

Review of Paediatric Clinical Examination in Australia and Aotearoa New Zealand

12-Month Implementation Report

December 2025

Consultation	
Committee	Month
Adult Medicine Clinical Examination Committee	September 2025
Paediatrics & Child Health Clinical Examination Committee	
Aotearoa New Zealand Adult Medicine Clinical Examination Subcommittee	
Aotearoa New Zealand Paediatrics & Child Health Clinical Examination Subcommittee	
College Assessment Committee	October 2025
College Trainees' Committee	
Aotearoa New Zealand Trainees' Committee	November 2025
College Education Committee	

Approval	
RACP Board of Directors	December 2025

Acknowledgement of Country

We acknowledge the Traditional Custodians of the lands, skies, and waters on which we all live, work, heal, and gather. We pay our deepest respects to Aboriginal and Torres Strait Islander Elders past, present, and emerging, and extend this respect to the Māori people of Aotearoa New Zealand, honouring the tangata whenua and their enduring guardianship (kaitiakitanga) of the land (whenua).

We recognise the deep and unbreakable connections that all Aboriginal, Torres Strait Islander, and Māori people have to their lands, waters, and skies. We honour their cultures, knowledge, and healing traditions, which have long nurtured the health and wellbeing of their people and communities.

As physicians and healthcare professionals, we acknowledge the role of traditional healing practices alongside modern specialist medicine. We commit to listening, learning, and working in partnership with Aboriginal, Torres Strait Islander, and Māori communities to improve health outcomes and ensure culturally safe care. We recognise the principles of rangatiratanga (self-determination) and mana motuhake (autonomy), and we understand that true equity is built on respect, partnership, and the leadership of Indigenous peoples.

We reaffirm our commitment to a future where all Aboriginal, Torres Strait Islander, and Māori people are empowered in their journey toward health equity, justice, and healing— where their voices, leadership, and knowledge are central to shaping a health system that reflects their needs, values, and aspirations.

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Executive Summary

This report outlines the progress and activities undertaken in 2025 to implement the Review of the Paediatric Clinical Examination across Australia and Aotearoa New Zealand. Following a commitment to address potential structural inequities and improve fairness, the College has progressed key reforms across examination delivery, governance, quality assurance, and candidate support.

The activities in 2025 focused on embedding critical system improvements, trialling new quality assurance roles, enhancing examiner training, and commencing preparations for 2026 changes. Implementation has been iterative and informed by stakeholder feedback. Several initiatives remain ongoing and are supported by regular reporting to the College Assessment Committee (CAC) and relevant Clinical Examination Committees.

Background

In 2023, the Royal Australasian College of Physicians (RACP) established the Paediatric Clinical Examination Expert Advisory Group (Advisory Group), to review the structure, design and delivery of the 2021 Aotearoa New Zealand Paediatrics & Child Health Divisional Clinical Examination. This followed a formal complaint from the New Zealand Resident Doctors Association (NZRDA) on 13 April 2023. The complaint represented multiple anonymous complaints regarding the Paediatric and Child Health Divisional Clinical Examination (DCE) in Australia and Aotearoa New Zealand. This 2023 complaint was preceded by numerous earlier anonymous complaints from paediatric trainees concerning the 2021 clinical exam.

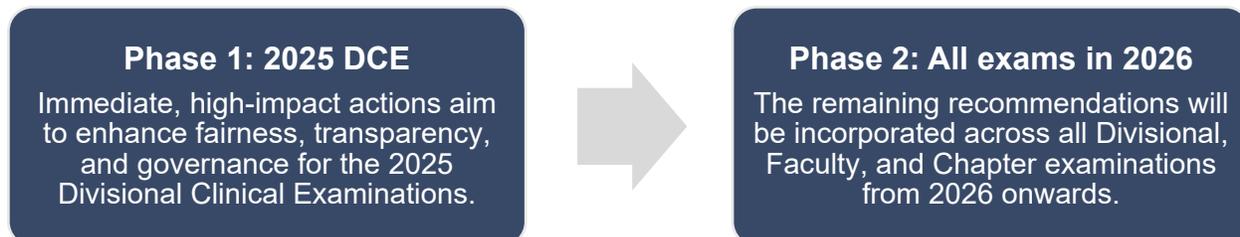
The review was independently chaired by Maria Dew KC, Barrister, Aotearoa New Zealand. The Advisory Group findings and the 18 recommendations are set out in sections 8 and 9 of the [Report](#), which the RACP released on Wednesday, 15 January 2025.

In November 2024, the RACP Board accepted all recommendations, and in February 2025, the Board endorsed a Clinical Examinations Review Taskforce to develop and oversee the Implementation Plan throughout 2025 and 2026. This Taskforce is led by the Executive General Manager of Education, Learning and Assessment and includes the College Censor, Tumuaki / Head of Māori and Equity, Head of Indigenous Affairs, Assessment and Training Services Managers and the Head of Education, Development and Improvement.

Implementation Plan

The Board approved the Implementation Plan and prioritised key recommendations based on their urgency, feasibility, and impact in two phases.

Figure 1. Phase 1 and 2 priorities.



As per Report Recommendation 1, all proposed actions have been guided by the four key principles: transparent, fair, responsible, accountable, and people-focused. Progress is reviewed by the Taskforce, with escalation pathways to the Clinical Examination Committees, Clinical Examination Subcommittees, College Assessment Committee, College Education Committee, and the RACP Board, where needed.

