Australian Medical Council Limited

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

AMC

Specialist Education Accreditation Committee
February 2015

Contents

Executive Summary: Royal Australasian College of Physicians

The Australian Medical Council (AMC) document, *Procedures for Assessment and Accreditation of Specialist Medical Education Programs and Professional Development Programs by the Australian Medical Council 2013*, describes AMC requirements for reaccreditation of specialist medical programs and their education providers.

The AMC first accredited the education programs and continuing professional development programs of the Royal Australasian College of Physicians in 2004. The AMC granted accreditation for a limited period of four years until December 2008, subject to satisfactory progress reports and a number of conditions being met. Following a review in 2008, this accreditation was extended to the full period of six years, to 31 December 2010. The AMC then extended the accreditation to 31 December 2014 based on a satisfactory comprehensive report from the College, taking accreditation to the full period of ten years. In February 2014, the AMC Directors agreed to change the expiry date for accreditation from 31 December to 31 March and extended the accreditation of the College's programs from 31 December 2014 to 31 March 2015.

In 2014, an AMC team completed a reaccreditation assessment of the specialist medical programs and continuing professional development programs of the Royal Australasian College of Physicians and its Divisions (Adult Medicine Division and Paediatrics & Child Health Division) which lead to the award of fellowship of the RACP; the three Australasian Faculties: Public Health Medicine, Rehabilitation Medicine, and Occupational and Environmental Medicine, which lead to fellowship awards of the relevant faculty; and the three Australasian Chapters: Palliative Medicine, Addiction Medicine, and Sexual Health Medicine, which lead to fellowship awards of the relevant Chapter.

The team reported to the 26 February 2015 meeting of the Specialist Education Accreditation Committee. The Committee considered the draft report and made recommendations on accreditation to AMC Directors in accordance with the options described in the AMC accreditation procedures.

This report presents the Committee's recommendations, presented to the 11 March 2015 meeting of AMC Directors, and the detailed findings against the accreditation standards.

Decision on accreditation

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

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

The RACP is the largest specialist medical education provider accredited by the AMC, in terms of number of trainees, discrete training programs and the number of fields of specialty practice and number of specialties covered. While there are substantial challenges managing education and training across such a large and complex organisation, the College's significant investment in its educational programs and the expertise supporting them has led to continued evolution of the education and training and continuing profession development programs since the last AMC accreditation assessment. At the same time, the College has committed to further development of many aspects of its education programs. As a result, at the time of this assessment, significant work was underway, including major plans for curriculum and assessment review. A number of other large projects were in the early stages of implementation, for example, the education governance reforms. While the College has well-developed plans for the curriculum and assessment reviews the AMC has applied several conditions related to the successful completion of these reviews over the next few years. The AMC will monitor how the College is meeting these timelines through progress reports and a review visit.

The March 2015 meeting of the AMC Directors resolved:

(i) That the Royal Australian College of Physicians' specialist medical programs and training and continuing professional development programs be granted accreditation to 31 March 2021, subject to satisfactory progress reports to the AMC.

(ii) That before 31 March 2019 and at a time suitable to the College, a small AMC assessment review and report on the College's progress in implementing the major educational changes it has begun.

(ii) That this accreditation is subject to the conditions set out below:

(a) By the September 2015 progress report, evidence that the College has addressed the following conditions from the accreditation report:

17 Publish each year on the public College website the number of trainees completing each of the basic and advanced training programs. (Standard 6.2.1)

30 Publish the accreditation criteria and a list of accredited sites for all programs and specialties on the College's website. (Standard 8.2.1)

(b) By the September 2016 progress report, evidence that the College has addressed the following conditions from the accreditation report:

1 Clarify the role of state committees, including their role in managing the engagement with health departments and other providers, and disseminate this information to both internal and external stakeholders. (Standard 1.1.1)

2 To facilitate consumer input in defining the purpose of the College:

(i) Finalise the consumer engagement plan. (Standard 2.1.2)

7 Define the minimum requirements for research outcomes in the revised curricula, and improve training and educational resources where required. (Standard 3.3)

22 Introduce systems to ensure that reconsideration, review and appeal processes occur in a timely manner, and report on the number of these conducted and the time taken to resolve such processes. (Standard 7.4)

23 Develop and disseminate policy and procedures on how trainees seek assistance from the College when they have difficulties with their supervisor. (Standard 7.4)

31 Achieve compliance with the Medical Council of New Zealand requirements regarding College notification of fellows who do not satisfy their continuing professional development requirements. (Standard 9.3)

Report on milestones in 2016:

4 To enable the definition of consistent and clear graduate outcomes across all specialties that are aligned to community need, finalise the RACP Standards Framework and strategies for incorporating those standards into the basic and advanced training curricula. (Standard 2.2.1 and 2.2.2)

5 Complete the basic training curricula review including the integration of the Professional Qualities Curriculum and its implementation. (Standard 3.2)

(c) By the September 2017 progress report, evidence that the College has addressed the following conditions from the accreditation report:

2 To facilitate consumer input in defining the purpose of the College:

(ii) Implement the consumer engagement plan. (Standard 2.1.2)

10 Ensure that all College educational supervisors have access to longitudinal data on their trainee's progress in previous terms. (Standard 5.2)

13 Pending the adoption of the new curricula and linked assessments:

(i) blueprint the basic training written examination to the basic training curricula.

(ii) review and revise the College's current clinical examination calibration processes.

(iii) review and revise the marking methodology for the clinical examination to ensure that the assessment as currently constructed performs optimally. (Standard 5.3)

15 Develop and implement methods for systematic and confidential trainee feedback on the quality of supervision, training and clinical experience and use this information for analysis and monitoring. (Standard 6.1)

16 Develop and implement structured methods for supervisors of training to contribute to the ongoing monitoring of the training program. (Standard 6.1)

19 In relation to selection to the College training programs:

(i) Develop, approve and publish a College-wide selection policy. (Standard 7.1.1 and 7.1.2)

20 Develop and publish the College's selection criteria, including the weighting and marking system of the various elements. (Standard 7.1.3)

24 Promulgate and implement the revised educational supervision policy that defines the new responsibilities of supervisors. (Standard 8.1.1)

28 Develop strategies to ensure consistency in workplace-based assessments until workshop participation by supervisors becomes mandatory. (Standard 8.1.2)

29 Monitor and ensure that trainees are exposed to an appropriate range of clinical environments that enable them to meet the curricula objectives including procedural exposure, ambulatory care and both subspecialist and regional rotations. (Standard 8.2.2)

Report on milestones in 2017:

5 Complete the basic training curricula review including the integration of the Professional Qualities Curriculum and its implementation. (Standard 3.2)

Report on completion in 2017:

4 To enable the definition of consistent and clear graduate outcomes across all specialties that are aligned to community need, finalise the RACP Standards Framework and strategies for incorporating those standards into the basic and advanced training curricula. (Standard 2.2.1 and 2.2.2)

(d) By the 2018 progress report and as the basis for the AMC team review described in recommendation (ii) evidence that the College has addressed the following conditions from the accreditation report:

3 Develop and implement strategies to engage more broadly with organisations such as Aboriginal and Torres Strait Islander and Māori health groups, not for profit heath organisations, public health organisations, jurisdictional health bodies and other key health providers in the development of education policy and curricula. (Standard 2.1.2)

6 In relation to the advanced training curricula:

(i) Complete the review and implementation plan for the revised advanced training curricula including the integration of the Professional Qualities Curriculum. (Standard 3.2)

11 As part of the basic training curricula review, ensure that the summative assessments apply reliable and valid methodologies and are aligned to both basic training curricula. (Standard 5.1 and 5.3)

18 Implement processes for health care administrators, other health care professionals and consumers to contribute to evaluation. (Standard 6.2)

19 In relation to selection to the College training programs:

(ii) Develop a plan for the selection process for all programs that adheres to the selection policy principles. (Standard 7.1.1 and 7.1.2)

25 Develop and implement a formal selection process for supervisors including criteria for selection. (Standard 8.1.2)

26 To support high quality training, increase participation in Supervisor Professionalism Development Program workshops and strengthen facilitation skills of workshop presenters. (Standard 8.1.2)

27 Strengthen formative assessment processes by increasing training for supervisors including how supervisors can incorporate workplace-based assessments within the normal working day. (Standard 8.1.2)

Report on implementation in 2018:

5 Complete the basic training curricula review including the integration of the Professional Qualities Curriculum and its implementation. (Standard 3.2)

(e) By the September 2019 progress report, evidence that the College has addressed the following conditions from the accreditation report:

8 Demonstrate that the trainee experience and curricula align to the College's 70:20:10 model. (Standard 4.1.1 and 4.1.2)

9 As part of the curriculum review, develop and implement a structured approach to ensure the trainee's increasing degree of independence is systematically evaluated. (Standard 4.1.3)

14 Develop and implement an assessment strategy for domains in the Professional Qualities Curriculum. (Standard 5.3)

21 Monitor the consistent application of selection policies across all training sites. (Standard 7.1.5)

(f) By the September 2020 progress report, evidence that the College has addressed the following conditions from the accreditation report:

6 In relation to the advanced training curricula:

(ii) Implement the revised advanced training curricula. (Standard 3.2)

12 As part of the advanced training curricula review, ensure that the summative assessments apply reliable and valid methodologies and are aligned to all advanced training curricula. (Standard 5.1 and 5.3)

The accreditation conditions in order of standard are detailed in the following table:

Standard	**Condition:**	**To be met by:**
Standard 1	1 Clarify the role of state committees, including their role in managing the engagement with health departments and other providers, and disseminate this information to both internal and external stakeholders. (Standard 1.1.1)	2016
Standard 2	2 To facilitate consumer input in defining the purpose of the College: (i) Finalise the consumer engagement plan. (ii) Implement the consumer engagement plan. (Standard 2.1.2)	 2016 2017
	3 Develop and implement strategies to engage more broadly with organisations such as Aboriginal and Torres Strait Islander and Māori health groups, not for profit heath organisations, public health organisations, jurisdictional health bodies and other key health providers in the development of education policy and curricula. (Standard 2.1.2)	2018
	4 To enable the definition of consistent and clear graduate outcomes across all specialties that are	Report on milestones in 2016

Standard	Condition:		To be met by:
		aligned to community need, finalise the RACP Standards Framework and strategies for incorporating those standards into the basic and advanced training curricula. (Standard 2.2.1 and 2.2.2)	& completion in 2017
Standard 3	5	Complete the basic training curricula review including the integration of the Professional Qualities Curriculum and its implementation. (Standard 3.2)	Report on milestones in 2016 & 2017; and implementation in 2018
	6	In relation to the advanced training curricula: (i) Complete the review and implementation plan for the revised advanced training curricula including the integration of the Professional Qualities Curriculum. (ii) Implement the revised advanced training curricula. (Standard 3.2)	2018 2020
	7	Define the minimum requirements for research outcomes in the revised curricula, and improve training and educational resources where required. (Standard 3.3)	2016
Standard 4	8	Demonstrate that the trainee experience and curricula align to the College's 70:20:10 model. (Standard 4.1.1 and 4.1.2)	2019
	9	As part of the curriculum review, develop and implement a structured approach to ensure the trainee's increasing degree of independence is systematically evaluated. (Standard 4.1.3)	2019
Standard 5	10	Ensure that all College educational supervisors have access to longitudinal data on their trainee's progress in previous terms. (Standard 5.2)	2017
	11	As part of the basic training curricula review, ensure that the summative assessments apply reliable and valid methodologies and are aligned to both basic training curricula. (Standard 5.1 and 5.3)	2018
	12	As part of the advanced training curricula review, ensure that the summative assessments apply reliable and valid methodologies and are aligned to all advanced training curricula. (Standard 5.1 and 5.3)	2020
	13	Pending the adoption of the new curricula and linked assessments: (i) blueprint the basic training written	2017

Standard	Condition:		To be met by:
		examination to the basic training curricula. (ii) review and revise the College's current clinical examination calibration processes. (iii) review and revise the marking methodology for the clinical examination to ensure that the assessment as currently constructed performs optimally. (Standard 5.3)	
	14	Develop and implement an assessment strategy for domains in the Professional Qualities Curriculum. (Standard 5.3)	2019
Standard 6	15	Develop and implement methods for systematic and confidential trainee feedback on the quality of supervision, training and clinical experience and use this information for analysis and monitoring. (Standard 6.1)	2017
	16	Develop and implement structured methods for supervisors of training to contribute to the ongoing monitoring of the training program. (Standard 6.1)	2017
	17	Publish each year on the public College website the number of trainees completing each of the basic and advanced training programs. (Standard 6.2.1)	2015
	18	Implement processes for health care administrators, other health care professionals and consumers to contribute to evaluation. (Standard 6.2)	2018
Standard 7	19	In relation to selection to the College training programs: (i) Develop, approve and publish a College-wide selection policy. (ii) Develop a plan for the selection process for all programs that adheres to the selection policy principles. (Standard 7.1.1 and 7.1.2)	2017 2018
	20	Develop and publish the College's selection criteria, including the weighting and marking system of the various elements. (Standard 7.1.3)	2017
	21	Monitor the consistent application of selection policies across all training sites. (Standard 7.1.5)	2019
	22	Introduce systems to ensure that reconsideration, review and appeal processes occur in a timely manner, and report on the number of these conducted and the time taken to resolve such processes. (Standard 7.4)	2016
	23	Develop and disseminate policy and procedures on	2016

Standard	Condition:		To be met by:
		how trainees seek assistance from the College when they have difficulties with their supervisor. (Standard 7.4)	
Standard 8	24	Promulgate and implement the revised educational supervision policy that defines the new responsibilities of supervisors. (Standard 8.1.1)	2017
	25	Develop and implement a formal selection process for supervisors including criteria for selection. (Standard 8.1.2)	2018
	26	To support high quality training, increase participation in Supervisor Professionalism Development Program workshops and strengthen facilitation skills of workshop presenters. (Standard 8.1.2)	2018
	27	Strengthen formative assessment processes by increasing training for supervisors including how supervisors can incorporate workplace-based assessments within the normal working day. (Standard 8.1.2)	2018
	28	Develop strategies to ensure consistency in workplace-based assessments until workshop participation by supervisors becomes mandatory. (Standard 8.1.2)	2017
	29	Monitor and ensure that trainees are exposed to an appropriate range of clinical environments that enable them to meet the curricula objectives including procedural exposure, ambulatory care and both subspecialist and regional rotations. (Standard 8.2.2)	2017
	30	Publish the accreditation criteria and a list of accredited sites for all programs and specialties on the College's website. (Standard 8.2.1)	2015
Standard 9	31	Achieve compliance with the Medical Council of New Zealand requirements regarding College notification of fellows who do not satisfy their continuing professional development requirements. (Standard 9.3)	2016

This accreditation decision relates to the College's continuing professional development programs and its specialist medical programs in the following areas. In some instances, the College has called the training program a different name to the name used in the list of fields of specialty practice:

Training Program	**Australian Field of Speciality Practice or Specialty**
Addiction Medicine	Addiction Medicine
Cardiology	Cardiology
Clinical Genetics	Clinical Genetics
Clinical Haematology	Haematology
Clinical Immunology & Allergy	Immunology and Allergy
Clinical Pharmacology	Clinical Pharmacology
Community Child Health	Community Child Health
Dermatology (New Zealand only)	n/a
Endocrinology	Endocrinology
Endocrinology & Chemical Pathology [1]	Endocrinology and Chemical Pathology
Gastroenterology	Gastroenterology and Hepatology
General & Acute Care Medicine	General Medicine
General Paediatrics	General Paediatrics
Geriatric Medicine	Geriatric Medicine
Haematology [1]	Haematology
Immunology & Allergy [1]	Immunology and Allergy
Infectious Diseases	Infectious Diseases
Infectious Diseases & Microbiology [1]	Infectious Diseases and Microbiology
Medical Oncology	Medical Oncology
Neonatal/Perinatal Medicine	Paediatric Neonatal and Perinatal Medicine
Nephrology	Nephrology
Neurology	Neurology
Nuclear Medicine	Nuclear Medicine
Occupational and Environmental Medicine	Occupational and Environmental Medicine
Paediatric Cardiology	Paediatric Cardiology
Paediatric Clinical Haematology	Paediatric Haematology
Paediatric Clinical Immunology & Allergy	Paediatric Immunology and allergy
Paediatric Clinical Pharmacology	Paediatric Clinical Pharmacology
Paediatric Emergency Medicine [2]	Paediatric Emergency Medicine
Paediatric Endocrinology	Paediatric Endocrinology
Paediatric Gastroenterology	Paediatric Gastroenterology and Hepatology
Paediatric Infectious Diseases	Paediatric Infectious Diseases
Paediatric Medical Oncology	Paediatric Medical Oncology
Paediatric Nephrology	Paediatric Nephrology
Paediatric Neurology	Paediatric Neurology
Paediatric Nuclear Medicine	Paediatric Nuclear Medicine

Training Program	Australian Field of Speciality Practice or Specialty
Paediatric Palliative Medicine	Paediatric Palliative Medicine
Paediatric Rehabilitation Medicine	Paediatric Rehabilitation Medicine
Paediatric Respiratory Medicine	Paediatric Respiratory and Sleep Medicine
Paediatric Rheumatology	Paediatric Rheumatology
Paediatric Sleep Medicine	Paediatric Respiratory and Sleep Medicine
Palliative Medicine	Palliative Medicine
Public Health Medicine	Public Health Medicine
Rehabilitation Medicine	Rehabilitation Medicine
Respiratory Medicine	Respiratory and Sleep Medicine
Rheumatology	Rheumatology
Sexual Health Medicine	Sexual Health Medicine
Sleep Medicine	Respiratory and Sleep Medicine

[1] Joint Training Program with the Royal College of Pathologists of Australasia
[2] Joint Training Program with the Australasian College for Emergency Medicine

By March 2019, and at a time suitable to the College, a focused AMC team will review the College's progress in implementing the major educational changes it has just begun.

In March 2021, before this period of accreditation ends, the College may submit a comprehensive report for extension of accreditation. The report should address the accreditation standards and outline the College's development plans for the next four years. The AMC will consider this report and, if it decides the College is continuing to satisfy the accreditation standards, the AMC Directors may extend the accreditation by a maximum of four years (to March 2025), taking accreditation to the full period which the AMC may grant between assessments, which is ten years. At the end of this extension, the College and its programs will undergo a reaccreditation assessment by an AMC team.

Overview of findings

The findings against the nine accreditation standards are summarised below. Only those sub-standards which are not met or substantially met are listed under each overall finding.

Conditions imposed by the AMC so the College meets accreditation standards are listed in the accreditation decision (pages 11 to 18). The Team's commendations in areas of strength and recommendations for improvement are given below for each set of accreditation standards.

1. The Context of Education and Training (governance, program management, educational expertise and exchange, interaction with the health sector and continuous renewal)	This set of standards is MET

Standard 1.1.1 (education provider's governance structures are defined) is substantially met.

Commendations

A The College's approach to governance reform resulting in significant simplification of the governance structure and providing greater clarity to roles, processes and guidelines.

B The skills and expertise of the College's education staff enabling greater capacity to support fellows in the work of its committees.

C The tripartite alliance with the Royal College of Physicians and Surgeons of Canada and the Royal Australasian College of Surgeons which has resulted in clear and positive benefits for the College and offers a model of potential collaborations with other specialist colleges.

D The College's effective functioning as a true trans-Tasman organisation.

Conditions to satisfy accreditation standards

1 Clarify the role of state committees, including their role in managing the engagement with health departments and other providers, and disseminate this information to both internal and external stakeholders. (Standard 1.1.1)

Recommendations for improvement

AA Develop and implement mechanisms to further define the responsibilities of the Specialty Societies and their relationship with the College. (Standard 1.1.1)

BB Expedite committee processes such as routine certification and approvals by delegating authority to appropriate College staff. (Standard 1.2.2)

CC Review the level of project management support available to key College staff in managing multiple plans to review teaching, learning and assessing professionalism in training programs. (Standard 1.2.2)

DD Increase engagement with health departments and other providers regarding educational changes and their impact on workforce and clinical service delivery. (Standard 1.4)

2. The Outcomes of the Training Program (purpose of the training organisation and graduate outcomes)	This set of standards is SUBSTANTIALLY MET

Standard 2.1.2 (consulting with relevant groups of interest in defining the organisational purpose) is substantially met. Standard 2.2.1 (graduate outcomes related to community need) is substantially met. Standard 2.2.2 (outcomes address broad roles) is substantially met.

Commendations

E The College's clearly defined overall purpose, which it broadly articulates in its engagement with key external stakeholders.

F The development of the RACP Standards Framework for RACP Curricula Reviews to provide the basis for consistency of graduate outcomes and an overarching set of domains which will underpin the learning and professional practice in basic training, advanced training and continuing professional development.

Conditions to satisfy accreditation standards

2 To facilitate consumer input in defining the purpose of the College:

(i) Finalise the consumer engagement plan.

(ii) Implement the consumer engagement plan. (Standard 2.1.2)

3 Develop and implement strategies to engage more broadly with organisations such as Aboriginal and Torres Strait Islander and Māori health groups, not for profit heath organisations, public health organisations, jurisdictional health bodies and other key health providers in the development of education policy and curricula. (Standard 2.1.2)

4 To enable the definition of consistent and clear graduate outcomes across all specialties that are aligned to community need, finalise the RACP Standards Framework and strategies for incorporating those standards into the basic and advanced training curricula. (Standard 2.2.1 and 2.2.2)

Recommendations for improvement

EE Engage with trainees in the early years of basic training to ensure they understand the educational purpose of the College. (Standard 2.1.2)

3. The Education and Training Program – Curriculum Content (framework; structure, composition and duration; research in the training program and continuum of learning)	This set of standards is SUBSTANTIALLY MET

Standard 3.2 (curriculum structure, composition and duration) is substantially met. Standard 3.3 (research in the training program) is substantially met.

Commendations

G The College's plans for significant curricular reform at both basic and advanced training levels including integration of the Professional Qualities Curriculum.

H The strong recognition of the importance of and necessity for cultural competence in the New Zealand Committee and the emphasis on cultural competence in the Professional Qualities curriculum.

Conditions to satisfy accreditation standards

5 Complete the basic training curricula review including the integration of the Professional Qualities Curriculum and its implementation. (Standard 3.2)

6 In relation to the advanced training curricula:

(i) Complete the review and implementation plan for the revised advanced training curricula including the integration of the Professional Qualities Curriculum.

(ii) Implement the revised advanced training curricula. (Standard 3.2)

7 Define the minimum requirements for research outcomes in the revised curricula, and improve training and educational resources where required. (Standard 3.3)

Recommendations for improvement

FF To enhance in the area of cultural competence:

(i) Provide a direct link from the College website to the Medical Council of New Zealand's cultural competence statement and resources. (Standard 3.1)

(ii) Develop robust cultural competence outcomes and associated training resources for trainees and supervisors. (Standard 3.1)

GG Enhance the curriculum coverage of areas relevant to the future practice of medicine including but not limited to clinical governance, health systems, quality and safety, leadership, working in teams, managing change, ethics and genomics. (Standard 3.2)

HH Clarify in partnership with key stakeholders the linkages between the first two years of postgraduate experience and College training programs (Standard 3.5).

4. The Training Program – Teaching and Learning	This set of standards is MET

Standard 4.1.3 (increasing degree of independence) is substantially met.

Commendations

I The 70:20:10 (Work-based/experiential: Supervision: Structured) model provides clear, easily articulate and widely adopted framework that has been adapted for use by the College.

J The integration of the PREP program across all Division, Faculty and Chapter training programs which has undoubtedly enhanced teaching and learning.

Conditions to satisfy accreditation standards

8 Demonstrate that the trainee experience and curricula align to the College's 70:20:10 model. (Standard 4.1.1 and 4.1.2)

9 As part of the curriculum review, develop and implement a structured approach to ensure the trainee's increasing degree of independence is systematically evaluated. (Standard 4.1.3)

Recommendations for improvement

II Develop e-learning resources, such as video tutorials and e-learning modules, for the delivery of the generic aspects of teaching and learning including the Professional Qualities Curriculum. (Standard 4.1.2)

JJ Clarify, in partnership with the Specialty Societies, the role of College oversight in post Fellowship subspecialty training. (Standard 4.1.3)

5. The Curriculum – Assessment of Learning (assessment approach, feedback and performance, assessment quality, assessment of specialists trained overseas)	This set of standards is SUBSTANTIALLY MET

Standard 5.1 (assessment approach) is substantially met. Standard 5.2 (performance feedback) is substantially met. Standard 5.3 (assessment quality) is not met.

Commendations

K The College's external review of its assessment processes and its plans for holistic review of the assessment approaches across all training programs.

L The introduction of a range of formative assessments including Learning Needs Analysis, Mini-Clinical Evaluation Exercise, Case Based Discussions, Professional Qualities Reflection, Direct Observation of Procedural Skills (and variations) which, when used expertly by supervisors, enhance the trainee's understanding and performance.

M The College's clear processes for the assessment of overseas trained physicians which is meeting the needs of key stakeholders.

N The introduction of online modules for orientation of overseas trained physicians.

Conditions to satisfy accreditation standards

10 Ensure that all College educational supervisors have access to longitudinal data on their trainee's progress in previous terms. (Standard 5.2)

11 As part of the basic training curricula review, ensure that the summative assessments apply reliable and valid methodologies and are aligned to both basic training curricula. (Standard 5.1 and 5.3)

12 As part of the advanced training curricula review, ensure that the summative assessments apply reliable and valid methodologies and are aligned to all advanced training curricula. (Standard 5.1 and 5.3)

13 Pending the adoption of the new curricula and linked assessments:

(i) blueprint the basic training written examination to the basic training curricula.

(ii) review and revise the College's current clinical examination calibration processes.

(iii) review and revise the marking methodology for the clinical examination to ensure that the assessment as currently constructed performs optimally. (Standard 5.3)

14 Develop and implement an assessment strategy for domains in the Professional Qualities Curriculum. (Standard 5.3)

Recommendations for improvement

KK Review and revise the current format of the Learning Needs Analysis to increase its utility as an assessment tool. (Standard 5.1)

LL Provide enhanced structured feedback to individual examiners on their own performance to enhance the performance of the clinical examination. (Standard 5.3)

MM Adopt recommendations from the external review on assessment regarding: timing of the clinical examination; conducting the written examination twice a year; and de-coupling the medical sciences and clinical applications papers of the written examination. (Standard 5.3)

6. The Curriculum – Monitoring and Evaluation (Monitoring, outcome evaluation)	This set of standards is SUBSTANTIALLY MET

Standard 6.1 (ongoing monitoring) is substantially met. Standard 6.2 (outcome evaluation) is substantially met.

