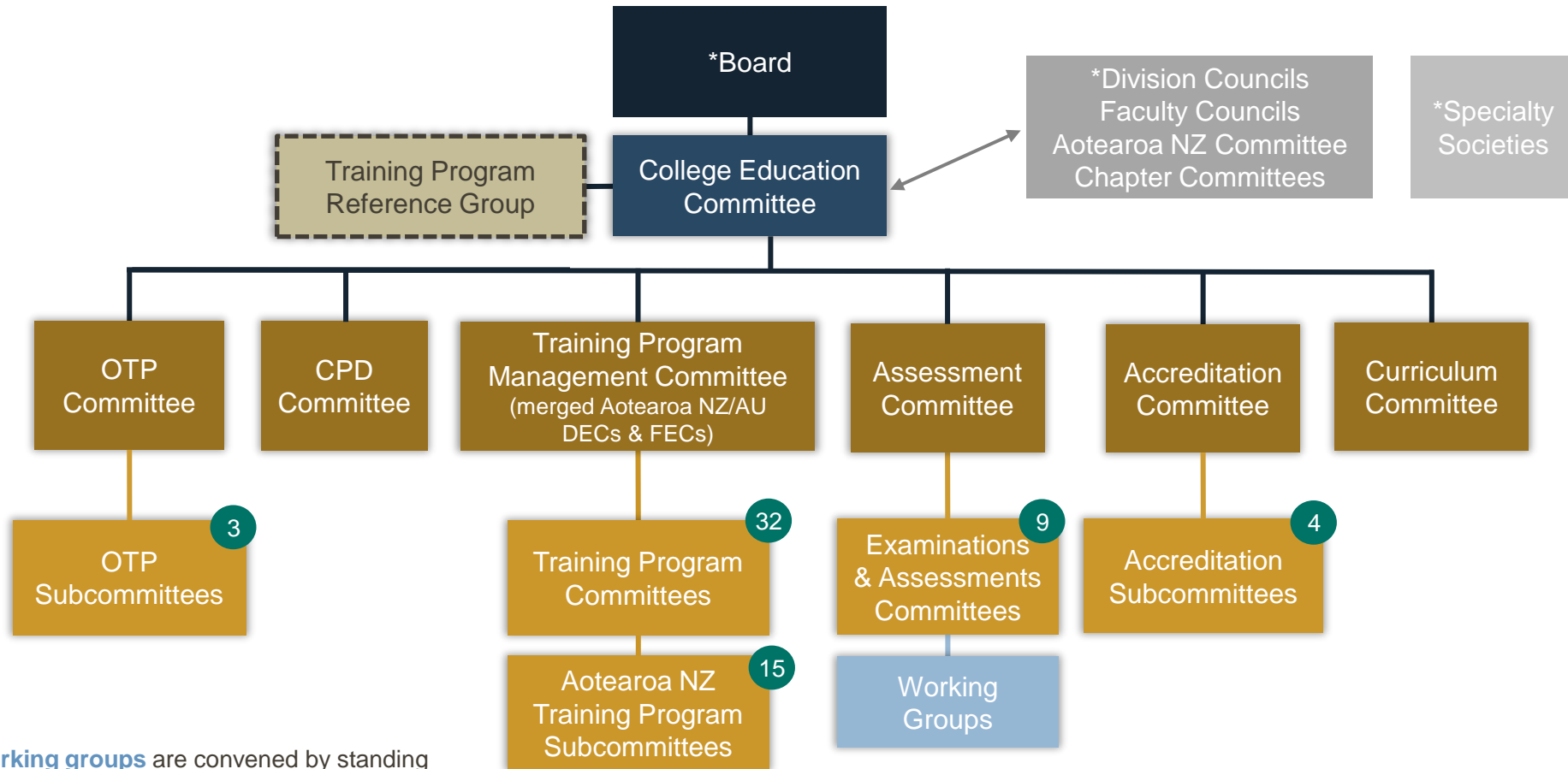
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# Blended Governance Model (Option 2)

Complete [online feedback form](#) or scan QR code



Click on the **College body** to view detailed information on the proposed changes.



## Notes:

- Other **advisory and working groups** are convened by standing committees as required.
- [Decision review panels](#) are convened by parent bodies as required.
- \*Some boxes do **not** contain links.

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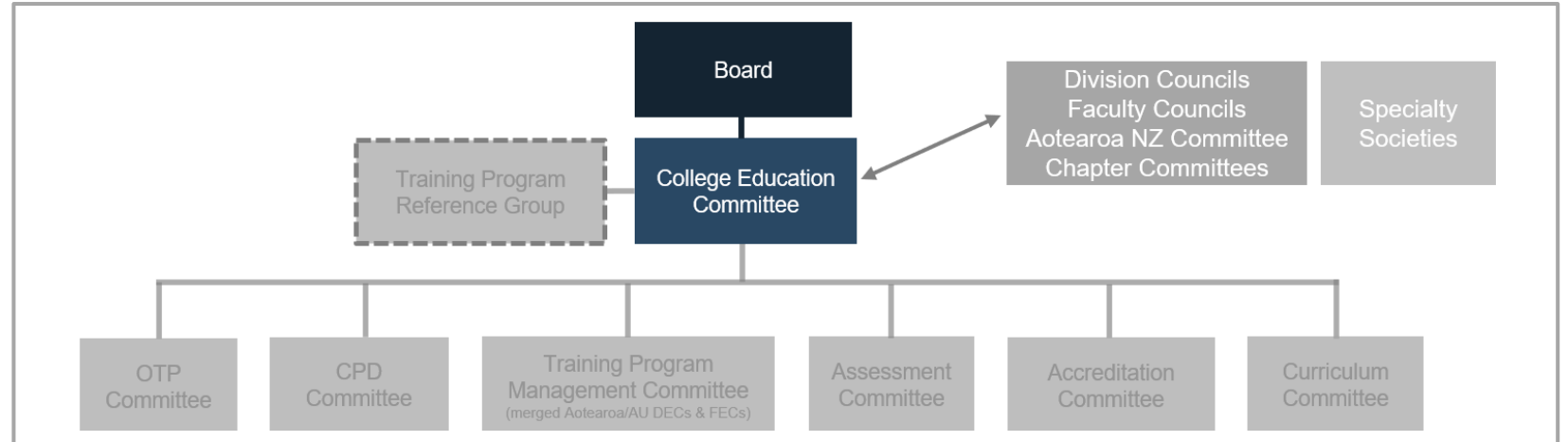
# College Education Committee

**Note:** Proposed changes to CEC are the same for the Binational Governance Model (Option 1) and Blended Governance Model (Option 2).



## Overview

- Reporting directly to the Board, the College Education Committee (CEC) will remain as the peak body responsible for **approving major policy/program changes**, not individual progression through training, CPD or OTP assessment.
- **Enhanced CEC membership** by:
  - including each of the Faculties
  - strengthening Aotearoa New Zealand (NZ) voice through an aspirational 20% of membership residing in Aotearoa NZ
  - retaining the two trainee observer positions created in 2023, with one from Aotearoa NZ
  - incorporating a mix of skills, expertise and representation.
- The CEC will have **six reporting committees** responsible for RACP education functions:
  - existing OTP, CPD and Assessment Committees remaining largely unchanged
  - curriculum and Accreditation committees to be established
  - existing Division and Faculty Education Committees merging into a single committee responsible for oversight of Training Program Management.



## Purpose

The College Education Committee (CEC) is the peak body delegated by the Board to act as an expert group responsible for governance of the RACP's education enterprise ensuring the consistent quality of RACP training and education programs.

## Functions

1. Ensure consistent quality of education and training with overarching responsibility for education governance, policy, philosophy and principles.
2. Ensure the College's strategic intent is implemented in education policy and program change.
3. Approve education policy for all College training and education programs.
4. Approve new and amended training and education programs against agreed policies and standards.
5. Oversee monitoring and evaluation of training and education programs.
6. Ensure compliance of RACP education functions with regulatory requirements.
7. Promote and support development of new educational initiatives.
8. Consider relevant differences between the Aotearoa NZ and Australian contexts.
9. Consider relevant differences between the training and education programs of the Divisions, Faculties and Chapters.
10. Report to the Board on governance of education and training, addressing significant risks, issues and opportunities.

# College Education Committee (cont.)

## Committee membership:

1. The Chair (appointed by the Board through open EOI process)
2. The College Censor (appointed by the Board through open EOI process)
3. \*A Member of the Adult Medicine Division (Aotearoa NZ)
4. \*A Member of the Paediatrics & Child Health Division (Australia)
5. \*A Member of the Paediatrics & Child Health Division (Aotearoa NZ)
6. \*A Member of the Australasian Faculty of Rehabilitation Medicine
7. \*A Member of the Australasian Faculty of Public Health Medicine
8. \*A Member of the Australasian Faculty of Occupational and Environmental Medicine
9. \*A Chapter Representative (on rotation between Chapters)
10. A Basic Trainee member nominated by the College Trainees' Committee
11. An Advanced Trainee member nominated by the College Trainees' Committee
12. The Chair or Permanent Delegate of the CPD Committee
13. The Chair or Permanent Delegate of the OTP Committee
14. The Chair or Permanent Delegate of the Training Program Management Committee
15. The Chair or Permanent Delegate of the Accreditation Committee
16. The Chair or Permanent Delegate of the Curriculum Committee
17. *Consumer Representative (nominated by the Consumer Advisory Group) to be confirmed*
18. In addition, there will be two trainee observer positions (one for Basic Training and one for Advanced Training).

\*The Members drawn from the DFACs will have expertise in medical education.

**Reporting:** To the RACP Board.

**Frequency of meetings:** Five times per year (at least one of which will be face-to-face).

**Subcommittees:** CPD Committee; OTP Committee; Training Program Management Committee; Assessment Committee; Accreditation Committee; Curriculum Committee; Training Program Reference Group (not a decision-making committee).



## Mechanisms

**To ensure linkage with CEC's reporting committees,** the Chair of each lead function committee will be a member of CEC.

**To ensure Faculty trainee perspectives are represented,** one of the AT member or observer positions will be occupied by a trainee from a Faculty program.

### **To support linkage with DFAC Councils/Committees:**

- Each DFAC Council President will be involved in the selection panel for their CEC nominee. It can be an ex-officio member of the respective Council with skills in medical education.
- Each DFAC representative will be expected to present CEC reports at DFAC meetings, report emerging issues/risks managed by CEC, and seek their Council's input to policy development (in addition to policy development process).

### **To improve linkage with the RACP Board:**

- The RACP President and Board Directors can attend CEC meetings in an ex-officio observer capacity. Noting that Board Director role is removed with connections between the Board and the CEC.
- Template reports will be provided to the Board on education function activity, key metrics and risks and issues. These reports may also be shared with DFAC Councils.

The future of the **consumer representative position on CEC** will be consulted on with the Consumer Advisory Group, with alternative engagement mechanisms explored.

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# Training Program Reference Group

**Note:** Proposed changes to TPRG are the same for the Binational Governance Model (Option 1) and Blended Governance Model (Option 2).

## Overview

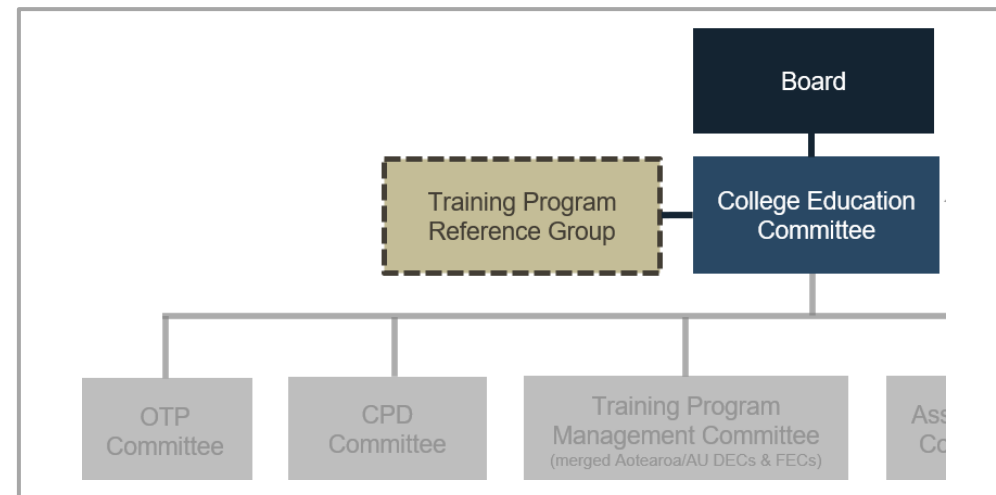
- The existing Advanced Training Forum will be **renamed** the Training Program Reference Group.
- **Membership expanded** to include the Basic Training Committee Chairs.
- TPRG will continue as a **non-decision-making advisory group**, facilitating dialogue and consultation between the CEC and Training Program Committees.
- TPRG will play a key role in **nominating representatives** to sit on the Training Program Management Committee. For more details on this nominating process, see the [Mechanisms](#).

## Purpose

The Training Program Reference Group (TPRG), established by the College Education Committee (CEC) provides a forum for establishing and maintaining alignment across RACP training programs, and for consulting on proposed new or amended strategies or policy changes in education.