Figure 2. Implementation plan summary

Recommendation No.	Phase 1: 2025 DCE	Phase 2: All exams in 2026
1. Key principles to be adopted	Ongoing	
2. Publication of the Report	Complete	
3. Candidate information and Q&A sessions	✓	✓
4. Training for examiners	✓	✓
5. Unconscious Bias Training and Cultural Awareness Training	✓	✓
6. Manuals for examiners	✓	✓
7. Training for College Chairs	2026	✓
8. College Examination Moderators to attend in Aotearoa New Zealand	✓	✓
9. Conflicts of Interest Policy and Register	✓	✓
10. Case complexity	✓	✓
11. Clinical examination changes to be considered	In progress	✓
12. Improved feedback to candidates	✓	✓
13. Ethnicity, gender and medical qualification data	2026	✓
14. College Committee structure to be simplified	In progress	✓
15. Complaints process to include the ability to seek review of examination outcome	In progress	✓

16. Complaints process to be simplified	In progress	✓
17. Clinical Examination Fee	2026	✓
18. Apology	Complete	

Consultation and engagement

Stakeholder engagement was identified as a key pillar of the implementation plan, with the communications strategy built on transparency and open dialogue. The Taskforce has maintained ongoing dialogue with key stakeholders to ensure a focus on candidates, examiners, patients, and their caregivers.

Since the release of the Report in January 2025, the Taskforce has briefed over 40 RACP committees and presented at over 80 committee meetings. The broader membership has been informed of significant developments in February, March, May and August 2025. The [Exams Review](#) webpage serves as the central source of truth for the implementation plan summary and progress updates.

Messaging will remain clear and accessible, with a focus on proactively fostering understanding and rebuilding trust. Feedback loops have been embedded into communication channels to capture and address questions, concerns, and suggestions from trainees, supervisors, examiners and other relevant stakeholders.

Figure 3. Summary of stakeholder engagement

Activity	Completed in 2025
Stakeholder information sessions	13
Committee briefings	80+
Direct communications to key stakeholder groups (e.g. examiners and trainees)	February 2025 March 2025 May 2025 August 2025
Publication of the Implementation Plan	March 2025
Meetings between the RACP executive leadership, the RACP President, Aotearoa New Zealand President and key stakeholders	March 2025 April 2025
Exams Review progress webpage updates	5
DCE webpage updates	2
New DCE guides published	7

2025 implementation activities

Over the past 12 months, the Taskforce has delivered a coordinated program of reform in response to the Review of the Paediatric Divisional Clinical Examination (DCE). Efforts have centred on strengthening governance, enhancing examiner training, and improving the candidate experience across Australia and Aotearoa New Zealand.

All implementation activities were undertaken in collaboration with relevant College committees and informed by targeted member consultation. The College remains committed to transparent, timely and sustained reform. The following summary outlines progress against each recommendation.

Recommendation 1: Key principles to be adopted

Actions: Align policies and processes with four key principles; review existing surveys and gather feedback; publish annual post-exam reports to enhance transparency.

In line with the Review's foundational principles, the College has revised key assessment policies and implemented mechanisms to strengthen equity, transparency, and defensibility in examination processes.

- The revised [Special Consideration for Assessment Policy](#) and Application [Guide](#) came into effect on 1 March 2025. Key updates include expanded eligibility criteria, clearer documentation requirements, specified outcome guidelines, and a streamlined application process with defined deadlines. Additional improvements identified during the 2025 DCE cycle will be finalised to support greater clarity and consistency ahead of the 2026 examinations.
- The revised [Reconsideration, Review and Appeals Process By-law](#) came into effect on 2 May 2025. Key changes include expanded applicability to entities in accreditation decisions; clarification of examples supporting applications for Reconsideration, Review and Appeal; updated quorum and composition requirements for Review Committees; streamlined escalation to Appeal for certain accreditation decisions; and revised definitions to include work-based assessments and detailed accreditation decisions.
- New initiatives were evaluated through the post-examination candidate, examiner, Local Exam Organiser, and Candidate Support Officer surveys. Evaluation outcomes for these new initiatives are included throughout this report.

Recommendation 2: Publication of the Report

Actions: Publish the Review Report and implementation plan; share with relevant stakeholders and publish an update in 12 months.

The Review Report was published on 15 January 2025, alongside a public media release to ensure transparency and accessibility. The publication is available at: [RACP releases Review of 2021 Aotearoa New Zealand Paediatric Clinical Examination](#).

This Implementation Report provides an update on progress for the 12 months following the release of the Review Report.

Recommendation 3: Candidate Information and Q&A Sessions

Actions: Develop annual sessions, update FAQs, gather feedback via surveys, and provide comprehensive exam information.

In April and May 2025, the Taskforce delivered seven online candidate information sessions across both divisions and countries. These optional sessions provided guidance on preparing for the DCE and covered key topics, including:

- What to expect on the day,
- Wellbeing and support resources,
- Policy information on Special Consideration, Reconsideration, Review and Appeals,
- Process information, including how conflicts of interest are managed and how results are determined; and
- Initiatives to enhance the safety and wellbeing of candidates, examiners, and patients.

The sessions were scheduled at various times to accommodate rosters and anticipated attendance. The format included up to 30 minutes of didactic information delivery and up to 30 minutes for a live Q&A segment to address questions and clarify key information.

Additionally, existing exam information was reviewed and updated, as well as comprehensive new information published:

- The [Paediatrics & Child Health](#) and [Adult Medicine](#) DCE webpages were reviewed and updated in line with the report recommendations in April 2025.
- The [Candidate Information Sessions slide deck](#) was published in May 2025.
- New DCE [Frequently Asked Questions](#) were published in May 2025.
- New guides were published in May 2025: [Candidate Support Officer Guide](#), [Quality Assurance Lead Guide](#), and [Conflict of Interest Management Guide](#).

Candidate information session evaluation

A total of 249 candidates attended, representing candidates from both Divisions and countries. Attendees were invited to complete a survey at the conclusion of each session. Whilst the survey response was limited (13% of session attendees), respondents represented an almost even split across Adult Medicine (56%) and Paediatrics & Child Health (44%).