Commendations

O The College's strong academic focus in making changes with formal review and literature search to determine best practice in medical education.

P The New Zealand trainee feedback processes, whereby feedback is sought after each rotation.

Q Evidence of action taken by the College when weaknesses are identified, such as the introduction of supervisor workshops in response to feedback on the PREP program.

Conditions to satisfy accreditation standards

15 Develop and implement methods for systematic and confidential trainee feedback on the quality of supervision, training and clinical experience and use this information for analysis and monitoring. (Standard 6.1)

16 Develop and implement structured methods for supervisors of training to contribute to the ongoing monitoring of the training program. (Standard 6.1)

17 Publish each year on the public College website the number of trainees completing each of the basic and advanced training programs. (Standard 6.2.1)

18 Implement processes for health care administrators, other health care professionals and consumers to contribute to evaluation. (Standard 6.2)

Recommendations for improvement

NN Share information about the quality of training by uploading training site accreditation reports to the College's website. (Standard 6.1)

OO Introduce consumer input and extend trainee input especially at the local level into the College's training processes. (Standard 6.1 and 6.2)

7. Implementing the Curriculum - Trainees (admission policy and selection, trainee participation in governance of their training, communication with trainees, resolution of training problems, disputes and appeals)	This set of standards is SUBSTANTIALLY MET

Standard 7.1 (admission policy and selection) is not met. Standard 7.4 (resolution of training problems and disputes) is substantially met.

Commendations

R The extensive and valued engagement of trainees in College governance structure.

Conditions to satisfy accreditation standards

19 In relation to selection to the College training programs:

(i) Develop, approve and publish a College-wide selection policy.

(ii) Develop a plan for the selection process for all programs that adheres to the selection policy principles. (Standard 7.1.1 and 7.1.2)

20 Develop and publish the College's selection criteria, including the weighting and marking system of the various elements. (Standard 7.1.3)

21 Monitor the consistent application of selection policies across all training sites. (Standard 7.1.5)

22 Introduce systems to ensure that reconsideration, review and appeal processes occur in a timely manner, and report on the number of these conducted and the time taken to resolve such processes. (Standard 7.4)

23 Develop and disseminate policy and procedures on how trainees seek assistance from the College when they have difficulties with their supervisor. (Standard 7.4)

Recommendations for improvement

PP To support trainee engagement locally and across all the College's programs, develop a strategy and provide resources to facilitate:

(i) communication between the trainee representatives on the various College committees and the College Trainees' Committee including easily accessible and up-to-date information on trainee representation on College committees. (Standard 7.2)

(ii) the activities of the local state/territory trainees' committees. (Standard 7.3.1)

(iii) confidential communication channels between trainees and their trainee representatives. (Standard 7.3.1)

QQ Improve communication with trainees by:

(i) implementing a communications strategy to ensure consistent and targeted trainee oriented communication across all College training programs. (Standard 7.3)

(ii) implementing the Online System for Administration & Reporting (OSCAR) or similar system. (Standard 7.3)

RR Provide better information on career options by collaborating with key stakeholders. (Standard 7.3)

SS Review the reconsideration and review processes to identify recurrent issues, and ways to address these issues. (Standard 7.4)

8. Implementing the Training Program – Delivery of Educational Resources (Supervisors, assessors, trainers and mentors; and clinical and other educational resources)	This set of standards is SUBSTANTIALLY MET

Standard 8.1.1 (communicates the goals and objectives for specialist medical education to its supervisors) substantially met. Standard 8.1.2 (processes for selecting supervisors) is substantially met. Standard 8.2.1 (accreditation standards are publically available) is substantially met. Standard 8.2.2 (implements clear process to assess the quality and appropriateness of experience) is substantially met.

Commendations

S The significant contribution of fellows of the College to supervision, assessment and monitoring of trainees.

T The College's support for supervisors particularly through the Supervisor Professional Development Program which includes supervisor workshops.

U The significant contribution of College fellows in conducting site accreditation visits.

Conditions to satisfy accreditation standards

24 Promulgate and implement the revised educational supervision policy that defines the new responsibilities of supervisors. (Standard 8.1.1)

25 Develop and implement a formal selection process for supervisors including criteria for selection. (Standard 8.1.2)

26 To support high quality training, increase participation in Supervisor Professionalism Development Program workshops and strengthen facilitation skills of workshop presenters. (Standard 8.1.2)

27 Strengthen formative assessment processes by increasing training for supervisors including how supervisors can incorporate workplace-based assessments within the normal working day. (Standard 8.1.2)

28 Develop strategies to ensure consistency in workplace-based assessments until workshop participation by supervisors becomes mandatory. (Standard 8.1.2)

29 Monitor and ensure that trainees are exposed to an appropriate range of clinical environments that enable them to meet the curricula objectives including procedural exposure, ambulatory care and both subspecialist and regional rotations. (Standard 8.2.2)

30 Publish the accreditation criteria and a list of accredited sites for all programs and specialties on the College's website. (Standard 8.2.1)

Recommendations for improvement

TT Work with employers to develop processes that ensure supervisors at each training site have adequate resources, including time, to undertake supervisory activities and that allows a sufficient amount of contact per week with each trainee. (Standard 8.1.1)

UU Explore the potential benefit of developing a mentor program for all trainees. (Standard 8.1.1)

VV Formulate and implement the supervisor recruitment, rewards and recognition strategy. (Standard 8.1.2)

WW Develop strategies for remote supervision and videoconferencing to enhance support for supervisors in rural and remote settings. (Standard 8.1.2)

XX Broaden the membership of training site accreditation teams to include trainee and jurisdictional representatives. (Standard 8.2.1)

YY Complete the comprehensive review of the College's approach to training site accreditation and work with key stakeholders to ensure the accreditation process takes account of the capacity to train issues. (Standard 8.2)

9. Continuing Professional Development (programs, retraining and remediation)	This set of standards is MET

Standard 9.3 (remediation) is substantially met.

Commendations

V The implementation of the Supporting Physicians' Professionalism and Performance Guide Framework to support the ongoing professionalism of fellows and trainees.

W The College's strong leadership shown in the ongoing development of continuing professional development towards a revalidation framework.

X The establishment of the Fellows in Difficulty Working Group which provides additional assistance to those fellows who may require mentoring or guidance in their practice.

Y The ongoing development of remediation processes in consultation with key stakeholders.

Conditions to satisfy accreditation standards

31 Achieve compliance with the Medical Council of New Zealand requirements regarding College notification of fellows who do not satisfy their continuing professional development requirements. (Standard 9.3)

Recommendations for improvement

Nil

Introduction: The AMC accreditation process

The Australian Medical Council (AMC) was established in 1985. It is a national standards body for medical education and training. Its purpose is to ensure that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community.

The process for accreditation of specialist medical education and training

The AMC implemented the process for assessing and accrediting specialist medical education and training programs in response to an invitation from the Australian Government Minister for Health and Ageing to propose a new model for recognising medical specialties in Australia. The AMC and the Committee of Presidents of Medical Colleges established a working party to consider the Minister's request, and developed a model with three components:

- a new national process for assessing requests to establish and formally recognise medical specialties
- a new national process for reviewing and accrediting specialist medical education and training programs
- enhancing the system of registration of medical practitioners, including medical specialists.

The working party recommended that, as well as reviewing and accrediting the training programs for new specialties, the AMC should accredit the training and professional development programs of the existing specialist medical education and training providers – the specialist medical colleges.

Separate working parties developed the model's three elements. An AMC consultative committee developed procedures for reviewing specialist medical training programs, and draft educational guidelines against which programs could be reviewed. In order to test the process, the AMC conducted trial reviews during 2000 and 2001 with funding from the Australian Government Department of Health and Ageing. These trial reviews covered the programs of two colleges.

Following the success of these trials, the AMC implemented the accreditation process in November 2001. It established a Specialist Education Accreditation Committee to oversee the process, and agreed on a forward program allowing it to review the education and training programs of one or two providers of specialist training each year. In July 2002, the AMC endorsed the guidelines, *Accreditation of Specialist Medical Education and Training and Professional Development Programs: Standards and Procedures*.

In 2006, as it approached the end of the first round of specialist medical college accreditations, the AMC initiated a comprehensive review of the accreditation guidelines. In June 2008, the Council approved new accreditation standards and a revised description of the AMC procedures. The new accreditation standards apply to AMC assessments conducted from January 2009. The relevant standards are included in each section of this report.

A new National Registration and Accreditation Scheme for health professions began in Australia in July 2010. The Ministerial Council, on behalf of the Medical Board of Australia, has assigned the AMC the accreditation functions for medicine.

From 2002 to July 2010, the AMC process for accreditation of specialist education and training programs was a voluntary quality improvement process for the specialist colleges that provided training in the recognised specialties. It was a mandatory process for bodies seeking recognition of a new medical specialty. From 1 July 2010, the *Health Practitioner Regulation National Law Act 2009* makes the accreditation of specialist training programs an essential element of the process for approval of all programs for the purposes of specialist registration. Similarly, the Medical Board of Australia's registration standards indicate that continuing professional development programs that meet AMC accreditation requirements meet the Board's continuing professional development requirements.

From 1 July 2010, the AMC presents its accreditation reports to the Medical Board of Australia. Medical Board approval of a program of study that the AMC has accredited forms the basis for registration to practise as a specialist.

Assessment of the programs of the Royal Australasian College of Physicians

The AMC first assessed the education, training and continuing professional development programs of the Royal Australasian College of Physicians in 2004. The 2004 assessment resulted in accreditation of the College for a limited period of four years, with a requirement for satisfactory annual reports to the AMC. In 2008, the AMC completed a follow-up assessment of the College's program and extended the accreditation to December 2010.

In 2010, the College submitted a comprehensive report to the AMC seeking extension of accreditation. In a comprehensive report, the AMC seeks evidence that the accredited college continues to meet the accreditation standards and information on plans for the next four to five years. If the AMC considers that the college continues to meet the accreditation standards, it may extend the accreditation. On the basis of the RACP comprehensive report, the AMC extended the accreditation until December 2014, taking accreditation to the full period of 10 years.

In February 2014, the AMC Directors agreed to change the expiry dates for accreditations from 31 December to 31 March. It extended the accreditation of the College's programs from 31 December 2014 to 31 March 2015.

Between accreditation assessments, the AMC monitors developments in education and training and professional development programs through progress reports. The College has provided progress reports since its accreditation in 2004. These reports have been reviewed by a member of the AMC team that assessed the program in 2004, and the reviewer's commentary and the progress report is then considered by the AMC progress reports working party. Through these reports the AMC has been informed of developments in the College's educational strategy, and education and training policies and programs. The AMC has considered these reports to be satisfactory.

In 2013, the AMC began preparations for the reaccreditation assessment of the RACP's programs. On the advice of the Specialist Education Accreditation Committee, the AMC Directors appointed Professor Iain Martin to chair the 2014 assessment of the College's programs. The AMC and the College commenced discussions concerning the arrangements for the assessment by an AMC team.

The AMC assesses specialist medical education and training and continuing professional development programs using a standard set of procedures.

A summary of the steps followed in this assessment follows:

- The AMC asked the College to lodge an accreditation submission encompassing the three areas covered by AMC accreditation standards: the training pathways to achieving fellowship of the Royal Australasian College of Physicians; College processes to assess the qualifications and experience of overseas-trained specialists; and College processes and programs for continuing professional development.
- The College developed an accreditation submission describing the RACP's overall approach to education and training, with additional documentation concerning the content of structure of the 32 advanced training programs. This submission reflects the evolution of the College's educational processes to increasingly common policies and processes, and the approach agreed between the AMC team and the College, which was to assess the overall College approach to the delivery of the three areas covered by this process.
- The AMC appointed an assessment team (called 'the team' in this report) to complete the assessment after inviting the College to comment on the proposed membership. A list of the members of the Team is provided as Appendix 1.
- The Team met on 3 July 2014 to consider the College's accreditation submission and to plan the assessment.
- The AMC gave feedback to the College on the team's preliminary assessment of the submission, the additional information required, and the plans for visits to accredited training sites and meetings with College committees.
- A challenge for this accreditation assessment is the College's size, and the large number of training programs. The team determined that it would consider the College processes and policies that apply to all its education and training programs, gather stakeholder feedback across all these programs, and in addition consider in greater depth how College processes and policies are applied to a sample of the College's training pathways. The team chose a sample representative of the broad range of training pathways, including basic and advanced training, pathways from Divisions, Faculties and Chapters and finally pathways of differing size. The following training programs were reviewed in greater detail as part of this assessment:
    - Basic training in adult medicine
    - Cardiology
    - Dermatology (New Zealand training program only)
    - General and acute care medicine
    - General paediatrics
    - Community child health
    - Geriatric medicine
    - Haematology
    - Medical oncology
    - Nephrology
    - Occupational and environmental medicine
    - Addiction medicine.

- The AMC surveyed trainees, supervisors of training and Directors of Physician/Paediatric Education of the College. The AMC also surveyed overseas trained specialists whose qualifications had been assessed by the College in the last three years.
- The AMC invited other specialist medical colleges, medical schools, health departments, professional bodies, medical trainee groups, health consumer organisations and specialty societies of the College to comment on the College's programs.
- The team met by teleconference on 9 September 2014 to finalise arrangements for the assessment.
- The team held meetings during the College's Congress in Auckland and conducted site visits in the Australian Capital Territory, New South Wales, Queensland, South Australia, Northern Territory, Victoria and New Zealand throughout 2014.

The assessment concluded with a series of meetings with the College office bearers and committees from 29 September to 3 October 2014. On the final day, the team presented its preliminary findings to College representatives.

Australian Medical Council and Medical Council of New Zealand relationship

Since most of the specialist medical colleges span Australia and New Zealand, the Medical Council of New Zealand (MCNZ) has been an important contributor to AMC accreditation assessments.

In November 2010, the AMC and the MCNZ signed a Memorandum of Understanding to extend the collaboration between the two organisations. The two Councils are working to streamline the assessment of organisations which provide specialist medical training in Australia and New Zealand. The AMC continues to lead the accreditation process and assessment teams for bi-national training programs continue to include New Zealand members, site visits to New Zealand, and consultation with New Zealand stakeholders. While the two Councils use the same set of accreditation standards, legislative requirements in New Zealand require the bi-national colleges to provide additional New Zealand–specific information.

Appreciation

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

The AMC also thanks the organisations that made a submission to the AMC on the College's training programs. These are listed at Appendix 2. Summaries of the program of meetings and visits for this assessment are provided at Appendix 3.

1 The context of education and training

1.1 Governance

The accreditation standards are as follows:

- The education provider's governance structures and its education and training, assessment and continuing professional development functions are defined.
- The governance structures describe the composition and terms of reference for each committee, and allow all relevant groups to be represented in decision-making.
- The education provider's internal structures give priority to its educational role relative to other activities.

The Royal Australasian College of Physicians (RACP) was incorporated in Australia in 1938. RACP is the specialist medical college that conducts the education, training and continuing professional development programs in Australia and New Zealand for physicians and paediatricians in a specialised area of medicine.

The College comprises two Divisions, three Faculties and four Chapters.

The Divisions are responsible for the main College activities in relation to training, assessment and continuing professional development. The two Divisions are:

- Adult Medicine Division (training leads to FRACP)
- Paediatrics & Child Health Division (training leads to FRACP).

The Faculties are College bodies that offer vocational training programs that lead to fellowship of the Faculty. The three Faculties are:

- Australasian Faculty of Occupational and Environmental Medicine (training leads to FAFOEM)
- Australasian Faculty of Public Health Medicine (training leads to FAFPHM)
- Australasian Faculty of Rehabilitation Medicine (training leads to FAFRM).

The Chapters sit under the two Divisions of the College. The three Chapters under the Adult Medicine Division are:

- Australasian Chapter of Addiction Medicine (training leads to FAChAM)
- Australasian Chapter of Palliative Medicine (training leads to FAChPM)
- Australasian Chapter of Sexual Health Medicine (training leads to FAChSHM).

There is a training program in Community Child Health, which is overseen by the Advanced Training Committee in Community Child Health. This is a Divisional Training Program. Upon completion, trainees are awarded Fellowship of the Royal Australasian College of Physicians (FRACP). The College's fellowship training pathways are listed at Appendix 5 of this report.

Membership of the College consists of fellows, honorary fellows and trainees. At the time of accreditation, the College had over 14,535 fellows and 6,206 trainees across multiple specialties in Australia and New Zealand.

RACP is a company limited by guarantee, with its registered office located in Macquarie Street, Sydney. The RACP Constitution defines the objects and governance arrangements. In May 2008, changes to the College Constitution included establishing a Board and a one-College structure. This change resulted in alignment of the governance arrangements for the College's Divisions, Faculties and Chapters.

The RACP Board operates within the objects of the College as defined in the Constitution. The objects are described in further detail under standard 2 of this report. The members of the Board are: the President; President-Elect; four fellows of the Adult Medicine Division; two fellows of the Paediatrics and Child Health Division; one fellow from each Faculty; two trainees from the College Trainees' Committee; the President and a fellow of the New Zealand Committee; up to three other persons with specific skills or experience; and the Honorary Treasurer.

The College is reviewing the size and composition of the board with a view to moving from a representational board to a smaller, skills-based board in 2015 that will be more involved in developing the strategic direction of the College. The new board will have representatives from the key domains of education, governance, research, finance and a trainee representative.

The College's *Statement of Strategic Direction 2012–2015* articulates the College's purpose and direction. Each strategic goal is supported by a number of specific strategies. The strategic goals are described under standard 2 of this report.

The core business of the College is education and training. The College is a large and complex organisation with multiple training pathways and over 100 committees supporting educational activities. The Board and its committees have by laws, which describe their purpose and powers to act. These by laws are publically available on the College's website.

The College has policies and standards for decision making by its education committees to achieve procedural and substantive fairness and to reach sound decisions. These are the *RACP Guidelines for Decision Making*, *Governance of College Bodies By-Law*, and the *Conflicts of Interest Policy*. The College's Governance Unit provides governance advice to its committees. In 2013, the College introduced a training program in good governance for its education committee chairs and staff.

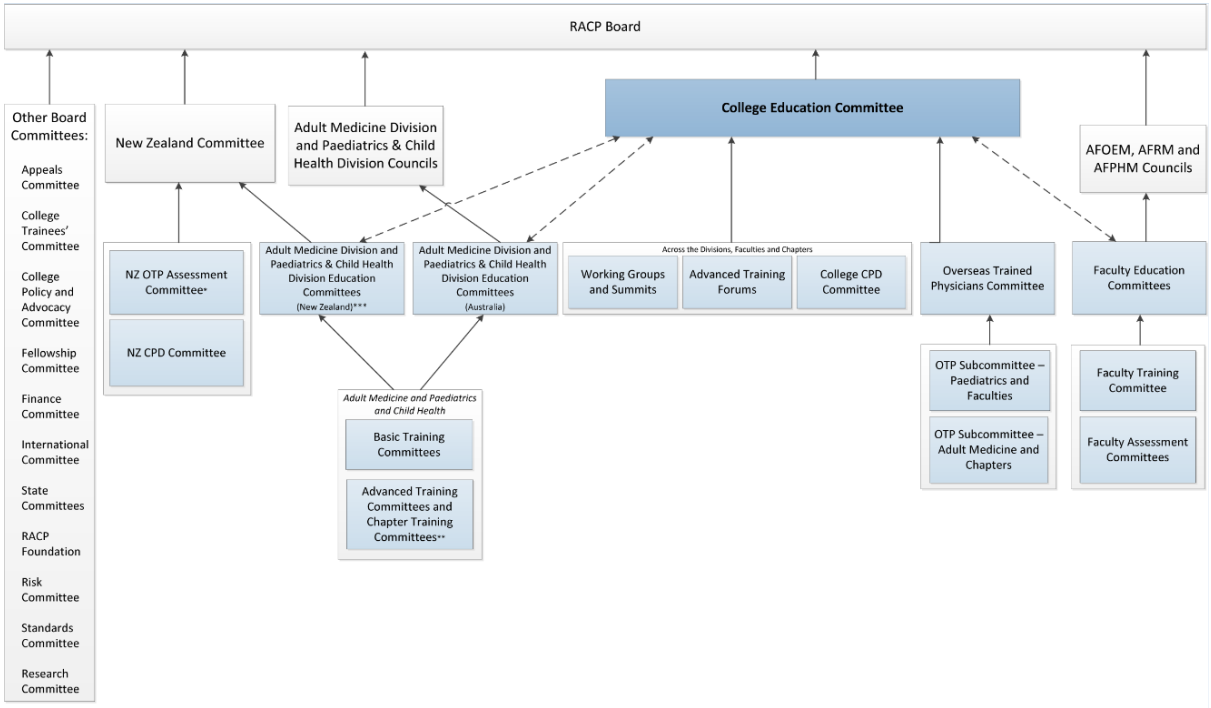
In May 2011, the College commenced a review of its education governance structure. The goals of the reform are to:

- reduce the number of committees from over 100 committees to approximately 60 standing committees to streamline decision making
- create clear reporting lines and interactions between committees to reduce risk and improve efficiencies in decision making
- determine committee membership size by focusing on expertise rather than representation and by taking into consideration trainee numbers
- clarify, standardise and document all roles and responsibilities of committees and their members in new terms of reference for all committees

- amalgamate New Zealand and Australian committees where possible and desirable to improve trans-Tasman alignment in decision making
- increase operational support from College staff and automation of routine administration of training programs to assist committees to manage workloads and focus on priority operational decision making, quality assurance and program review
- foster strong working relationships with key stakeholder groups including other colleges and specialty societies
- simplify nomenclature across all education committees, particularly in Advanced Training.

At the time of the AMC team's visit, the committee restructure was still underway. The College has formed an Education Governance Implementation Working Group to oversee the task. The former College Education Committee Chair and current President of the Adult Medicine Division, who is also a member of the RACP Board, chairs the working group.

The College's new reporting structure as at September 2014:



In 2011, the College implemented an education policy development process to ensure RACP policy development is accountable and transparent to the College's various stakeholder groups.

Education policy working groups generally comprise fellow and trainee members from each Division, Faculty and Chapter from Australia and New Zealand. Members are selected through a combination of an expression of interest process and education committee nomination process.

The College has State Committees in New South Wales/Australian Capital Territory, Victoria/Tasmania, Queensland, South Australia, Western Australia and Northern Territory. The State Committees support fellows and trainees in education and training and in policy

and advocacy in their state. They are committees of the Board, and report as required. In New Zealand, this function is one of the roles of the New Zealand Committee.

1.2 Program management

The accreditation standards are as follows:

- The education provider has established a committee or committees with the responsibility, authority and capacity to direct the following key functions:
    - planning, implementing and reviewing the training program(s) and setting relevant policy and procedures
    - setting and implementing policy and procedures relating to the assessment of overseas-trained specialists
    - setting and implementing policy on continuing professional development and reviewing the effectiveness of continuing professional development activities.
- The education provider's education and training activities are supported by appropriate resources including sufficient administrative and technical staff.

The College's education, training and continuing professional development programs are overseen by a number of committees. The principal committees relevant to education, training, and continuing professional developments are as follows:

College Education Committees
The **College Education Committee** (CEC) is the peak body responsible for developing and overseeing College-wide education policy and approving training and education programs. It reports directly to the Board on key education policy and program development matters. The Committee ensures consistent quality of education across all College training programs in Australia and New Zealand.

In 2013, the CEC membership was significantly reduced, as part of the education governance review, from more than 40 members to 14 members.

The committee is chaired by a Board director. It comprises: the Chairs of the Adult Medicine and Paediatrics and Child Health Division Education Committees for both Australia and New Zealand; Chairs of the College CPD Committee and OTP Committee; Faculty Education Committee member; Chapter Education representative; one representative from the Advanced Training Forum and Basic Training Committee; two trainee representatives from the College Trainees' Committee; and a non-Fellow education expert.

The College establishes working groups for specific activities. Cross College working groups are convened by the College Education Committee in consultation with relevant committees across the College and through a general expression of interest process to all Fellows and trainees.

In August 2014, the CEC approved the terms of reference of a **Curriculum Advisory Group** which will oversee the current and planned curricula reviews, develop draft graduate outcomes for RACP training and conduct broad consultation. The group has representatives from the Education Committees of the Divisions, Faculties and Chapters and is also open to expressions of interest. This group met for the first time in November 2014. The second meeting will be held in March 2015.

The **Advanced Training Forum** was established by the CEC in 2013. This committee is chaired by the CEC Chair and comprises all the Chairs (or their nominees) of the Advanced Training Committees of the Divisions, Faculties and Chapters in Australia and New Zealand (a maximum of 40 members). The forum meets twice per year to discuss a number of issues, including program requirements, assessment, implementation of policy, and governance. Each meeting of the Advanced Training Forum focuses on a specific theme. Members of the Forum are involved in the planning and prioritisation of the themes. At the time of the accreditation visit, the forum had met twice: in December 2013 and May 2014.

The **Continuing Professional Development (CPD) Committee** was established in 2014, centralising the CPD activities of the College. The committee is responsible for encouraging and promoting CPD participation, and ensuring that the College's CPD programs meet the needs of the fellowship. The committee has representation from the Divisions, Faculties and Chapters in Australia and New Zealand. The committee will report back to the Division, Faculty and Chapter Education Committees and as well as to the CEC on policy and program matters. This committee first met in May 2014. The **New Zealand CPD Committee** will address specific Medical Council of New Zealand requirements.

Division Education Committees

The **Adult Medicine Division Education Committee** and **Paediatrics & Child Health Division Education Committee** in Australia, and the **New Zealand Adult Medicine Education Committee** and **New Zealand Paediatrics & Child Health Education Committee in New Zealand**, are responsible for ensuring that CEC education policy is implemented by relevant reporting committees, and that assessment is conducted fairly, efficiently, and in a transparent manner.