## Functions:

1. Provide advice and feedback to the CEC on proposed education strategies, policy and program changes from a strategic and operational perspective.
2. Support harmonisation of all aspects of Division, Faculty and Chapter training program requirements and assessment across Aotearoa New Zealand (NZ) and Australia.
3. Assist in ensuring standardisation and continuous improvement of training delivery across all specialty areas.
4. Enable wider consultation and collaboration with key stakeholders, jurisdictions and Government as required.
5. Act as the forum where Training Committees, through their Chairs or delegate, can receive professional development, updates and information from the College relating to specific areas of interest, for example policy and governance related issues.
6. Nominate representatives to the Training Program Management Committee, the Accreditation Committee, and other bodies as appropriate.



**Composition:** The Chair or permanent delegate of each Training Program Committee: Basic Training Committees (BTCs), Advanced Training Committees (ATCs) / Faculty Training Committees (FTCs) / Chapter Training Committees (ChTCs) / Joint Training Committees (JTCs) / Aotearoa NZ Training Committees.

**Reporting:** To the CEC.

**Frequency of meetings:** Two to three times per year virtually.

**Subcommittees:** None.

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# Training Program Management Committee

**Note:** Proposed changes to TPMC are the same for the Binational Governance Model (Option 1) and Blended Governance Model (Option 2).

## Overview

The Training Program Management Committee (TPMC) will:

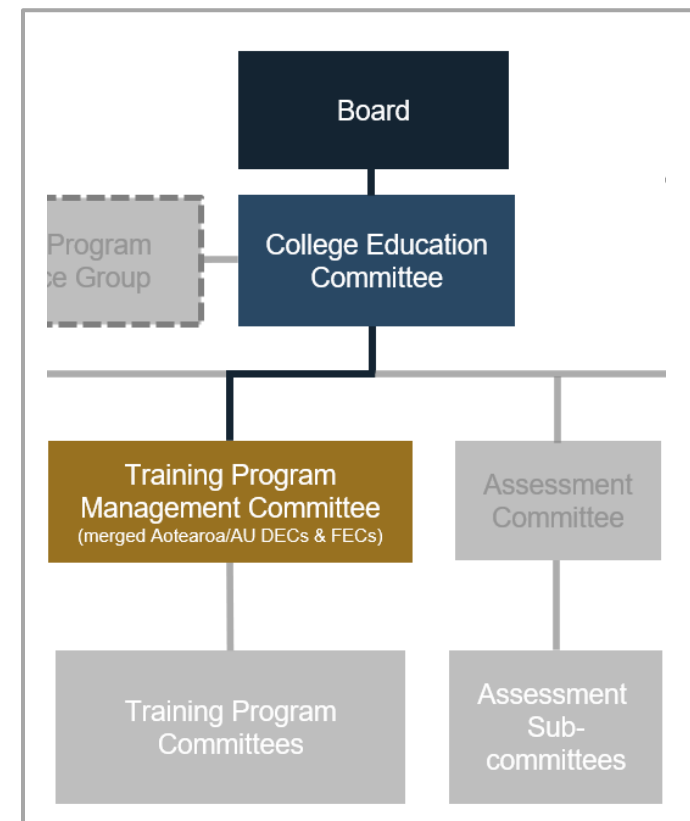
- be a **merger of current Division and Faculty Education Committees** in Aotearoa New Zealand (NZ) and Australia into one binational committee, with a mix of skills-based and representational membership
- **develop standards and policy** for progression through training, flexible training, training support and recognition of prior learning
- **facilitate sharing of good practice** and promote consistent policy and program implementation across programs and countries
- **oversee training program committees** which continue to manage their own training program and trainees
- act as an expert group, ensure consistent application of College-wide policy and process, monitor key metrics of training programs and manage/escalate relevant risks and issues to the CEC.

## Purpose

The Training Program Management Committee (TPMC) is the lead committee for the training program management function across RACP training programs. It acts as the expert body for training program management, develops standards and policy for CEC approval and ensures consistent application of policy and process across training programs.

## Functions

1. Act as an expert body on training program management, share good practice and provide advice and support to the CEC and training program committees involved in training program management.
2. Develop standards and policy for training program management including progression through training, flexible training, training support and recognition of prior learning for approval by CEC.
3. Oversee training program management function and ensure consistent application of policy and process across training programs.
4. Receive reports from training program committees about their activity in training program management monitoring key training program metrics.
5. Review training program/other committee recommendations for change relating to training program management. Endorse these for CEC approval or approve as per delegation schedule.
6. Monitor emerging risks and issues relating to training program management function, escalating and reporting these to CEC as appropriate.
7. Align RACP's training program management function with AMC/MCNZ accreditation standards and requirements.
8. Monitor and evaluate the training program management function, identify and implement improvements.
9. Convene [decision review panels](#) as required to review decisions of Training Program Committees in accordance with the Recognition, Review and Appeals By-Law.
10. Oversee the implementation of standardised training program components (e.g., research projects, or standard operating models).



# Training Program Management Committee (cont.)

## Committee membership

1. The Chair (appointed by the CEC through an EOI process)
2. \*A Member of the Adult Medicine Division (Aotearoa NZ)
3. \*A Member of the Adult Medicine Division (Australia)
4. \*A Member of the Paediatrics & Child Health Division (Australia)
5. \*A Member of the Paediatrics & Child Health Division (Aotearoa NZ)
6. \*A Member of the Australasian Faculty of Rehabilitation Medicine
7. \*A Member of the Australasian Faculty of Public Health Medicine
8. \*A Member of the Australasian Faculty of Occupational and Environmental Medicine
9. \*A Member of the Australasian Chapter of Sexual Health Medicine
10. \*A Member of the Australasian Chapter of Palliative Medicine
11. \*A Member of the Australasian Chapter of Addiction Medicine
12. A Basic Trainee member nominated by the College Trainees' Committee (CTC)
13. An Advanced Trainee member nominated by the CTC.

In addition, there will be two trainee observer positions (one for Basic Training and one for Advanced Training).

\*The Members drawn from the DFaCs will have expertise in training program management and will be a Chair or permanent delegate of a Training Program Committee (one of BTCs/ATCs/FTCs/ChTCs/Joint TCs).

For the Divisional positions (2-5), two positions will be Basic Training Chairs or permanent delegates and two Advanced Training Committee Chairs or permanent delegates. One of each will reside in Aotearoa NZ and one in Australia.

**Reporting:** To the CEC.

**Frequency of meetings:** Five times per year (at least one is face-to-face).

**Subcommittees:** Training Program Committees; College Learning Series Committees.

**Working Groups:** Directors of Physician/Paediatric Education Fora (no change from existing)

## Mechanisms

The **Training Program Reference Group** will nominate representatives (positions 2-10) to the Training Program Management Committee from within its membership of the Chairs of all Training Program Committees. Two of the four Divisional Representatives will be from BTCs and two from ATCs.

**To ensure balanced committee composition between Aotearoa NZ and Australia:**

- There will be a representative from each Division that resides in Aotearoa NZ (one will be a BTC Chair or permanent delegate, and one will be an ATC Chair or permanent delegate).
- One of the trainee members and one of the trainee observers will reside in Aotearoa NZ.
- An aspiration of 20% of committee membership will reside in Aotearoa NZ.

**To ensure Faculty and Chapter perspectives are represented:**

- There will be a Member drawn from each of the Faculties and Chapters.
- One of the AT member or observer positions will be a trainee enrolled in a Faculty training program.

**To support linkage with DFaC Councils/Committees:**

- Each DFaC Council President could be involved in selection panel for CEC representative.
- DFaC CEC representative could be member of respective Council.
- The DFaC representatives will present TPMC reports at DFaC meetings, report any emerging issues/risks being managed by CEC, and seek their input to policy development, including progression through training, flexible training, RPL, training support (in addition to formal policy development process).

**To support linkage with the Training Program Committees:**

- Regular template reports will be provided to the TPMC on education function activity and risks and issues.
- Training Program Committee Chairs/delegates will be invited to attend TPMC meetings to speak to program-specific items to adequately represent their perspectives and directly inform decision-making.

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# Training Program Committees (Option 1)



## Overview

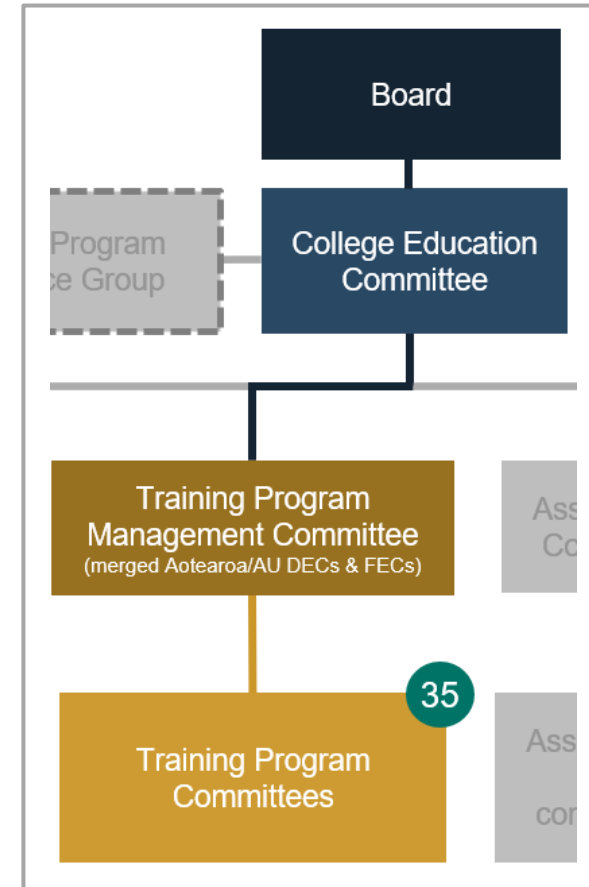
- Existing Basic Training (BT) and Advanced Training (AT) Committees, Faculty and Chapter and Joint committees will be **retained as Training Program Committees** (TPCs), with their **functions largely unchanged**.
- In addition to 13 current binational ATCs, **12 existing Aotearoa New Zealand (NZ) AT subcommittees will be merged** with respective Australian ATCs to form binational ATCs. This will occur in a phased approach.
- Each TPC will continue to be **responsible for program management and delivery** and oversight of trainee progress and support.
- To oversee BT program delivery and BT trainees in Aotearoa NZ, **BT Adult Medicine (AM) and Paediatrics & Child Health (PCH) Subcommittees will be established**, reporting to relevant TPC.
- **Basic Training accreditation in Aotearoa NZ** will be performed by existing BT accreditation subcommittees in place of Aotearoa NZ Division education committees.
- **ATCs will continue to accredit training providers** and programs, where relevant. They will provide activity reports to the Accreditation Committee of the CEC. (This excludes accreditation for BT, Rehabilitation Medicine and General Paediatrics. For more information, go the [Accreditation Subcommittees](#) section.)
- **Governance arrangements for joint training committees** will be revisited following completion of Wave 3 Advanced Training Curricula Renewal to ensure their ongoing appropriateness.

## Purpose

Training Program Committees will be responsible for the holistic management and delivery of their own training program and overseeing the progress and support of trainees in their program.

## Functions

1. Review and approve trainees' proposed programs of training.
2. Monitor and assess individual trainee progress in <relevant training program>.
3. Provide support to, supervisors in <relevant training program>.
4. Assess applications for recognition of prior learning in accordance with College policies.
5. Modify training requirements for individual trainees, as appropriate, in accordance with College policies and procedures.
6. Monitor and review training program requirements, assessment and curricula in <training program> in consultation with the relevant Specialty Society(ies) (AT only) and other stakeholders and recommend changes to the College Education Committee via the relevant CEC subcommittee and in consultation with the <DFaC> Committee and other stakeholders.
7. Confirm completion of training program requirements to progress to Advanced Training or Fellowship.
8. Escalate risks and issues to the Training Program Management Committee and report key training program function metrics biannually.



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# Training Program Committees (Option 1) (cont.)

## Functions (cont.)

9. \*Accredit Advanced Training sites or programs in <relevant training program>.
10. \*Advise on matters relating to Overseas Trained Physicians, as requested.
11. \*Assess and provide advice on specialist recognition in <relevant training program> for RACP Fellows who have not completed the <relevant training program>.
12. ^Appoint Directors of Physician/Paediatric Education (DPEs).
13. ^Oversee the DPE fora.

(Some functions relevant only to ^BT or \*AT committees. Some delegated to RACP staff via the delegation schedule with non-routine matters coming to the TPC for decision.)

## BT Committee membership

1. Chair, nominated by the Committee
2. An elected Deputy Chair
3. A DPE from each of the states/territories of Australia
4. Two Basic Trainees
5. Chair of the relevant Divisional Assessment Subcommittee
6. Chair of the relevant Divisional Accreditation Subcommittee
7. Chair of the Aotearoa NZ Basic Training Subcommittee.

## AT Committee membership

Up to 16 members selected by expressions of interest:

1. Chair, nominated by the Committee and approved by the TPMC
2. An elected Deputy Chair
3. At least one member belonging to the relevant Specialty Society(ies)
4. Two Advanced Trainees in <the training program>, or an alternate approved by the committee
5. The Chair, or permanent delegate, of the Aotearoa NZ training subcommittee of <the training program> as an ex-officio member.