Respondents gave strong ratings across session clarity, organisation, facilitation, and content relevance. Most reported feeling supported, informed, and comfortable participating.

- Most respondents agreed that the session's purpose was clear and provided clear and adequate information on the topics.
- 80% of respondents felt comfortable asking questions and felt that their questions were clearly answered.
- 84.4% of respondents agreed the session was a worthwhile investment of their time.

Qualitative feedback highlighted the value of the Q&A segment and offered constructive suggestions for future improvements.

Examination Committee and Subcommittee members, and members of the College Trainees' Committee and Aotearoa New Zealand Trainees' Committee attended to support candidate

queries. All questions and answers were compiled into a new [Frequently Asked Questions](#) guide, which was sent directly to candidates and published on the RACP website.

Based on the positive feedback from candidates, the two Trainees' Committees and examiners, candidate information sessions will become an annual service provision. The content will be reviewed annually to ensure it remains relevant to trainees, and the Frequently Asked Questions will be updated as new question themes emerge. This trial of candidate information sessions provides a reliable format and model for other RACP examinations to build upon, ensuring all RACP examination candidates have access to the critical information to support their success.

Recommendation 4: Training for Examiners

Action: Review and align annual training and calibration across Australia and Aotearoa New Zealand.

In 2025, the College undertook a comprehensive review and alignment of all examiner training and calibration resources to ensure consistency, fairness, and adherence to best practice across both Australia and Aotearoa New Zealand.

All training materials, including calibration session content, instructional videos and slide decks, were reviewed, revised and standardised in line with this recommendation. The updates reflect current policy, evolving practice expectations, and key principles of equity and defensibility in clinical assessment.

This alignment ensures that all examiners receive consistent messaging and guidance regardless of location and reinforces the shared standards and expectations that underpin reliable and fair examination outcomes.

To ensure continued relevance and quality, these training materials will be reviewed and refreshed annually, with oversight from the relevant Clinical Examination Committees and input from the College's education and assessment teams.

Recommendation 5: Unconscious bias and cultural awareness training*

Action: Partner with expert provider to deliver training to all examiners annually specific to the Indigenous contexts of Australia and Aotearoa New Zealand; Expand to online training; track participation to report on completion.

*The title was updated to Racial bias and cultural awareness training to better align with the intention and scope of the training.

In 2025, the RACP partnered with Oro Nuku Ltd to deliver 11 online training sessions for local and provisional examiners in Australia and in-person sessions for National Examining Panel (NEP) members in both countries. The training focused on concepts related to racism, bias, and cultural safety, and reflects the College's commitment to inclusive, fair assessment.

The training was structured around the following learning objectives:

- Understand the key themes and recommendations of the *RACP Paediatric Clinical Examination Review Report*

- Understand what racism and bias are, and how they may operate
- Briefly examine how racism may be present in the examination pathway
- Develop a critical understanding of cultural safety and cultural competency
- Identify individual and organisational actions that support anti-racism and cultural safety

Figure 4. Completion of Training by Examiner Group

Examiner group	Number	Completed	%
Local AU Examiners (AU)	729	475	65%
National/Senior Examiners (AU and NZ)	363	337	93%
Total	1092	812	74%

The overall completion rate represents a commendable commitment from examiners across both countries, particularly within a short timeframe and in conjunction with other DCE calibration and preparation activities.

The evaluation of the training, informed by observations, facilitator feedback, internal staff feedback, trainee surveys, post-training and post-exam surveys, and examiner interviews, indicates positive engagement and achievement of the intended learning outcomes. Post-training survey responses (n = 216, 26 per cent response rate) were representative of both calibration days and webinars. Most respondents agreed the session length was appropriate (74 per cent), found the facilitators effective (83 per cent), and would recommend the training to colleagues (63 per cent). Respondents reported increased awareness of bias, structural racism, and cultural safety. However, both survey and interview data highlighted a strong need for more experiential learning, practical strategies, real-life examples, and resources to support application in the clinical examination context. Respondents also expressed a preference for more flexible or on-demand training options and for broader access across trainees and Fellows.

The evaluation also identified areas requiring further development. Members demonstrated varied levels of understanding about the need for racial bias training specific to Indigenous populations, with some seeking broader consideration of racism across all cultures. Observation and interview data highlighted ongoing tensions and identity-based dynamics across divisions and countries, which future training must be sensitive to. Stakeholders across divisions and staff teams also reported threats to psychological safety during and outside training sessions, reinforcing the importance of culturally safe delivery. Members acknowledged the value of continued training but noted that the DCE context limits opportunities to apply strategies in real time. The evaluation also indicated that training delivered closer to calibration activities, or embedded within them, is likely to have greater impact. Broader stakeholder consultation on future training design and delivery forms part of the evaluation recommendations.

Please refer to the [2026 implementation activities](#) for further information about enhancing and expanding examiner training in 2026 onwards.

Recommendation 6: Manuals for Examiners

Actions: Review the Examiner Manual to reflect best practice; distribute to examiners and the NZRDA and publish to ensure transparency.

The [DCE Examiner Manual](#) and Local Examination Organiser Guides ([PCH](#) and [AM](#)) were reviewed, updated and published on 14 April 2025. These updates reflect current policy, procedural improvements, and the principles outlined in the Review Report, including transparency, fairness, and examiner consistency.

The revised manuals were distributed to examiners, shared with the New Zealand Resident Doctors' Association (NZRDA), and made publicly available on the College website to promote transparency in examination processes.

To maintain currency and alignment with evolving best practice, these documents will continue to be reviewed and updated annually, with input from relevant committees and stakeholders.