As part of the education governance review, the RACP will form a **Basic Training Committee** (in Australia) in 2015 for the Adult Medicine Division and for the Paediatrics and Child Health Division. These committees will approve trainee progression through Basic Training outside the standard process, consider requests for special consideration, assess recognition of prior learning applications, and ensure the New Zealand Division Education Committees are consulted and informed of any agreed changes. The current responsibilities of the assessment subcommittees will be delegated to the new Basic Training Committee or relevant examination committee.

There are **Advanced Training Committees** for each specialty training program of the Divisions, Faculties and Chapters. These committees oversee the Advanced Trainees' progress through the training program and admission to Fellowship. They undertake site accreditation activities for their specialty, assess applications for recognition of prior learning, and recommend program changes as appropriate. The term 'Advanced Training Committees' encompasses all of the Specialist Advisory Committees (SACs), Specialty Training Committees (STCs), Joint Specialist Advisory Committees (JSACs), and Chapter Education Committees. As part of the governance reform the College will be standardising the terminology across all Advanced Training Committees.

The assessment of **Overseas Trained Physicians (OTP)** will be centralised into two Australian OTP Committees. One committee will assess the Adult Medicine and Chapter OTPs and the second committee will assess Paediatric and Faculty OTPs. Each Division, Faculty and Chapter will have an OTP lead who will sit on their education committee. The

New Zealand OTP Committee will address specific Medical Council of New Zealand requirements. The College is establishing an OTP Forum that will be held biannually to discuss calibration between OTP committees and any government regulation changes.

There are **Written Examination Committees** in both Adult Medicine and Paediatrics and Child Health and a **Joint Clinical Examination Committee** for both Divisions. Under the educational governance reform there will be minimal change to the Committee's reporting lines and responsibilities. The primary responsibilities of the Written Examination Committees are to write examination questions, guide examination coordination and recommend any structural changes to the written examinations. These committees will report to the Basic Training Committees once they are operational. The Joint Clinical Examination Committee oversees examination coordination and the National Examining Panel, and audits examination data to provide feedback to trainees and examiners. The Basic Training Committee, College Education Committee and relevant working groups will consider any recommendations for policy or program changes.

The College is considering combining the Division Accreditation Subcommittees into the **Joint Accreditation Committee** as part of the education governance review. The College indicated this proposal is currently under discussion and further information will be provided in 2015. It is proposed that this committee will approve accreditation of basic training sites, general medicine and general paediatric advanced training sites, and will recommend major changes to site accreditation policy and processes to the College Education Committee and any minor changes to the new Basic Training Committees. Some Specialty Societies act as accreditors on behalf of the College.

Faculty Education Committees

The **Faculty Education Committees** implement education policy, approve minor program changes to Faculty training programs, and recommend major program and policy changes to the CEC. Each Faculty Education Committee has subcommittees responsible for assessment, continuing professional development, training and assessment of overseas trained physicians.

Australia and New Zealand

There are strong links and relationships between Australia and New Zealand, with the majority of education committees being Australasian. Non-Australasian committees have an Australian or New Zealand representative as appropriate to foster relationship development and effective collaboration. Key educational governance differences between Australia and New Zealand include separate Adult Medicine and Paediatrics & Child Health Division Education Committees, as well as Division Councils/Committees across the countries. New Zealand has a standalone committee that reports directly to the Board, the New Zealand Committee. The New Zealand Adult Medicine and Paediatrics & Child Health Division Committees report to the New Zealand Committee rather than reporting directly to the Board as their counterparts do in Australia.

Specialty Societies

The College has affiliations with many **Specialty Societies**. Specialty Societies are independent professional associations whose members are physicians, other medical practitioners, healthcare workers, and researchers in a particular specialty. Specialty societies are actively involved in advocacy, education, training and continuing professional development in their specialties. They play an important role in the Division Training Programs.

The College has Memoranda of Understandings (MOUs) with a number of the Specialty Societies that aim to clarify responsibilities and accountabilities of both parties. MOUs set out the governance arrangements in areas such as education policy, educational materials, basic and advanced training, continuing professional development, overseas trained physician assessment, policy and advocacy and research. In recent years, the College has collaborated with Specialty Societies on education development activities including the development of co-branded specialty specific curricula for Advanced Training Programs.

At the time of the accreditation visit, the College had signed MOUs with 16 (64%) of the 25 Australian Specialty Societies. The College has a template for New Zealand MOUs, but has yet to establish MOUs for New Zealand-only Specialty Societies. These will be negotiated once the Australian MOU discussions have been completed.

The College has six departments, each with a director reporting directly to the Chief Executive Officer. The departments are as follows: Office of the Dean, Education Services, Business and Finance, Fellowship Relations, Policy and Advocacy, and Governance. The College has 97 staff directly involved in education and training.

The Office of the Dean is responsible for continuing professional development, assessment of overseas trained physicians, the research committee, Supporting Physicians' Professionalism and Performance Project, workforce initiatives and the RACP Foundation.

Education Services oversees trainee education programs, site accreditation, assessment and examinations, training support, supervisor's learning support, Specialist Training Programs, educational development, and research and evaluation.

1.2.1 Team findings

The RACP is the largest specialist medical education provider accredited by the AMC, in terms of number of trainees, discrete training programs and the number of fields of specialty practice and number of specialties covered. The team acknowledges that management of education and training in such a large and complex organisation is challenging.

The team commends the College on its progress since the last AMC assessment in the management of education and training. It has invested significantly in its educational programs, and the expertise supporting them, and this is delivering appreciable benefits. In particular, the team applauds the emphasis on standardising the approach taken to the wide range of programs.

The recruitment of skilled professional education staff to support the high volume of work has been an important investment by the College.

In the area of governance, as in a number of other areas, there are significant initiatives either in development or in planning.

The College sets out in its Statement of Strategic Directions 2012-2015 that its goal is to ensure a robust and effective College. This is made manifest by a commitment to improving the robustness of College governance structures for the Divisions, Faculties and Chapters to ensure they are consistent and effective across the College.

The education governance review aims to reduce the complexity and the associated risk in decision-making processes related to the College's training programs. The College, through the Education Governance Implementation Working Group, has made significant progress in improve efficiency and decision making in education governance, reducing the number and size of education committees so they are more agile. This is a sizeable and complex task involving a large number of stakeholders.

Other reforms, such as standardising committee terms of reference, and integrating the reporting structures and decision-making pathways and addressing the associated risks are progressing well. The simplification of the governance structure will give greater clarity to roles, processes and guidelines. In addition, College staff supporting the education functions of the Faculties and the New Zealand operations have been integrated into a central education services department. The aim is to provide a more consistent approach to implementing education policies, standards and principles, while allowing the Faculties to continue to offer special services as required. It is still too early to fully assess the outcomes of the new arrangements and, while progress is promising, it will be important that the College continues to focus on delivering the goals of the governance reforms.

During site visits, fellows spoke of the merit in enhancing the two Divisions' regular joint committee work. The team found this is occurring organically on the ground with combined education sessions for trainees and supervisors. At the College level, the Adult Medicine Education Committee and the Paediatric and Child Health Education Committee come together on an annual basis to discuss policy implementation that is relevant to all College trainees. The College indicated that in the establishment of the Divisional Basic Trainee Committees there will be further opportunities for the Divisions to work together.

Faculties and Chapters

Among the potential benefits of the governance changes is the closer integration of the work of the Faculties and Chapters with the core operations of the College. Whilst it is early in the implementation of these changes it does appear that the changes are beginning to address some of the tensions seen between the Faculties and Chapters and the College in respect of the management of their education and training programs. This is clearly encouraging and whilst the full implementation of the governance changes has yet to occur the early benefits appear to be justifying the significant changes being implemented.

The College relies heavily on a volunteer workforce of fellows. There is a dedicated group of fellows who make an invaluable and significant contribution to College activities. With the increasing skills and knowledge of College staff, including the appointment of people with doctorates in education, there is potential to delegate appropriate responsibility to staff to alleviate the administrative burden on these fellows. The College should consider, where appropriate, implementing delegations to College staff to expedite processes, such as routine certification and approvals.

The establishment of the Curriculum Advisory Group as a sub-group of the College Education Committee is a significant development for the review and development of the curricula. The progress of the Advisory Group is encouraging but its progress in reviewing the curricula will need to be monitored by the College.

There is clearly an important role for the State Committees but, at times, the details of this role are unclear to many internal and external College stakeholders, and they seem

disconnected from the central College organisational structure. The team recommends that the College clarify the State Committee roles as part of the educational governance review process.

The advanced training programs are reliant on effective working relationships between the College and the Specialty Societies. The College sets the policies and guidelines for training and works with the Specialty Societies to deliver education and training. The team spoke to representatives of a number of Specialty Societies to learn how this relationship works and how changes are negotiated. It was evident to the team that the College and the Specialty Societies need more closely aligned goals with respect to education and training programs. Many College fellows and Society Specialty members invest their time in activities relating to their Specialty Society, rather than the College, and with closer alignment this investment could serve both the Societies and the College better.

Memoranda of understanding (MOUs) are used to set out the relationship between the College and the Specialty Societies. At the time of the accreditation visit, MOUs were in place with 16 of the 25 Specialty Societies. This is an increase from 2008, when only the Specialty Societies in Neurology, Respiratory and Sleep Medicine, Geriatric Medicine and Cardiology had agreements in place.

The MOUs are high-level documents that identify broad responsibilities and seem focused on promoting effective relationships and collaborative practice. The College and the Specialty Societies developed them to facilitate collaboration at a time when they were reaching agreement on how best to work together in delivering medical education. The MOUs are generic documents and have not been adapted to each Specialty Society. During the assessment visit, stakeholders spoke about the potential of MOUs to assist in the governance of key areas of physician training, such as education policy, educational materials, Basic and Advanced Training, continuing professional development, overseas-trained physician assessment, policy and advocacy and medical research. Given their potential, the College should consider the structure and role of MOU's in helping define and support these key partnerships.

Under the new arrangements, Specialty Societies continue to have an important role in Advanced Training, including representation on Advanced Training Committees. From 2015 onwards, the College will be undertaking the significant task of revising the 38 Advanced Training Curricula in collaboration with Specialty Societies. The team recommends that the College continues to work with the Specialty Societies to ensure that the role of each is clear in the delivery of advanced training programs.

In this accreditation assessment, the AMC received written feedback from 12 Specialty Societies and the team met a number of Specialty Societies during the assessment visit. The Specialty Societies provided feedback in the following areas:

- Consultation and communication between the College and the Specialty Societies was raised as an area for improvement. Specialty Societies feel responsible for trainees and have experienced occasions when policy changes were made without adequate consultation and communication, resulting in adverse consequences for training programs and potential double standards.
- Greater clarity in shared decision-making and governance. The team heard of examples were the approach taken previously by the Specialty Society with respect to education

and training was no longer consistent with the overarching College approach to education and training and the management of the required change could have been better communicated and managed. When these situations arise, clear reasons for the decision needs to communicated. The team recognised that Specialty Society nominees to the Division Councils and Advanced Training Committees play an important role in decision making within the College through their membership on College Bodies.

- The need to balance measures to ensure consistency in policy and decision making across all training programs with the requirements of individual specialties with smaller training programs.
- Communication with trainees could be improved with the implementation of a standardised orientation for basic and advanced trainees, supported by some specialty specific information. This would improve consistency in the information provided to trainees about common processes across training programs.

The feedback from the Specialty Societies indicated the continued desire for close relationships with the College, specifically in the formulation of specific criteria for training, assessment methods and accreditation of sites and supervisors. The College values its relationships with Specialty Societies, and the need to continue to develop them, recognising the complementary roles and responsibilities of both partners in the development and delivery of specialist physician education. A number of Specialty Societies noted that they communicate and consult mainly with the Advanced Training Committees, but their involvement could be widened by specific communication with Adult Medicine and Paediatric and Child Health Education Committees.

Specialty Societies provide a range of educational activities including annual scientific meetings and continuing professional development for their members. A number of smaller societies are keen to explore ways in which the College can support them in their educational activities.

The team commends the College on the implementation of the Education Policy Development Process with its focus on stakeholder participation, consultation and communication. There are opportunities for the College to engage more broadly with external organisations in the development of education policy. There may be value in the College formally inviting this input from Specialty Societies. Disease specific organisations such as the Heart Foundation, Diabetes Australia, Cancer Council and Stroke Foundation may provide complementary perspectives on education policy.

Consumer organisations are also well placed to contribute via consultations and committee representation. In this assessment, many disease specific groups and consumer groups expressed interest in participating in policy development with the College.

Consistent consumer participation in RACP decision-making and education processes was raised in the AMC assessments in 2004 and 2008 as an area for review. In 2014, the College does not have systematic links to consumer groups, and it acknowledges that this is an area for development. Stakeholder feedback to the AMC included keen interest from consumer organisations in contributing to the education, training and ongoing professional development of medical specialists, including through curriculum development and review, delivering training and governance.

During the assessment visit, the team received consumer feedback through meetings with peak consumer organisations, focus groups and submissions. Most consumer organisations reported that they had not had an opportunity to contribute to any of the College's training and continuing professional development programs or planning activities. Cancer Voices noted that a small number of consumer representatives have participated in the development of the Ideal Oncology Curriculum for medical undergraduates, given lectures to medical students about the patient experience and cancer consumer advocacy, but not in postgraduate specialty training. Consumer organisations have, within their membership, people with highly relevant educational experience, qualifications and/or lived experience that could provide valuable perspectives and contributions. All welcomed an opportunity to work with the College. The consumer organisations commented on the need to build capacity to engage with the College and this will need to be included in any partnerships that develop.

The College Education Committee does not have consumer representation. The College Board includes three members with specific skills or experience who may not have medical qualifications. There is a community representative on the Revalidation Working Group.

The College Constitution makes provision for seeking 'improved health for all people by developing and advocating health and social policy in partnership with health consumers and jurisdictions' but currently the College's partnership with consumer organisations is underdeveloped. The team supports the College's plans to work with health consumer organisations to develop a partnership strategy, and the AMC will expect reports on its development.

The team encourages the College to explore options for involving consumers and carers in its training and education processes. The review of the College's Statement of Strategic Directions in 2015 is an opportunity to broaden engagement with a range of stakeholders, including consumers.

1.3 Educational expertise and exchange

The accreditation standards are as follows:

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

The RACP draws educational expertise in the development, management and evaluation of the College's education, training and continuing professional development programs from fellows, trainees and College staff. The College Education Committee By-laws were amended in 2013 to include a member with specialist skills in education and training.

The College's accreditation submission outlines many examples of links with education organisations locally and internationally. The College collaborates with other specialist medical colleges through participation in a number of inter-college networks.

As detailed in the College's accreditation submission, the College has undertaken a number of collaborations with other specialist colleges:

- With the Royal Australian and New Zealand College of Psychiatrists, the College is collaborating on the use and development of Entrustable Professional Activities in competency based medical education. RACP is reviewing the use of EPAs in its curriculum review process. This is discussed further under standard 3 of this report.
- With the Royal Australasian College of Surgeons, the College has developed intercultural learning modules for rural and remote practitioners and the establishment of an eLearning portal to increase access to indigenous health resources.
- With the College of Intensive Care Medicine of Australia and New Zealand, the RACP is reviewing the options for a joint training arrangement, with a reciprocal training arrangement being the preferred model for training.
- With the Royal College of Pathologists of Australasia, the College is discussing a future governance model for the joint training programs. Discussions are taking place regarding a proposed joint training pathway in Clinical Genetics and Genetic Pathology.
- With the Royal College of Physicians and Surgeons of Canada and the Royal Australasian College of Surgeons in a tripartite alliance that has held over 16 workshops and 3 public seminars. The tripartite alliance's key achievements have been a consensus statement on professionalism; a learning management strategy paper; a demonstrating professional performance strategic paper; and a workplace-based assessment implementation guide.

As discussed under standard 1.2 of this report, the College and the Specialty Societies have developed cobranded advanced training curricula. For example, the College has collaborated with the Cardiac Society of Australia and New Zealand in developing Indigenous Cardiology eLearning modules.

The New Zealand office works closely with Te Ora, Mauriora Associates and the Maori Faculty of the Royal New Zealand College of General Practitioners. It also has a strong relationship with the New Zealand Rehabilitation Association.

The College also draws on external educational expertise to ensure that its approaches are benchmarked nationally and internationally. In 2011, national and international experts undertook an external review of RACP assessment practices. Also in 2011, the College engaged Ernst and Young to review the Trainee in Difficulty process and grievance process. The College contracted an eLearning consultancy company to explore options for the development of its eLearning resources.

The College has fostered strong ties with a number of international colleges. In 2013, the College strengthened its relationships with the Indonesian College of Pediatrics and the Indonesian Pediatric Society through memoranda of understanding.

The College contributes to a range of national and international conferences. Recent examples include the Australian and New Zealand Association for Health Professional Educators; the Association for Medical Education in Europe; the World Federation of Medical Managers International Medical Leaders Forum.

1.3.1 Team findings

The College has strong relationships with other specialist medical training bodies nationally and internationally. The team commends the College on its tripartite alliance with the Royal

Australasian College of Surgeons and Royal College of Physicians and Surgeons of Canada. The relationship has resulted in clear and tangible benefits. This offers a model for potential collaborations with other specialist medical colleges.

The College is commended for its use of external expertise and its investment in education staff, for the development and implementation of program developments and enhancements.

The process for development, management and continuous renewal of the College's education programs incorporates review of best practice and international benchmarking with other colleges.

1.4 Relationships to promote education, training and professional development of specialists

The accreditation standards are as follows:

- The education provider seeks to maintain constructive working relationships with relevant health departments and government, non-government and community agencies to promote the education, training and ongoing professional development of medical specialists.
- The education provider works with healthcare institutions to enable clinicians employed by them to contribute to high quality teaching and supervision, and to foster peer review and professional development.

The College engages with health departments, medical councils and boards, and other health-related agencies in the development, delivery and evaluation of its education, training and professional development programs.

In Australia, the College has fostered productive relationships with the Australian Government Department of Health, by administering contracts for 376 physician training positions under the Government's Specialist Training Program. The College has worked closely with Health Workforce Australia, contributing to its *Health Workforce 2025* report, the Australian Health Leadership Framework, and the National Medical Training Advisory Network. In New Zealand, the College has considerable interaction with Health Workforce New Zealand in relation to workforce and cultural competence issues.

The College has actively engaged with the Medical Board of Australia on issues relating to revalidation and recertification, and assessment pathways for overseas-trained physicians and pathways for international medical graduate medical registration in Australia.

In its accreditation submission, the College describes its engagement with the state health departments. Some of these activities are as follows:

- With the NSW Ministry of Health and the Western NSW Local Health District trialling general medicine and regional dual training pathways to increase the generalist workforce capacity in rural areas to manage complex diseases.
- With the Victorian Department of Health assisting in the establishment of a Victorian Paediatric Training Network to ensure equity in access to the Basic Paediatric Physician Training workforce across the State.

- With Queensland Health, establishing two vocational pathways: the Queensland Basic Training Network for Paediatrics, and the Queensland Basic Physician Training Pathway for Adult Medicine.
- With South Australia Health, initiatives to recruit and retain physicians in regional and remote areas of South Australia.

1.4.1 Team findings

The team was presented with evidence that the RACP is working constructively with state and territory health departments across Australia including on new models of training delivery and training networks. Although both the College and the departments acknowledged further opportunities could be found, all commented on the importance of this relationship. Health departments expressed uncertainty regarding the role of the College State Committees in the relationship, and it would be helpful for the College to clarify its preferred method for engagement with health departments, via State Committee or as a whole of College function.

The New Zealand arm of the College has strong networks with key national health agencies including the National Health Committee, the National Health Board, Health Workforce New Zealand, the Health Quality and Safety Commission and the national Pharmaceutical Management Agency. The College's New Zealand Committee collaborates with the Royal New Zealand College of General Practitioners, New Zealand College of Public Health Medicine, and the Royal Australian and New Zealand College of Psychiatrists.

The team identified an opportunity for the College to build a systematic formal and high-level advocacy and government relations program. Although the relationship with the health departments and ministry is generally positive, additional proactive communication and collaboration is needed where educational changes impacts on workforce and clinical service delivery. A number of Health Departments communicated to the team that greater proactive communication from, and engagement with, the College would be highly desirable. A specific example was the management of changes related to training in PGY2 and the associated recognition of experience by trainees in this year. This will be particularly important as the College considers changes to entry to physician training and in aligning capacity to train with the numbers of trainees entering the various programs.

There is a need to match trainee skills and numbers with community needs so there is an imperative for the College to be involved in providing education and training that meets health workforce needs. The College could actively work with state and New Zealand health service providers to determine the gaps in relation to specialties and geographical distribution of trainees and future physicians. The College is well-placed to contribute to the development of strategies to attract new trainees to underrepresented specialties and to develop systems to address workforce maldistribution issues related to rural/regional areas.

The team acknowledges the challenges of working with governments and providers across the Australian and New Zealand health care environment in this area. The lack of a formal whole of system integration of service delivery planning with basic and specialty training program development makes this particularly difficult. The College must, in partnership with the other specialist medical colleges, continue to advocate for these critical linkages to be addressed by government and providers at all levels. Whilst the team recognised the challenges for the College in this area it is important that College works actively enough with

health institutions to, for example, ensure adequate resources for supervision of trainees (see standard 8 regarding number of trainees per DPE, and adequate rostered time for supervision).

1.5 Continuous renewal

The accreditation standards are as follows:

- The education provider reviews and updates structures, functions and policies relating to education, training and continuing professional development to rectify deficiencies and to meet changing needs.

The College recognises the need to continuously adapt its educational programs to changes in scientific, educational and health practices worldwide as well as community needs.

The College regularly reviews and updates its governance, management and program structures. Following a review of its governance structure for education, in 2012, the College Board approved the new education governance plan.

The College regularly reviews training program requirements and education policies to meet changing needs. The College has developed a three-step process for making changes to its training programs: ensure the proposed changes are in line with set principles; assess the impact of changes; follow the consultation, approval and implementation processes.

The College reviews training program requirements annually. It begins with an impact assessment. Low impact changes will be implemented with six months' notice. Moderate and high-impact changes require longer notice periods and additional support, such as training for supervisors or education resources. Any revised program requirements are published in Training Program Requirements Handbooks with six months' notice to trainees and supervisors. This is discussed in further detail under standard 7 of this report.

The College Education Committee develops policies and standards using the eight-stage policy development process described under standard 1.2 of this report. The College also renews its education processes through its evaluation and research activities.

1.5.1 Team findings

The College has focussed its approach to continuous renewal on extensive change management rather than incremental continuous quality improvement. Whilst the need for comprehensive consultation with the membership of the College has resulted in many changes taking a long time to implement, this has worked well and resulted in better outcomes. The College has balanced the delay and inevitable frustration in implementing change against the need for wide consultation.

The College plans to review teaching, learning and assessing professionalism in RACP training programs over the next two years. It is consulting externally on the new RACP Standards Framework for RACP Curricula Reviews and graduate outcomes for each domain of competence within this framework. This presents ample opportunities to enrich the College's debate with broad stakeholder input to ensure that the curriculum adequately reflects community needs and expectations.

Given the substantial change management processes underway across the College, it will be important that the College continues to prioritise and review the level of project management support available to key staff. The number and complexity of a number of these changes make this a particularly important factor for the College over the coming three to five years.

There is value in the College clearly defining its stakeholder relationships and developing strategies to support stakeholders' meaningful engagement in College activities by improving the mechanisms for relevant interested groups to contribute to policy, strategy and curriculum development and review.

The College has a culture of review and a commitment to adapting its governance and program management structures to meet future challenges. It regularly reviews its education, training and continuing professional development policies and procedures.

Because of the size of the College, communicating about change is challenging. The College communicates changes to trainees through email, hard copy publications, updates published through the College's MyTraining Portal, and engagement with fellows. This is discussed further under standard 7 of this report. The new Online System for College Administration and Reporting (OSCAR) which is to be implemented progressively from the second half of 2015, will hopefully improve the experience of trainees and fellows. The AMC is interested in how OSCAR will interface with educational processes and how the RACP will use it to track continuing professional development.

The College lists the key priorities in 2014 and onwards as:

- Education governance reform
- Basic training curriculum review
- Advanced training curriculum review
- Providing training and support for supervisors
- Implementation of the Online System for College Administration and Reporting.

The team considers that College should also consider an increased focus on its capacity to meet future requirements such as capacity to train, and training graduates who are safe to practise and its capacity to engage the fellowship in the business of the College.

Commendations

A The College's approach to governance reform resulting in significant simplification of the governance structure and providing greater clarity to roles, processes and guidelines.

B The skills and expertise of the College's education staff enabling greater capacity to support fellows in the work of its committees.

C The tripartite alliance with the Royal College of Physicians and Surgeons of Canada and the Royal Australasian College of Surgeons which has resulted in clear and positive benefits for the College and offers a model of potential collaborations with other specialist colleges.

D The College's effective functioning as a true trans-Tasman organisation.

Conditions to satisfy accreditation standards

1 Clarify the role of state committees, including their role in managing the engagement with health departments and other providers, and disseminate this information to both internal and external stakeholders. (Standard 1.1.1)

Recommendations for improvement

AA Develop and implement mechanisms to further define the responsibilities of the Specialty Societies and their relationship with the College. (Standard 1.1.1)

BB Expedite committee processes such as routine certification and approvals by delegating authority to appropriate College staff. (Standard 1.2.2)

CC Review the level of project management support available to key College staff in managing multiple plans to review teaching, learning and assessing professionalism in training programs. (Standard 1.2.2)

DD Increase engagement with health departments and other providers regarding educational changes and their impact on workforce and clinical service delivery. (Standard 1.4)

2 Organisational purpose and outcomes of the training programs

2.1 Organisational purpose

The accreditation standards are as follows:

- The purpose of the education provider includes setting and promoting high standards of medical practice, training, research, continuing professional development, and social and community responsibilities.
- In defining its purpose, the education provider has consulted fellows and trainees, and relevant groups of interest.

The vision of the College is: striving for excellence in health and medical care through lifelong learning, quality performance and advocacy. The purpose of the College continues to be training, educating and representing physicians and paediatricians in Australia and New Zealand.