For training programs with assessment and/or accreditation subcommittees, Chair of relevant subcommittees will be an ex-officio position on the training program committee.

The TPC Chair or permanent delegate will sit on the Training Program Reference Group which reports directly to CEC.

## Mechanisms

**For Basic Training in Australia**, there will be an addition of relevant Aotearoa NZ BT Subcommittee Chair. No substantial change to functions.

**To ensure balanced membership composition** between Aotearoa NZ and Australia for binational ATCs:

- One of the two trainee members will reside in Aotearoa NZ.
- An aspiration of 20% of committee membership will reside in Aotearoa NZ.

ATCs will continue to have **strong linkage with their Specialty Society** with representation on the committee and bidirectional reporting.

**To ensure linkage with accreditation and assessment subcommittees**, the Chair of these subcommittees will be an ex-officio position on the relevant Training Program Committee (for BTCs, FTCs, AChSHM and ATC General Paediatrics).

**Training Support Pathway** and processes will remain unchanged. The relevant TPC will conduct Comprehensive Reviews of Training, as per current arrangement.

**Reporting:** To the Training Program Management Committee.

**Frequency of meetings:** Five times per year (at least one is face-to-face).

**Subcommittees:** Aotearoa NZ subcommittees.

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# Training Program Committees (Option 2)

## Overview

- Existing Basic Training (BT) and Advanced Training (AT) Committees, Faculty and Chapter and Joint committees will be **retained as Training Program Committees** (TPCs), with their **functions largely unchanged**. This includes 3 Aotearoa New Zealand (NZ) ATCs and 10 Subcommittees.
- Any of the 12 existing Aotearoa NZ AT subcommittees (ATs) may **choose to form a binational ATCs**. Continuing Aotearoa NZ ATs will report to relevant Australian ATC. Existing Aotearoa NZ ATCs (Gen Med, Gen Paed and Dermatology) will report to the Training Program Management Committee.
- Each TPC will continue to be **responsible for program management and delivery** and oversight of trainee progress and support.
- To oversee BT program delivery and BT trainees in Aotearoa NZ, **BT Adult Medicine (AM) and Paediatrics & Child Health (PCH) Subcommittees will be established**, reporting to relevant TPC.
- **Basic Training accreditation in Aotearoa NZ** will be performed by existing BT accreditation subcommittees in place of Aotearoa NZ Division education committees.
- **ATCs will continue to accredit training providers** and programs, where relevant. They will provide activity reports to the Accreditation Committee of the CEC. (This excludes accreditation for BT, Rehabilitation Medicine and General Paediatrics. For more information, go the [Accreditation Subcommittees](#) section.)
- **Governance arrangements for joint training committees** will be revisited following completion of Wave 3 Advanced Training Curricula Renewal to ensure their ongoing appropriateness.

## Purpose

Training Program Committees will be responsible for the holistic management and delivery of their own training program and overseeing the progress and support of trainees in their program.

## Functions

1. Review and approve trainees' proposed programs of training.
2. Monitor and assess individual trainee progress in <relevant training program>.
3. Provide support to, supervisors in <relevant training program>.
4. Assess applications for recognition of prior learning in accordance with College policies.
5. Modify training requirements for individual trainees, as appropriate, in accordance with College policies and procedures.
6. Monitor and review training program requirements, assessment and curricula in <training program> in consultation with the relevant Specialty Society(ies) (AT only) and other stakeholders and recommend changes to the College Education Committee via the relevant CEC subcommittee and in consultation with the <DFaC> Committee and other stakeholders.
7. Confirm completion of training program requirements to progress to Advanced Training or Fellowship.
8. Escalate risks and issues to the Training Program Management Committee and report key training program function metrics biannually.



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# Training Program Committees (Option 2 ) (cont.)

## Functions (cont.)

9. \*Accredit Advanced Training sites or programs in <relevant training program>.
10. \*Advise on matters relating to Overseas Trained Physicians, as requested.
11. \*Assess and provide advice on specialist recognition in <relevant training program> for RACP Fellows who have not completed the <relevant training program>.
12. ^Appoint Directors of Physician/Paediatric Education (DPEs).
13. ^Oversee the DPE fora.

(Some are relevant only to ^BT or \*AT committees. Some functions will be delegated to RACP staff via the delegation schedule with only non-routine matters coming to the TPC for decision.)

## BT Committee membership

1. Chair, nominated by the Committee
2. An elected Deputy Chair
3. A DPE from each of the states/territories of Australia and regions in Aotearoa NZ
4. Two Basic Trainees
5. Chair of the relevant Divisional Assessment Subcommittee
6. Chair of the relevant Divisional Accreditation Subcommittee.

## AT Committee membership

Up to 16 members selected by expressions of interest:

1. Chair, nominated by the Committee and approved by the TPMC
2. An elected Deputy Chair
3. At least one member belonging to the relevant Specialty Society(ies)
4. Two Advanced Trainees in <the training program>, or an alternate approved by the committee
5. The Chair, or permanent delegate, of the Aotearoa NZ training sub-committee of <the training program> as an ex-officio member.

For training programs with assessment and/or accreditation subcommittees, the Chair of the relevant subcommittee will be an ex-officio position on the training program committee. The TPC Chair or permanent delegate will also sit on the Training Program Reference Group which reports directly to the CEC.

Aotearoa NZ Training Committees membership will remain as it currently is.

## Mechanisms

**To ensure a balance in the committee composition between Aotearoa NZ and Australia** for binational ATCs:

- One of the two trainee members will reside in Aotearoa NZ.
- An aspiration of 20% of committee membership will reside in Aotearoa NZ.

**For non-binational ATCs**, the Aotearoa NZ and Australian TPC may have one joint meeting per year to facilitate calibration and sharing good practice across countries.

ATCs will continue to have strong linkage with their Specialty Society with representation on the committee and bidirectional reporting.

**To ensure linkage with the accreditation and assessment subcommittees**, the Chair of these sub-committees will be an ex-officio position on relevant Training Program Committee (for BTCs, FTCs, AChSHM and ATC General Paediatrics).

**Training Support Pathway** and processes will remain unchanged. Relevant TPC will conduct Comprehensive Reviews of Training, as per current arrangement.

**Reporting:** To the Training Program Management Committee.

**Frequency of meetings:** Four to five times per year (at least one is face-to-face).

**Subcommittees:** Aotearoa NZ subcommittees.

**Working Groups:** Curriculum Review Groups.

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# Assessment Committee

**Note:** Proposed changes to AC are the same for the Binational Governance Model (Option 1) and Blended Governance Model (Option 2).



## Overview

The Assessment Committee (AC) will:

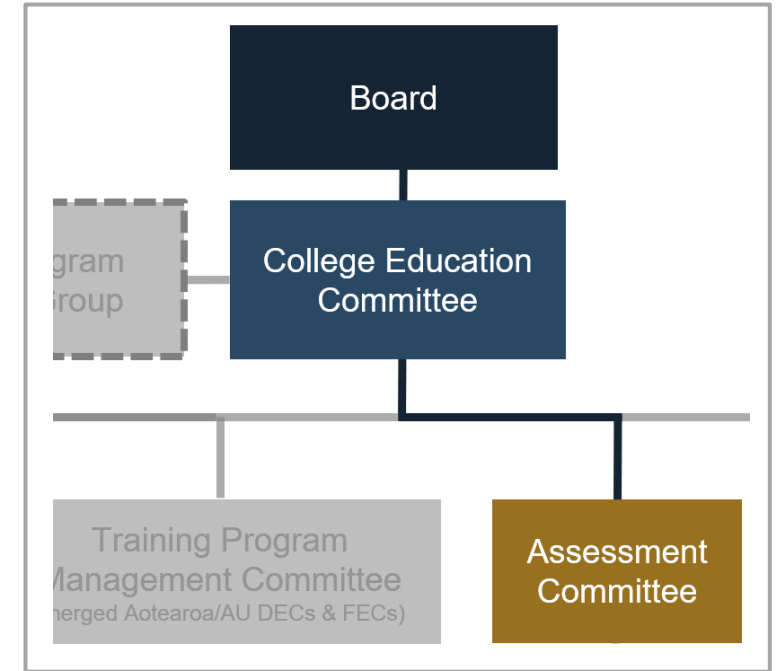
- be a **continuation of the exiting College Assessment Committee**, with functions largely unchanged. Terms of reference will be updated to align with other lead function committees
- have a **mix of skills-based and representational** membership
- **lead the standards/policy development** concerning assessment and examinations, and ensures quality delivery of examinations and assessments across all training programs
- act as an expert group, ensure consistent application of College-wide policy and process, monitor key metrics of assessment subcommittees and manage/escalate relevant risks and issues to the CEC.

## Purpose

The Assessment Committee is the lead committee for the assessment function across RACP training programs. It acts as the expert body for assessment, developing standards and policy, and ensures high quality assessment practices through the consistent application of assessment standards and process across training programs.

## Functions

1. Act as an expert body on assessment, providing advice and support to the CEC based on international best practice in relation to assessment in medical education.
2. Provide direction on technical and operational improvements across College examinations and work-based assessments.
3. Develop standards and policy for assessment for approval by CEC.
4. Oversee governance of assessment function and ensure consistent application of assessment standards, policy and process across training programs.
5. Review and advise on assessment blueprints, examination blueprints, results and psychometric analyses.
6. Oversee the development, implementation and ongoing management of the RACP assessment toolkit.
7. Review and recommend changes to the overall assessment toolkit and processes relating to assessment. Endorse these for CEC approval or approve as per delegation schedule.
8. Receive reports from assessment subcommittees and RACP management about conduct of examinations and evaluation of work-based assessments across the College.
9. Monitor emerging risks and issues relating to assessment function escalating and reporting these to CEC as appropriate.



# Assessment Committee (cont.)

## Functions (cont.)

10. Align RACP's assessment function with AMC/MCNZ accreditation standards and requirements.
11. Monitor and evaluate the assessment function, identify and implement improvements. Ensure alignment with assessment issues that are relevant to recertification and revalidation in Continuing Professional Development and are relevant to Overseas Training Physicians.
12. Convene [decision review panels](#) as required to review decisions of Assessment subcommittees in accordance with the Recognition, Review and Appeals By-Law.

## Committee membership

1. The College Censor, who will Chair the Committee
2. A Deputy Chair, appointed from within the membership, who will Deputise as the College Censor when required
3. A Basic Trainee nominated by the CTC
4. An Advanced Trainee nominated by the CTC
5. A member residing in Aotearoa NZ with assessment expertise and experience of RACP exam delivery  
A nominee\* of:
  6. The Adult Medicine Division Assessment Subcommittee (Australia)
  7. The Adult Medicine Division Assessment Subcommittee (Aotearoa NZ)
  8. The Paediatrics & Child Health Division Assessment Subcommittee (Aotearoa NZ)
  9. The Paediatrics & Child Health Division Assessment Subcommittee (Australia)
  10. The Australasian Faculty of Rehabilitation Medicine Assessment Subcommittee
  11. The Australasian Faculty of Public Health Medicine Assessment Subcommittee
  12. The Australasian Faculty of Occupational and Environmental Medicine Assessment Subcommittee
13. A Chapter Training Committee.

\*Committee Members must have skills and expertise in assessment.

## Mechanisms

### **To ensure balanced committee composition between Aotearoa NZ and Australia:**

- There will be an Aotearoa NZ member with expertise in local delivery of the RACP examinations.
- One of the trainee members will reside in Aotearoa NZ.
- An aspiration of 20% of the committee membership will reside in Aotearoa NZ.

**To ensure Faculty and Chapter perspectives are represented**, a member will be drawn from each Faculty Assessment Subcommittee and Chapter Training Committee (for AChSHM only).

**To support linkage with the DFAC Councils/Committees**, DFAC representative presents assessment reports at DFAC meetings, reports emerging issues/risks managed by CEC, and seeks their input to policy development in assessment (in addition to formal policy development process).

**Reporting:** To the CEC.

**Frequency of meetings:** Five times per year (at least one is face-to-face).

**Subcommittees:** Assessment subcommittees; examinations subcommittees for Option 2 only

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# Assessment Subcommittees (Option 1)

## Overview

The Assessment Subcommittees will be the **existing** Divisions and Faculties Assessment Committees. They report to the Assessment Committee, in place of individual education committees.