Recommendation 7: Training for College Chairs

Actions: Develop or commission a tailored training program for College Examination and Education Committee Chairs focused on structural and cultural bias which incorporates the findings of the JAMA Network Investigation (July 2024) for annual delivery.

In the first half of 2025, Clinical Examination Committee and Subcommittee Chairs and Deputy Chairs completed this training during the annual calibration sessions in both countries, as noted under Recommendation 5. The training content incorporates key findings from the JAMA Network Investigation (July 2024) and explores the ways structural and cultural bias can influence assessment and education systems.

Plans for ongoing training, including annual delivery and evaluation mechanisms, have been incorporated into the 2026 implementation activities to ensure consistent engagement, continuous improvement, and alignment with broader College initiatives to strengthen equity and fairness in examinations.

Recommendation 8: Attendance of College Moderators*

Actions: Conduct a feasibility study to evaluate the implementation of moderators; continue the examiner exchange in 2025; identify alternative strategies to achieve consistent quality assurance and examiner diversity across both countries; and continue discussions with Health New Zealand to explore flexible assessment periods to improve examiner diversity.*

Supplementary action in response to trainee feedback: improve on-site candidate support.

*The title was updated to Quality Assurance Lead to better align with the intention, scope and responsibilities of the role.

Quality Assurance Leads

In 2025, Quality Assurance Leads were piloted at two Adult Medicine examination centres in Australia and two in Aotearoa New Zealand. This initiative followed the recommendation to assess the feasibility of deploying onsite moderators to support the consistent application of standards across examination sites.

The [Quality Assurance Lead Guide](#) was developed by the Taskforce in consultation with key committees and published on 12 May 2025. In this observational role, QALs observed selected elements of the examination to identify examples of good practice and areas for improvement.

The purpose of the QAL role is to strengthen quality assurance and promote peer-to-peer learning across sites. Observations focused on procedural and operational aspects, with reference to the Standards for RACP Assessment Programs ([PCH](#) and [AM](#)) and the [DCE Examiner Manual](#). They did not assess candidates, evaluate examiners, or intervene in the conduct of the exam.

The QAL Pilot Report highlights a strong focus on enhancing consistency, fairness, and efficiency in clinical examinations through improved standardisation, procedural clarity, and examiner support. The QAL Pilot Report confirms the need for this role to continue and evolve.

Key findings include:

- Opportunities to enhance the *Criteria for assessment of performance* with respect to culturally safe and competent care, and enhance consistent application with tools such as checklists, clearer guidance, and inclusion of NEPs in all examining teams.
- Procedural improvements to address time pressures, reduce operational distractions and optimise the exam environment.
- Recommendations to expand support for examiners and candidates focused on expanded training resources and clearer communication materials, alongside fostering reflective practice through structured peer feedback.
- The Quality Assurance Leads also provided recommendations for the future of the role itself, to ensure sustainability and strengthen impact through clearer responsibilities, targeted deployment, and greater involvement in ongoing improvements.

The Clinical Examination Committees and Subcommittees will use the QAL Pilot to inform future calibration activities and resource development. The Pilot will expand to include Paediatrics & Child Health in both countries in 2026, and further evaluation will take place to establish the future of the role in 2027 onwards.

Candidate Support Officers

In response to trainee feedback, the Candidate Support Officer (CSO) role was developed and piloted in 2025, based on the established model used in Aotearoa New Zealand. CSOs provided in-person support to candidates, assisted with logistics, liaised with the Local Examination Organiser or RACP staff, and ensured candidates were aware of available support resources. The role was designed to enhance support and foster a more person-centred environment on exam day.

The role was remunerated and limited to the day of the examination. It was guided by the College's [Candidate Support Officer Guide](#), [Special Consideration for Assessment](#) and [Complaint Management](#) policies.

Figure 5. Candidate Support Officer appointment by Division and location

Location	Division	Total number of sites	Number of CSOs appointed	%
Australia	Paediatrics & Child Health	28	28	100%
	Adult Medicine	76	62	82%
Aotearoa New Zealand	Paediatrics & Child Health	5	5	100%
	Adult Medicine	4	4	100%
Total		115	101	88%

Evaluation outcomes – CSO feedback

A total of 49 responses were received from CSOs, representing a 49% response rate. CSOs were surveyed about their experiences and perceptions of the role, the effectiveness of the CSO Guide, and the support provided during the examination period.

Overall, the CSO Guide was viewed as a valuable and effective resource that supported CSOs in performing their duties with confidence and professionalism. A strong majority (87%) of respondents rated the guide as moderately to very effective, indicating that it served its intended purpose in preparing them for their responsibilities. In terms of role clarity, 88% of respondents reported feeling that their boundaries within the role were clear or very clear, suggesting that expectations were well communicated and understood.

In addition to providing guidance on responsibilities, the CSO Guide also contributed to CSO preparedness, with 81% of respondents stating that it helped them maintain a calm and professional presence when interacting with candidates. When asked about the overall value of the guide, 77% of respondents rated it as valuable or extremely valuable, reinforcing the resource’s usefulness in both practical and interpersonal aspects of the role.

While the feedback was overwhelmingly positive, a small proportion (2%) reported encountering situations for which they felt unprepared. Although minimal, this finding highlights an opportunity for continuous improvement, particularly in updating the guide and refining the pre-exam briefing to better equip CSOs for a wider range of scenarios.

Engagement and Accessibility

- 57% of CSOs were approached by 1–4 candidates; 28% by 5–8 candidates.
- 89% rated their accessibility to candidates as excellent or good.
- 96% expressed willingness to participate in the CSO role again.

Types of Support Provided

- 67% assisted with logistical issues.
- 64% offered emotional reassurance.
- 57% escalated concerns appropriately.
- 10% referred candidates to formal wellbeing services.
- 57% felt confident or very confident in making referrals to support services.