As described under Standard 1, the RACP constitution, available on the College's website, clearly sets out the objects of the College. The objects are to:

- promote the highest quality medical care and patient safety through education, training and assessment
- educate and train future generations of physicians
- maintain professional standards and ethics among physicians through continuing professional development and other activities
- promote the study of science and the art of medicine
- benefit the common good and scientific discussions through collaboration of physicians
- increase the evidence and knowledge of specialist medical practice through research, dissemination and innovation, in the profession and community
- improve health for all people, including advocating health and social policy
- support and develop physicians as clinicians, public health practitioners, teachers and researchers.

The College Board holds an annual strategic forum to review and renew the College's strategic directions. As detailed under Standard 1 of this report, the College's Statement of Strategic Directions 2012–2015 reinforces the College's purpose, and is summarised below:

1. RACP is the preferred educator and assessor of physician performance.
2. RACP shapes the medical workforce strategy.
3. RACP is a respected supporter of research.
4. RACP provides value for members.
5. RACP is able to shape the health policy agenda.
6. RACP is a robust and effective College.

In its Statement of Strategic Direction 2012–2015, the College also positions itself for 2016. The key elements of the College's future vision include: education; member engagement;

policy and advocacy; research; governance and performance; and internal capability. The Statement is available on the members' only section of the RACP website.

2.1.1 Team findings

The RACP has clearly defined its purpose to include setting and promoting high standards of medical practice, training, research, continuing professional development, and social and community responsibilities.

The team commends the College on the process for annual review and renewal of the College's strategic directions. The College has consulted fellows and trainees, and internal groups on its purpose but its external stakeholder engagement, with organisations such as Indigenous groups, consumer organisations, not for profit health organisations, public health organisations, jurisdictional health bodies, and other key health providers needs strengthening. The consumer engagement plan, which the College outlined to the team, will provide a more effective formal mechanism for seeking and incorporating community input when defining the College's purpose. The team strongly supports such a plan.

During site visits, a number of trainees particularly those in the early years of basic training reported that they were unclear about the College's educational purpose. There is a need to engage better with this group, especially if the process of selection into basic training is changed. This is explained in further detail under standard 7 of this report.

Stakeholders met by the team agreed, in almost all cases, that the College is meeting its overall objective of producing safe, skilled and competent physicians and paediatricians.

2.2 Graduate outcomes

The accreditation standards are as follows:

- The education provider has defined graduate outcomes for each training program including any subspecialty programs. These outcomes are based on the nature of the discipline and the practitioners' role in the delivery of health care. The outcomes are related to community need.
- The outcomes address the broad roles of practitioners in the discipline as well as technical and clinical expertise.
- The education provider makes information on graduate outcomes publicly available.

In 2011, standardised curricula were developed for all advanced training programs in the Divisions, Faculties and Chapters. All curricula documents are available on the College's website. The College has developed definitions for the different disciplines in partnership with the relevant specialty societies and with input from fellows, trainees and other stakeholders. These are published in the curriculum documents for the specialty training programs under the heading of: *Overview of the specialty*. Examples of these definitions for general and acute medicine, general paediatrics, community child health, addiction medicine, occupational and environmental medicine are provided below.

> ***General and Acute Medicine***
> General physicians are specialty physicians with expertise in the diagnosis and management of complex, chronic and multisystem disorders in adult patients. They undertake a comprehensive assessment of a patient's problems and needs, both biomedical and psychosocial, and provide and coordinate patient care with the assistance of multidisciplinary teams to optimise health outcomes.

General physicians have a breadth of expertise which enables them to deal with undifferentiated and ambiguous presentations and to diagnose and manage illnesses affecting more than one organ system. The work of a general physician is not limited by patient age, diagnostic category, stage of disease, treatment intent, or clinical setting. The practice of general physicians extends across acute hospital and ambulatory settings and involves interactions with other specialists from a variety of disciplines, as well as primary care providers and allied health professionals. General physicians adopt a scientific, evidence-based approach to the patient as a whole person, notwithstanding an interest and some level of training in another specialty. This approach includes detailed knowledge of the pathophysiology, diagnostics and therapeutics of a broad range of diseases.

This breadth and depth of knowledge and experience make general physicians ideally suited to providing high quality consultant services across a spectrum of health and illness. These capacities place general physicians in an important and responsible position as clinicians, teachers and researchers, particularly where clinical problems affect multiple organ systems, involve issues which do not fall within the domains of single organ-system subspecialties, and where integration of multidisciplinary expertise may be required.

General Paediatrics

General paediatrics is a broad based multidisciplinary specialty which, on referral from primary care providers, provides expert diagnosis, treatment and care for infants, children and young people aged from 0 to 19 years. General paediatricians provide a comprehensive level of leadership, management and advocacy, as they work in close collaboration with other medical professionals including general practitioners, subspecialists paediatric nurses, allied health professionals, and associated community organisations within this multidisciplinary field.

General paediatricians have a breadth and depth of knowledge and experience that makes them ideally suited to provide high quality specialist services and a comprehensive package of care across a broad spectrum of common acute and chronic disorders, disease, illness and associated health issues of a developmental and psychosocial nature.

These capacities place general paediatricians in an important and responsible position as clinicians, teachers and researchers particularly where: problems are undifferentiated and complex; there are issues which do not fall within the range of one subspecialty and the integration of interdisciplinary expertise may be required.

For those infants, children and young people requiring subspecialty care, the general paediatric team is essential to provide a comprehensive coordination of services. For these reasons general paediatrics is a service which underpins the care of infants, children, young people and their families.

Community Child Health

The specialty of community child health involves an understanding of the complex interplay between physical, social and environmental factors, and human biology affecting the growth and development of all young people. Application of this knowledge advances the health and wellbeing of children, families and communities; whether well, ill, impaired or disabled.

The increasing importance of the specialty is supported by the significant growth in demand for community child health clinical services. Community child health paediatricians are proactively responding to the increasing prevalence of infants, children and young people who are at risk of harm from various causes, have been victims of abuse or neglect, have developmental and behavioural problems, or have chronic and complex conditions and special needs.

The three domains of community child health (child protection, child development and behaviour, and child population health) overlap. While some practitioners practice in only one, they will still require understanding and skills from the other domains.

Addiction Medicine

The term addiction medicine is used internationally, but many of the issues dealt with by addiction medicine consultants do not fit under the label addiction. Rather, they relate to the more general issue of harm associated with the nonmedical use of drugs.

Addiction medicine includes primary, secondary and tertiary prevention of harm related to non-medical use of drugs, management of acute drug related problems, and rehabilitation of people who have become dependent on drugs.

Rehabilitation from drug related problems often implies a level of social reintegration, as well as optimisation of psychological and physical functioning.

The practice of addiction medicine is holistic, dealing with individuals and the circumstances of their lives. A critical role for the consultant in addiction medicine is recognition of the role of different services in providing an effective treatment system.

The practice of addiction medicine embraces three perspectives – a clinical perspective, a public health approach to drug-related problems, and an advisory role to practitioners in primary and secondary care exposed to alcohol and drug users.

The treatment of individuals and families affected by drugs is part of the role of every medical practitioner in clinical practice. The availability of informed, supportive advice from health providers is an important part of the community response to drug problems.

Knowledge and techniques in addiction medicine have developed to such a degree that a comprehensive understanding and application of this specialty by every medical practitioner cannot be expected.

Occupational and Environmental Medicine

An occupational physician applies high-level medical skills to the interface between a person's work and his or her health. For an individual worker-patient, this may mean seeking evidence for the work-relatedness of a disease, assisting return to work after injury, or assessing fitness for safety-critical work. For groups of workers, this may mean working to reduce known harmful exposures, research on the effects of exposures or clusters of adverse health effects, or promotion of wellness.

In addition to being medically capable, an occupational physician requires understanding of harmful exposures, laws that bear on exposure control and employment opportunity, and how to gain influence within organisations to prevent work-related afflictions and to promote wellness. These abilities serve workers and can assist the work of other medical practitioners and occupational health professionals.

Traditionally, the term exposure has applied to dusts, airborne toxins, radiation and noise. Trends suggest that future exposures will be very much concerned with the changing design of work – more part-time and home-based work and greater proportions of immigrant workers and workers supplied to companies by labour hire firms. A worker's mobility, dexterity, aerobic capacity, vision, hearing, skin and reliable mental function will remain the focus of occupational medicine.

The College has defined graduate outcomes for each specialty training program in its curriculum documents and training program handbooks, under the heading of: *Expected outcomes/competencies at the completion of training*. The graduate outcomes describe the knowledge and capabilities that trainees must demonstrate at completion of their training program. They consist of specialty specific outcomes as well as generic outcomes, largely focused on the professional domains of physician practice that all graduates should acquire irrespective of their chosen specialty. The outcomes build on the skills and experience that trainees have gained in medical school and their pre-vocational years. This learning will also be continued through the College's continuing professional development program. Examples of the expected competencies at the completion of training are given in Appendix 4.

The Basic Training Curricula and the various Advanced Training Curricula are to be used in conjunction with the Professional Qualities Curriculum. The Professional Qualities Curriculum outlines the non-clinical/non-discipline-specific knowledge, skills, attitudes and behaviours required of all trainees. At the completion of the training program, it is expected that a new fellow will:

- have demonstrated their knowledge of, and ability to competently utilise the range of common or generic knowledge, skills, attitudes and behaviours required by all physicians/paediatricians, regardless of their area of specialty
- be able to communicate effectively and sensitively with patients and their families, colleagues and other allied health professionals
- understand and acknowledge the importance of the various socio-economic factors that contribute to illness and vulnerability
- be aware of, and sensitive to, the special needs of patients from culturally and linguistically diverse backgrounds
- be able to work within, lead and fully utilise multidisciplinary team-based approaches to the assessment, management and care of their patients
- recognise the need for, develop, and be able to apply appropriate patient advocacy skills
- have the skills required to process new knowledge and the desire to promote and maintain excellence through actively supporting or participating in research and an active program of continuing professional development
- be able to contribute to the education of patients, colleagues, Trainees, junior medical officers and other health care workers.

As has been common in Australasian specialist medical training programs, the College had incorporated the Canadian Medical Education Directives for Specialists (CanMEDS) principles into its training programs. These principles define the competencies required for a medical practitioner to perform as a medical expert (the central role), professional, health advocate, scholar, manager, collaborator and communicator.

In 2014, the College developed the RACP Standards Framework which outlines ten domains of competence to underpin the professional practice and ongoing learning of trainees and fellows, from basic to advanced training and through to continuing professional development. The domains are:

- Medical expertise
- Quality and safety
- Teaching and learning
- Research
- Cultural competence
- Ethics and professional behaviour
- Judgement and decision making
- Leadership, management and teamwork
- Health policy, systems and advocacy

- Communication.

The development of the Standards Framework takes account of existing frameworks including CanMEDS, the Good Medical Practice documents produced by the registration boards, and the Australian Curriculum Framework for Junior Doctors. The Framework has evolved from the RACP Professional Qualities Curriculum, the Supporting Physicians' Professionalism and Performance (SPPP) framework and the various training program curricula.

The College is consulting widely and considering strategies for incorporating the RACP Standards Framework into the Basic and Advanced Training Curricula. Stakeholder consultation includes other specialist colleges locally and internationally, specialty societies, jurisdictions, health organisations and consumer groups. Program specific outcomes will also be reviewed, as well as the teaching, learning and assessment for all training programs.

The Standards Framework will be incorporated into the Basic Training Curricula review that is underway, and the Advanced Training Curricula review which will commence in 2015. A Curriculum Advisory Group has been established to oversee the current and planned curricula reviews and development of the graduate outcomes. This is discussed in further detail under standard 3 of this report.

2.2.1 Team findings

The accreditation standards require that the education provider has defined graduate outcomes for its training program and that these outcomes are based on the nature of the discipline and the practitioners' role in the delivery of health care, and are related to community need. The expected outcomes at the completion of RACP training as detailed in the training program curricula and the Professional Qualities Curriculum specifically address this standard.

The team commends the development of the RACP Standards Framework. Its planned implementation over the next couple of years will create consistent graduate outcomes across all RACP training programs.

The College plans to commence reviewing the Advanced Training curricula in 2015 despite the Basic Training Curricula not being fully implemented until 2018. This is discussed in further detail under standard 3 of this report.

In this AMC assessment many stakeholders commented on the implications of increasing specialisation and a move away from generalism, in both medical practice, and education and training. In particular the potential disadvantage for rural/regional communities in this shift was a common concern. The team acknowledges the College's effort, including through its tripartite alliance to address this issue, and that the College alone cannot address this challenge.

In this AMC assessment many stakeholders commented on the implications of increasing specialisation and a move away from generalism, in both medical practice, and education and training. In particular, the potential disadvantage for rural/regional communities in this shift was a common concern. The team acknowledges that the College alone cannot address this challenge.

The increase since the last AMC accreditation in the number of trainees completing dual training programs, which requires an additional year of training, was striking. As mentioned earlier in this report the role of the College in workforce planning, in conjunction with the jurisdictions and health care providers, will need both clarification and increased focus if the College is to reflect within its overall purpose and the broader needs of the health care system (standard 2.1.2).

The number of basic and advanced trainees has grown significantly over the past decade, and the College now has over 6,000 trainees. This number will continue to grow as the high numbers of medical students move through the system. The College has developed a discussion paper on capacity to train addressing the large numbers of trainees entering the program. Approximately 35% of medical students enter physician training programs, which is placing pressure on the College's capacity to train and, if not managed, could compromise graduate outcomes. This is discussed in further detail under standard 7 of this report.

In early 2014, the College completed the Preparedness for Independent Practice Evaluation (PIPE study). The overall aim of the PIPE survey was to evaluate the graduate outcomes of the College's training programs and identify opportunities for improvements. The team commends the College on this initiative. This is discussed in further detail under standard 6 of this report.

The team noted that the number of trainees completing each of the College programs every year was not easily publically available, although details were available within other reports. It would be desirable for the College to make this information easily publically available to aid health care providers and other like organisations in their planning. This is a condition under standard 6.2.1 of this report.

Commendations

E The College's clearly defined overall purpose, which it broadly articulates in its engagement with key external stakeholders.

F The development of the RACP Standards Framework for RACP Curricula Reviews to provide the basis for consistency of graduate outcomes and an overarching set of domains which will underpin the learning and professional practice in basic training, advanced training and continuing professional development.

Conditions to satisfy accreditation standards

2 To facilitate consumer input in defining the purpose of the College:

(i) Finalise the consumer engagement plan.

(ii) Implement the consumer engagement plan. (Standard 2.1.2)

3 Develop and implement strategies to engage more broadly with organisations such as Aboriginal and Torres Strait Islander and Māori health groups, not for profit heath organisations, public health organisations, jurisdictional health bodies and other key health providers in the development of education policy and curricula. (Standard 2.1.2)

4 To enable the definition of consistent and clear graduate outcomes across all specialties that are aligned to community need, finalise the RACP Standards

Framework and strategies for incorporating those standards into the basic and advanced training curricula. (Standard 2.2.1 and 2.2.2)

Recommendations for improvement

EE Engage with trainees in the early years of basic training to ensure they understand the educational purpose of the College. (Standard 2.1.2)

3 The education and training program – curriculum content

3.1 Curriculum framework, structure, composition and duration including the additional MCNZ criteria: Cultural Competence

The accreditation standards are as follows:

- For each of its education and training programs, the education provider has a framework for the curriculum organised according to the overall graduate outcomes. The framework is publicly available.
- For each component or stage, the curriculum specifies the educational objectives and outcomes, details the nature and range of clinical experience required to meet these objectives, and outlines the syllabus of knowledge, skills and professional qualities to be acquired.

In 2008, the College introduced the *Physician Readiness for Expert Practice (PREP)* program as a framework to guide and improve the design, development, implementation and evaluation of its training programs in the Divisions, Faculties and Chapters of the College.

The current PREP Program incorporates Basic Training, Advanced Training, Faculty and Chapter Training. It also aims to prepare the practitioner for continuing professional development.

The PREP Program is a minimum of six years for programs in the Divisions of Adult Medicine and Paediatrics & Child Health. In basic training, trainees must complete 36 months of training (full time equivalent), consisting of 24 months of core training and up to 12 months of non-core training. Trainees are required to complete teaching and learning activities and formative and summative assessments in each rotation. Training is undertaken at an accredited training setting under the supervision of a fellow of the relevant Division, Faculty or Chapter. Trainees are also required to complete three or more years of advanced training during which the trainee will specialise in one or more specialties. The structure of Chapter and Faculty programs differs in that there is no requirement to complete Basic Training (with the exception of Paediatric Rehabilitation Medicine). Chapter and Faculty programs vary in their length – the minimum time for completion is three years.

The PREP framework is made up of various elements including:

- Curricula: The curriculum standards outline the learning objectives and associated knowledge, skills, attitudes and behaviours expected of all graduates.
- All curriculum standards are to be used in conjunction with the Professional Qualities Curriculum.
- Program requirements: The mandatory program requirements for each College training program are detailed in the individual PREP Program Requirements Handbooks. They cover the required formative and summative assessments, teaching and learning activities, type and duration of training rotations/runs, course work, and other requirements such as minimum duration of training.
- Accreditation of settings: The College provides information on the processes and criteria for the accreditation of Basic Training, Advanced Training and Specialist Training Program (STP) training sites. The College also provides details on the sites accredited. This is described in further detail under standard 8.2 of this report.

- eLearning environment (Portals): The basic training and advanced training portals provide access to relevant PREP information and resources for both trainees and supervisors.
- Teaching and learning: The College's training programs have a practice-based focus as described under standard 4 of this report.
- Assessments: The College has both formative and summative assessments within each training program. This is discussed in further detail under standard 5.1 of this report.
- Supervision: Supervisors are fundamental to the success of the College's training programs. They assist trainees in planning and facilitating their learning path, facilitating teaching and learning opportunities, and providing feedback on progress and achievement of the curricula learning objectives. Further information on supervision is provided under Standard 8.1 of this report.
- Certification of training: The College's process of verifying that each trainee has met the program requirements for annual progression and completion of training.
- Evaluation: The College evaluates trainees' satisfaction with training, learning experiences, quality and amount of supervision, professional support and career development.

The Basic Training curricula in Adult Medicine and Paediatrics & Child Health were implemented in 2008. Both curricula comprise domains, themes and learning objectives. The domains, which are common to both Adult Medicine and Paediatrics & Child Health, are as follows:

Domain 1: Clinical Process

- Clinical Skills
- Patient Care and Therapeutics
- Procedural Skills

Domain 2: Medical Expertise

- Management of Acute Medical Problems
- Manage Patients with Undifferentiated Presentations
- Manage Patients with Disorders of Organ Systems
- Manage Patients with Defined Disease Processes
- Medicine Throughout the Lifespan/Growth and Development

The themes identify and link more specific aspects of learning into logical or related groups. The learning objectives outline the specific requirements of learning. They provide a focus for identifying and detailing the required knowledge, skills, and attitudes. They also provide a context for specifying assessment standards and criteria, as well as give a context for identifying a range of teaching and learning strategies.

Division Training Programs
The College offers advanced training programs managed by the Adult Medicine and Paediatrics and Child Health Divisions in a number of specialties and fields of specialty practice, as listed below.

Faculty Training Programs
The College offers training programs through the Faculties in:

- Occupational and environmental medicine
- Public health medicine
- Rehabilitation medicine

Chapter Training Programs
The College offers training programs through the Chapters in:

- Addiction medicine
- Palliative medicine
- Sexual health medicine

The College offers Joint Advanced Training programs between its Divisions and the following other education providers:

- The Australasian College for Emergency Medicine (ACEM)
  - Paediatric emergency medicine
- The Royal College of Pathologists of Australasia (RCPA)
  - Endocrinology and chemical pathology
  - Haematology
  - Immunology / allergy
  - Infectious diseases and microbiology
- The Australasian Faculty of Rehabilitation Medicine (AFRM)
  - Paediatric rehabilitation medicine
- The Royal Australian and New Zealand College of Psychiatrists (RANZCP)
  - Child and adolescent psychiatry

The child and adolescent psychiatry training program is under review and closed to new entrants. This is discussed in further detail under standard 3 of this report.

The College also offers advanced training in Nuclear Medicine for Royal Australian and New Zealand College of Radiologists' (RANZCR) trainees that leads to a fellowship of RANZCR. The Joint Specialist Advisory Committee (JSAC) in Nuclear Medicine administers the nuclear medicine program and monitors trainees on behalf of RACP and RANZCR.

Two additional programs, a Clinical Diploma of Palliative Medicine and for Nuclear Medicine trainees a Positron Emission Tomography training program, do not lead to a qualification for practice in a recognised specialty. The AMC does not accredit these programs but undertakes a limited assessment of them as part of the accreditation assessment.

The College provides formal awards at the completion of training.

Advanced Training curricula are available for each of the following specialty areas:

- Addiction Medicine
- Cardiology
- Clinical Genetics
- Clinical Haematology
- Clinical Immunology and Allergy
- Clinical Pharmacology
- Community Child Health
- Dermatology
- Endocrinology
- Endocrinology and Chemical Pathology (Joint RACP/RCPA Program)
- Gastroenterology
- General and Acute Care Medicine
- General Paediatrics
- Geriatric Medicine
- Haematology (Joint RACP/RCPA Program)
- Immunology and Allergy (Joint RACP/RCPA Program)
- Infectious Diseases
- Infectious Diseases and Microbiology (Joint RACP/RCPA Program)
- Medical Oncology
- Neonatal/Perinatal Medicine
- Nephrology
- Neurology
- Nuclear Medicine
- Occupational and Environmental Medicine
- Paediatric Emergency Medicine (Joint RACP/ACEM Program)
- Paediatric Rehabilitation Medicine (Joint RACP/AFRM Program)
- Palliative Medicine
- Public Health Medicine
- Rehabilitation Medicine
- Respiratory Medicine and Sleep Medicine
- Rheumatology
- Sexual Health Medicine

Advanced Training curricula were introduced in 2011 as part of the implementation of PREP. Each of the Advanced Training curricula documents has a common format and comprise domains, themes and learning objectives.

There is a separately defined Professional Qualities Curriculum that describes the professional knowledge, skills, attitudes and behaviours that all trainees and fellows need to develop or have as part of their practice. The curriculum spans both Basic Training and Advanced Training and extends into continuing professional development. There are nine domains or areas of practice:

- Communication
- Quality and Safety
- Teaching and Learning (Scholar)
- Cultural Competency
- Ethics
- Clinical Decision Making
- Leadership and Management

- Health Advocacy
- The Broader Context of Health

The RACP publishes program specific PREP Program Requirements Handbooks on its. It updates them annually. Content includes specialty-specific information on each of the elements of the PREP framework listed above. Handbooks for the following year are available at least six months in advance, to assist trainees and supervisors in planning their learning and rotation requirements.

PREP Educational Framework Review

The PREP educational framework is undergoing a major revision in conjunction with the College's review of its Basic Training Curricula and Advanced Training Curricula. The aim is to move from a broader general framework to a more comprehensive and better articulated system of education. As discussed in Standard 2 of this report, the new RACP Standards Framework will underpin the curricula for all RACP training programs.

The College describes the continuum of a physician's development in seven levels, represented in milestones. Milestones will be made explicit through outcomes described for each domain of the Standards Framework. The stages of development are:

F	Post-Fellowship
4	Advanced Training
3	
2	Basic Training
1	
P	Prevocational
M	Medical School

Basic Training Curricula Review

In 2013, the College commenced the Basic Training Curricula (BTC) review. This is the College's first major training program review since the implementing the PREP program in 2008. The review is focussing on the curriculum standards in basic training and how they align with other aspects of the program including assessment, training requirements and learning resources. The review will ensure all components of the training program are aligned with the revised curriculum standards. Two Basic Training Curricula Working Groups, one in Adult Medicine and one in Paediatrics & Child Health each comprising of fellows, trainees and College members, have been formed to complete the review. The working groups are reporting to the College Education Committee.

The College's steps in the review are as follows:

- develop project outputs including curricula structures, basic training purpose statement, outcomes, Entrustable Professional Activities (EPAs), teaching, learning and assessment resources in 2014
- consult with supervisors, trainees, committees, other specialist colleges and jurisdictions and conduct preliminary pilot in 2015

- conduct extended pilot to gather feedback in 2016
- conduct communications with stakeholders and provide one year's notice in 2017
- implement the curriculum and monitor in 2018.

Since commencing the BTC review, the College has:

- drafted a purpose statement for Basic Training.
- commenced consultation on the proposed RACP Standards Framework
- developed a new proposed curriculum standards model
- identified provisional EPAs for Basic Training
- commenced development of learning outcomes for Basic Training
- sought advice regarding competencies expected of trainees entering Advanced Training programs.

The College has identified some provisional EPAs for Basic Training. EPAs are a work-based assessment tool that focuses on high priority and high risk work tasks, which will assess multiple domains of competence (e.g. communication, medical expertise, quality and safety). The College will be conducting an EPA pilot with advanced trainees in Community Child Health (CCH). The aim of this pilot is to explore the usefulness of EPAs for curricula design and application in the workplace for Advanced Training programs. The College intends that the results of this pilot will provide input into the Basic Training Curricula review and inform the Advanced Training curricula reviews when they commence in 2015.

The College aims to develop an online delivery system to support the implementation of the new curricula within the new Standards Framework. This is a positive step to making the curriculum more readily accessible and navigable by both trainees and supervisors.

3.1.1 Team findings

The College offers training in 45 fields of specialty practice as recognised by Medical Board of Australia and nine vocational scopes recognised by the Medical Council of New Zealand. This level of complexity makes the task of developing curricula particularly challenging.

The specialist groups and other key stakeholders who contributed to this accreditation assessment in the main regard the College's basic training program in adult medicine and paediatrics and child health as providing a strong and appropriate platform for trainees entering advanced training. The advanced training programs are generally regarded as providing high quality clinical training.

The adoption of the PREP framework is a significant achievement for the College, which has enhanced both basic and advanced training. The framework has enabled greater uniformity and clarity concerning intended high-level training outcomes and delineates a range of teaching and learning objectives. This has delivered appreciable benefits to the College.

In 2008 and 2010, the AMC commended the College on development and implementation of the basic training curricula and the Professional Qualities Curriculum and its progress on developing the advanced training curricula. The AMC acknowledged the significant work by the College in designing and developing the curriculum documents.