They will **continue to oversee delivery of examinations and assessment** within respective training programs:

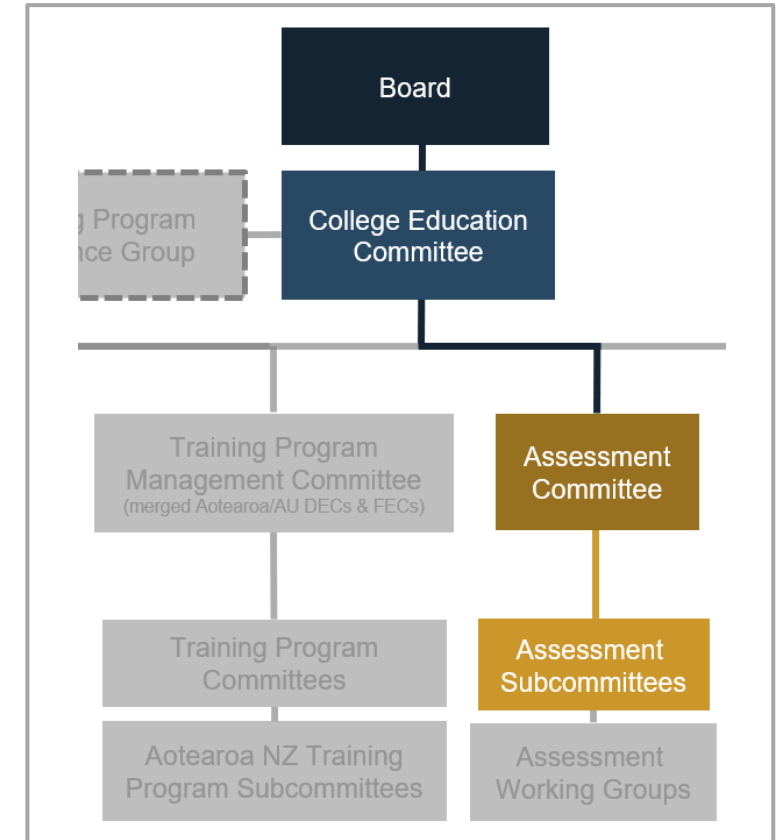
- supervising coordination of development, preparation and measurement of exams/assessments
- overseeing examining panels and standardising examiner/assessor processes
- auditing and analysing exam data to inform policy and program changes
- reporting recommendations to the Assessment Committee, and associated working groups, as required
- providing feedback to trainees and examiners in consultation with the Assessment Committee.

## Purpose

Assessment Subcommittees will be responsible for the holistic management and delivery of their own assessment program and overseeing the progress and support of examiners in their program.

## Functions

1. Perform audit and analysis of written and practical data on all examinations and assessments and suggest policy and procedure changes to the Assessment Committee.
2. Approve content for examinations.
3. Approve results for examinations.
4. Consider special considerations for assessment.
5. Approve addition of new examiners to examining panels.
6. Provide reports to the Assessment Committee regarding examinations and assessments.



# Assessment Subcommittees (Option 1) (cont.)

## Divisions Committee membership

1. A Chair, appointed by the Assessment Committee
2. A Deputy Chair, appointed within the membership
3. The Chair or delegate of the Clinical Examinations Working Group
4. The Chair or delegate of the Written Examinations Working Group
5. A member from the Basic Training Committee of the relevant Division
6. A member representing the Advanced Training and is a current member of one of the Advanced Training Committees in Paediatrics & Child Health
7. A Basic Trainee nominated by the College Trainees' Committee and approved by the Subcommittee
8. A member delegated responsibility for work-based assessments
9. A member residing in Aotearoa NZ with experience in local delivery of examinations and assessment.

## Faculties Committee membership

1. A Chair, appointed by the Assessment Committee
2. A Deputy Chair, appointed within the membership
3. A new Fellow, within five years of receiving their Fellowship
4. A member residing in Aotearoa NZ with experience in local delivery of examinations and assessment
5. Up to five members representing interests of specific working groups.

**Reporting:** To the Assessment Committee.

**Frequency of meetings:** Five times per year (at least one is face-to-face).

**Working Groups:** Clinical Examinations Working Group – Adult Medicine Division; Written Examinations Committee – Adult Medicine Division; Clinical Examinations Working Group – Paediatrics & Child Health Division; Written Examinations Committee – Paediatrics & Child Health Division; Working groups reporting to individual Faculty Assessment Subcommittees.



## Mechanisms

**To enhance the Aotearoa NZ voice**, subcommittee membership will be updated with an aspiration of 20% of members residing in Aotearoa NZ.

This number may be flexible where committees have smaller number of current members and trainees.

**Reports to the Assessment Committee** include summary of examinations and assessment undertaken; the conduct of examinations and assessments; feedback, remediation and re-testing; technical and operational improvements made; work-based assessment activity and outcome data, College assessment standards and policies; programs of assessment; assessment blueprints; examination blueprints, results and psychometric analyses.

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# Assessment Working Groups (Option 1)

## Overview

- The Assessment Working Groups are convened by the Assessment Subcommittees and will be responsible for **examination development, logistical coordination and item writing**.
- There will be **one Working Group per examination type**. Purpose, functions and member composition of each Working Group will differ. As such, only a list of working groups continuing within this model has been provided below.
- Existing Clinical Examinations Committees and Written Examinations Committees will **become Clinical Examinations Working Groups and the Written Examinations Working Groups** respectively. This delineates accountability and responsibility between content development/exam coordination and approval of exam content and results by Accreditation Subcommittees.
- Current working groups within the assessment function will remain and continue as per their existing Terms of Reference.

## Divisions Assessment Working Groups

### Aotearoa NZ and Australia

- Written Examinations Working Group – Adult Medicine
- Written Examinations Working Group – Paediatrics & Child Health
- Divisional Item Writing Panel – Adult Medicine
- Divisional Item Writing Panel – Paediatrics & Child Health

### Aotearoa NZ only

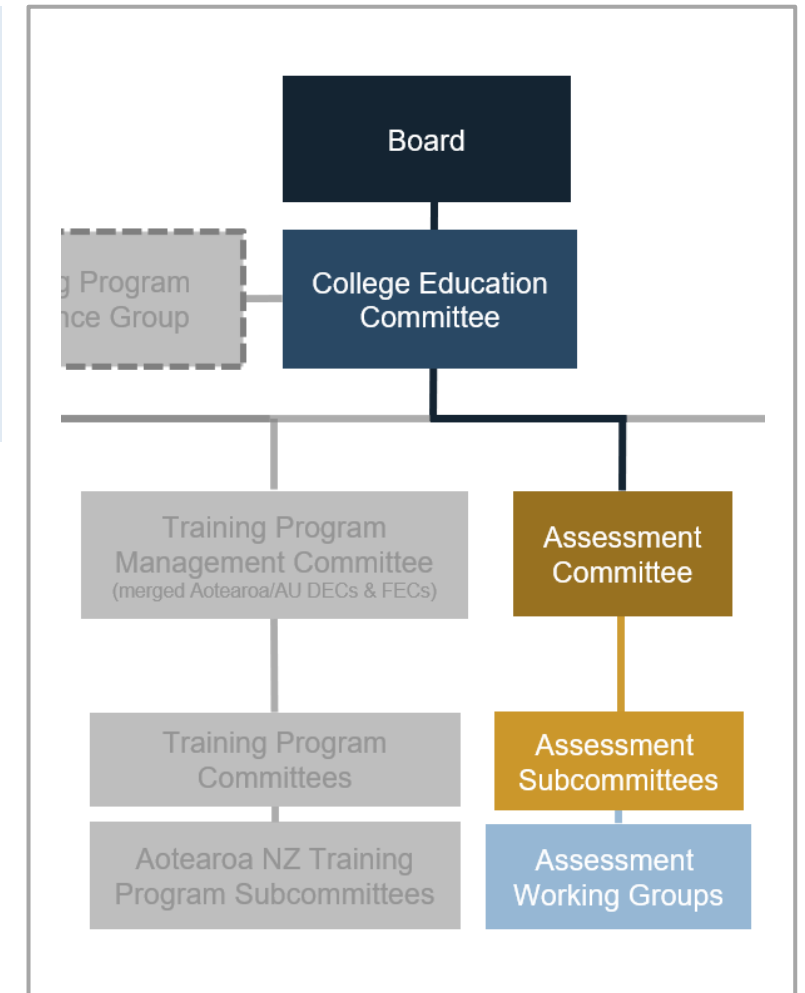
- NZ Clinical Examinations Working Group – Adult Medicine
- NZ Clinical Examinations Working Group – Paediatrics & Child Health

### Australia only

- Clinical Examinations Working Group – Adult Medicine
- Clinical Examinations Working Group – Paediatrics & Child Health

## Faculties Assessment Working Groups

- AFOEM Stage A Written Working Party
- AFOEM Stage B Practical Working Party
- AFOEM Stage B Written Working Party
- AFPHM Oral Exam Working Party
- AFRM Gen FCE Working Party
- AFRM Gen FWE MCQ Working Party
- AFRM Gen FWE MEQ Working Party
- AFRM Gen Module 1 MCQ Working Party
- AFRM Gen Module 2 Working Party
- AFRM Paeds FCE Working Party
- AFRM Paeds FWE MCQ Approval Working Party
- AFRM Paeds FWE SAQ Working Party
- AChSHM Exit Assessment Working Party



# Examinations & Assessment Subcommittees (Option 2)



## Overview

- The Examinations and Assessment Subcommittees will be the **existing** Divisional Clinical and Written Examinations Committees and Faculties Assessment Committees. A full list of Subcommittees has been provided below.
- Current **Divisional Assessment Committees will no longer continue** under this option.
- Examinations and Assessment Subcommittees will **report to the Assessment Committee**.
- Subcommittee **functions and memberships will remain the same** according to their current Terms of Reference.

The governance of examinations and assessment will be considered in scope of the cross-College examinations review project.

## Divisions Examinations Subcommittees

### Aotearoa NZ and Australia

- Written Examinations Subcommittee – Adult Medicine
- Written Examinations Subcommittee – Paediatrics & Child Health

### Aotearoa NZ only

- NZ Clinical Examinations Subcommittee – Adult Medicine
- NZ Clinical Examinations Subcommittee – Paediatrics & Child Health

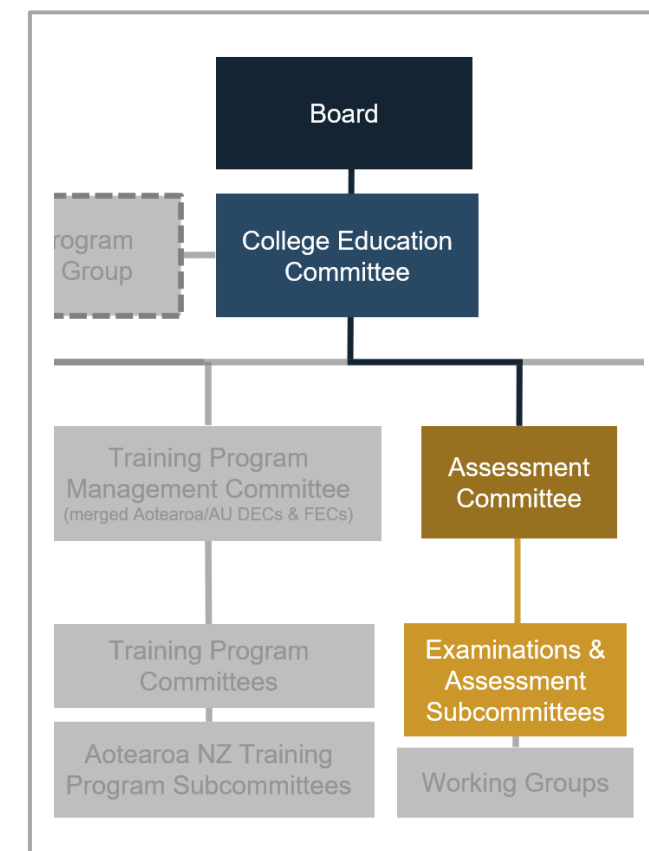
### Australia only

- Clinical Examinations Subcommittee – Adult Medicine
- Clinical Examinations Subcommittee – Paediatrics & Child Health

## Faculties Assessment Subcommittee

- The AFOEM Faculty Assessment Subcommittee
- The AFPHM Faculty Assessment Subcommittee
- The AFRM Faculty Assessment Subcommittee

The FPTAC will report to the TPMC and liaise with the Assessment Committee where required.



# Working Groups (Option 2)

## Overview

Current Working Groups reporting directly to the Examinations & Assessments Subcommittees will remain and operate according to their Terms of Reference.

There will be **no significant changes** made to these Working Groups.