Collaboration

- 94% of CSOs rated their collaboration with RACP staff or LEOs as effective or very effective.

The feedback indicates a highly effective and well-received CSO pilot, with strong support from the Guide, clear role expectations, and positive collaboration with College staff and LEOs. While only a small number of CSOs felt unprepared in certain situations, this presents an opportunity to enhance future training and resources. The CSO role will continue in 2026 with enhanced pre-exam briefing and updated guidance materials.

Evaluation outcomes – candidate, examiner and LEO feedback

Post-exam candidate survey feedback - Australia:

- 90% of respondents agreed or somewhat agreed that the support they received from the CSO was valuable to their overall exam experience.
- 87% of respondents agreed or somewhat agreed that the CSO helped them feel supported and reassured during the exam day.
- Qualitative feedback identifies an opportunity to improve training for CSOs to escalate incidents on the day.

Post-exam candidate survey feedback - Aotearoa New Zealand:

- 100% of respondents agreed or somewhat agreed that the support they received from the CSO was valuable to their overall exam experience.
- The survey results highlight an opportunity to improve candidate awareness of the CSO's presence at exam sites.

Local Exam Organisers (LEO) survey feedback:

- While the CSO role was generally seen as valuable, especially in offering candidate reassurance and logistical support, the pilot highlighted opportunities to strengthen implementation through earlier engagement, clearer role definition, and better alignment with the broader examination support framework.
 - Most LEOs found the CSO moderately to extremely helpful, though some questioned the role's necessity or felt it was underutilised when candidates did not require support.
 - Some expressed concern about the disparity between the paid CSO role and the other voluntary roles of the LEO, examiners and exam assistants.

In general, respondents provided suggestions to improve the CSO role in future including:

- Clearly defining the CSO role and responsibilities early.
- Recruiting CSOs independently of the hospital organising team to avoid conflicts, dual and overlapping roles.
- Enhancing pre-exam communication and training, with a focus on key support elements.
- Ensuring candidates are aware of the CSO and the support they can offer.
- Considering alternative incentives instead of an hourly rate.

Indigenous candidate support

Additionally, the Tumuaki / Head of Māori and Equity, and the Head of Indigenous Affairs, Australia attended a selection of exam sites across Australia and Aotearoa New Zealand to support trainees who identify as Aboriginal, Torres Strait Islander, Maori or Pacific Islander. This initiative will continue in 2026.

Flexible assessment periods to improve examiner diversity

The call for more flexible examination scheduling reflects ongoing challenges faced by some examiners in securing leave to participate in or organise College examinations. Feedback received since the release of the report highlights that, in some cases, leave is not being granted. This lack of support may be creating barriers to examiner participation, especially for those in part-time roles or regional centres, and risks narrowing the diversity of the examiner pool.

An alternate assessment period is not currently considered to be feasible in the Aotearoa New Zealand context. Instead, strong institutional support, including clear leave arrangements and recognition of examining as a core professional responsibility, may reduce barriers to participation. Ensuring examiners can access paid leave regardless of the day exams are held must remain a central focus in efforts to promote equity and broaden examiner representation.

More recently, examiners and exam sites have expressed a preference for weekend examinations to reduce pressure on weekday service delivery, facilitate site availability, and reduce reliance on weekday leave. The RACP supports weekend delivery; however, it expects examiners to be granted appropriate leave to undertake this important professional responsibility through their employment with Te Whatu Ora | Health New Zealand. Where this is not occurring, examiners are encouraged to contact the RACP for support.

Recommendation 9: Examiners Conflicts of Interest Policy and Register

Actions: Review and align conflicts-of-interest policies; improve transparency through publishing COI process information in relation to exams; review periodic reminders and report on COIs in the annual post-examination report.

A new [Conflict of Interest Management Guide](#) was published in May 2025. The Guide outlines the existing processes for identifying and managing conflicts of interest (COI) during the allocation of DCE candidates and examiners. It describes how COIs are managed as effectively as possible within the operational realities of delivering a high-quality, fair and valid examination across Australia and Aotearoa New Zealand. The COI Management process ensures fairness, transparency, and the integrity of examination outcomes with appropriate reminders embedded throughout. Candidates and examiners can raise COIs at any point prior to, during, or following exam days.

Reporting on COIs in the annual post-examination report has been descoped from the implementation plan because the manual and case-by-case nature of COI management does not lend itself to meaningful aggregation. Candidates and examiners have the opportunity to report their experience of COI management in the post-examiner candidate and examiner surveys.

Recommendation 10: Case Complexity

Actions: Standardise case complexity guidelines and incorporate into DSS; deliver examiner training on case complexity; determine if case complexity data will be reported on annually.

The Local Examination Organiser Guides ([PCH](#) and [AM](#)) were updated with clearer guidelines on case selection and reinforced through information sessions and direct communication with hospital organisers. Calibration training also supported alignment on expectations related to case complexity.

The Clinical Examination Committees and Subcommittees will further consider case complexity in 2026 before determining whether updates should be incorporated into the Digital Scoresheet System (DSS) in 2027. Future DSS development will be aligned with a Request for Proposal for all exam platforms, scheduled for early 2027.

Recommendation 11: Clinical Examination Changes

Actions: Assess the feasibility of video and audio recordings and benchmark them against other colleges; share the Report with the Cross-College Exams Review and consider any interdependency; and conduct a risk and impact assessment for allocating Aotearoa New Zealand candidates to sit in Australia.

Feasibility assessment

A preliminary feasibility assessment was completed to evaluate the practicality of implementing a recording system for clinical examinations conducted across multiple hospital sites. The assessment aimed to identify key challenges, ethical considerations, logistical constraints, and regulatory implications that would need to be addressed prior to any potential adoption of recording mechanisms within the DCE format.