The College is planning substantial revision to the basic, advanced and professional qualities curricula, integrating the Professional Qualities Curriculum into a seamless curriculum model sitting under a common RACP Standards Framework. This process of development, revision and integration is in its early stages. The team agrees that these revisions are appropriate and is generally supportive of the sound direction of associated plans and proposals for a new curriculum framework, namely the new RACP Standards Framework. Supervisors of Training and Directors of Physician Education did express concerns regarding the use of numbers to describe the seven milestones in the continuum of a physician's development as the numbers may be confused with years in training. The College should consider changing the use of numbers and simply refer to basic and advanced training.

The College has invested significantly in developing a new integrated curriculum framework, and in the expertise to support this activity. The College is commended for reflecting on the status of the basic training curricula and the multiple and diverse advanced training program curricula and embarking upon significant curricular reform at all levels. A very significant amount of work and educational expertise is required to fully deliver the new curricula in the coming years.

The planned activities for development, consultation, pilot and implementation of the revised Basic Training Curricula extends from 2014 to 2018.

The Curriculum Advisory Group, which will report to the College Education Committee, will:

- develop draft graduate outcomes for RACP training and conduct broad consultation
- act as a review panel for revised curricula
- plan and if appropriate develop assessment tools and learning resources focussed on professionalism
- plan strategies for improving the culture of learning in training settings
- make recommendations on the plans for prioritisation and evaluation of RACP curricula.

The College plans to take five years to complete these pivotal curriculum reform activities.

The AMC team explored the style of the revised curriculum, how outcome statements and associated competencies may be framed, and links to assessment, teaching, learning and assessment resources. The curriculum is in an early form. The nature and range of clinical experience required to meet the competencies have not been delineated. The team recommends that the College define these core principles as early as possible.

The College's curricula documents provide high level descriptions of training outcomes only. The expected outcomes are described in further detail under standard 2 of this report. For example, at the end of Basic Training in Adult Medicine trainees are expected to have gained experience in, and have the opportunity to develop and demonstrate competency in, a range of 'core' generic and discipline-specific knowledge, clinical skills and attitudes.

The many curriculum changes planned across the different levels of training and across multiple programs means that issues of vertical and horizontal integration of curricula content, assessment and progression will need to be considered carefully by the College.

Two significant challenges exist for the College: integrating the Professional Qualities Curriculum fully into the new Standards Framework, and vertically integrating the basic training curricula with the numerous and varied advanced training curricula.

In terms of the latter, working on Basic and Advanced curricula at the same time may create difficulties in achieving the desired vertical alignment and will require careful attention and management. A clear purpose and strategy will be essential in planning this work which includes developing plans and recommendations for multiple curricula reviews, assessment design at a programmatic level, and learning resource development. The team supports a logical process for establishing common, broad graduate outcomes that can be applied at fellowship level and using these to prioritise processes to support the next stage, the review of the Advanced Training Curricula.

Most of the curriculum-related initiatives are now either in development or in early/preliminary phases of planning, and the Advanced Training curriculum review process will also commence formally in 2015. This is a large task, that will need good planning to ensure vertical alignment and integration of the various curricula.

While all supervisors and trainees have access to the current curricular documents many interviewed by the team were not familiar their contents. In addition, there was little evidence that the curricula are used consistently in planning teaching and learning activities. Feedback received through various College evaluations highlights issues with the design and implementation of the current curricula. Some of this feedback included:

- The curriculum need to be more structured and to describe in more detail the achievements required by trainees at each stage of the program.
- The perceived lack of consistent alignment between the PREP Program requirements and the workplace setting is causing frustration among fellows and trainees.

The curriculum coverage of areas relevant to the future practice of medicine needs to be enhanced. This includes but is not limited to clinical governance, health systems, quality and safety, leadership, working in teams, managing change, ethics and genomics. The curriculum review provides an opportunity to integrate these topics together with a greater strategic alignment of its curriculum. The team recommends that the College should also encompass the emerging demographic and workforce issues, including the national health priorities, the ageing population and the maldistribution of the generalist and rural, regional and remote physician workforce.

The team recommends that the College's consultations on its curriculum development systematically include groups outside the College, such as Indigenous health groups, consumer organisations, not for profit heath organisations, public health organisations, jurisdictional health bodies and other key health providers.

3.1.2 Dermatology training program in New Zealand

The Dermatology advanced training program of the College is only available in New Zealand and is provided in conjunction with the New Zealand Dermatological Society Incorporated (NZDSI). The Australasian College of Dermatologists provides specialist dermatology training in Australia, independent of the RACP, and the two programs are not linked. The NZDSI believes a strong medical background as delivered by the RACP Basic training

program is essential for dermatologists. This is in contrast to the Australasian College of Dermatologists which believes the specialty has a strong surgical component. Dermatology therefore represents a unique challenge for the College to ensure the program is effectively and appropriately delivered in New Zealand.

The New Zealand Committee oversees the program. Entry is at Advanced Trainee level. The program is four years full-time equivalent however trainees can spend only two (or on occasion, three) years in New Zealand because of limited training capacity in New Zealand. The College has an accreditation process for the overseas posts.

The NZDSI believes it has the capacity to take more trainees but the funding of training positions is low and problematic despite the prevalence of skin disorders and the relatively small number of dermatologists in New Zealand. The NZDSI and the RACP New Zealand Committee both believe the training program is sustainable. The New Zealand Committee is making representation to Health Workforce New Zealand regarding increased funding for training.

Advanced surgical techniques are not part of the curriculum. Post-Fellowship experience is required to gain surgical skills not learned in training. This is a major point of difference between the RACP dermatology program and that offered by the Australasian College of Dermatologists. The absence of advanced surgical skills as part of the RACP program is also a concern to the Medical Council of New Zealand as some dermatologists wish to practise advanced surgery but are acquiring those skills in un-accredited positions overseas. The team was advised that the NZDSI and the MCNZ had reached agreement on the question of advanced surgical work for dermatologists currently registered in New Zealand.

The Australasian College of Dermatologists does not regard the RACP dermatology training program as equivalent. Those holding FRACP in dermatology need to be assessed via the specialist IMG pathway for specialist registration in Australia. The College has not entered any formal discussions with the Australasian College of Dermatologists regarding an amalgamation of the NZDSI and an integration of the New Zealand training program. At present, some New Zealand based dermatologists are fellows of the RACP, some the Australasian College of Dermatologists.

In terms of research in the dermatology training program, it is recommended that trainees attend and present at the NZDSI and that trainees prepare a minimum of two papers for publication in peer-reviewed journals and a minimum of two dermatology articles per year in Domain 1: Basic Dermatology – Clinical Sciences.

Supervisor training is compromised because it is not practical to have supervisor training workshops held in other countries given the low numbers of trainees and the wide geographical distribution of the training posts used by trainees. The College's development of online supervisor training should help address this concern.

The key challenge for the NZDSI and the RACP dermatology training program is to maintain a viable training program, and to expand the number of trainees and training sites so the entire program can be delivered in New Zealand. In addition, the accreditation of advanced surgical skills requires ongoing dialogue with the MCNZ. Training of supervisors is important and is best achieved by eliminating the need to train overseas.

3.1.3 Joint training programs

As described in standard 1 of this report, the College participates in Joint Advanced Training Programs between the Adult Medicine and Paediatric and Child Health Divisions and the other specialist medical colleges. Each joint training program is administered by a Joint Specialist Advisory Committee (JSAC) which includes fellows of both RACP and the other participating college. The committees oversee trainee progress through the training program and admission to fellowship. The JSAC will be known as Advanced Training Committees under the education governance reform.

Each joint training program has an advanced training curriculum document which is publicly available on the College's website, badged under and related to the PREP framework.

In general, the relationships appear to work well and there was satisfaction with the trainee standards. However, communication issues were raised about educational matters from everyday issues (such as staff turnover) to those of higher governance (such as varying levels of consultation, co-badging), as well as how the various curricula would be managed under the College's new Standards Framework.

Child and Adolescent Psychiatry Joint Training Program
There are six trainees in the dual fellowship training program in Paediatrics and Child and Adolescent Psychiatry at various stages of completing their advanced training.

In 2013, the program was closed to new entrants pending a bi-College review of the program. A working group formed in February 2014 for the review recommended that:

- The dual fellowship program be discontinued with no disadvantage to current trainees.
- There be three new models of training for specialist qualifications. Model 1 is a training pathway to FRACP with electives in child and adolescent psychiatry, Model 2 is a training pathway to FRANZCP allowing exemptions to allow for completion of RACP Basic Training (including RACP Written and Clinical Examinations), Model 3 includes reciprocal training arrangements to allow trainees to achieve FRACP and FRANZCP in a reduced period of time.
- The joint training committee overseeing the dual fellowship program be reconstituted with expanded terms of reference in order to oversee the three models of training.

These recommendations were approved by the College Education Committee in August 2014 and submitted to the RACP Board and RANZCP Education Committee. In November 2014, both Colleges agreed to discontinue the dual fellowship program but enhance the training opportunities between Paediatrics and Child and Adolescent Psychiatry. Current trainees will be able to continue training in the program under the same training requirements and receive both fellowship (FRACP and FRANZCP). As there is no field of specialty practice associated with this program under the specialty of Paediatrics and Child Health, trainees will be awarded FRACP without a field of specialty practice specified. The Committee for Joint College Training will communicate with trainees, supervisors and other stakeholders to inform them of the review outcome.

Time-limited intensive care medicine pathway
Prior to January 2010, accredited intensive care training was overseen by the Joint Faculty of Intensive Care Medicine (JFICM) established by RACP and the Australian and New Zealand

College of Anaesthetists. RACP trainees who completed advanced training in Intensive Care Medicine under the JFICM were also eligible for the award of FRACP. From 1 January 2010, the College of Intensive Care Medicine of Australia and New Zealand (CICM) formally took responsibility for training and certification of intensive care specialists and completed AMC accreditation.

During the transition from the JFICM to the CICM, the College continued to regard trainees who completed Basic Training and Advanced Training in Intensive Care Medicine under the supervision of CICM as eligible for the award of the FRACP. In July 2012, the College ceased awarding FRACP to these trainees.

The communication about and management of the decision to cease awarding fellowship raised a number of concerns for trainees and for the AMC. The College was approved by the AMC and Medical Board of Australia to offer a time-limited pathway to FRACP for the specified group of intensive care medicine and paediatric intensive care medicine trainees as providing a qualification for the purposes of specialist registration as a specialist physician without a field of specialty practice, and reports to the AMC in progress reports on the management of this process.

The College is continuing to manage transitional arrangements for trainees affected by its decision to cease awarding FRACP for Intensive Care Medicine training. As of October 2014, eight trainees have progressed through the time-limited pathway and have been awarded FRACP. A further twenty trainees are currently undertaking the pathway.

3.2 Cultural competence

The College's Professional Qualities Curriculum includes learning objectives that directly relate to cultural issues. Under Domain 4 of the Professional Qualities Curriculum, the trainee is expected to:

- manage their own cultural competency development
- demonstrate the ability to communicate effectively with people from culturally and linguistically diverse backgrounds
- apply specific knowledge of the patient's cultural and religious background, attitudes and beliefs in managing and treating the patient
- understand how the special history of Māori and Pacific peoples (New Zealand) and Aboriginal/Torres Strait Islander peoples (Australia) impacts on their current health status
- identify and act on cultural bias within health care services and other organisations
- demonstrate the ability to promote effective cross-cultural partnerships and culturally diverse teams to improve health outcomes.

In Australia, the College encourages all physicians to incorporate knowledge of Aboriginal and Torres Strait Islander culture and health into their own professional practice. To strengthen its position, the College has developed a Reconciliation Action Plan, 2012-2015, in collaboration with Reconciliation Australia. The Plan covers the following key points:

- The College is seeking to create new and to build on existing relationships with Aboriginal and Torres Strait Islander peoples, communities and organisations, which will improve the ability of physicians to meet the needs of the Australian community.
- The College is promoting an understanding of Aboriginal and Torres Strait Islander peoples' culture, land and history among staff and providing professional learning opportunities to support the production of a culturally competent physician workforce.
- The College is actively promoting opportunities for Aboriginal and Torres Strait Islander peoples to work at the College and engage in its training programs. The College states that it will also seek out and promote opportunities for Fellows and trainees to engage in Aboriginal and Torres Strait Islander health to create a health workforce with greater empathy and skill when dealing with Indigenous health issues.
- The College will actively monitor and oversee the implementation, reporting and further development of the RAP.

The Aboriginal and Torres Strait Islander Health Advisory Committee is the lead committee for policy and advocacy activities, reporting directly to the College Policy and Advocacy Committee. The Committee provided input into the Basic and Advanced Training learning outcomes on cultural competency and Indigenous health.

The College has developed online teaching resources on Australian Aboriginal Child Health and Indigenous Cardiovascular Health that are available to all trainees and fellows via the College website. These teaching resources cover modules including cultural awareness relating to Aboriginal families and communities, the social determinants of health, and the spectrum of common illnesses in Aboriginal children.

In New Zealand, the responsibilities and functions of the Māori Health Committee as set out in its by-laws are:

- promoting an increase in Māori participation and retention in the New Zealand physician and paediatric workforce
- assisting in the education and training of physicians and paediatricians in facilitating their understanding, knowledge and skills when dealing with Māori patients
- contributing to the development of College policy relating to cultural competency in training, educating and assessment
- playing an active role in the development of all College policies in respect to Māori Health
- addressing inequalities and contributing to the promotion of the highest standard of Indigenous health in New Zealand and Australia.

3.2.1 Team findings

The College recognises strongly the importance of, and necessity for, cultural competence in both trainees and fellows.

The Māori Health Committee has representation on the College's New Zealand Committee and itself has trainee representation. The Committee indicated that both its voice and opinion is sought and appreciated within the College. The Māori Health Committee has strong links with the overarching Māori health practitioners' organisation, Te Ora.

The Māori Health Committee has developed cultural competency resources and assessment methodologies which are likely to have generic applicability to cultural competence across the many varying cultural backgrounds of doctors and patients.

The Professional Qualities Curriculum, which is increasingly significant in education and training, is designed to educate and train physicians in a wide array of non-technical skills. Domain 4 is cultural competence. Work-based assessments (WBAs) offer considerable opportunity to examine cultural competence especially in case-based discussions and direct observation of clinical interactions in mini-clinical evaluation exercises. These WBAs are compulsory across the continuum of the training program. The College also recognises multisource feedback as a potential tool for the assessment of cultural competence. This recognition of the importance of cultural competence within the workplace is commended.

The College website displays the Cultural Competence Discussion document prepared by the Māori Health Committee, however there is as yet no electronic reference to the MCNZ Statement on cultural competence.

In all New Zealand training sites, trainee orientation programs include cultural induction for doctors new to the New Zealand environment. This is commended, but the College needs to play its part in ensuring that doctors already practicing in New Zealand are also orientated to any particular cultural aspects of the new work environment.

Representation of Aboriginal and Torres Strait Islander people and their input to cultural competence in Australia is developing well within the framework of the College. This will improve consistency across the College in areas such as training resources and assessment and have benefits for cultural competency training in New Zealand.

The College is including cultural competence in its developing Supervisor Training Workshop program. This work is commended by the team.

3.3 Research in the training program

The accreditation standards are as follows:

- The training program includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, and encourages the trainee to participate in research.

The College acknowledges that research is central to the work, professional development and the evidence-base of the profession. Research is one of the core domains of the RACP Professional Qualities Curriculum and it is a domain in the RACP Standards Framework. Research development is also one of the six strategic goals of the College.

In 2013, the College established a Research Committee to oversee the College's research program. The Committee has developed a College Research Strategy 2014-2018 with the following strategic objectives:

- To encourage and support College members, trainees and fellows to conduct high quality clinical research throughout their careers.

- To support and enable early career researchers to establish and develop a sustainable research career and to encourage health services employers to creatively resource the role of the clinician-researcher.
- To promote and foster research in educational methodology that informs the College's educational role which ensures that the College's education and training programs are based on the best possible academic evidence.
- To enhance the capacity of physicians to conduct high quality research in health services, health systems, population health and implementation research that has a positive impact on health systems, patient and community well-being.

Trainees are supported in research through the College's flexible training arrangements and as part of the site accreditation requirements. Training sites are required to ensure that trainees obtain experience in research methodology and develop research interests, either onsite or through affiliation with appropriate research institutions. The College also offers research awards to fellows and trainees of the College.

The PREP Program Requirements Handbooks detail each training program's research requirements. Completion of one or more research projects is mandatory for 27 advanced training programs across the Divisions, Faculties and Chapters. Currently, the purpose, type, quantity and assessment criteria for research projects vary widely across training programs, and a review is in progress. The number of research projects across training programs varies from one to more than three. Additionally, required outputs of research projects vary greatly across training programs, with some requiring specific formats while others offer minimal guidance.

There is also no uniformity in the marking criteria. Some training programs utilise set marking criteria, used by both the trainee and the assessor, while others do not. Within other training programs, research projects are not marked as such, but instead rely on the peer review process for journal or conference submission, or on the supervisor report to confirm that research competence has been demonstrated.

3.3.1 Team findings

The College has begun a systematic and more proactive approach to facilitate the development of basic research literacy and encourage academic qualifications and practice. Research training in the various disciplines varies widely and self-directed resources are limited. To address these issues, the College has formed the Research Projects Working Group to clarify the structure and objectives of research projects across its training programs.

The team heard during site visits that research training is neither systematically integrated in all programs, nor uniformly valued. It was also reported that research is inadequate in some training programs and that protected time for research development may be lacking. Supervisors may lack research knowledge and skills and the recognition of prior learning for trainees with advanced research qualifications is variable. Trainees and supervisors reported the College provides few educational resources on research.

The Research Projects Working Group has made a number of recommendations for standardising the purpose, requirements, assessment, and support for research projects in Advanced, Faculty, and Chapter training. The working group is also planning an online resource to support trainees in completing their research requirements.

The recommendations of the working group are as follows:

- There will be a common definition for research projects used across Advanced Training, Chapter and Faculty Training Programs.
- All Advanced trainees, Chapter and Faculty trainees will be required to achieve a proposed common set of knowledge, skills and attitudes through completion of a research project.
- Only three research project types will meet the knowledge, skills and attitudes requirements: clinical, laboratory and field research; audit; and systematic review.
- There will be three research project exemptions: PhD; Masters by research; and Masters by coursework.

This process is welcome and should result in a common definition of the research literacy of a practising physician, and provide suitable consistency in research training and outcomes across all programs. It will important these changes are fully implemented as a key component of curricula reform.

3.4 Flexible training and recognition of prior learning

The accreditation standards are as follows:

- The program structure and training requirements recognise part-time, interrupted, and other flexible forms of training.
- There are opportunities for trainees to pursue studies of choice, consistent with training program outcomes, which are underpinned by policies on the recognition of prior learning. These policies recognise demonstrated competencies achieved in other relevant training programs both here and overseas, and give trainees appropriate credit towards the requirements of the training program.

The College-wide *Flexible Training Policy 2012* defines the time limit to complete training, and provisions for part-time training, leave entitlements, and interrupted training (including parental leave).

Trainees can undertake part-time training at a minimum load of 0.4 FTE. Part-time trainees must complete the same number of formative and summative assessment activities and teaching and learning tools as full-time trainees.

The College calculates leave entitlements on a pro-rata basis. All trainees can take a maximum of eight calendar weeks of leave from training during a 12-month training period. The training committee may approve additional educational leave as training time if it is determined that the additional leave will contribute to the goals of the training program.

The time limits to complete training depend on the training program length. Trainees have eight years to complete a three-year program, 10 years to complete a four-year program, and 12 years to complete a five-year program.

Trainees may interrupt training as many times as they wish within the parameters of the time limit to complete training. Approval must be sought prospectively. Upon return to training after an interruption of greater than 12 continuous months, trainees will be required to

complete additional formative assessments, after 24 months, trainees will be required to complete additional periods of training or other requirements.

The numbers of trainees who have undertaken part-time training or applied for interruption to training from 2011-2013 are as follows:

Training Program	Year	Part-Time Training		Interruptions to Training	
		Number	Percentage of total number of trainees	Number	Percentage of total number of trainees
Basic Training – Adult Medicine	**2011**	72	3%	228	10%
	2012	67	3%	241	11%
	2013	74	3%	273	11%
Basic Training – Paediatrics and Child Health	**2011**	105	15%	102	15%
	2012	87	13%	111	16%
	2013	99	12%	107	12%
Advanced Training – Adult Medicine	**2011**	92	5%	105	6%
	2012	93	5%	102	6%
	2013	89	4%	138	6%
Advanced Training – Paediatrics & Child Health	**2011**	149	19%	85	10%
	2012	133	17%	76	10%
	2013	105	10%	89	8%
AFOEM	**2011**	*Data not captured*		11	10%
	2012			22	20%
	2013			13	13%
AFRM	**2011**	31	16%	12	6%
	2012	28	15%	24	12%
	2013	27	12%	26	12%
AFPHM	**2011**	16	27%	10	17%
	2012	13	20%	16	25%
	2013	15	18%	22	27%

The College-wide *Recognition of Prior Learning (RPL) Policy 2011* defines the requirements for RPL for trainees in Australia and New Zealand enrolled in College training programs. The RPL policy was reviewed in 2013 and the revised policy takes effect in January 2015.

Key provisions in the revised RPL policy are as follows:

- The applicant must be registered as a College trainee.
- Experience must have been undertaken prior to entering the College training program for which RPL is being sought.
- Experience sought must be comparable in content, breadth, responsibility, training requirements, assessment, and supervision, and training setting
- Experience must be a minimum of one continuous month.
- The applicant must provide sufficient evidence to enable the assessor to judge the appropriateness of the experience.
- Up to 12 months of training time may be granted, and up to 24 months for formal specialty training programs.

The numbers of applications for Recognition of Prior Learning from 2010-2013 are as follows:

Training Program	Year	Successful RPL applications		Unsuccessful RPL applications	
		Number	Percentage of total number of trainees	Number	Percentage of total number of trainees
Basic Training – Adult Medicine	**2011**	733	34%	208	9%
	2012	625	28%	175	8%
	2013	27	4%	11	4%
Basic Training – Paediatrics and Child Health	**2011**	299	45%	85	13%
	2012	250	37%	50	7%
	2013	8	<1%	5	<1%
Advanced Training – Adult Medicine	**2011**	35	2%	7	<1%
	2012	26	1%	8	<1%
	2013	10	<1%	4	<1%
Advanced Training – Paediatrics & Child Health	**2011**	13	2%	1	<1%
	2012	4	<1%	0	N/A
	2013	3	<1%	0	N/A
AFOEM	**2011**	*Data not captured*			
	2012				
	2013				
AFRM	**2011**	2	1%	0	N/A
	2012	2	1%	0	N/A
	2013	0	N/A	0	N/A
AFPHM	**2011**	1	2%	0	N/A
	2012	0	N/A	0	N/A
	2013	0	N/A	0	N/A

3.4.1 Team findings

The team commends the College on its well-developed flexible training policies. Most trainees, notwithstanding employment issues, reported that they are able to access flexible training appropriately. The majority of trainees interviewed by the team considered the recognition of prior learning process works fairly and effectively. The team commends the College on the revised recognition of prior learning policy to be implemented in 2015.

3.5 The continuum of learning

The accreditation standards are as follows:

- The education provider contributes to articulation between the specialist training program and prevocational and undergraduate stages of the medical training continuum.

The College contributes to the articulation between prevocational and undergraduate stages of the medical training continuum and specialist training. The College accreditation submission gave a number of examples of its interactions with other groups in the medical training continuum.

The College is interacting with the broader medical education sector to facilitate vertical integration through participation in prevocational conferences and the annual conference of the Australia and New Zealand Association for Health Professionals. As part of the Basic Training curricula review the College is ensuring that curricula build on the knowledge and

skills attained in the undergraduate and prevocational stages of training. The College is sharing online modules and resources with non-members including prevocational trainees and allied health professionals.

The College is collaborating with the Health Education and Training Institute in New South Wales to share end of term reports of trainees who are concurrently completing postgraduate year two and basic training year one.

3.5.1 Team findings

The team recommends that the College consider more closely with developments in undergraduate and early postgraduate education. In particular, there is a need to clarify the role of training in postgraduate year 2 and its relationship to basic training.

Stakeholder views on the linkages between the first two postgraduate years and entry into basic physician training varied significantly, and the College will need to explore these differences carefully in its curricula development process and the consideration of revised entry requirements.

The new curriculum standards should be based on the foundations expected in the early postgraduate years. The intern outcome statements recently completed by the AMC and the Medical Board of Australia are important to consider to improve vertical integration of training outcomes.

Commendations

G The College's plans for significant curricular reform at both basic and advanced training levels including integration of the Professional Qualities Curriculum.

H The strong recognition of the importance of and necessity for cultural competence in the New Zealand Committee and the emphasis on cultural competence in the Professional Qualities curriculum.

Conditions to satisfy accreditation standards

5 Complete the basic training curricula review including the integration of the Professional Qualities Curriculum and its implementation. (Standard 3.2)

6 In relation to the advanced training curricula:

(i) Complete the review and implementation plan for the revised advanced training curricula including the integration of the Professional Qualities Curriculum.

(ii) Implement the revised advanced training curricula. (Standard 3.2)

7 Define the minimum requirements for research outcomes in the revised curricula, and improve training and educational resources where required. (Standard 3.3)

Recommendations for improvement

FF To enhance in the area of cultural competence:

(i) Provide a direct link from the College website to the Medical Council of New Zealand's cultural competence statement and resources. (Standard 3.1)

(ii) Develop robust cultural competence outcomes and associated training resources for trainees and supervisors. (Standard 3.1)

GG Enhance the curriculum coverage of areas relevant to the future practice of medicine including but not limited to clinical governance, health systems, quality and safety, leadership, working in teams, managing change, ethics and genomics. (Standard 3.2)

HH Clarify in partnership with key stakeholders the linkages between the first two years of postgraduate experience and College training programs (Standard 3.5).

4 Teaching and learning methods

The accreditation standards are as follows:

- The training is practice-based involving the trainees' personal participation in relevant aspects of the health services and, for clinical specialties, direct patient care.
- The training program includes appropriately integrated practical and theoretical instruction.
- The training process ensures an increasing degree of independent responsibility as skills, knowledge and experience grow.