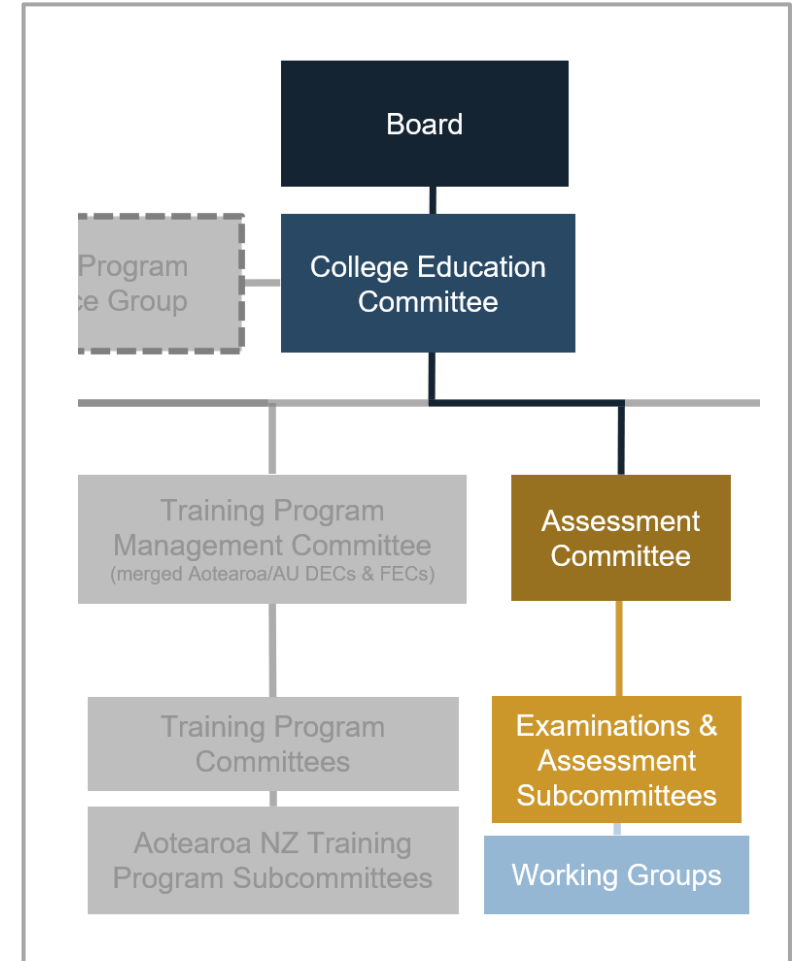
Their governance, functions and memberships will be considered in scope the Cross-College examinations review project.

## Divisions Assessment Working Groups

- Divisional Item Writing Panel – Adult Medicine
- Divisional Item Writing Panel – Paediatrics & Child Health

## Faculties & Chapters Assessment Working Groups

- AFOEM Stage A Written Working Party
- AFOEM Stage B Practical Working Party
- AFOEM Stage B Written Working Party
- AFPHM Oral Exam Working Party
- AFRM Gen FCE Working Party
- AFRM Gen FWE MCQ Working Party
- AFRM Gen FWE MEQ Working Party
- AFRM Gen Module 1 MCQ Working Party
- AFRM Gen Module 2 Working Party
- AFRM Paeds FCE Working Party
- AFRM Paeds FWE MCQ Approval Working Party
- AFRM Paeds FWE SAQ Working Party
- AChSHM Exit Assessment Working Party



# Curriculum Committee

**Note:** Proposed changes to CC are the same for the Binational Governance Model (Option 1) and Blended Governance Model (Option 2).



## Overview

The Curriculum Committee (CC) will:

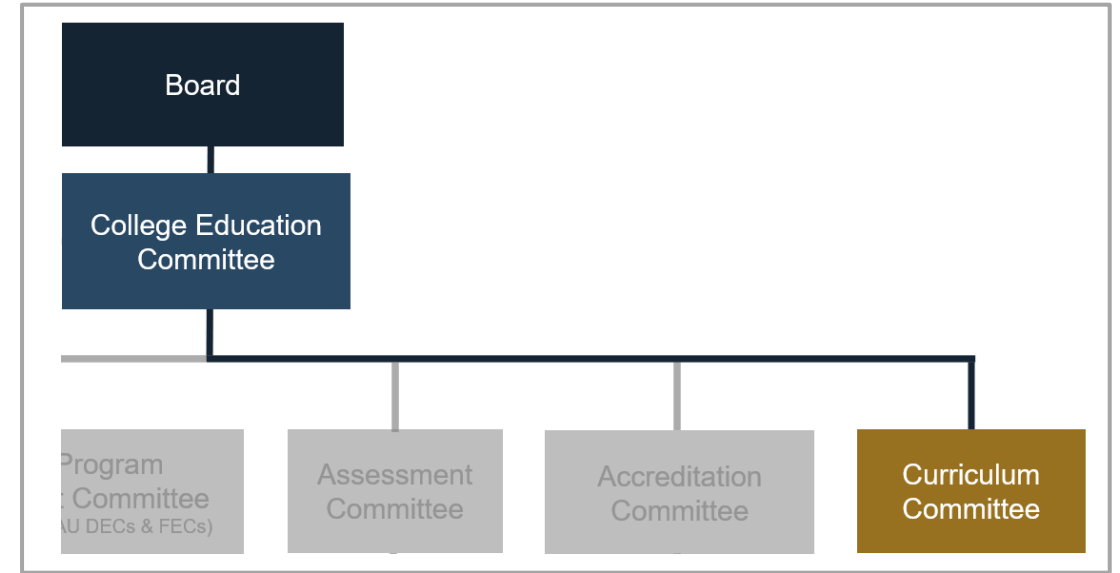
- be a **new standing committee of the CEC** taking the place of the Curriculum Advisory Group
- **act as the expert group for development of curricula** for RACP training and education programs, expanding its role to oversight the curriculum for the Supervisor Professional Development Program
- have a **key advisory role to Training Program Committees** in their evaluation and improvement of curricula
- **support the implementation** of CEC-approved education principles and the curriculum framework.

## Purpose

The Curriculum Committee is the lead committee for the curriculum development function across RACP training and education programs. It acts as the expert group advising the CEC on curriculum matters and Training Program Committees in the evaluation and improvement of curricula supporting implementation of CEC-approved education principles and the curriculum framework.

## Functions

1. Act as an expert body on curriculum development and provide advice and support to the CEC and training program committees involved in curriculum development.
2. Ensure the RACPs curriculum frameworks, graduate and program outcomes, learning, teaching and assessment programs meet AMC accreditation standards and requirements.
3. Periodically review the program outcomes for RACP physician training and education as defined in the RACP Professional Practice Framework and recommend changes to the CEC following stakeholder consultation.
4. Provide advice to Training Program Committees in their review of program-specific graduate outcomes ensuring they are based on the field of physician practice and the physician's role in the delivery of health care.
5. Periodically review the appropriateness of the design of the RACP curriculum framework and recommend opportunities for improvement for consideration by the CEC.
6. Develop plans for prioritisation and evaluation of RACP curricula for CEC approval.



# Curriculum Committee (cont.)

## Functions (cont.)

7. Support Training Program Committees in their evaluation of the effectiveness of curricula to help identify opportunities for improvement in design and/or implementation.
8. Review new and amended curricula (curriculum standards, competencies, and learning, teaching and assessment programs) proposed by Training Program Committees and endorse these for CEC approval as appropriate.
9. Develop policy relating to curriculum development and training program requirement change for approval by CEC.
10. Develop and recommend to the CEC a range of teaching and learning tools that can be mapped to the curricula content to meet the program and graduate outcomes.
11. Align RACP's curriculum development function with AMC/MCNZ accreditation standards and requirements.
12. Periodically review the curriculum for supervisor training (SPDP) to ensure its appropriateness and recommend updates to the CEC for approval.

## Committee membership

1. The Chair (appointed by the CEC through an EOI process) with expertise in medical education, particularly curriculum development
2. College Censor (ex-officio member)
3. A Basic Trainee member nominated by the College Trainees' Committee.
4. An Advanced Trainee member nominated by the College Trainees' Committee.
5. Six RACP members who hold Fellowship of one of the Divisions, Faculties or Chapters and who have expertise in medical education.
6. Up to two non-members with expertise in medical education.



## Mechanisms

- The CC will work in **close collaboration horizontally with key lead committees**: Assessment Committee, Accreditation Committee and the CPD Committee.
- **Linkage to the Assessment Committee** is ensured through an ex-officio position in CC.
- Rather than DFACs representation focus, **member appointments will be based on skills and expertise** in medical education given their importance in curriculum development.
- **To ensure the trainee voice**, there will be two trainee representatives nominated by the College Trainees' Committee.
- **To ensure balanced committee composition** between Aotearoa NZ and Australia, an aspiration of 20% of the committee membership will reside in Aotearoa NZ.

**Reporting:** To the CEC.

**Frequency of meetings:** Three to four times per year (at least one is face-to-face).

**Subcommittees:** None.

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# Accreditation Committee

**Note:** Proposed changes to AccC are the same for the Binational Governance Model (Option 1) and Blended Governance Model (Option 2).



## Overview

The Accreditation Committee (AccC) is a **new binational Committee** reporting to the CEC and will:

- **oversee the Training Provider Accreditation Program**, standards and accreditation requirements
- review and update **accreditation-related policies** and published processes
- ensure **consistent application** across Settings and Networks in Aotearoa NZ and Australia
- **review and approve changes to Advanced Training accreditation requirements** within its remit and where required, recommend major changes to the CEC
- **escalate relevant risks and issues** to the CEC as appropriate, e.g., lack of progress by Settings in Active Management, allowing for timely response by the CEC and if required, by the RACP Board.

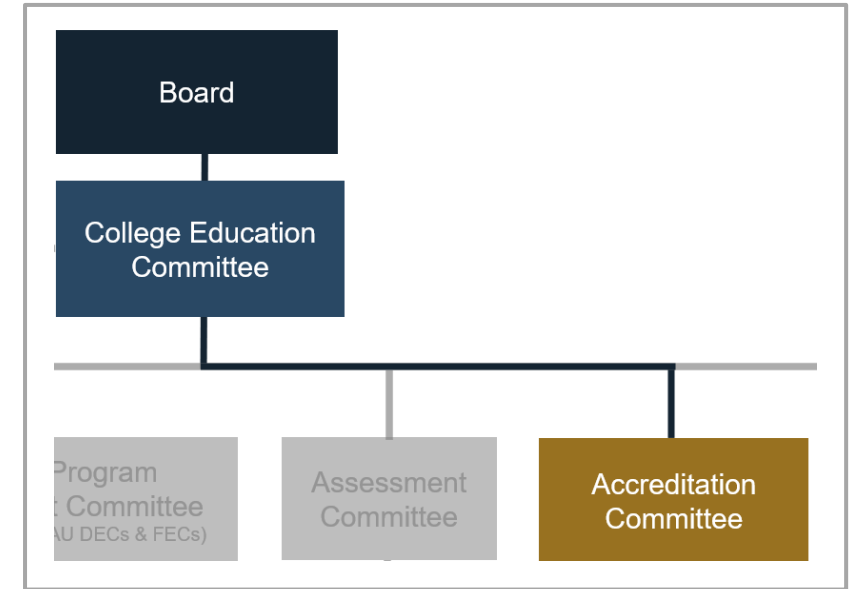
Committee membership will be a **mix of skills and experience** across existing accreditation subcommittees and training program committees.

## Purpose

The Accreditation Committee is the lead committee for the accreditation function across RACP training programs. It acts as the expert body for accreditation, developing standards and policy and ensures high quality accreditation practices through the consistent application of accreditation standards and process across training programs.

## Functions

1. Act as an expert body on accreditation and provide advice and support to the CEC and sub-committees involved in accreditation.
2. Develop standards and policy for accreditation for approval by CEC.
3. Oversee governance of accreditation function and ensure consistent application of Training Provider accreditation standards, policy and process across training programs.
4. Receive reports from accreditation subcommittees and training program management committees (AT) about their activity in accreditation.
5. Review training program or accreditation subcommittee recommendations for change relating to accreditation and endorse these for CEC approval or approve as per delegation schedule.
6. Review active management Training Providers and any potential breaches received.
7. Monitor emerging risks and issues relating to the accreditation function escalating and reporting these to CEC as appropriate.



# Accreditation Committee (cont.)

## Functions (cont.)

8. Review the Medical Training Survey and Physician Training Survey data on training experiences in settings, identify opportunities for improvement and make recommendation to the CEC.
9. Align RACP's accreditation function with regulatory accreditation standards and requirements including AMC, MCNZ and National Health Practitioner Ombudsman in Australia.
10. Monitor and evaluate the accreditation function, identify and implement improvements.
11. Convene [decision review panels](#) as required to review accreditation decisions of Training Program Committees in accordance with the Recognition, Review and Appeals By-Law.

## Committee membership

1. Two Co-Chairs (appointed by the CEC through an EOI process)
2. A Basic Trainee
3. An Advanced Trainee  
Selected by the Training Program Reference Group:
4. Up to two member representatives from Advanced Training Committees (selected by the Training Program Reference Group)
5. One member representative from Chapter Training Committees  
The Chair or permanent delegate of:
6. The Adult Medicine Division Accreditation Subcommittee (Aotearoa NZ or Australia)
7. The Paediatrics & Child Health Division Accreditation Subcommittee (Aotearoa NZ or Australia)
8. The Australasian Faculty of Rehabilitation Medicine Accreditation Subcommittee
9. Advanced Training General Paediatrics Accreditation Subcommittee
10. Faculty Training Committee – Occupational and Environmental Medicine
11. Faculty Training Committee – Public Health Medicine.

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## Mechanisms

**To ensure balanced committee composition** between Aotearoa NZ and Australia:

- The AccC will be co-chaired by a member from Aotearoa NZ and another member from Australia.
- A representative from either Division and one of the trainee members will reside in Aotearoa NZ.
- An aspiration of 20% of the committee membership will reside in Aotearoa NZ.

**To ensure Faculty and Chapter perspectives are represented:**

- A member will be drawn from the AFRM Accreditation Subcommittee.
- Representatives are nominated by the AFOEM TPC and the AFPHM TPC.

**To support linkage with DFaC Councils:**

- DFaC Council President could be involved in selection panel for CEC rep.
- CEC rep could be member of respective Council.
- DFaC rep presents accreditation reports at DFaC meetings, reports any emerging issues/risks managed by CEC, and seek their input to policy development.