The analysis explored the complexities of recording clinical examinations, focusing on patient privacy, examiner involvement, candidate experience, staffing requirements, data security, and operational feasibility. Unlike centralised examination models that use standardised actors, the College's examinations involve real patients across more than 130 hospitals, introducing unique challenges in obtaining consent, maintaining confidentiality, and ensuring compliance with multiple jurisdictions. A review of practices among other specialist medical colleges indicated that recording clinical examinations is not widely adopted. Based on these substantial considerations, the assessment concluded that recording examinations in the current DCE format is not feasible.

Structural changes

Structural changes to the DCE format are being considered through the Cross-College Exams Review (CCER). The CCER Advisory Group delivered its initial report to the CEC in November 2024. The report included three key recommendations related to the current role of high stakes single point in time examinations (including the DCE), the adoption of a definition of a programmatic assessment appropriate for RACP training programs and outlining work required to transition to the programmatic assessment approach including key short- and medium-term strategies to improve assessment quality, relevance, and equity across RACP programs. The focus is on enhancing the learning and decision-making function of assessments, aligned with curriculum standards and evolving clinical practice.

The 2025 focus of work prioritised the examinations included in Basic Training Programs, and includes identifying quality improvements to existing exams that can be implemented within the current assessment structure whilst working on medium term strategies that consider topics such as the structure of the DCE examinations for example, and the evidence supporting the validity of information to support learner development and progress decision making, collected from the new teaching learning and assessment programs implemented in 2025. Short term goals include:

- Enhance feedback loops from assessment and learning activities to support timely and effective trainee development.
- Support deliberate practice, particularly for high-pressure aspects of the DCE.
- Launch targeted research into assessment relevance in digital and AI-integrated healthcare contexts.
- Review and revise:
 - Time-based eligibility rules for written exams.
 - Management of 'borderline fail' candidates.
 - Exam preparatory materials and support.

In the medium term, the CCER will leverage new curricula rollouts to assess how observed clinical encounters contribute to:

- Learner development through feedback and growth mindset.
- Assuring competence standards via WBAs and EPAs.

The CCER's recommendations position RACP to modernise its assessment systems while maintaining consistency in collection of evidence for certifying learner competence.

Trans-Tasman Allocation

An assessment was conducted to evaluate the risk and impact of allocating Aotearoa New Zealand candidates to sit in Australia as routine practice. Whilst this may be required due to local capacity limitations from time to time, introducing trans-Tasman allocations as a routine practice without robust educational rationale would undermine the fairness and validity of the examination process. The assessment determined that the impact to individual candidates outweighed the perceived benefits due to significant differences between the two countries' health systems, cultural practices, patient demographics and prescribing practices. As a result, the recommendation to allocate candidates from Aotearoa New Zealand to sit the DCE in Australia will not be progressed.

Recommendation 12: Improved Feedback to Candidates

Actions: Review and refine feedback processes; improve calibration and examiner training.

The Digital Scoresheet System (DSS) platform was updated in 2025 to support the provision of clearer, more structured feedback to candidates. These enhancements aim to improve the educational value of the feedback provided, ensuring it is relevant, actionable and aligned with assessment criteria.

Further development of the DSS is under consideration in 2026 and will be progressed through a Request for Proposal for all examination platforms in early 2027. This development will explore additional functionality to strengthen feedback quality and consistency across all Divisional Clinical Examinations.

In parallel, examiner training was enhanced during calibration sessions to include a stronger focus on delivering constructive and meaningful feedback. This training incorporated practical examples and reinforced the importance of feedback as a key component of candidate learning and development.

Recommendation 13: Ethnicity, gender and medical qualification data

Actions: Conduct a review of existing data collection systems; update systems to securely collect relevant data for examiners and candidates; ensure that data collection policies and processes comply with relevant legislation and RACP policies; Determine if diversity data should be included in annual examination reports.

A review of current data collection systems has been completed. The review confirmed that existing collections are insufficient and inconsistent for meaningful analysis or reporting in 2025. To address this gap, the College has initiated a phased approach to improving diversity data collection across ethnicity, gender and medical qualification attributes.

Phase 1 focuses on examiners, with relevant data to be collected through the annual Membership renewal process. Subsequent phases will extend this framework to candidates through the new Training Management Platform. This staged approach ensures compliance with privacy legislation and data protection requirements in both Australia and Aotearoa New Zealand, and aligns with College policies and member expectations. Work underway includes process mapping, system updates, revised collection statements, and a communications and consent campaign.

Once implemented, the new framework will support more comprehensive and reliable reporting. It will enable the College to better understand the diversity of examiner and candidate cohorts and identify any disparities or trends. Decisions on whether diversity data should be included in annual examination reporting will be made once the framework is fully in place and with careful consideration of privacy and consent requirements.

Recommendation 14: College committee structure to be simplified

Actions: Monitor and review the Education Governance Review implementation to ensure that relevant committee numbers are reduced, roles are clear and Terms of Reference (ToR) are published.

In June 2024, the RACP Board approved a new, streamlined education governance structure under the College Education Committee (CEC) as peak body, following extensive consultation with key stakeholder groups.

Starting in late 2024, the College initiated a three-staged implementation approach of the new governance model, initially focusing on key functions including assessment. Throughout 2025, the education, assessment, and examination committees (Divisional and Faculty bodies through to the CEC) commenced the transition to the new governance framework.

Key changes for the Assessment function included:

- The Divisional examination committees report directly to the College Assessment Committee, with the Divisional assessment committees now disbanded. The Faculty assessment committees report to their respective Faculty training program committee.

- Chairs (or permanent delegates) of all Divisional examination committees and Faculty assessment committees are ex-officio members of the College Assessment Committee.
- The CEC remains the overarching peak body, with its membership and functions gradually migrating into the governance model approved by the Board.