4.1 Practice-based teaching and learning

The College has adopted the 70:20:10 model which it attributes to Lombardo & Eichinger (2000) to support the RACP model of learning. The model states that 70% of the trainee's learning is workplace-based learning, 20% learning from others, and 10% structured learning. The majority of education and training occurs in and through the work environment with the application of adult learning skills. Practice-based learning occurs in accredited training sites. The accreditation process aims to ensure that trainees have a learning experience of consistent quality. All College training programs include rotations or work placement arrangements to facilitate trainees' exposure to a range of experiences relevant to their level of learning.

4.1.1 Team findings

The College's adoption of the 70:20:10 model provides a clear and easily articulated framework for teaching and learning across the Colleges programs. However, trainees who contributed to the team's assessment reported that their educational experience did not always align with this framework. A number of trainees were unable to articulate clearly the role of the latter two components, learning from others, and structured learning suggesting that there are opportunities for College to increase awareness of the model and the subsequent implications for the way they approach leaning, particularly in the earlier stage of training.

The focus of physician training is clearly practice-based, delivering an apprenticeship method of teaching. In this model the supervisor plays a pivotal role. It is imperative that supervisors are aware of trainee needs, the curriculum and the assessment processes. As detailed under standard 5 of this report, the College has introduced a suite of online work-based teaching tools and formative assessments that focus feedback from supervisors.

The largely successful integration of the PREP program across the College's programs is a significant achievement which has undoubtedly enhanced teaching and learning. Trainee feedback reveals a high level of satisfaction and appreciation of individual supervisors who train them and oversee their progress. Trainees interviewed during the assessment reported that they generally consider their clinical supervision to be highly supportive. However, both supervisors and trainees perceived disconnections between supervisors of training and the College.

There was a common comment that the College support for supervisors' training roles and communication about changes to training requirements is not always adequate. This is discussed in further detail under standard 8.1 of this report.

Trainees learn and develop through feedback, working with others and through observing role models. Role models include not only the supervisor of training but also other supervisors, peers, and other health professionals. The College encourages peer learning, and it is valued by the trainees. Most basic and advanced trainees have responsibility for teaching more junior doctors. Trainees also experience interdisciplinary learning through consultations with other specialists or health professionals, multidisciplinary team meetings and case conferences.

Trainee exposure to ambulatory care does not seem problematic in the Advanced Training programs of the Divisions and basic training in paediatrics. Such exposure is also not an issue for trainees in Faculty and Chapter training programs, some of which have accredited general practices for ambulatory care training. However, exposure to ambulatory care for basic trainees in Adult Medicine remains problematic, specifically in New South Wales. Although included in the hospital accreditation criteria for basic training, ambulatory care exposure cannot be mandated as access depends on the goodwill of physicians in private clinics.

A challenge facing the College is ensuring trainees continue to experience an appropriate range of clinical environments to meet the curricular objectives as trainee numbers increase. There will need to be an increased emphasis on assessing the 'capacity to train' across the College programs, to ensure that trainees can access a broadly equivalent range of clinical and supervisory experiences to meet curriculum objectives.

4.2 Practical and theoretical instruction

Most hospitals provide consultant-led learning experiences, such as teaching ward rounds, question and answer sessions and simulated learning. The College offers some online learning and face-to-face workshops for trainees and the broader fellowship.

The College intends that each trainee develop a personalised learning plan with the support of their supervisor, to plan learning specific to their individual needs. It is also intended that the plan can be accessed and updated online.

In 2013, the College commissioned an eLearning consultancy company to undertake research into current membership learning needs and work contexts and to assist in planning future College resources. The consultancy produced a series of reports and recommendations for the College to consider as part of their eLearning futures project. These reports included:

- RACP teaching and learning current state report
- Best in class: eLearning in medical education review report
- eLearning organisational analysis report
- Future of learning for medical education report, including recommendations.

Mandatory skills courses

A small number of RACP training programs have mandatory skills components. For example, all Basic Trainees in the Paediatrics & Child Health Division are must complete the Advanced Paediatric Life Support course. Basic Trainees in Adult Medicine must complete an Advanced Life Support course or equivalent. The mandatory skills course requirements are set out in the relevant training program's Program Requirements Handbook under the title 'other requirements'. Not all programs require additional courses. For some programs the

other requirements section details requirements such as presentations, question and answer activities and additional specific training rotations.

University courses

A small number of training programs require the completion of university courses either before or during training. For example, the Advanced Training Program in Sexual Health Medicine requires trainees to complete formal units of study in the following areas: fertility regulation; biostatistics; epidemiology; HIV medicine; and laboratory methods. The trainee is required to fund completion of these units of study, often through a Masters level course in public health or sexual health. The College sets out any university course requirements in its Program Requirements Handbooks.

Local courses

At the local level, trainees have access to resources such as lectures, tutorials, clinical meetings, and exam preparatory courses.

4.2.1 Team findings

Most regions and training sites provide educational activities that are highly valued by both trainees and fellows. However, there is significant variability in the provision of educational services from region to region. The challenge for the College is to coordinate and build on these activities so that they are more uniformly available and that they underpin the curriculum with appropriate resources.

Handbooks and curricula for the PREP program were introduced from 2008. Online access to PREP tools is available to trainees and supervisors. Structured teaching programs are state- and hospital-specific while the College mandates the educational resources that are required. The College ensures sites provide training through its site accreditation processes. These processes include feedback from trainees.

Individual supervisors provide practical and theoretical instruction at a high standard, although workforce pressure can limit their availability. The RACP has initiated and intends to continue to train supervisors in teaching methods as described under standard 8.1.

Teaching and learning is embedded in the PREP workplace-based assessment requirements which act both as formative assessment and effective teaching and learning tools. The current workplace-based assessment tools are not uniformly functioning well in the workplace due to time constraints, lack of supervisor training and limited trainee engagement. There remains tension between training requirements and service needs, exemplified in some trainees having difficulty in securing protected training time. Supervisor training in teaching and learning methods requires further uptake. This is discussed in further detail under Standard 8.1 of this report.

Much of the trainees' learning related to educational objectives is self-directed. Formal didactic teaching remains a smaller but important part of the trainee's experience. Structured learning methods include workshops, courses and online resources, although not all of these are facilitated by the College. This allows for online and face-to-face learning experiences. The College Trainees' Committee arranges a specific trainee day at the annual RACP Congress. Trainees reported that they mostly found this useful.

The College offers some structured online learning and face-to-face learning experiences to trainees. The College has developed modules and learning material in relation to generic professional skills such as professional attributes, professional practice, communication, ethics, cultural awareness and understanding of indigenous health issues. The team considers that there are opportunities for the College to develop educational material to support learning in relation to the generic areas of curriculum by collaborating with other specialist colleges and medical schools.

The College is developing additional e-learning resources, such as video tutorials. Current e-resources are limited to a few modules. The College does not provide a library of additional online resources, for example journals.

While online educational resources are limited, trainees consider that those available have improved consistency of their learning. This is specifically noted for the more remote sites. The College is improving its ability to source, curate and make available to the membership, high quality resources that are accessible via online and mobile devices.

Access to the learning opportunities available to trainees can be uneven. Many training programs have small numbers of trainees in isolated locations and positions, who consequently have reduced access to organised training sessions conducted primarily in larger urban centres. In response to these circumstances, the College could make additional effort to develop a more cohesive educational program across the different training pathways using modern educational technology. The use of these technologies would allow trainees in isolated locations to become part of a collegiate network. It would also ensure that all trainees have access to core structured educational programs regardless of their location.

4.3 Increasing degree of independence

The accreditation standard requires the education provider to ensure that trainees have an increasing degree of independent responsibility as skills, knowledge and experience grow.

4.3.1 Team findings

Ensuring an increasing degree of independent responsibility is dependent on both trainee and supervisor. While it is assumed that this occurs as trainees become more experienced there is little evidence that this is documented in supervisor reports, and the College has no formal structured approach to evaluate the increasing degree of independence of trainees. The team recommends that the more systematic use of supervisor reports could aid this process.

Not all trainees immediately enter independent practice on finishing advanced training. In a number of specialties, trainees may complete further subspecialty training. There is a wide variety of subspecialty training arrangements from those formally supervised by the College or specialty society to opportunities arranged by an individual trainee to meet a specific career goal. The College, in partnership with the relevant Specialty Societies, will need to consider whether to be more explicit in detailing the level of supervision required of trainees dependent on the specific training which they are undertaking.

Notwithstanding the more limited written guidance for trainees and supervisors, those who contributed to the AMC team's assessment indicated they are comfortable with the graded approach to supervision, and most trainees consider the College training program is

facilitating their increasing independence. Most supervisory regimes are tailored to the experience and skills of the individual trainee.

Commendations

I The 70:20:10 (Work-based/experiential: Supervision: Structured) model provides clear, easily articulate and widely adopted framework that has been adapted for use by the College.

J The integration of the PREP program across all Division, Faculty and Chapter training programs which has undoubtedly enhanced teaching and learning.

Conditions to satisfy accreditation standards

8 Demonstrate that the trainee experience and curricula align to the College's 70:20:10 model. (Standard 4.1.1 and 4.1.2)

9 As part of the curriculum review, develop and implement a structured approach to ensure the trainee's increasing degree of independence is systematically evaluated. (Standard 4.1.3)

Recommendations for improvement

II Develop e-learning resources, such as video tutorials and e-learning modules, for the delivery of the generic aspects of teaching and learning including the Professional Qualities Curriculum. (Standard 4.1.2)

JJ Clarify, in partnership with the Specialty Societies, the role of College oversight in post Fellowship subspecialty training. (Standard 4.1.3)

5 The curriculum – assessment of learning

5.1 Assessment approach

The accreditation standards are as follows:

- The assessment program, which includes both summative and formative assessments, reflects comprehensively the educational objectives of the training program.
- The education provider uses a range of assessment formats that are appropriately aligned to the components of the training program.
- The education provider has policies relating to disadvantage and special consideration in assessment, including making reasonable adjustments for trainees with a disability.

The College's assessment program includes both summative and formative assessments. The College in its accreditation submission, states that the goals of its assessment are three-fold:

- To motivate trainees to learn
- To engage in accurate, timely and fair process which generates information on the competence of the trainee for the trainee, the College and the broader community
- To provide progressive feedback on performance to ensure that learning is ongoing.

In 2011, the College commissioned an External Review of Assessment led by a team of national and international experts in assessment from Canada, Australia and the United Kingdom. The resulting April 2012 document, *Report to RACP, the External Review of Formative and Summative Assessment* has provided a focus for the College's review of assessment approaches.

In response to the review, in 2013 the College devised a set of three principles and nine standards of assessment as follows:

1. Plan:
    - Educational value and rationale
    - Aligned
    - Program of assessment
    - Fit for purpose.

2. Implement:
    - Fair and transparent processes and decision making
    - Sustainable
    - Feedback
    - Communication and training.

3. Evaluate:
    - Evidence informed and practice based.

RACP training, education and assessment committees are currently reviewing these principles and standards. Following approval, work will commence in 2015 to develop a College-wide assessment policy.

Formative Assessments

The College introduced formative assessments to the Basic Training programs in 2008 and in the Divisional, Faculty and Chapter Advanced Training programs in 2011.

Each training program requires completion of different formative assessments and the number required is relevant to the program/specialty. The College's formative assessments focus on assessment of learning through feedback and guidance, and interaction between the trainee and their supervisor. The assessments are completed using structured assessment forms submitted online.

The College suite of formative assessment tools include:

Learning Needs Analysis (LNA)
The LNA enables trainees to identify their learning needs, plan what they want to learn on their rotation, and reflect on how they have met their learning objectives. Trainees are required to meet with their supervisor early in their training rotation to discuss their learning needs and progress. The aim of the LNA is to put the trainee in control of their own learning and facilitate discussion between the trainee and supervisor on learning priorities.

In the Australasian Faculty of Public Health Medicine, learning contracts are used. Learning contracts are agreed between the trainee and supervisor and detail the trainee's learning goals and activities for each position.

Mini-Clinical Evaluation Exercise (mini-CEX)
A mini-CEX assessment assesses the trainee's clinical performance in a real life setting. The trainee is given feedback immediately after the assessment. A mini-CEX is designed to guide the trainee's learning through structured feedback; help improve communication and professional practice; and provide the trainee with an opportunity to identify strategies to improve their practice. The following areas are assessed through the min-CEX:

1. Medical interviewing skills
2. Physical examination skills
3. Professional qualities
4. Counselling skills
5. Clinical judgement
6. Organisation and efficiency

Any fellow or Advanced Trainee of the College can act as a min-CEX assessor. The assessment takes approximately 30 minutes with 10-15 minutes for feedback. The assessor chooses the consultations for observation. The assessor provides an overall competence rating on the consultation using the online tool. The trainee and the assessor sign the rating form.

Direct Observation of Procedural Skills (or variations) (DOPS)
DOPS is an evidence-based assessment of the trainee's performance of a procedure on a patient, observed by an experienced assessor. The trainee's performance is assessed against a structured checklist which enables feedback to be provided on the various composite parts of a procedure. The assessor uses the *RACP Direct Observation of Procedural Skills Rating Form* to assess the trainees across ten domains. The domains are:

1. Demonstrates understanding of indications, relevant anatomy, technique or procedure
2. Obtains informed consent
3. Demonstrates appropriate pre-procedure preparation
4. Demonstrates patient and risk awareness
5. Aseptic technique
6. Technical ability
7. Seeks help where appropriate
8. Post-procedure management
9. Communication skills
10. Consideration for patient

The assessor rates the trainee on a nine-point scale according to what they would expect of a trainee at that year of training. Both the assessor and trainee sign the rating form and enter the details online.

For each of the procedural specialty training programs, the curriculum documents list the specialty procedures, and these can be used for one or more DOPS. Each Advanced Training Committee is developing specialty-specific Assessment Guides to be used in conjunction with the DOPS rating form.

Direct Observation of Field Skills (DOFS)
The Australasian Faculty of Occupational and Environmental Medicine uses DOFS to assess the trainee's competency in a purposeful evaluation of a workplace or environmental setting. In a DOFS assessment, the trainee conducts an observed workstation assessment, workplace walkthrough or a presentation in a workplace.

The trainee's supervisor or alternatively a Faculty fellow or advanced trainee rates the training against ten areas of assessment, related to technical ability and professionalism. The DOFS usually takes approximately 45-60 minutes to complete.

Direct Observation of Professional Practical Skills (DOPPS)
The Australasian Faculty of Public Health Medicine uses DOPPS. In this assessment, the trainee performs an observed practical activity in the workplace. The observing assessor reviews the trainee's performance in professional skills such as communication, leadership, management and teamwork against a structured checklist.

Case Based Discussions (CbD)
In the CbD, the trainee and an assessor comprehensively reviewing the trainee's clinical cases to evaluate their level of professional expertise and judgement. The assessor chooses one or more case for discussion. The assessment takes approximately 30 minutes including 10 minutes for feedback. The assessor gives feedback across a range of areas relating to clinical knowledge, decision-making and patient management:

1. Record keeping
2. History taking
3. Clinical findings and interpretation
4. Management plan
5. Follow-up and future planning
6. Professional qualities

Professional Qualities Reflection (PQR)
The PQR involves the trainee reflecting on an event or series of events that have impacted on their professional practice. It aims to encourage critical thinking and reflection, and facilitate the development of the trainee's ethical attitudes and behaviours. The PQR aims to assist the trainee to identify the link between their everyday experiences and the domains of the Professional Qualities Curriculum.

The trainee submits the PQR online to their professional development advisor, and organises a meeting with their advisor to discuss their insights and reflections on the event. The role of the Professional Development Advisor is discussed further under standard 8.1 of this report.

Summative Assessments

The College's summative assessments focus on judgements about trainee performance and progression resulting in pass/fail decisions. The College's summative assessments comprise work-based assessments and examinations.

Supervisor Reports
In the Divisions, Faculties and Chapters, summative work-based assessments comprise progress reports or supervisors' report of trainee performance. The supervisor report assesses the trainee in: clinical progress; medical expertise; and professional qualities. The supervisor assesses the trainee's performance against topic areas listed on the progress reports against a five-point scale from 1: Falls short of expected performance; 3: Consistent with level of training; or 5: Exceptional Performance. In their reports, supervisors must indicate the number of procedures completed. Summative work-based assessments are completed every six months. In the final report, the supervisor must state whether the trainee is safe to practise at the completion of their training.

Adult Medicine Division and Paediatrics & Child Health Division Basic Training Written Examination
The written examination consists of two papers, a medical sciences paper (70 questions) and a clinical applications paper (100 questions) Questions are in multiple choice format, single best answer of five options, and also include a small number of extended matching questions. The medical sciences paper assesses the principles of medicine and basic sciences. The clinical applications paper assesses the candidate's knowledge of the practice of medicine and therapeutics. Trainees must pass the written examination to be eligible to sit the clinical examination. The written examination is held once a year in major cities across Australia and New Zealand.

Adult Medicine Division and Paediatrics & Child Health Division Basic Training Clinical Examination
The clinical examination can only be sat in the final year of basic training and after success in the written examination. It consists of two long cases and four short cases using real patients. It is designed to test the trainee's clinical skills, attitudes and interpersonal relationships and to indicate whether the trainee has reached a sufficient standard to allow them to proceed to advanced training. The clinical skills assessed in the examination are:

- History taking
- Physical examination

- Interpretation of findings
- Construction of a diagnosis or differential diagnosis
- Method of investigation
- General management of patients.

Candidates are marked against a 7-point scale with performance descriptors for each domain set out as a matrix. In each domain (seven for a long case and five for a short case) the expected standard is 4. The four short cases test the domains of approach to patient, examination technique, examination accuracy, interpretation of findings and discussion of investigations. The two long cases test the domains of history, examination, synthesis and priorities, impact of illness on patient and family and management plan.

The clinical examination is held in many centres across Australia and New Zealand. The clinical examination requires intensive organisation and is currently held once a year.

Faculty and Chapter Summative Examinations during advanced training
There is no systematic use of summative terminating or exit examinations in advanced training programs and the majority of College trainees will not have such an assessment.

The Faculty of Occupational and Environmental Medicine, Faculty of Public Health Medicine, Faculty of Rehabilitation Medicine and Chapter of Sexual Health Medicine have different examination requirements.

The Occupational and Environmental Medicine training program has an MCQ examination (120 questions) and written examination (2 papers of 5 questions each) at the end of Stage A, and a practical examination at the end of Stage B.

The Public Health Medicine training program oral examination aims to test the candidate's knowledge and understanding of important public health issues. Candidates are asked eight questions based on real life public health scenarios.

The Rehabilitation Medicine training program has a module 1 written assessment (100 A-type questions) and module 2 clinical assessment (7 clinical stations). It also has a Fellowship Written and Fellowship Paediatric Examination (Short answer paper and MCQ paper) and Fellowship Clinical and Fellowship Paediatric Examination (12 clinical stations).

Sexual Health Medicine retains an exit examination interview at the end of advanced training. The examination assesses the candidate's knowledge on the practice of sexual health medicine by a panel of three examiners for a period of 30 minutes.

Joint Training Programs
Advanced trainees undertaking the joint training programs with the Royal College of Pathologists of Australasia (RCPA) must also complete the RCPA Part I and II examinations once over the course of training. This is a component of the core laboratory training rotations, completed under the supervision of a fellow of RCPA.

Special Consideration for Assessment Policy
In January 2010, the RACP implemented a College–wide *Special Consideration for Assessments Policy.* Special consideration issues covered by the policy are: permanent and/or

chronic impairment or disability which affects performance; temporary impairments, including acute illness or injury, compassionate grounds and other serious disruptive events; religious grounds; technical problems during the assessment; and financial hardship. Options for special consideration may include providing extra time or aids during the assessment, rescheduling the assessment in the current assessment period, permitting withdrawal without financial penalty, or allowing a supplementary assessment.

In 2013, the College received 43 requests for special consideration for the College's examinations. These considerations mostly related to pre-existing medical conditions.

5.1.1 Team findings

The team commends the College's commitment to external review of its assessment program. The College has shown a clear desire to look holistically at the assessment approach across all of its programs.

The College has developed a Standards Framework to establish an overarching set of educational domains of competence, comprising a broad range of professional qualities in addition to clinical skills and competencies. Standards for assessment in RACP training programs were drafted in 2013 and are currently being reviewed. This is discussed in further detail under Standard 5.3 of this report. A review of the basic training curriculum has commenced with the specific objective of aligning assessment with the reviewed curriculum standards.

Since the 2008 AMC assessment, the College has significantly developed its formative assessment processes using appropriate expertise. The team commends the College's approach to devising a range of formative assessments within the PREP framework. These assessments are appropriately aligned with the new program-specific training curricula. The College has initiated contextualised training of supervisors to underpin the delivery of these assessments. These workshops are described under standard 8.1 of this report.

There is a good range of formative assessments developed as elements of the PREP program and there is evidence that, when used expertly by supervisors, they enhance the trainees' understanding and performance. Although the RACP indicates that any College fellow can act as a mini-CEX assessor the team heard that advanced trainees frequently fulfilled this role. Although in principle this is satisfactory, it is important that the College approves this, and that the advanced trainees acting in this role are appropriately trained.

The team supports the objectives of the formative assessment program. However, its purpose as a learning tool is not always being achieved, because of limited supervisor training and time constraints, particularly at the basic training level.

There is also a concern that key changes to assessment processes are not adequately communicated to stakeholder groups. Although the College aims to provide trainees and supervisors with at least 6 months' notice for low-impact changes and 12 months' notice for moderate and high impact changes, this does not always occur in practice. There is also a tendency for trainees to leave workplace-based assessments to the last moment and this has exacerbated the impact of such change. For example, although the College states that the introduction of any new assessments such as DOPS will not be mandatory for trainees in the first year of implementation, trainees and supervisors reported considerable confusion regarding the completion requirements when new assessments are implemented.

The positive impact of the PREP program of formative workplace-based assessments would be enhanced by greater support for supervisors and trainees. The College has a considerable opportunity to make better use of the PREP program data to identify and address gaps in trainee's performance by ensuring that relevant information is systematically passed on to clinical supervisors and supervisors of training.

The team found that in some programs trainees and supervisors do not regard the Learning Needs Analysis as highly as the other work-based assessments. Lack of considered discussion between supervisor and trainee, and lack of reference to the trainee's past performance on PREP formative assessments were often cited as contributing to this view. The College might increase the perceived utility of the Learning Needs Analysis by considering information from those programs satisfied with its use, and applying those lessons consistently across training programs.

The team commends the College's plans to integrate the systematic assessment of the Professional Qualities Curriculum across all of its training programs. While many educators and trainees are aware of the Professional Qualities Curriculum it is rare that it is specifically taught or assessed. This is a missed opportunity as it is widely accepted that developing the professional qualities of future physicians is as important as developing their clinical expertise. There is now considerable international experience of introducing multisource feedback for trainees and building this into the assessment of curricula. The team suggests that occasional but systematic feedback from a range of health care professionals (e.g nursing, allied health) could be useful in assessment of professional qualities, and emergency and acute care.

The team commends the planned upgrade to the RACP website, which will improve supervisor assessment and monitoring of trainees. Planned changes include an online ePortfolio and online learning modules for trainees. In addition, all supervisors will be able to access the trainee's progress online. At present, a trainee's record can be viewed by their Director of Physician/Paediatric Education, their existing Education Supervisor, and their previous Education Supervisor for two months after their rotation, but not their Clinical Supervisor.

Although the College has significantly developed its formative assessment processes, the summative assessments, have not evolved significantly since the last AMC accreditation.

The review of the basic training curriculum provides an opportunity to consider the elements of the summative written and clinical assessments and how they map to the curriculum, and to redesign them to reflect the respective outcomes and curricula content. A careful blueprinting exercise will be required as part of this exercise.

There is a high level of support for the current examination format from fellows. The College will need a careful communication and change management approach in developing the evidence to implement changes to meet best assessment practice standards.

Even without major change in the assessment tools for the written and clinical examinations the College can enhance the performance of the examinations. For example, enhancements are possible through the careful and mandatory use of previously used item performance in constructing the written examination, more consistent examiner training and calibration in the clinical examination and ensuring that each examiner marks independently in the clinical

examination. At present performance in the written examination is currently only available after the examination, because all the questions are new and have not been previously used. Item performance is used to select the marker questions for the following year. Development of an examination bank is planned as part of the written examinations strategy, and will assist the College in item performance and setting the exam.

In the advanced training programs, summative assessments should ensure that all those completing the training program have met the required outcomes not simply that they have completed the required time. Final sign off that an advanced trainee is safe to practice is currently for the majority of programs based on a consideration of supervisor reports provided at the completion of training rotations. Exit examinations do exist in certain specialties such as Occupational and Environmental Medicine, and Sexual Health Medicine, and these appear to be robust tools to assure learning outcomes are achieved at the end of the advanced training. In the reform of the advanced training curricula, the College will need to develop a systematic approach to the integration of summative assessment tools across all training programs. The nature of the suite of assessment tools chosen should reflect the goals and outcomes of the program and whilst this may include an exit examination it may also be met through ongoing systematic summative assessments.

The supervisor report on trainee progress is, for the majority of advanced training programs, the most important summative assessment element. Therefore, the quality of these reports is critical in assessing the trainee's progress and ultimately in deciding whether the trainee has achieved the competencies and outcomes to complete advanced training. The team was concerned that the monitoring of the quality of reports was sometime insufficient. In addition, those involved in supervising the later stages of the trainee's experience do not always receive relevant information on earlier assessments, thus limiting the supervisors' ability to address the trainee's learning needs. Given the importance of these assessments in deciding the outcome of Advanced Training these issues are critical.

In December 2012, the College Board approved a Basic Training written examination strategy 2013-2017, which aims to deliver an online written examination twice a year. This is commendable. It will require a large question bank, which in turn will require a larger pool of trained item contributors. In response to this challenge, the College could explore partnerships with other colleges, both in Australia and New Zealand and overseas, to share assessment items.

The RACP has a clear policy relating to disadvantage and special consideration through the *Special Consideration for Assessments Policy*, which was effective from January 2010. Trainees can make an application prior to the examination for pre-existing conditions, or after the examination for medical conditions that could have affected their performance on the day.