**To support linkage with other Training Program Committees:**

- Regular template reports will be provided to the Accreditation Committee regarding risks and issues.
- Training Program Committee Chairs/delegates will be invited to attend AccC meetings to speak to program-specific items to adequately represent their perspectives and directly inform decision-making.

**Reporting:** To the CEC.

**Frequency of meetings:** Five times per year (at least one is face-to-face).

**Subcommittees:** BT Accreditation Subcommittee Adult Medicine, BT Accreditation Subcommittee Paediatrics & Child Health, AFRM Accreditation Subcommittee, General Paediatrics Accreditation Subcommittee.

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# Accreditation Subcommittees

**Note:** Proposed changes to Accreditation Subcommittees are the same for the Binational Governance Model (Option 1) and Blended Governance Model (Option 2).

## Overview

The Accreditation Subcommittees will be the **existing subcommittees** in Adult Medicine (AM) Division, Paediatrics & Child Health (PCH) Division, Advanced Training – General Paediatrics, and the Australasian Faculty of Rehabilitation Medicine (AFRM) and will continue to operate according to their current functions.

Basic Training (BT) Accreditation Subcommittees in AM and PCH, and General Paediatrics will become binational committees, performing accreditation functions across Aotearoa New Zealand (NZ) and Australia.

The accreditation function for Advanced Training Programs will remain with the ATCs, remaining FTCs, ChTCs and JCTs.

## Mechanism

To enhance the Aotearoa NZ voice, membership of all subcommittees will be updated to aspire towards 20% membership residing in Aotearoa NZ.

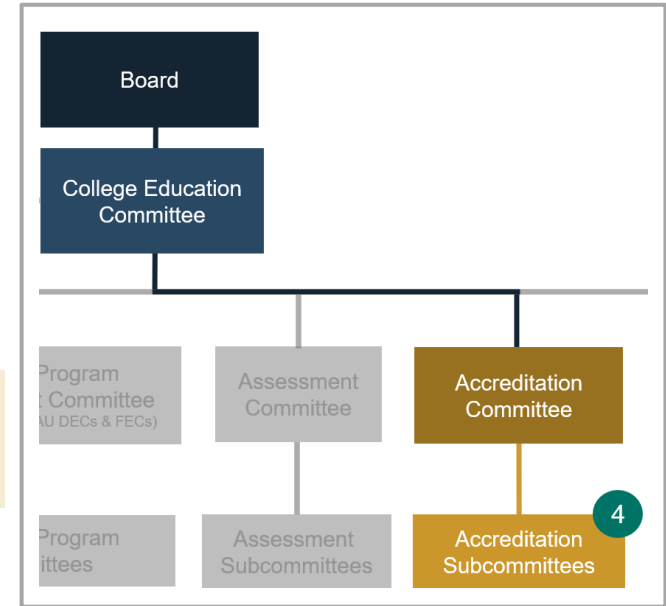
## Purpose

Accreditation Subcommittees will be responsible for accrediting training providers, settings/training sites, training programs across Aotearoa NZ and Australia.

## Functions

1. Accredit sites, \*training provides, \*settings, \*networks and training programs in <relevant training program>.
2. Approve addition of new accreditors for <relevant training program>.
3. Review accreditation standards and criteria and recommend minor program or policy change to the Accreditation Committee.
4. Monitor training sites under active management.
5. Escalate risks and issues to the Accreditation Committee and report key training program function metrics biannually.

\*Some are relevant only to Basic Training Accreditation. Some will be delegated to RACP staff via the delegation schedule with only non-routine matters coming to the Accreditation Committee for decision.



## Committee membership

1. Two Co-Chairs (one from Aotearoa NZ and one from Australia), appointed by the Accreditation Committee
2. Two Trainee representatives (one from Aotearoa NZ and one from Australia)  
Up to six representatives that ideally include representation from:
3. Rural and regional Australia
4. Paediatric Rehabilitation (AFRM Accreditation only).

Committee members must complete a minimum of two comprehensive reviews annually.

**Reporting:** To the Accreditation Committee.

**Frequency of meetings:** Four times per year (at least one is face-to-face).

**Working Groups:** None.

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# Continuing Professional Development Committee

**Note:** Proposed changes to CPDC are the same for the Binational Governance Model (Option 1) and Blended Governance Model (Option 2).

## Overview

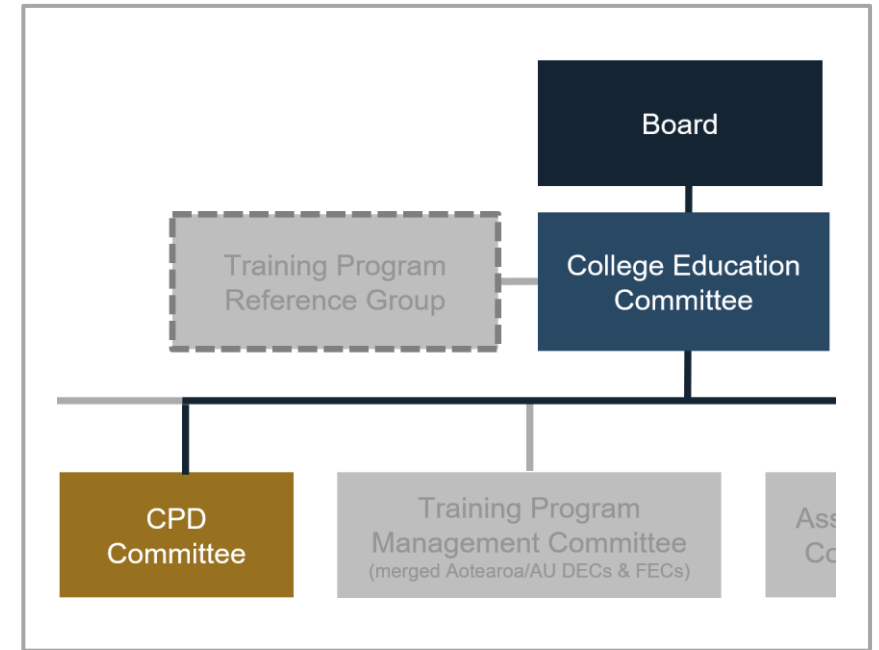
Stakeholder consultation indicated support for a **merger of existing CPD Committee and Aotearoa New Zealand (NZ) CPD Subcommittee** into one binational CPD committee. The functions and composition of the Committee will be updated to reflect its binational nature.

## Purpose

The purpose of the Committee is to oversee CPD matters relating to Fellows of the RACP as well as CPD Users, Trainees and Overseas Trained Physicians.

## Functions

1. Act as an expert body on continuous professional development and provide advice and support to the CEC and other College bodies involved in CPD.
2. Encourage and promote CPD participation.
3. Work with RACP management to ensure the College CPD programs meet the needs of the Fellowship.
4. Consider and approve minor changes to the MyCPD program (including functional fixes and improvements, aesthetic changes, updates to content).
5. Consider and recommend major changes to the MyCPD Program to the CEC (including changes to the MyCPD framework).
6. Promote and explain any changes to CPD to participants as well as identify barriers to participation and support all participants to be better able to complete the requirements of the program.
7. Report to CEC on statistics and issues arising from CPD participation.
8. Monitor exceptions to CPD completion.
9. Consider government regulation on CPD and revalidation in both Aotearoa NZ and Australia and recommend program and policy change to CEC where appropriate.
10. Identify and facilitate peer review of learning resources suitable for CPD and promote development of learning resources to meet any unmet needs.
11. Work with Professional Practice, other College bodies and Specialty Societies to support Fellows' ongoing learning.
12. Monitor emerging risks and issues relating to the continuous professional development function and escalate these to the CEC as appropriate.



# Continuing Professional Development Committee (cont.)

## Committee membership

Up to a maximum of 15 members, including:

1. A Chair appointed by the CEC through an EOI process
2. A Deputy Chair
3. A representative from the Adult Medicine Division
4. A representative from the Paediatrics & Child Health Division
5. A representative from a Faculty
6. A representative from a Chapter.

If the CPD Committee is not able to fill these positions as described, the positions can be filled from the wider Fellowship:

7. An RACP Advanced Trainee representative
8. Four representatives from the DFACs in Aotearoa NZ
9. Co-opted members, attending at the invitation of the CPD Committee Chair only.

**Reporting:** To the CEC.

**Frequency of meetings:** Five times per year (at least one is face-to-face).

**Subcommittees:** None.

## Mechanisms

**To strengthen the Aotearoa NZ voice,**

- Three Aotearoa NZ-specific positions will be established to ensure the needs of Aotearoa NZ members appropriately considered.
- An aspiration of 20% of the committee membership will reside in Aotearoa NZ.

**To ensure communication with DFAC Councils,** CPD participation and activity reports provided by the CPD Committee to the CEC will also be provided to the DFAC Councils for information.

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# Overseas Trained Physician Committee

**Note:** Proposed changes to OTPC are the same for the Binational Governance Model (Option 1) and Blended Governance Model (Option 2).

## Overview

The Overseas Trained Physician Committee (OTPC) will **continue to be a binational committee overseeing OTP assessment** activity in Aotearoa New Zealand (NZ) and Australia under respective government requirements and agreements.

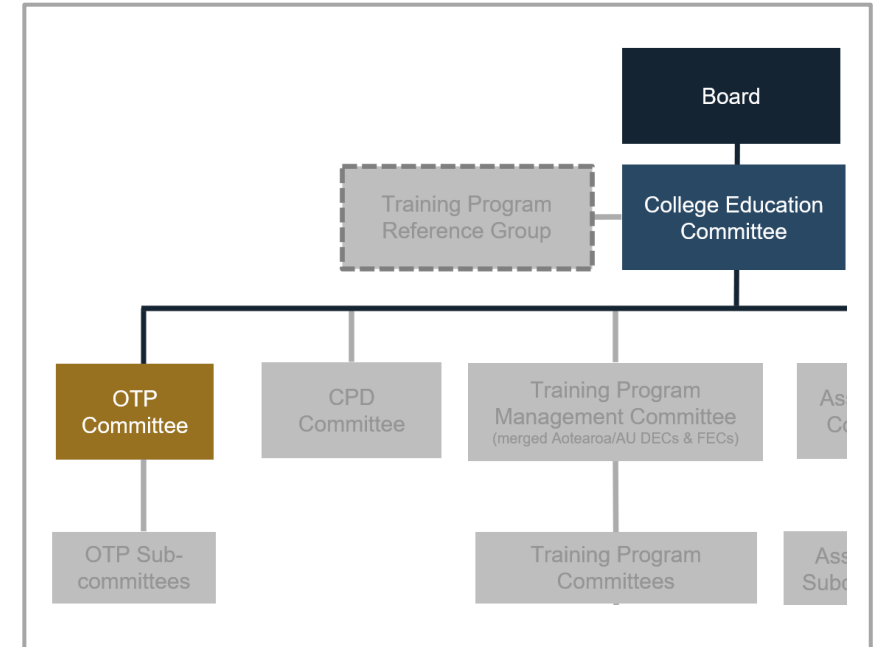
- Aotearoa NZ OTP Assessment Committee will **report to the OTP Committee**, in place of Aotearoa NZ Committee.
- Two **existing Australian OTP subcommittees** – OTP Assessment Subcommittee – Paediatrics and Faculties, OTP Assessment Subcommittee – Adult Medicine and Chapters **will be retained**.
- **Functions and composition remain largely the same**, with updates to reflect the reporting line changes.

## Purpose

The OTP Committee is the lead committee for the OTP function across RACP training programs. It acts as the expert body for OTP, developing standards and policy and ensures consistent application of policy and process across training programs. And ensuring compliance with government requirements and agreements in Aotearoa NZ and Australia.

## Functions

1. Act as an expert body on OTP assessment and provide advice and support to the CEC and College bodies involved in OTP assessment and support.
2. Oversee the assessment of internationally qualified specialists in accordance with the agreement between the Australian Health Practitioner Regulation Agency and the Royal Australasian College of Physicians, the Australian Medical Council Standards for Medical Education and the policy for OTP assessment approved by the CEC.
3. Oversee the assessment of internationally qualified specialists in accordance with the memorandum of Understanding between the Medical Council of New Zealand and the Royal Australasian College of Physicians and the policy for OTP assessment approved by the CEC.
4. Develop policy relating to OTP assessment for the approval of the CEC.
5. Guide development of procedures and resources to support OTPs and their assessors (which includes members of the assessment subcommittees, interviewers, peer reviewers and practice visitors).



# Overseas Trained Physician Committee (cont.)

## Functions (cont.)

6. Support appropriate initiatives that will assist OTPs to develop their cultural competence and safety. (Aotearoa NZ and Australia specific references to be included pending consultation with RACP Indigenous Health Committees).
7. Review the actions of OTP assessment subcommittees and the processes of OTP assessment to ensure that College processes for the assessment of OTPs are consistent, reliable, fair and safe.
8. Convene ad hoc committees to conduct reviews of OTP decisions when these are required according to the College's Reconsiderations, Reviews and Appeals Process, By-law.
9. Monitor emerging risks and issues relating to OTP assessment escalating and reporting these to CEC as appropriate.
10. Monitor and evaluate OTP assessment function and identify and implement improvements.
11. Report key metrics to the CEC on OTP function.