This reformed structure aims to improve clarity, accountability, oversight, and member communication while ensuring operational integration across Divisions, Faculties, Chapters, and Aotearoa New Zealand within a unified framework. The transition for the whole assessment function will be completed by 1 January 2026, with Terms of Reference published on the College website.

Recommendation 15: Complaints process review – exam outcomes

Actions: Consult RACP Legal Counsel and stakeholder groups to clarify complaints processes (Reconsideration, Review and Appeal) while maintaining exam result integrity. Clarify and publish the scope of the complaints policy and process, and review processes in relation to examinations.

The [Reconsideration, Review and Appeals Process By-law](#) was updated with the changes coming into effect in May 2025. The key changes included: streamlined progression from Reconsideration to Appeal, creation of a dedicated Review Body, fee reductions and full refunds for successful Appeals. The update confirmed that final examination results are not subject to change through this process.

The Special Consideration for Assessment Policy and the Application Guide and Form have now been comprehensively revised. The application process was clarified in candidate information sessions and supported by updated information on the DCE webpages.

The revisions strengthen transparency, consistency, and defensibility, and include a new section on privacy and consent, clearer outcomes for pre-exam, during-exam, and post-exam circumstances, and refined definitions of eligible and ineligible circumstances. A new exceptional circumstance for alleged racism, discrimination and bias experienced during an examination has been added, and the possible outcomes for post-examination circumstances have been aligned to support consistent decision-making across assessments, with all decisions determined on a case-by-case basis. Guidance relating to the Divisional Clinical Examination has also been clarified, including circumstances in which a supplementary examination may be appropriate.

Figure 6. Special Consideration for Assessment Process



Candidates can seek Reconsideration or Review of the Special Consideration outcome under the [Reconsideration, Review and Appeals Process By-Law](#).

Improved information on the complaints processes relevant to the DCE was included in the [Candidate Information Sessions](#), and additional information was published in May 2025.

Recommendation 16: Complaints process to be simplified

Actions: Review and simplify policies, improve communication, and assess inclusion of data in annual reporting.

Enhanced information on the [RACP Complaints Process](#) was published on the College website in mid-2025 to improve clarity, accessibility, and user understanding of how to lodge a complaint and what to expect during the process. This work was followed by a revision of the [RACP Complaint Management Policy](#), which was completed in September 2025. The revised policy provides clearer guidance on process steps, timeframes, confidentiality expectations, and escalation pathways.

Information on the updated complaints process is now publicly available on the RACP website, including guidance on matters that fall outside scope and contact points for further support. The College will continue to assess how complaint data may be incorporated into annual reporting to strengthen transparency, accountability, and service improvement.

Recommendation 17: Clinical Examination Fee

Actions: Update the published information on the use of examination fees and explore the feasibility of reduced fees for second or subsequent examination attempts.

We've updated the relevant [DWE](#) and [DCE](#) webpages to help promote transparency about how examination fees are determined and utilised. The updates explain that fees fund the delivery of each exam and support the complex operational, logistical, and quality assurance activities required to manage large-scale assessments across multiple locations.

This includes costs associated with exam coordination, venue logistics, examiner training and support, secure digital platforms, and the infrastructure necessary to ensure fair and consistent assessment experiences. The updates aim to clarify how fees align with the College's commitment to delivering high-quality, secure, and professionally governed examinations.

An assessment is currently underway to explore the feasibility of reducing clinical examination fees for candidates undertaking a second or subsequent attempt. This review considers financial hardship frameworks, practices adopted by other specialist medical colleges, and the financial implications for the College. The assessment will be presented to the Finance and Risk Management Committee and RACP Board in 2026.

Recommendation 18: Apology to 2021 complainants

Actions: Prepare a formal apology acknowledging the distress caused by the delays and outlining specific steps taken to prevent recurrence; communicate the apology through the NZRDA and Trainee Committees to reach all affected individuals; offer a facilitated discussion with professional support for any complainants who wish to come forward, ensuring confidentiality and respect; provide access to appropriate support services for those affected by the delays, such as counselling.

On 15 January 2025, the College issued an unreserved apology to complainants who sat the 2021 Aotearoa Paediatrics & Child Health Divisional Clinical Examination. The apology summarised the Review, which found structural issues and likely unconscious racial bias in the

exam processes across both Aotearoa New Zealand and Australia. The College acknowledged the courage of those who raised concerns and expressed deep regret for the harm and delays experienced.

Affected candidates were invited to meet with senior College representatives and/or attend one of 13 online information sessions held in January 2025. Confidential support services and funded counselling options were offered to impacted candidates and Fellows.

2026 implementation activities

In line with the College's ongoing commitment to strengthening examination processes, a suite of activities is scheduled for delivery in 2026. These actions build on the foundation established during the 2025 implementation phase and continue the focus on equity, quality, transparency, and sustainability across all RACP examinations.

Enhancing 2025 initiatives

Throughout 2026, the Taskforce will continue progressing the approved actions outlined in the Review Implementation Plan. Initiatives introduced as pilots or trials in the 2025 Divisional Clinical Examination (DCE) will transition to business-as-usual (BAU) operations, with refinements made in response to evaluation feedback.

Ongoing development will include further enhancement of the College's long-term examiner training strategy, improvements to the collection and governance of ethnicity data, and strengthened communication and engagement with trainees and examiners.