5.2 Performance feedback

The accreditation standards are as follows:

- The education provider has processes for early identification of trainees who are underperforming and for determining programs of remedial work for them.
- The education provider facilitates regular feedback to trainees on performance to guide learning.

- The education provider provides feedback to supervisors of training on trainee performance, where appropriate.

The College provides feedback to trainees on their performance in formative and summative assessments.

Formative Assessment Feedback
Trainees are required to meet their supervisor early in their training rotation to develop a learning needs analysis. Trainees also meet their supervisors at other points during the training rotation to complete formative assessments. The aim of the formative assessment tools is to facilitate discussion between the trainee and supervisor regarding the trainee's performance and to guide learning.

The supervisor report provides trainees with feedback at the completion of each training rotation. Supervisors are required to meet the trainee to provide the feedback and discuss any areas for improvement. The College's Supervisor Professional Development Program focuses on training for supervisors in giving performance feedback through formative assessment.

Summative Assessment Feedback
The College has made improvements to the feedback provided to candidates following attempts in the divisional examinations. Written examination candidates receive their result, the examination pass mark and individual feedback on their performance. A report is also prepared for Directors of Physician/Paediatric Education at each training site with information on trainee performance at their own hospital, in their state, and nationally for Australia and New Zealand.

Clinical examination candidates receive written feedback on each case regardless of whether they have passed or failed. For candidates who fail the examination their score sheets are sent to the National Examining Panel member located at the hospital where the trainee is working. The trainee is required to discuss their results and feedback with that panel member. This session provides trainees with an opportunity to discuss areas for improvement prior to the next attempt. The trainee will receive their score sheets at this meeting.

For the Faculty examinations, trainees receive a written summary of feedback on their scores within each topic area within the examination.

Identifying underperforming trainees
Underperformance is usually identified by the trainee's supervisor. The College's Supervisor Professional Development Program (SPDP) is assisting supervisors to identify difficulties early and to develop remedial plans with trainees. The SPDP workshop 1 covers the topics of early intervention, support, transfer of information to the next supervisor to facilitate ongoing support for the trainee and a transparent and fair process.

The College's training committees may identify underperforming trainees via supervisor reports completed at the end of a training rotation. If the supervisor grades the trainee as 2 (falls short of expected standards) or 1 (falls far short of expected standards), the College can initiate an Independent Review of Training (IRT). This can be triggered if local solutions are unsuccessful, or where there is real or perceived conflict between the trainee and supervisor. This process aims to provide an independent assessment of the situation that gave rise to the

review with recommendations for remediation or action provided back to the relevant education committee. This is discussed in further detail under standard 7.4 of this report.

In 2011, the College engaged external expertise to map the processes for trainee grievances, IRT and trainees in difficulty. Their recommendations included improving IRT guidelines and resources, clarifying roles, and communication processes. An internal review of the IRT process in 2012 led to the development of two interim pathways: *Trainee in Difficulty Interim Pathway, Unsuccessful Attempts at Divisional Examination*; *Trainee in Difficulty Interim Pathway, Work-based Difficulties*. These are supported by information guides for trainees and supervisors available on the College's website. The College has also established a Training Support Unit to support trainees experiencing difficulties and their supervisors.

The 2011 review also has resulted in the development of a Trainee in Difficulty Policy, approved by the College Education Committee in November 2104. Communication activities will take place throughout 2015, and implementation will commence in 2016. In the College's accreditation submission, it indicates that the implementation of the new policy will be a major focus for the College. The College indicates additional work is required in developing resources for supervisors, trainees and training committees to complement the new policy.

The trainee in difficulty policy and pathway is a well-regarded development. Currently the interim pathway is working well and the substantive policy document is in the final stage of review prior to formal implementation.

5.2.1 Team findings

The College has undertaken commendable work to enhance its formative assessment processes, and the opportunities for formative feedback to trainees. However, the potential value of supervisor feedback to trainees via formative work-based assessments is not always being realised. This appears to relate to insufficient supervisor training and to the tension between service demands and training opportunities in the workplace.

At the basic training level in particular, some trainees appear to see limited value in workplace-based assessment as a feedback tool. Feedback to basic trainees regarding their performance appears to depend on the skill and enthusiasm of the individual supervisors rather than being systematically embedded in the program. With increasing trainee numbers and capacity to train issues it will be important that supervisors receive training in providing feedback to ensure consistency and in maximising the educational opportunities. At the time of the AMC team's visit, over 1,000 participants have completed the Supervisor Professional Development Program Workshop 1. This represents 27% of supervisors and is a significant achievement for the College. The College is well advanced in the development of an online version of Workshop 1 which will be trialled in early 2015 which should further aid uptake of training. Ensuring that clinical supervisors of training are aware of trainees' past performance would also increase the value of the College's considerable investment in this process.

At the advanced training level, trainee satisfaction with supervisor feedback is significantly higher. Advanced training is described as an apprenticeship where there is generally close and regular contact between the trainee and their supervisor. However there are some concerns that advanced trainees are not provided with sufficient guidance and that professional qualities such as leadership, business skills and cultural competence are not systematically addressed. Since the College relies on the supervisor report as the primary tool

for the summative assessment of progress, it must ensure that these reports are consistently considered and areas of concern rapidly addressed. Although the majority of stakeholders commented positively on the standards of recent fellows completing College training programs, some did indicate that the College's processes did not always address poor performance by trainees appropriately. As the majority of advanced trainees are employed through a series of one-year appointments rather than into a substantive training scheme there is heavy reliance on the information received through supervisor reports. The balance of doubt as to whether or not the trainee has met the required standards and outcomes should rest on the side of recommending further training.

The team considers that the College's processes for evaluation and review of the trainee's progress through basic training and advanced training require review. The training programs are numerous and lack a generic standard for data collection and monitoring. The College's excellent work on its Trainee in Difficulty pathway will need to be supported by good data flow so that all involved in training are aware of aspects of past performance and can help structure the next period of clinical training to best address the needs of the trainee and ensure that only trainees who have achieved the desired outcomes graduate.

During the team's assessment, the College outlined plans for an online ePortfolio, accessible to trainees and their sequential supervisors. The team supports these plans. Suitably developed, the ePortfolio could prove useful in assuring the flow of data on trainee progress.

In the AMC surveys of supervisors, Directors of Physician Education and trainees there was an overall response rate of 10-17%. Data therefore may not be indicative of the views of the College membership as a whole. However, these surveys indicated that although approximately two thirds of supervisors are satisfied with workplace-based assessment, only a third consider that the College adequately support supervisors. Only a third of supervisors are satisfied with the mechanisms for feedback to the College and similarly only a third of trainees consider they can provide general feedback to the College. Given the crucial role of supervisors in the training programs, improving these results should be a focus for the College in the next few years.

5.3 Assessment quality

The accreditation standards are as follows:

- The education provider considers the reliability and validity of assessment methods, the educational impact of the assessment on trainee learning, and the feasibility of the assessment items. It introduces new assessment methods where required.

As discussed under standard 5.1, the RACP is developing College-wide assessment standards for its training programs. The College has developed and is consulting on draft principles and accompanying standards. The College will use the standards to guide the development, implementation and evaluation of all College assessments. As detailed in the College's accreditation submission, the draft Assessment Standards are as follows:

Plan
The program of assessment will include a mix of assessment activities, with methods matched to the purpose or intent of the assessment, and implemented at an appropriate stage of training. Integrated assessment programs, aligned to learning outcomes, will be important to gain a complete picture of competence.

The training committee for each training program will develop programs of assessment. In planning assessments, it will consider the effect of changes on stakeholders, and how to consult on, implement and evaluate the assessments. The College Education Committee will approve all programs of assessment prior to implementation.

Implement
Implementation of the assessment program will include: the use of fair and transparent assessment processes and fair and transparent decision making; sustainability of assessments and assessment processes; the provision of feedback to trainees as a result of assessments; and the development of communication and training resources to engage stakeholders.

Evaluate
Regular evaluation of assessment tools and programs of assessment will be required. Evaluation will be conducted using published research and feedback from trainees, Fellows and other relevant stakeholders. Evaluation will underpin the planning and implementation of assessments and programs of assessment.

Current practice in evaluating assessment quality
The College has a number of strategies to improve the quality of its current assessment methods. The College designs and evaluates the quality of its assessments with reference to van der Vleuten's utility index (1996). This index indicates that the utility of an assessment can be assessed in terms of its validity, reliability, acceptability, educational impact and feasibility.

Formative Assessments
A number of training committees have determined that for each formative workplace-based assessment tool, 1 to 2 encounters are required. The RACP relies on the capacity of supervisors to administer workplace-based assessment in the training environment. The College accreditation submission indicates that it is exploring options to make the formative assessments shorter, more flexible, less exam-like and easier to integrate into daily practice.

Summative Assessments
The College's accreditation submission describes the RACP's strategies to ensure the validity and reliability of its summative assessment methods. The College provides training for fellows who write questions for written examinations. The written examination is prepared by the examination committees on a yearly basis. The pass marks for the Divisional Written Examinations are determined using criterion-based approaches. The College uses Rasch analysis to set the pass score and ensure the pass standard is consistent each year. Common item equating underpins the statistical scaling which ensures comparability of examination standards from year-to-year. As an additional standard setting cross-check, a modified Angoff process using clinical expert judges is conducted periodically. In Paediatrics & Child Health, the modified Angoff Method is being applied from 2015. Calibration sessions are held before the clinical examinations to improve inter-rater reliability and to maintain the standard of each examination from year-to-year. An evaluation of the National Examining Panel inter-rater scores is undertaken post exam to produce a "Hawk-Dove" graph. Each National Examination Panel member receives information about where they are in the "Hawk-Dove" graph represented by a numerical identifier.

National Examination Panel
The members of the National Examination Panel, approximately 200 members, are selected from the local examiner pools on the basis of previous and consistent examining performance, suitability of questions, empathy and time management. National Examining Panel members examine on 4 to 5 days in the examination period and usually run the local calibration sessions.

Examiners
The College has developed suggested attributes for an examiner. Local examiners receive annually an examining guide, and Notes for Examiners in which the attributes for examiners are described.

Calibration Day
As discussed above, prior to the clinical examination the College holds a calibration day for National Examining Panel members. The morning consists of a number of lectures and the afternoon a number of videos showing simulated long case and short case examinations. Members are calibrated using these prepared videos. Usually Adult Medicine and Paediatrics and Child Health examiners calibrate together on the short cases (one from each Division is shown) and then separately on the long case. A final score is arrived at by an iterative voting system as a result of discussion. National Examining Panel examiners cannot examine in a year without completing the calibration day for that year.

The members mark the cases and results are recorded by a show of hands, and then this is fed back to the audience. The clinical examination committee uses the information from the calibration day to devise training videos for the calibration day in the following year.

Clinical Examination Process
Each examining hospital is responsible for organising examination cases. To assist in this process, the College provides an information pack outlining appropriate case sequences so that candidates are examined on a variety of cases across several body systems. The hospital contact and local examiner set up a group email to allow for questions regarding the suitability of cases. Preferred cases are those that have common general medical concerns likely to be encountered in basic training. Regional examiners and site National Examining Panel members are asked to overview cases for suitability.

On examination day, a chief examiner is assigned to each site. Before the examination starts all examiners are assembled and reminded that the level of the examination is to determine if the trainee is ready to enter advanced training. The examiners work in pairs comprising an experienced and a new examiner. The examiners first examine the patients with access to the patient's test results but they are not told their diagnosis. This methodology aims to ensure that examiners do not have an unfair advantage over candidates. Examiners are supposed to determine the pass/fail standard for each case prior to examining the candidate, however in practice time constraints make this difficult. Examiners first mark the candidate independently, and then discuss the candidates' performance and decide on a joint final mark. If there is a failure to reach consensus the National Examining Panel member assigns the final mark. The pass/fail standard is recorded for each case and a feedback sheet for each candidate is completed.

Examiners observe the candidate with the patient during the short but not the long case.

Examiners are asked to record any procedural issues on the day. A system of red dots is used. The examiner is asked to indicate if the issue has been taken into account with the awarding of a mark. Red dot cases are reviewed at the results meeting to determine whether the procedural issue was accounted for and whether the marking for that case would have had impact on the trainee's overall examination mark.

5.3.1 Team findings

The College's external review of assessment recommended:

- The written examination should be held twice a year.
- The clinical examination should be retained.
- The medical sciences and clinical applications papers of the written examination should be de-coupled and be available to be taken separately at different times to give trainees maximum time to enhance clinical skills.

Written examination
Although in the Divisional written examination for the Basic Training Curriculum the question template includes a section where the author maps the question to the relevant section of the curriculum, the lack of a systematic process to blueprint written examinations against the basic training curricula was a concern for the team. Currently, the written examination provides assurance of the knowledge base of trainees entering advanced training. There is concern regarding some of the content of the examination which does not always reflect curricular priorities. Although the College's accreditation submission states that the written examination is mapped to the curriculum, it was not clear to the team that this was the case.

During the team's site visits, trainees raised concerns regarding the transparency of the content of the examination. Of particular concern was that sample questions had been removed from the College website, in response to concerns that trainees have been using past papers as a de facto curriculum. As discussed under standard 3 of this report, this also links to basic trainees finding the current basic training curriculum document difficult to use and interpret.

The team understand the logistic challenges in holding the written examination twice a year, but this has widespread support. The Examination Committee confirmed its plans to expand its question bank. Question banks however have the disadvantage that inevitably candidates will pool resources to record and circulate questions and therefore it is vitally important that any question bank is of sufficient size and quality to ensure that this does not become a significant issue for the College. The College should consider the impact of this on the validity and reliability of the written examination before progressing.

Clinical examination
The Basic Training clinical examination format has not changed in many years. There is no doubt that it has become an integral component of physician culture which has some benefits but at the same time this has now become a barrier to addressing the challenges that this examination now faces.

The College considered the reliability of clinical examination by commissioning the 2006 Report, *RACP Examinations: A Statistical Analysis* by Dr Peter Campbell. The analysis of

the clinical examination to determine overall reliability was conducted by Tim J Wilkinson, Peter J Campbell and Stephen J Judd in the 2008 study, *Reliability of the Long Case*. The overall dependability of the clinical examination, when the results were combined from the two long cases and four short cases, reviewed by two examiners, was found to be 0.71. A number of factors including the candidate, type of case and examiners were assessed to determine which was the most predictive of a candidate's result. It was determined that the single factor most likely to determine outcome in a case was the candidate.

A pass is achieved if the candidate received an overall score of 120 or higher and passes at least one short case and one long case. The numbers of candidates passing has been stable between 69-72 % in the last five years. In 2014, the pass rate was 71% out of 767 candidates examined.

In 2008, the AMC expressed concern regarding the difficulties inherent in a single clinical examination comprising of six sampling events, particularly with reference to the high-stakes nature of the examination and the stress attached to it. There were, at that time, concerns regarding the specificity and reliability of the domains used to assess candidates, the breadth of assessment and whether the cases were sufficiently representative of practice. Whilst it was also recommended that observing the candidates' interview in the long case would expand the College's opportunities to assess domains in the Professional Qualities Curriculum this has been considered and discussed by the College. They concluded that this was not a feasible option at present given the size, scale, and resource intensity of the examination. While there is evidence that a number of the AMC recommendations from 2008 have been considered, a number of concerns remain unaddressed.

The team was concerned regarding the consistency of the calibration processes for the clinical examination. The team saw evidence that the College's own calibration processes were not being consistently applied. More specifically the team saw direct evidence that the College's own processes were not being applied uniformly at examination sites despite assurances that such processes were used uniformly and systematically.

Even without more major change, there are opportunities for the College to improve the quality of the examination processes by changes such as (condition 13):

- enhancing calibration through increasing the number of cases that span the range of candidate performance
- improving opportunities for examiner engagement in discussing ratings given in calibration exercises
- revising the marking methodology by using the scores of both examiners independently in calculating the candidate's overall mark
- routinely providing formal structured feedback to individual examiners on their own performance.

Trainees and supervisors also drew attention to the timing of the clinical examination, over a nine-day period in winter, when the hospital system, particularly in paediatrics, is overburdened. Although not a factor in determining examination quality, a change would be very well received by many stakeholders and would likely aid the logistics of the clinical examination process.

Summative workplace-based assessments

It is essential that the College has systems to minimise variation in the quality of in-training assessment across clinical training sites in all settings. This is critically important when this assessment is the final summative hurdle. With respect to the quality of these summative assessments in advanced training, the team did not find evidence of systematic data collection to support their reliability and validity. Although the intent is that supervisors will have sufficient contact with advanced trainees to enable an adequate appraisal of their performance, this does not always occur in practice. Without adequate supervisor training and checks and balances, there will exist significant variation in the value of these reports as summative assessment tools. There appears to be minimal opportunity for calibration and verification of a particular supervisor's views. The College needs consider how this critical component of the summative assessment of advanced trainees is enhanced and strengthened. This will help in continuing to meet community expectations in ensuring the safety and quality of care delivered by future graduates of the College.

During site visits, a number of those interviewed commented that deficiencies in competencies relating to professionalism, along with concerns that at the completion of advanced training many young physicians have not met all of the stated outcomes of training. A number of trainees and supervisors are concerned that professional qualities are not being adequately assessed during basic and advanced training. The College as part of the curriculum and assessment reform process should consider how to assure the delivery of the full range of outcomes including professional qualities.

The team is concerned that the current approach to the summative assessment of advanced trainees, with its reliance on the supervisor report, is less than optimal. The College needs to develop a systematic integrated approach to summative assessment during advanced training that assesses trainees' achievement of curricular outcomes with demonstrable validity and reliability. This may include an exit examination but other approaches with embedded continuous summative assessment are equally appropriate provided that the College is able to demonstrate the reliability and validity of the approach chosen.

Feedback from site visits indicates that some trainees do not feel ready for independent practice at the completion of their time in advanced training. The Preparedness for Independent Practice (PIPE) study indicates that over 90 per cent of new fellows feel well prepared in key areas such as Medical Expertise, Communication, Teaching & Learning, and Judgement and Decision Making. New fellows reported feeling relatively less prepared in non-clinical subjects such as business management, setting up private practice, and administrative duties. The team will be interested to hear of the further outcome of the PIPE study in informing College of how well graduates feel they have been prepared for practice and how these finding influence the future development of the training programs.

Commendations

K The College's external review of its assessment processes and its plans for holistic review of the assessment approaches across all training programs.

L The introduction of a range of formative assessments including Learning Needs Analysis, Mini-Clinical Evaluation Exercise, Case Based Discussions, Professional Qualities Reflection, Direct Observation of Procedural Skills (and variations) which, when used expertly by supervisors, enhance the trainee's understanding and

performance.

Conditions to satisfy accreditation standards

10 Ensure that all College educational supervisors have access to longitudinal data on their trainee's progress in previous terms. (Standard 5.2)

11 As part of the basic training curricula review, ensure that the summative assessments apply reliable and valid methodologies and are aligned to both basic training curricula. (Standard 5.1 and 5.3)

12 As part of the advanced training curricula review, ensure that the summative assessments apply reliable and valid methodologies and are aligned to all advanced training curricula. (Standard 5.1 and 5.3)

13 Pending the adoption of the new curricula and linked assessments:

(i) blueprint the basic training written examination to the basic training curricula.

(ii) review and revise the College's current clinical examination calibration processes.

(iii) review and revise the marking methodology for the clinical examination to ensure that the assessment as currently constructed performs optimally. (Standard 5.3)

14 Develop and implement an assessment strategy for domains in the Professional Qualities Curriculum. (Standard 5.3)

Recommendations for improvement

KK Review and revise the current format of the Learning Needs Analysis to increase its utility as an assessment tool. (Standard 5.1)

LL Provide enhanced structured feedback to individual examiners on their own performance to enhance the performance of the clinical examination. (Standard 5.3)

MM Adopt recommendations from the external review on assessment regarding: timing of the clinical examination; conducting the written examination twice a year; and de-coupling the medical sciences and clinical applications papers of the written examination. (Standard 5.3)

5.4 Assessment of specialists trained overseas in Australia and New Zealand

The accreditation standard is as follows:

- The processes for assessing specialists trained overseas are in accordance with the principles outlined by the AMC and the Committee of Presidents of Medical Colleges Joint Standing Committee on Overseas Trained Specialists (for Australia) or by the Medical Council of New Zealand (for New Zealand).

Assessment of overseas trained physicians is conducted separately in Australia and New Zealand in line with the requirements of the Medical Board of Australia and the Medical Council of New Zealand (MCNZ) respectively.

The College processes approximately 150 assessments in Australia and 70 assessments in New Zealand each year. The Overseas Trained Physicians Assessment Committees in the Divisions, Faculties and Chapters currently oversee the assessment process in Australia. As discussed under standard 1, the education governance review will centralise the assessment of overseas trained physicians into two Australian Overseas Trained Physician Committees, one for Adult Medicine and Chapters and one for Paediatric and Child Health and Faculties. The New Zealand Overseas Trained Physicians Committee will continue to address specific Medical Council of New Zealand requirements. The New Zealand Overseas Trained Physicians Committee will have future representation on the College Overseas Trained Physicians Committee.

The process involves assessment of the overseas trained physicians' formal training, clinical experience, scope of practice and continuing professional development to determine comparability with that of a consultant physician or paediatrician trained in Australia or New Zealand. The process considers not only formal training and assessment but also clinical experience, and the nature of the applicant's current practice, including participation in continuing professional development activities and contribution to the profession.

The College's accreditation submission outlines overseas trained physicians' assessment processes in Australia and New Zealand as follows:

Process	**Australia**	**New Zealand**
College's Role	RACP manage assessment process and undertake assessment for specialist recognition in Australia on behalf of MBA. The assessment of overseas trained physician application to fellowship is undertaken concurrently.	MCNZ managed assessment process and RACP acts as an advisory body for assessment for registration within a vocational scope of practice. The overseas trained physician pathway to fellowship is a separate process.
Application Documentation	Review of the application documentation to determine whether the applicant is potentially comparable and should proceed to an interview, more information from the applicant is required, or the applicant does not meet the criteria for the specialist pathway.	When MCNZ seeks preliminary advice: the Chair of the relevant College Specialist Advisory Committee submits an opinion on the applicant's suitability for vocational registration based on whether their qualifications, training and experience are comparable to that of an Australasian trained fellow in the specialty concerned.
Interview	A structured interview for applicants assessed as potentially comparable to an Australasian trained specialist. The applicant is interviewed by a panel with a member of the Overseas Trained Physicians assessment subcommittee and a representative of each of the relevant subspecialties. If an area of need application, the panel considers the specific requirements of job description.	When MCNZ seeks interview advice: two fellows drawn from the appropriate SAC and College's New Zealand Overseas Trained Physicians Assessment Committee (or fellow designated by the Committee) conduct an interview to assess whether the overseas trained physician's qualifications, training and experience are equivalent to that of an Australasian trained physician.

Process	Australia	New Zealand
Committee Review	The relevant Overseas Trained Physicians Assessment Subcommittee decide on an initial outcome, reviewing the documented application, interview report, panel recommendation, and any further written material from the applicant in response to the report and recommendation.	The New Zealand Overseas Trained Physicians Assessment Committee reviews the interview report and recommendations and makes a recommendation to the MCNZ, which then considers this recommendation decides a registration initial outcome.
Outcomes	1. Substantially comparable 2. Partially comparable 3. Not comparable Further details on the assessment outcomes in Australia are provided below.	1. Option A: Equivalent (supervision pathway) 2. Option B: Nearly equivalent (assessment pathway) 3. Option C: Not equivalent 4. Option D: Interview (preliminary advice only) Further details on New Zealand outcomes are provided below.
Reconsideration and appeals	Applicants are entitled to procedural fairness and can access the same reconsiderations, reviews and appeals process as fellows and trainees. This entails: reconsideration of the decision by the originating committee; review by a higher committee; and if still dissatisfied, appeal heard by a disinterested panel of senior fellows.	Applicants must seek reconsiderations, reviews and appeals from the MCNZ.
Further assessment	Further assessment: Includes some or all of an online orientation program, a period of peer review, top up training, work-based assessments, a practice visit and participation in CPD. The RACP organises and monitors these. leading to a final outcome decision by the Overseas Trained Physician Assessment Subcommittee.	Further assessment is managed in New Zealand by the MCNZ. In some instances, further assessment may consist of RACP Written and/or Clinical Examinations.

Overseas Trained Physicians Assessment Outcomes in Australia

- Substantially comparable: Up to 12 months of practice under peer review.
- Partially Comparable: Up to 24 months of further training, assessment and oversight.
- Not Comparable: Not eligible to proceed via the specialist pathway and advised to consider the standard pathway and enrolment in the College's training program which may include options for recognition of prior learning.

Overseas Trained Physicians Assessment Outcomes in New Zealand

- Option A (Supervision Pathway): Six to 12 months of supervised practice and completion of satisfactory supervisor's reports.
- Option B (Assessment Pathway): Twelve to 18 months of supervised clinical experience and assessment or a written/and or clinical exam.
- Option C: Not equivalent to that of a medical practitioner vocationally registered in the same vocational scope, or the College is unable to provide a recommendation.
- Option D (Preliminary advice only): The College is unable to reach a recommendation, and an interview is required.

Summary of overseas trained physician assessment outcomes (Australia):

Year	**Number of Applicants**	**% assessed for area of need**	**Substantially comparable***	**Partially comparable***	**Not comparable***
2009	186	N/A	122 (55%)	51 (23%)	47 (21%)
2010	111	24%	74 (56%)	33 (25%)	25 (19%)
2011	102	27%	79 (62%)	28 (22%)	19 (15%)
2012	134	22%	116 (67%)	33 (19%)	24 (14%)
2013	91	12%	83 (63%)	30 (23%)	18 (14%)
*Note: Where an overseas trained physician received two outcomes (i.e., substantially comparable in one subspecialty and partially comparable in another subspecialty), they have been counted twice.					