## Committee membership

1. Chair appointed by CEC
2. Deputy Chair elected by the Committee
3. The Membership of the College Body shall comprise up to standing 16 members from the Adult Medicine Division, Paediatrics & Child Health Division and Faculties and Chapters of the College appointed in accordance with the process as set out in the Governance of College Bodies By-Law. The committee must have a minimum of eight standing members at any one time:
4. At least one Fellow who has undergone OTP assessment in Australia
5. At least one Fellow who has undergone OTP assessment in Aotearoa NZ.

The Members drawn from the DFACs will have expertise in OTP assessment.

## Mechanism

**To enhance the Aotearoa NZ voice**, membership of OTPC will be updated to aspire towards 20% membership residing in Aotearoa NZ.

**Reporting:** To the CEC.

**Frequency of meetings:** Five times per year (at least one is face-to-face).

**Subcommittees:** Aotearoa NZ OTP Assessment Committees, OTP Assessment Subcommittee – Adult Medicine and Chapters (Australia), OTP Assessment Subcommittee – Paediatrics and Faculties (Australia).

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# OTP Subcommittees

**Note:** Proposed changes to OTP Subcommittees are the same for the Binational Governance Model (Option 1) and Blended Governance Model (Option 2).

## Overview

- The OTP Subcommittees will be the **existing subcommittees** in Adult Medicine and Chapters, Paediatrics & Child Health and Faculties, and the Aotearoa New Zealand (NZ) OTP Committee, reporting to the OTP Committee.
- The Subcommittees will continue to operate according to their current functions.
- The Terms of Reference will be updated to standardise and delineate other functions that the subcommittees already perform, such as guiding the development of procedures and resources to support the OTP assessment process.

## Mechanisms

- The Aotearoa NZ OTP Committee Chair will be **appointed by the OTP Committee**. The Deputy Chair will continue to be **appointed by the Aotearoa NZ Committee** to ensure the linkage with the Aotearoa NZ Committee.
- Biannual reporting to the Aotearoa NZ Committee on OTP matter will be in place, as well as ad hoc consultation in relation to regulatory changes.

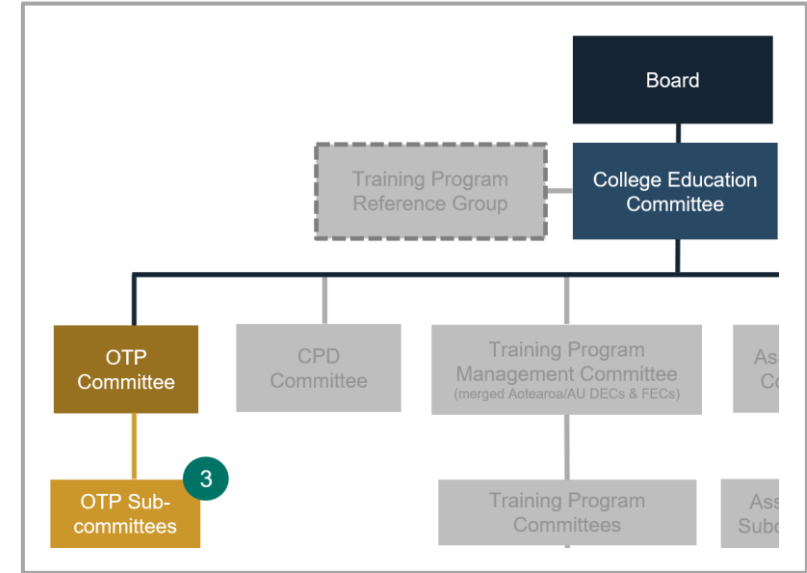
## Purpose

The OTP Subcommittees assess internationally qualified specialists in accordance with RACP OTP assessment policy and the relevant regulatory frameworks in both Aotearoa NZ and Australia.

## Functions

1. Assess internationally qualified specialists in accordance with CEC approved OTP assessment policy.
2. Confirm completion of requirements to progress to Fellowship.
3. Guide development of procedures and resources to support the OTP assessment process.
4. Support appropriate initiatives that will assist OTPs to develop their cultural competence and safety appropriate to the Aotearoa NZ or Australian context.
5. Report and make recommendations to the OTP Committee as required.

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## Committee membership

Membership of OTP Subcommittees will remain as outlined in the current Terms of Reference for Adult Medicine and Chapters and Paediatrics & Child Health and Faculties, and Aotearoa NZ OTP Committee (with minor change to the appointment process as proposed.)

The Chair and Deputy Chair of the Subcommittees will be approved by the OTP Committee.

**Reporting:** To the OTP Committee.

**Frequency of meetings:** Up to 12 times per year (at least one is face-to-face) dependent on Aotearoa NZ and Australia context.

**Subcommittees:** None.

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# Decision Review Panels by Lead Education Committees

**Note:** Proposed changes are the same for the Binational Governance Model (Option 1) and Blended Governance Model (Option 2).

## Overview

The revised governance structure must accommodate the requirements of the College's [Reconsideration, Review and Appeal By-Law](#):

- One of the purposes of this By-Law is to provide: (a) an internal process for the reassessment of specified decisions made by College Bodies.
- Three stages of the College's internal process for the reassessment of specified decisions are: (a) Reconsideration – by the same College Body that made the Decision; (b) Review – by the College Body that oversees the College Body that made the Decision; and (c) Appeal – to an Appeals Committee appointed by the Board.
- Each stage involves a review 'on the merits'. The relevant decision maker is required to reassess all of the facts and circumstances relating to the decision. This includes any additional material provided by the Applicant or otherwise obtained by the decision maker, subject to certain clauses and make a new decision.
- The Reviewing Body must **not** include a member who participated in either the Decision or the Reconsideration Decision or otherwise has a conflict of interest.

A **potential challenge in Option 1 and Option 2** is that the parent committee of the Training Program Committee will be the TPMC, which is a cross-College committee. The Training Program Chair would be the relevant member of the TPMC; therefore, they cannot participate in the review, as they would have participated in the decision and reconsideration. **To address this**, an approach could be for the TPMC convene a decision review panel comprising one TPMC member (not involved in original decision) and two members or nominees of the relevant Division or Faculty Council. **An alternative approach** is for conflicted member(s) to exit the meeting for the discussion of this item.

**Another consideration is the current volume of reviews.** Across the Division and Faculties Education Committees, the approximate number of reviews performed in 2022 and 2023 are seven (7) and 15, respectively. These numbers can be supported by these proposed changes.

## Benefits of this approach

Convening decision review panels by the parent committee as required facilitates the following benefits:

- **Our members' time is better utilised**, as the process will no longer necessitate the participation of the committee according to quorum requirements.
- The **agility of decision-making is increased**, allowing for a quicker turnaround of decision outcomes, which will greatly benefit trainees.
- The **linkage to the Divisions or Faculties Councils is further strengthened**, enabling collaboration between lead education committees and Council committees.

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# Governance & Service Optimisation (Option 3)

Complete [online feedback form](#) or scan QR code



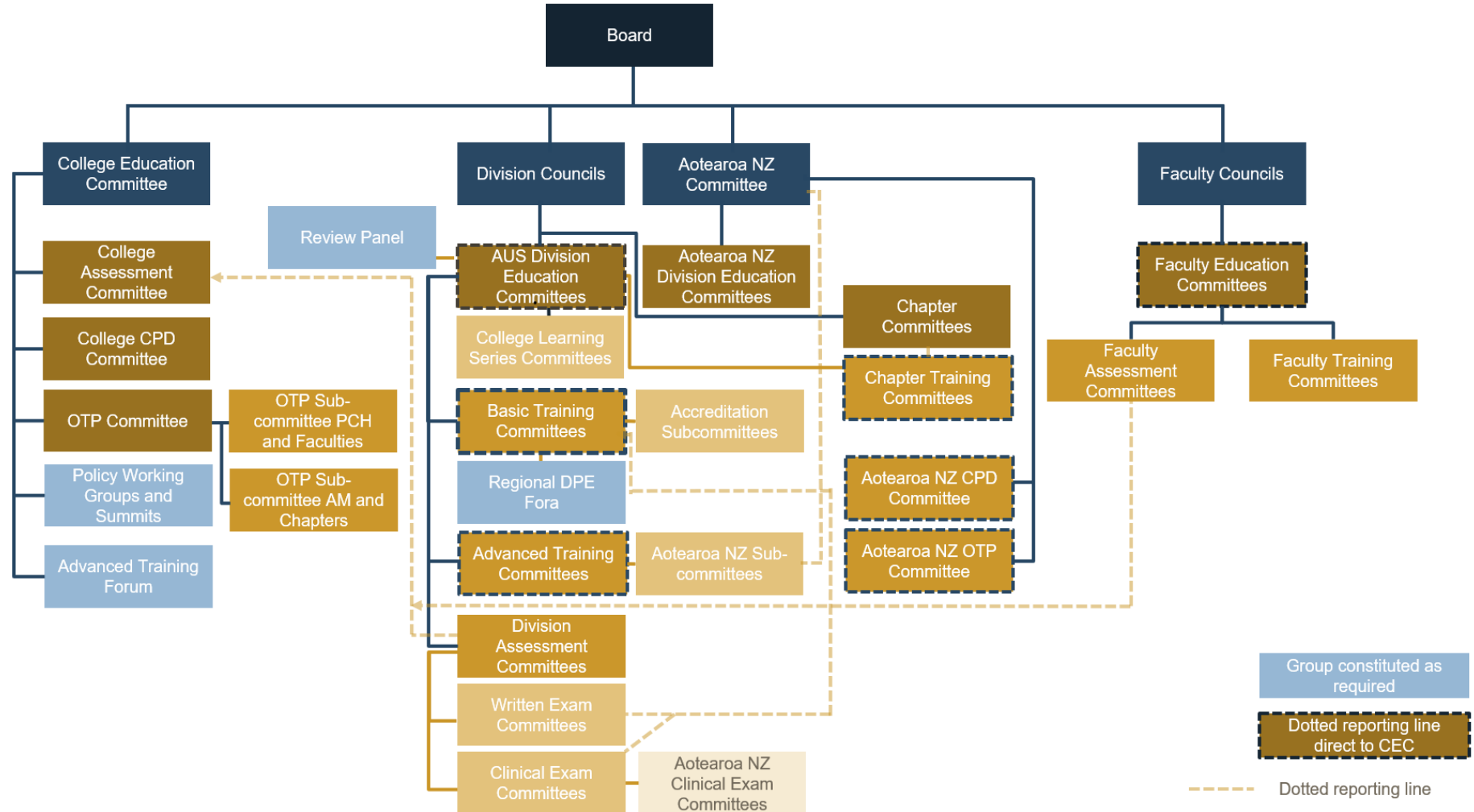
## Overview

This option proposes **no change to the current education committee structure** or reporting lines. It focuses on progressing governance and service optimisation activities agreed to by the CEC in December 2022.

Activities include enhancing delegations of authority; improving efficacy of monitoring and risk escalation; and improving communications between committees and with members.

Many of these **activities are already in progress** and will be a **key element of any proposed model**—Binational or Blended Governance Models

**Option 3 does not address the RACP Board's requirement** for a comprehensive review of education governance—its structure and functions—that will result in *impactful* improvements.

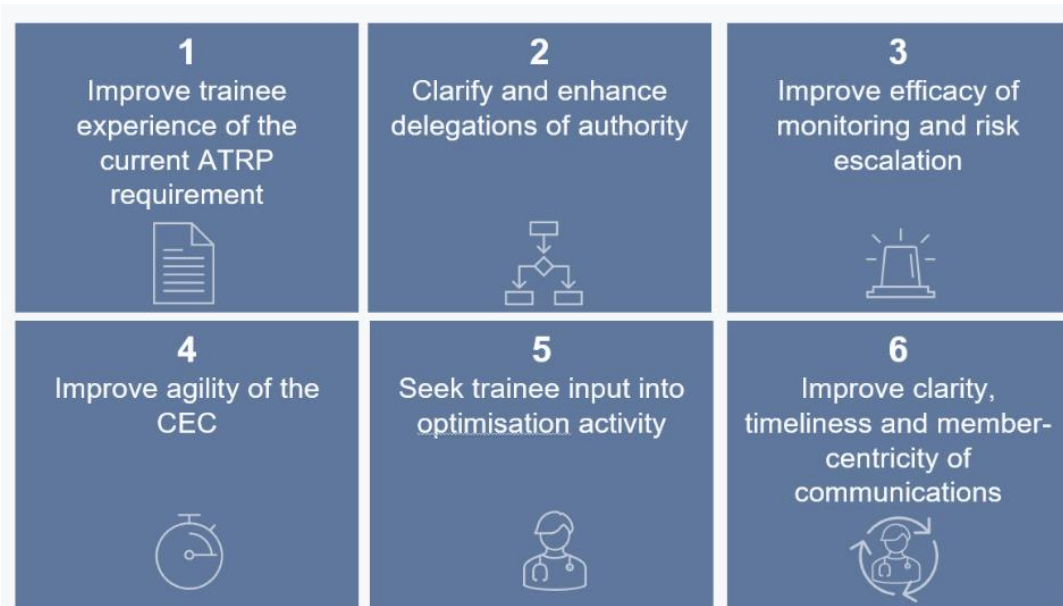


# Governance & Service Optimisation (Option 3) (cont.)

## The CEC Education Governance & Optimisation Plan

Optimisation activities sit across six focus areas, as below.