In addition, the College will advance several key areas of work already underway:

- Ongoing training for examiners, including cultural safety and bias mitigation
- Tailored training for College Committee Chairs
- Clinical examination reforms explored through the Cross-College Examinations Review
- Improved systems and frameworks for collecting and managing ethnicity, gender, and medical qualification data
- Structural simplification of College education committees through the Education Governance Review
- Updates to the College's complaints management process
- A review of the clinical examination fee structure, including the feasibility of adjustments for repeat sittings

Expanding initiatives in 2026

Planning and implementation activities for 2026 will expand the reach of key initiatives to all RACP examination programs. The focus will be on embedding consistency, equity, and defensibility across all assessments, while ensuring alignment with College policies, relevant legislation, and trainee needs.

The following examinations are included in the 2026 expansion activities:

- Divisional Written Examination (DWE)
- Australasian Faculty of Rehabilitation Medicine Entry Phase Examination (AFRM EPE)
- Australasian Faculty of Rehabilitation Medicine Fellowship Written Examination (AFRM FWE)
- Australasian Faculty of Rehabilitation Medicine Fellowship Clinical Examination (AFRM FCE)
- Australasian Faculty of Occupational and Environmental Medicine Stage A Written Examination (AFOEM Stage A WE)
- Australasian Faculty of Occupational and Environmental Medicine Stage B Written Examination (AFOEM Stage B WE)
- Australasian Faculty of Occupational and Environmental Medicine Stage B Practical Examination (AFOEM Stage B PE)
- Australasian Faculty of Public Health Medicine Oral Examination (AFPHM OE)
- Australasian Chapter of Sexual Health Medicine Exit Assessment (AChSHM EA)

Figure 7. New initiatives to be implemented across all RACP examinations in 2026

Recommendation	DWE	AFRM EPE	AFRM FWE	AFRM FCE	AFOEM WE	AFOEM PE	AFPHM OE	AChSHM EA
3. Candidate information and Q&A sessions	✓	✓	✓	✓	✓	✓	✓	✓
4. Training for examiners	✓	✓	✓	✓	✓	✓	✓	✓
5. Unconscious Bias and Cultural Awareness Training		✓		✓		✓	✓	✓
6. Manuals for examiners		✓		✓		✓	✓	✓
8. College Exam Moderators		✓		✓		✓	✓	✓
9. Conflicts of Interest Policy and Register		✓		✓		✓	✓	✓
10. Case complexity		✓		✓		✓	✓	✓
12. Improved feedback to candidates	✓	✓	✓	✓	✓	✓	✓	✓

Coordination with relevant examination teams and committees will continue throughout 2026 to ensure shared understanding, tailored implementation support, and robust evaluation of progress.

This cross-program approach will support consistent standards and reinforce the College's commitment to fairness, safety, and continuous improvement in the delivery of high-stakes assessment.

Examiner training

The 2026 examiner training plans have been developed in response to stakeholder feedback and the evaluation findings. In 2026, examiner Training will continue through a series of webinars and in-person training designed to consolidate and build on previous learning and reflection.

Examiners will receive clear and timely communication about their training requirements in early 2026. Webinar dates will be shared well in advance, with varied session times to accommodate clinical schedules and personal commitments. Participation will continue to be recorded and will remain a prerequisite for examining. Continuing Professional Development points will also be logged for participants.

Figure 8. Overview of 2026 examiner training requirements

Module	Examiner group	2026 requirement
1: Foundation	All 2026 DCE examiners, Faculty and Chapter Clinical Examiners, and Chairs who did not complete module 1 in 2025.	Complete a 2-hour webinar
2: Continued Learning	All DCE examiners and relevant committee Chairs who completed module 1 in 2025.	Complete training in-person at annual calibration days / meetings

The procurement process has commenced, and external providers across Australia and Aotearoa New Zealand are being engaged to support delivery of the 2026 program.

Additional training components will be developed following the evaluation of the 2026 delivery and will be aligned with other related College activities, including supervisor and accreditor training, to ensure a consistent and integrated approach.

Consultation and communication

Consultation and communication remain central to delivering the Review's implementation activities effectively. Throughout 2026, the College will continue to engage with key stakeholders through scheduled meetings, structured feedback opportunities, and ongoing dialogue with trainees, examiners, committees, and other contributors involved in examinations.

This engagement will support inclusive and informed decision-making, ensuring that diverse perspectives are considered as initiatives are embedded and refined. Committees involved in education, assessment, and governance will play a key role in shaping and monitoring implementation.

The College will continue to provide clear and timely updates to members through direct communication and regular updates to the RACP website. These updates are designed to support transparency, promote understanding, and maintain confidence in the process.

Progress will be monitored through established reporting channels to the Board, relevant committees, and the wider membership. This structured approach will help ensure timely delivery, alignment with College priorities, and ongoing engagement from all stakeholders.

Acknowledgments

This Report has been developed with the support and expertise of colleagues across the College who remain committed to strengthening transparency, consistency and fairness in RACP examinations. The College formally acknowledges the contributions of the following committees, groups and teams:

- Aotearoa New Zealand Paediatrics & Child Health Clinical Examination Subcommittee
- Aotearoa New Zealand Adult Medicine Clinical Examination Subcommittee
- Paediatrics & Child Health Clinical Examination Committee
- Adult Medicine Clinical Examination Committee
- College Trainees' Committee
- Aotearoa New Zealand Trainees' Committee
- College Assessment Committee
- College Education Committee
- Taskforce members, including the College Censor, the Tumuaki / Head of Māori and Equity, and the Head of Indigenous Affairs, Australia
- Divisional Clinical Examination operations teams in Australia and Aotearoa New Zealand
- Education Policy, Research and Evaluation team
- New Zealand Resident Doctors' Association and Specialty Trainees of New Zealand

The College also expresses its sincere appreciation to the Divisional Clinical Examiners, Directors of Physician and Paediatrician Education, supervisors, hospital organisers, patients, carers and the many volunteers who contribute their time, expertise and goodwill to support the successful delivery of the Divisional Clinical Examination each year.

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