These are already in progress through the 2024 CEC Workplan.



### Progress updates

- [Improvements to the ATRP experience for trainees](#) include RPL policy changes, updated submission dates, recruitment of additional markers, improved guidance for markers, nominated research supervisor requirement in new AT programs.
- [Development and expansion of delegation schedule is underway](#) to support consistent outcomes-based approach. Routine decisions will be delegated to appropriate staff, expediting decision-making and response times to trainees.
- [Efficacy of existing reporting lines will be enhanced](#). Mechanisms will be developed to support two-way reporting between CEC and other education committees, e.g., reporting matrices, reporting templates and twice-yearly frequency.
- [Performance monitoring and issue/risk escalation](#) to the CEC and the Board will be improved through a clear framework and guidelines for escalation.
- [CEC Executive was formed in 2023](#) for faster decision-making and responses between meetings
- [Trainee voice was strengthened](#) through creation of two trainee observer positions, in addition to two member positions to allow flexibility for trainee participation in decision-making.
- [Trainee input will be sought via the College Trainees' Committee](#) at key stages of optimisation activity to incorporate trainee perspectives in proposed actions or interventions.
- Work continues to [improve education-related communications](#) with members and between committees.

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# Governance & Service Optimisation (Option 3) (cont.)

## Key Considerations



1

Main factors that **can enable or constrain** these activities:

- Current systems and technologies
- Volunteer workforce
- Resources

2

Option 3 does **not effectively address Problem Statements**. It maintains the **status quo** of a siloed and duplicative committee structure.

3

Optimisation activities is **also a key element of the proposed models**: Binational or Blended Governance Models.




4









**How we govern education is a key enabler** to drive improvements of value. Without a structure change, it is challenging to significantly improve member experience.

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# Next Steps

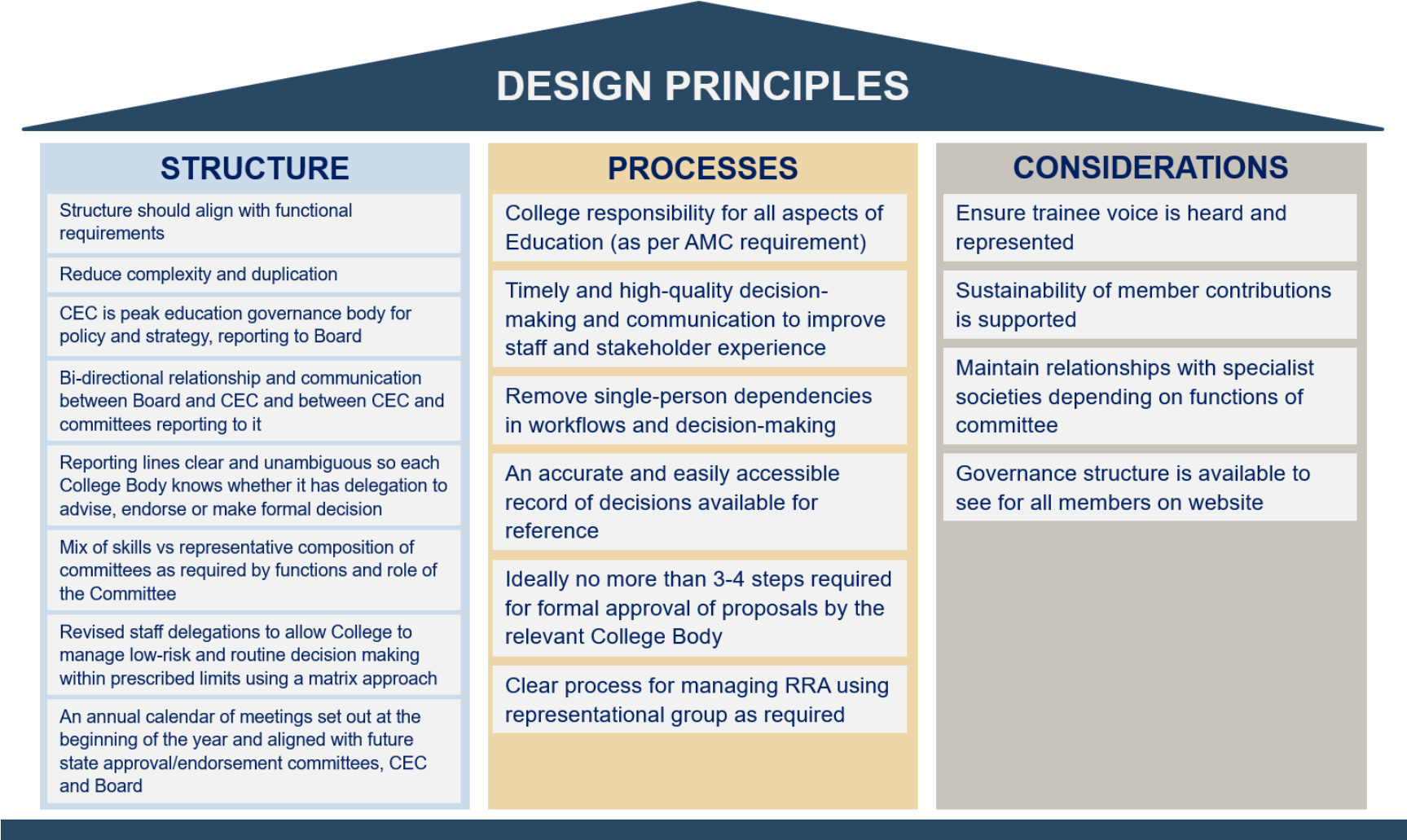
-  Activity complete
-  Prep/Activity underway
-  Critical activity

Status	Milestone
	Pre-consultation with Divisions & Chapters Presidents and Chapters Training Committee Chairs (1 November)
	Discussion with CEC (3 November)
	Discussion at the AT Forum (21 November)
	Consultation with staff (December to March)
	Discussion with targeted Aotearoa members (11-12 January)
	Scheduled consultation with committees (February to March)
	Progress update to EGWG regarding draft Board Proposal (April meeting – <i>Date to be confirmed</i> )
	Additional meetings with stakeholders (where required)
	Review by Governance Team
	 Final endorsement by the EGWG (May meeting – <i>Date to be confirmed</i> )
	Board proposal submitted to Company Secretariat (3 June)
	 Final proposal considered by the RACP Board for approval (21 June)

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# Design Principles

Below are the Design Principles developed by the EGWG in June-July 2023 to inform the future state of education governance.

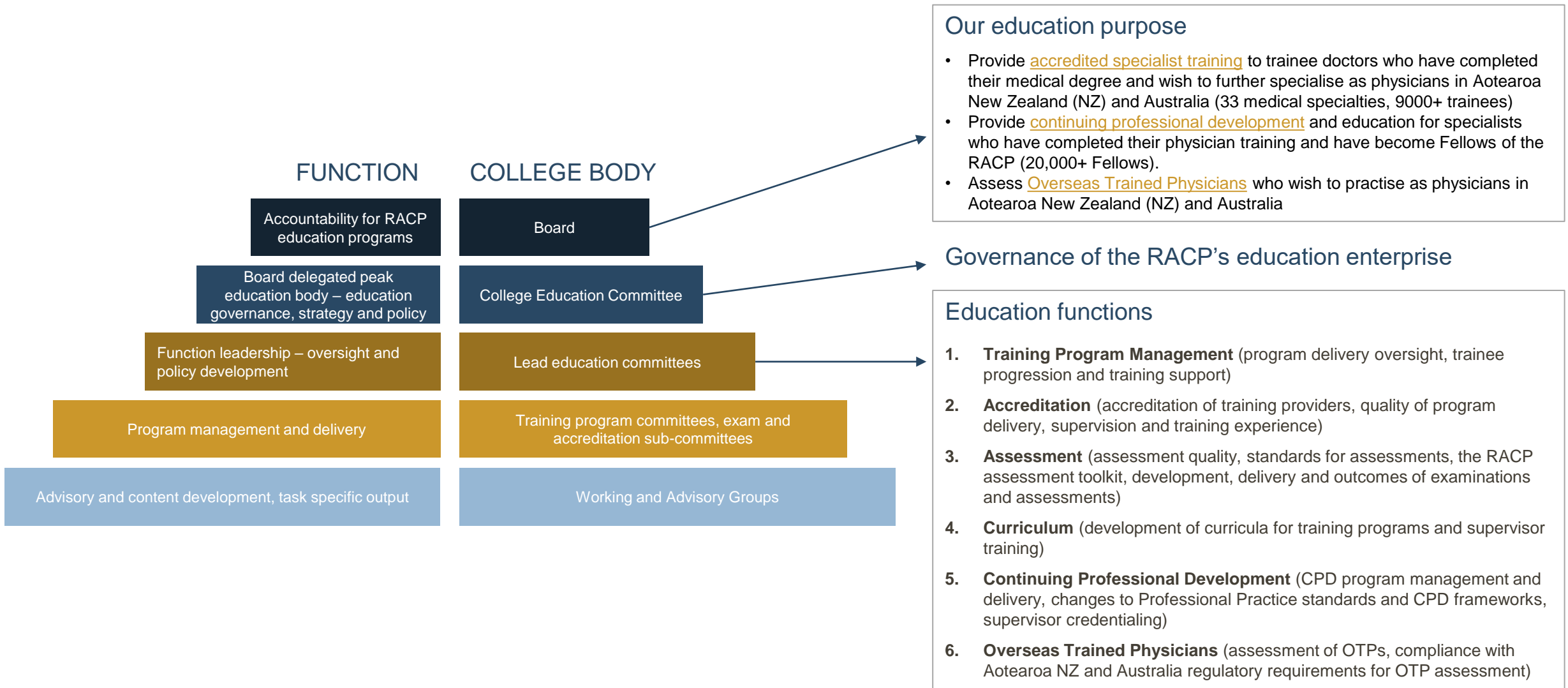


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# Education Functions & College Body Hierarchy

Below features the education functions and College body hierarchy for Options 1 & 2.



# List of current training committees

This list includes all training committees in Basic, Advanced, Faculty, Chapter Training Committees and Joint Committees Training.

- Adult Medicine Division Basic Training Committee
- Paediatrics & Child Health Division Basic Training Committee
- Aotearoa New Zealand Advanced Training Committee - Dermatology
- Advanced Training Committee in Adolescent and Young Adult Medicine
- Advanced Training Committee in Cardiology (AU)
- Advanced Training Committee in Clinical Genetics
- Advanced Training Committee in Clinical Pharmacology
- Advanced Training Committee in Community Child Health
- Advanced Training Committee in Endocrinology (AU)
- Advanced Training Committee in Gastroenterology (AU)
- Advanced Training Committee in General & Acute Care Medicine (AU)
- Advanced Training Committee in General Paediatrics (AU)
- Advanced Training Committee in Geriatric Medicine (AU)
- Advanced Training Committee in Infectious Diseases (AU)
- Advanced Training Committee in Medical Oncology (AU)
- Advanced Training Committee in Neonatal/Perinatal Medicine
- Advanced Training Committee in Nephrology (AU)
- Advanced Training Committee in Neurology
- Advanced Training Committee in Respiratory and Sleep Medicine (AU)
- Advanced Training Committee in Rheumatology (AU)
- Committee for Joint College Training in Nuclear Medicine
- Faculty Paediatric Training and Assessment Committee in Rehabilitation Medicine
- Faculty Training Committee in Occupational & Environmental Medicine
- Faculty Training Committee in Public Health Medicine
- Faculty Training Committee in Rehabilitation Medicine
- Joint College Training Committee in Endocrinology & Chemical Pathology
- Joint College Training Committee in Haematology
- Joint College Training Committee in Immunology & Allergy
- Joint College Training Committee in Infectious Diseases & Microbiology
- Joint College Training Committee in Paediatric Emergency Medicine
- Training Committee in Addiction Medicine
- Training Committee in Palliative Medicine
- Training Committee in Sexual Health Medicine
- Aotearoa New Zealand Advanced Training Committee - General & Acute Care Medicine
- Aotearoa New Zealand Advanced Training Committee - General Paediatrics
- Aotearoa New Zealand Advanced Training Subcommittee - Cardiology
- Aotearoa New Zealand Advanced Training Subcommittee - Endocrinology
- Aotearoa New Zealand Advanced Training Subcommittee - Gastroenterology
- Aotearoa New Zealand Advanced Training Subcommittee - Geriatric Medicine
- Aotearoa New Zealand Advanced Training Subcommittee - Infectious Diseases
- Aotearoa New Zealand Advanced Training Subcommittee - Medical Oncology
- Aotearoa New Zealand Advanced Training Subcommittee - Nephrology
- Aotearoa New Zealand Advanced Training Subcommittee Respiratory & Sleep Medicine
- Aotearoa New Zealand Advanced Training Subcommittee - Rheumatology
- Aotearoa New Zealand Joint College Training Subcommittee - Haematology

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