Summary of appeals conducted in Australia as a result of overseas trained physician assessment outcomes:

Year	**Number of appeals**	**Outcomes of appeals**
2009	0	n/a
2010	0	n/a
2011	1	Original decision upheld
2012	3	3 decisions revised on appeal
2013	2	1 original decision upheld, 1 revised on appeal

The College introduced an online orientation program for overseas trained physicians funded by the Commonwealth Department of Health in 2009. The program consists of seven modules. The program is aimed at familiarising applicants with the Australian health care system and preparing them for practice in Australia.

5.4.1 Team findings

There is a clear and consistently applied process that appears to be working well and meeting the needs of the key stakeholders. The College is working within the principles set by the Medical Board of Australia and the Medical Council of New Zealand and is sensibly applying their policies to applicants on a case-by-case basis.

The College's approach to overseas trained physician assessment is set out in the *Overseas Trained Physician Assessment Policies for Australia and New Zealand* available on the College's website. These policies meet the specific requirements of the Medical Board of Australia and MCNZ respectively. The College provides resources for overseas trained physicians including details on the assessment process, possible outcomes, fees and other relevant information.

The College is reviewing the assessment policies for Australia and New Zealand in 2014. In Australia, the review is informed by changes to the specialist pathway and renewed guidelines from AHPRA on comparability assessment. The policy review in New Zealand will reflect changes in the administration of vocational assessment over the last five years.

The AMC survey of overseas trained physicians, to which there was a 22% response rate, revealed that the majority of respondents were satisfied with information provided by the College on the assessment process. Respondents were less satisfied by the overseas trained physicians subcommittee work on making judgements on comparability of training. Overall, the majority of respondents indicated that they received clear information on the outcome of their assessment.

Negative comments from the survey focussed mainly on the inefficiency and lengthiness of the entire overseas trained physician assessment process and included comments regarding the AMC and AHRPA in addition to the College. The team recognises that much of this is not directly attributable to actions by the College.

During site visits, a number of senior clinicians suggested that the interview emphasises the applicant's basic training rather than the overseas trained physician's extensive postgraduate experience. Another criticism was that the College does not assist overseas trained physicians in finding a position for their practice under peer review.

The team observed that the College's cultural Competency and Preparation for Practice e-learning modules have been well received. This success offers a model approach that could be used elsewhere in the College.

New Zealand
The College in New Zealand functions as a Vocational and Educational Advisory Body to the MCNZ. As such, the New Zealand Committee of the College is fully aware of MCNZ requirements for the assessment of international medical graduates for provisional vocational registration. The College has a fully constituted OTP Committee that provides a thorough and timely assessment of the application to the MCNZ. The College is also able to respond to any additional questions raised by the MCNZ.

The OTP Committee is aware of the need to provide comprehensive advice and recommendations on the overseas trained physician's qualifications, training and experience and whether this is at the level of a New Zealand-trained specialist, and to advise the MCNZ on the suitability of the proposed employment position and supervisor for the assessment period.

Commendations

M The College's clear processes for the assessment of overseas trained physicians which is meeting the needs of key stakeholders.

N The introduction of online modules for orientation of overseas trained physicians.

Conditions to satisfy accreditation standards

Nil

Recommendations for improvement

Nil

6 The curriculum – monitoring and evaluation

6.1 Monitoring

The accreditation standards are as follows:

- The education provider regularly evaluates and reviews its training programs. Its processes address curriculum content, quality of teaching and supervision, assessment and trainee progress.
- Supervisors and trainers contribute to monitoring and to program development. Their feedback is systematically sought, analysed and used as part of the monitoring process.
- Trainees contribute to monitoring and to program development. Their confidential feedback on the quality of supervision, training and clinical experience is systematically sought, analysed and used in the monitoring process. Trainee feedback is specifically sought on proposed changes to the training program to ensure that existing trainees are not unfairly disadvantaged by such changes.

The College uses a variety of mechanisms to monitor and review its training programs. The College monitors the outcomes of its training programs through collection of qualitative feedback from stakeholders. The College conducts evaluation activities to ensure that its training programs are meeting the needs of trainees and fellows and to inform continuous renewal activities.

The College gathers feedback on the training program through a number of methods including feedback surveys, training site accreditation, and committee processes. It also undertakes ongoing project specific consultations, to obtain stakeholder feedback on draft curricula, training requirements, education policy and learning resources. Consultation methods vary depending on the project, but usually include focus groups, online surveys, and peer-review groups.

The RACP accreditation submission outlined several recent evaluation activities including:

- Evaluation of the PREP Program in 2011 by gathering feedback on trainee and supervisor perceptions and awareness of the training program.
- Advanced Trainee survey initiated in 2012-13 and Basic Trainee survey initiated in 2013-14 to evaluate the PREP Program, identify areas for further improvement and to inform future educational developments. These surveys will be conducted once every two years to minimise survey fatigue.
- Annual survey of the Specialist Training Program (STP) supervisors and trainees to determine the quality of the training environment and satisfaction with the support provided.
- External review of College's assessment processes in 2011, led by a team of national and international experts in assessment. The review involved consideration of College assessment practices and documentation, as well as discussions with fellows, trainees and College staff. This is discussed in further detail in Standard 5 of this report.
- Retrospective analysis of the formative assessment ratings, assessor and trainee feedback of the Basic Training Mini-CEX tool.

- Candidate and examiner surveys on the Written and Clinical Examinations evaluating examination organisation, effectiveness in assessing key competencies, and in relation to the Clinical Examination, the effectiveness of the examiner calibration process, and other aspects of long and short cases.

6.1.1 Team findings

The team identified a number of strengths in the way in which the College monitors and reviews its training programs.

The College has successfully implemented its evaluation strategy and supporting systems to collect data about education, training and assessments from multiple sources. This includes regular surveys of basic and advanced trainees as well as Specialist Training Program trainees. The team noted that at 89%, the survey of Specialist Training Program trainees had a particularly high response. The examination surveys conducted in 2011 as well as the formal external review of assessment in 2011-12 are commended by the team. It was noted that the New Zealand Committee seeks trainee feedback after each rotation and circulates the collated feedback to the Director of Physician Training.

The College has a strong academic focus on change undertaking formal reviews and literature searches to determine best practice in its education processes. There is evidence of action being taken when weaknesses are identified, such as the introduction of supervisor workshops in response to feedback on the PREP program. Despite this, the team heard from trainees that the College response to such reviews was often seen as slow. This is discussed in further detail under standard 8.1 of this report.

The team also suggests areas for further development and consideration by the College. There is a lot to be gained from providing regular feedback on the educational experience to those that are supervising it. There is already good practice in gathering feedback in New Zealand that is widely accepted by trainees and supervisors. There are other examples locally and internationally that the College could also consider adopting. The team understands that implementing an open culture of constructive feedback requires change management and time but the gains can be considerable. Formal local mechanisms to review and evaluate the quality of training program delivery and educational supervision should be developed in conjunction with the planned review of the College's training site accreditation process. This is discussed in further detail in Standard 8.2 of this report. In particular, the team suggests the College implement methods for obtaining systematic and confidential trainee feedback on the quality of supervision, training and clinical experience and use this information for analysis and monitoring. It is important that this process is confidential, as some trainees reported a reluctance to give honest feedback using existing processes, where their responses were not anonymous.

The supervisors are crucial to RACP educational programs. Listening to, and engaging with, the supervisors will not only lead to more effective educational supervision but also enhance their relationship with the College. The College should implement structured methods for supervisors of training to contribute to the ongoing monitoring of the training program.

There is a worldwide movement to increase openness in medical education and accountability to society in general. Both trainees and formal consumer representatives offer wider stakeholder perspectives that can provide assurance of quality and help drive change where required. The College should take the opportunity to introduce trainee and where appropriate

consumer input (e.g professional attributes) into training. This can and should be at multiple levels (see also section 8.2). A particular gap is at local hospital level with opportunities for trainee to discuss implementation and delivery of curricula as well as results from feedback surveys. This could be systematically coordinated by Directors of Physician Education or part of the new role of Training Program Director. Although trainees are consulted the team considered that curriculum development would be strengthened through greater use of this feedback.

The team also recommends much greater openness in sharing information about the quality of training by enhancing feedback and publishing it. This will likely improve quality and will allow trainees to access helpful information when making choices about training opportunities. Publishing this information on the College website would be one strategy.

6.2 Outcome evaluation

The accreditation standards are as follows:

- The education provider maintains records on the outputs of its training program, is developing methods to measure outcomes of training and is collecting qualitative information on outcomes.
- Supervisors, trainees, health care administrators, other health care professionals and consumers contribute to evaluation processes.

The College indicated that its approach to evaluation is informed by Kirkpatrick's levels of evaluation. The College's evaluation activities are also informed by van der Vleuten's utility index (1996), which proposes that the utility of an educational intervention can be assessed in terms of its validity, reliability, acceptability, educational impact and cost effectiveness, all considered within a given context.

College reports on research and evaluation activities are accompanied by action plans developed in conjunction with key decision-makers to address the recommendations presented. Additionally, the College publishes key research and evaluation reports on the RACP members' website to increase transparency about monitoring and outcomes.

In 2013-2014, the College conducted a Patient/Carer Feedback Pilot study in collaboration with supervisors and trainees at St George Hospital, NSW. The overall aim of the pilot study was to understand the utility and the barriers of incorporating patient feedback into work-based assessments for physician trainees. The pilot involved the collection of patient and carer feedback regarding a trainee's communication skills. The supervisor then discussed the anonymous, aggregated patient feedback with the trainee as a tool for prompting reflection and development. The pilot concluded in August 2014. The pilot had a total of 18 trainees with 127 patients/carers submitting feedback. The College is preparing the final report to be presented to the November 2014 meeting of the College Education Committee. There are some logistical issues that will need to be worked out by the College. The AMC will be interested to receive updates on this pilot in future progress reports.

In 2013-14, the College completed a Preparedness for Independent Practice (PIPE) survey of new fellows admitted to fellowship in either the 2010 or 2012 calendar year to explore:

- Perceptions of new fellows regarding their preparedness for independent practice.
- The nature and transition between advanced training and independent practice.

- The nature of the positions that new fellows occupy.

The response rate to the survey was 30% (404 fellows). The survey report and action plan will be considered by the College Education Committee.

In its accreditation submission, the College indicated that it will continue both ongoing monitoring and outcome evaluation and will use the information to renew educational approaches. The College will continue moving its evaluation focus from participation to deeper studies of educational impact as well as more collaborative approaches to undertaking evaluations with sample healthcare settings.

6.2.1 Team findings

The College's site accreditation program for training appears to be working well and is seen as a constructive process. In Australia, site accreditation provides the main opportunity for gathering information/feedback from trainees regarding the site. In New Zealand, however, trainee feedback is regularly sought after each rotation. The processes for site accreditation is described under standard 8.2 of this report.

The team also identified areas for further development and consideration.

While many educators and trainees are aware of the Professional Qualities Curriculum it is rare that it is specifically taught or assessed. This is a missed opportunity as it is widely accepted that developing the professional qualities of future physicians is as important as developing their clinical expertise. There is now considerable international experience of introducing multisource feedback for trainees and building this into the assessment of curricula. One method that could be considered to assess the Professional Qualities Curriculum is multi-source feedback for trainees from members of the wider clinical team.

Currently many stakeholders, such as health care administrators, other health care professionals, and consumers, do not participate or play little part in the evaluation of the outcomes of the College's programs. Discussions with these stakeholders identified recurring themes regarding outcomes, including the need to strengthen the teaching and assessment of the professional qualities curriculum as these domains were identified as a weakness amongst new graduates; and the balance between generalist and specialist physicians and the suitability and supply of these physicians to different geographical areas. Feedback from all stakeholders is important in identifying strengths and weaknesses of the College's programs. The College needs to develop processes to ensure all stakeholders are able to contribute to outcome evaluation.

While the expected graduate outcomes are published in the curricula and handbooks for each specialty, the College does not publish data regarding the numbers of trainees by specialty completing the program each year or their geographic location. The team recommends the College make this information publically available via the College's website. It would be useful for prospective trainees, health care providers, workforce planners and other stakeholders.

The College collects numerical data on the numbers of trainees successfully completing training. The College has only recently introduced an evaluation process to assess whether new fellows feel that the training program has fully prepared them for practice, nor has it formally asked the wider health service if the College is fully preparing new fellows for

specialist practice, both now and in the future. The AMC will look forward to receiving updates on progress with the PIPE evaluation in future progress reports. The College should also consider expanding current evaluation of outcomes from the PIPE evaluation to other health care groups, such as medical directors and consumers.

Commendations

O The College's strong academic focus in making changes with formal review and literature search to determine best practice in medical education.

P The New Zealand trainee feedback processes, whereby feedback is sought after each rotation.

Q Evidence of action taken by the College when weaknesses are identified, such as the introduction of supervisor workshops in response to feedback on the PREP program.

Conditions to satisfy accreditation standards

15 Develop and implement methods for systematic and confidential trainee feedback on the quality of supervision, training and clinical experience and use this information for analysis and monitoring. (Standard 6.1)

16 Develop and implement structured methods for supervisors of training to contribute to the ongoing monitoring of the training program. (Standard 6.1)

17 Publish each year on the public College website the number of trainees completing each of the basic and advanced training programs. (Standard 6.2.1)

18 Implement processes for health care administrators, other health care professionals and consumers to contribute to evaluation. (Standard 6.2)

Recommendations for improvement

NN Share information about the quality of training by uploading training site accreditation reports to the College's website. (Standard 6.1)

OO Introduce consumer input and extend trainee input especially at the local level into the College's training processes. (Standard 6.1 and 6.2)

7 Implementing the curriculum - trainees

7.1 College selection processes

The accreditation standards are as follows:

- A clear statement of principles underpins the selection process, including the principle of merit-based selection.
- The processes for selection into the training program:
  - are based on the published criteria and the principles of the education provider concerned
  - are evaluated with respect to validity, reliability and feasibility
  - are transparent, rigorous and fair
  - are capable of standing up to external scrutiny
  - include a formal process for review of decisions in relation to selection, and information on this process is outlined to candidates prior to the selection process.
- The education provider documents and publishes its selection criteria. Its recommended weighting for various elements of the selection process, including previous experience in the discipline, is described. The marking system for the elements of the process is also described.
- The education provider publishes its requirements for mandatory experience, such as periods of rural training, and/or rotation through a range of training sites. The criteria and process for seeking exemption from such requirements are made clear.
- The education provider monitors the consistent application of selection policies across training sites and/or regions.

The RACP accreditation submission provided the following data on beginning trainees for the years 2011–13.

Training Programs	**2011**	**2012**	**2013**
Basic Training, Adult Medicine	745	697	727
Basic Training, Paediatrics & Child Health	189	209	151
Advanced Training, Adult Medicine including Dermatology	484	581	576
Advanced Training, Paediatrics & Child Health	242	211	216
Addiction Medicine	2	5	6
Palliative Medicine (Chapter stream – including Diploma)	7	21	72
Sexual Health Medicine	2	1	3
Occupational & Environmental Medicine	28	14	22
Rehabilitation Medicine	32	42	38
Public Health Medicine	22	12	21
Totals	**1,753**	**1,793**	**1,832**

The entry criteria for the College's training programs are publicly available on the College website. Candidates who meet the entry criteria must find themselves an appropriate training position for the program in which they wish to train. The proposed program of training, including supervision arrangements, is then prospectively reviewed. If the College approves the program of training the trainee can then commence into the training program.

The College has minimal involvement in the selection of trainees into training positions, with selection largely the responsibility of local authorities. Many fellows are routinely engaged in selection processes for service positions suitable for College training with the vast majority acting on behalf of their employers.

In 2010, the College undertook an independent review of its training processes which found that its current approach to selection was 'meeting current service demands, and flexible selection practices enabled the hospitals with a large pool of valued trainee resources to deliver service'. Trainees are given the flexibility to enable diverse training experience and meeting personal needs in terms of location of work. The review also highlighted some risks including the differing driving force for hospitals and the lack of standardisation in selection processes.

The College facilitates a coordinated matching process for participating specialties in some states through its Online Advanced Trainee Selection & Matching (ATSM) platform. The platform allows employers to advertise positions, and trainees to lodge their CVs and indicate interest in positions advertised. Employers review CVs and indicate their interest in interviewing the applicant. The preferences are matched using a matching algorithm. Once a candidate secures a position they must apply to the College by completing an Annual Application for Approval of Advanced Training form prospectively each year.

A 2013 review of members' feedback found that although there were mixed views on the RACP's current and future role in selection, members agreed overall that the College should help to standardise entry and selection. It was suggested this could occur by setting clear entry and selection criteria, establishing standards to guide selection processes in partnership with jurisdictions, and providing practical support and guidelines to employers. In response to this feedback, the College wrote a scoping paper on selection into training and formed a Development Working Group to formulate a selection into training policy. It is anticipated that following consultation with stakeholders the selection into training policy will be approved in late 2015, with a trial implementation commencing from 2016 for the 2017 training year.

The College's draft *Selection into Training Policy* sets out eligibility and selection criteria for RACP training programs, and standards for the process of selection into training at RACP accredited training settings. The College intends to address the issues around selection into physician training through the interplay of the College's policies on Selection into Training, Accreditation of Training Settings, and the College's Supervision Strategy.

7.1.1 Team findings

The College has minimal involvement in the selection of its trainees. It requires prospective trainees to meet a set of requirements. These prerequisites are published in the respective Training Handbooks available on the College's website. For example, entry into basic training in adult medicine includes:

- Completion of a medical degree
- Completion of an intern year
- Appointment to a training position in a hospital accredited by the College for Basic Training
- Approval from the local Director of Physician Education; and
- International graduates in Australia must have completed the AMC Certificate or have General Medical Registration.

The team did not consider that the eligibility requirements represent selection criteria. Additionally, there was no evidence of a clear statement of principles underpinning selection.

The employing authority conducts the selection process. Whilst the local Director of Physician Education could disallow trainees appointed to a training position to be selected onto the training program, it was not evident that this power was used. The team heard during site visits, that the College admitted all trainees selected into training positions to the training program, as long as they prospectively applied for training by the due date. In any case, such procedures give the employer significant authority, without guiding criteria, policy or principles to underpin their decisions.

The accreditation standards do not require the College to be solely responsible for selecting trainees. However, where another body such as the employing institution is primarily responsible for selection, the AMC expects the education provider will work actively to obtain the cooperation of that body or those bodies in implementing its selection principles. Currently the College does not do this.

A significant emerging challenge relates to capacity to train. Trainee numbers have risen more than 200% since 2001. At some sites, educational supervisors are responsible for large numbers of trainees, and complain of inadequate time and resources to manage the trainees they were supervising. With increased medical graduate numbers, and the College's decision to mandate prospective approval of postgraduate year 2 training, there is likely to be increased demand on the College's training programs. To increase the supervision capacity the College will need to increase the number of supervisors, augment resources and work with employing authorities to increase non-clinical time for supervisors and/or match the number of trainees to the capacity of each institution to train. The latter is facilitated by a robust selection policy, which the College does not currently have.

The RACP is developing and consulting on a College-wide *Selection into Training Policy*. The College plans full implementation in 2016 for the 2017 clinical year. The draft version of the policy shown to the team addresses selection principles and criteria, but it was not clear to the team how these will be measured or what weightings will be given to each criterion. The College will also need to consider other elements of the accreditation standard including: how to ensure selection is transparent, rigorous and fair; evaluating selection processes in respect to validity, reliability and feasibility; and ensuring consistent application of selection policies across training sites and/or regions. The College will also need to publish its selection criteria to meet the standard.

Whilst the College does not select trainees, it does provide a matching system for some advanced training programs. This system streamlines the process of matching trainees with

hospitals, by matching the preferences of both parties using a fair and stable matching algorithm. The College is to be commended for such cooperation with employer bodies and specialty societies.

7.2 Trainee participation in the governance of training

The accreditation standards are as follows:

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

The College's Constitution was amended in 2012 so that trainees are now recognised as members of the College with voting entitlements. Trainees are formally represented in all levels of College governance, including the RACP Board, College Trainees' Committee, College Education Committee, College Policy and Advocacy Committee, the New Zealand Committee, the Adult Medicine Division Council, Paediatrics & Child Health Division Council, and the Councils of each of the three Faculties. Trainees are involved in all educational developments and consulted on any changes that may affect them.

In Australia, trainees have a direct line of communication to the RACP Board via the College Trainees' Committee, which is the peak body representing the interests of trainees. The College Trainees' Committee comprises representatives from each Australian state and territory, and from New Zealand, from the Divisions and Faculties. They include one trainee from Australia who identifies as Aboriginal or Torres Strait Islander, and one trainee who completed their primary medical degree in a country other than Australia or New Zealand. The College Trainees' Committee meets at least four times per year, twice face-to-face meetings. The College also has local trainee committees of the Divisions in each Australian state and territory, as well as separate trainees' committees for the Faculties of Public Health Medicine and Rehabilitation Medicine.

The New Zealand Trainees' Committee represents and advocates on behalf of New Zealand trainees in matters relating to their education experience. The New Zealand Trainees' Committee reports to the New Zealand Committee and its membership comprises trainees in both Basic and Advanced Training representing all regions of New Zealand.

The College Trainees' Committee communicates directly with all trainees via the CTC Newsletter which is distributed after each committee meeting. The College and the College Trainees' Committee use a trainee-specific Twitter feed (@RACPTrainees), established in 2013, to keep trainees informed on work that might be relevant to them. The Twitter feed is managed by the College Communications Unit, with content recommendations provided by the Trainees' Committee.

7.2.1 Team findings

The College provides formal processes and structures to facilitate and support the involvement of trainees in the governance of their training. This includes the College Trainees' Committee, supported by state/territory trainees' committees and the New Zealand Trainees' Committee. The College Trainees' Committee has excellent diversity, including faculty and chapter representation, as well as indigenous and overseas trained doctor representation. There are also representatives on most education committees and working groups, including the RACP Board. Trainee representatives have full voting rights, including those on the Board.

Trainees told the team that they are generally satisfied with the breadth of committee representation through the College Trainees' Committee, except that they would value a representative on the College's Finance Committee. The College Trainees' Committee indicated that it is satisfied with RACP support and, on the whole, that the views of the Committee are valued and listened to by fellows on the committees on which its members serve. The College has a *Trainee of the Year Prize*, which is awarded to the trainee who is judged to have made the best contribution to the College. There was extensive evidence that the RACP values trainee participation in College governance. The College is to be commended for this.

There were, however, reports of resources, such as face-to-face meetings and secretarial support, being withdrawn from state trainees' committees, which may be hampering their ability to function. A strong national committee relies on its regional committees to provide interaction with trainees at a local level. This is especially true in the larger geographically diverse states. It is important that the College also support these committees.

The College Trainees' Committee is made up of dedicated and talented trainees who work effectively and efficiently, and are active in College affairs. They communicate directly with the trainee body after each meeting via an emailed newsletter. The College also regularly uses the College Trainees' Committee for targeted communication with the trainee body and in developing initiatives such as a trainee orientation package.

The trainee representatives could be more visible to the wider trainee community. Many trainees do not know who their representatives are, either on the College Trainees' Committee or on program-specific education committees, or how they would contact them. Details of trainee representation published on the College's website, including state trainees' committee and specialty training committee representatives, is often not either not available or out of date. In general, trainees belonging to smaller programs were more likely than those in larger programs, to know who their trainee representative was. The College Trainees' Committee indicated that they do not have access to up-to-date and complete trainee representative details. There also seemed to be limited communication between trainee representatives on program specific committees and the College Trainees' Committee itself. Both the College Trainees' Committee and the College in its accreditation submission have identified this as an issue to address. Additionally, the RACP manages the College Trainees' Committee email address, meaning that a trainee may perceive that any communication with the committee is not confidential, although College confidentiality provisions would apply. All of this may impact on the ability of the trainee body to communicate with its representatives. It is important that membership and contact details of trainee representatives are published and kept up to date, so that the members can be easily contacted by trainees. The team suggests that the College maintain up-to-date details of trainee representatives on its website, including a mechanism for trainees to make confidential contact with each trainee representative. The College could also assist the College Trainees' Committee to establish mechanisms of communication between the many trainee representatives and the Committee.

Engagement with individual trainees is also important, and the team commends the College on its approaches. It seeks trainee opinion at hospital accreditation visits, trainee forums, and through trainee surveys. However, in the AMC survey of trainees, only 36% of trainees agreed or strongly agreed that the College seeks trainee views on the structure and content of training, and only 31% felt there were opportunities to discuss collectively any concerns. The

team heard during site visits that basic trainees in particular felt disconnected from the College, a finding also commented on by the 2008 AMC review team.

The College has made member support officers available to visit training sites to talk with trainees. This is an important way to ensure that the full breadth of the trainee cohort can contribute. The College is to be commended for this initiative. It was not clear to the team how often these visit occurred, but when they have occurred, the response has been positive. Nevertheless, given the feedback to the AMC team, more frequent member support officer visits are be recommended.

7.3 Communication with trainees

The accreditation standards are as follows:

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

The College communicates with its trainees via a number of active and passive mechanisms. Its primary means of direct communication is through the:

- College Trainees' Committee
- College website
- online portals
- RACP News, a quarterly publication used to highlight key activities and education developments for the information of trainees and fellows
- e-Bulletins of the Divisions and Faculties disseminated weekly/fortnightly, used to share information with members about education development, work being undertaken by committees and working groups.

The College has an online presence via its website and online portals. Following the initial launch of the Basic Training Portal in 2008, the College has now also established online portals for Advanced Training and for each of the Faculties. The portals offer trainees access to information on demand in relation to the training requirements for their training program, and progression through these requirements. Each trainee and supervisor has a login through which they can access records for their current year of training, as well as prior rotations.

The College has communicated any proposed changes to the training program directly with trainees, education committees and education support staff using the following: direct paper or electronic communications to trainees, e-Bulletin items, breaking news items on the online portals and the College website. Processes are in place to ensure adequate notice of change is provided to trainees. The RACP gives at least six months' notice for minor impact changes, and at least 12 months for changes with moderate to high impact. The College has a policy that no existing trainee be disadvantaged by changes to the training program.

To inform trainees about activities of the decision-making committees, the Board and the College Education Committee release communiqués via the website following every meeting outlining the decisions made and key issues that were considered. The College Education Committee communiqué is also disseminated to all education committees and to all members via the College website.

Trainees are offered face-to-face meetings with their College Education Officer to discuss their training progress at the College office in Sydney, and at Annual Scientific Meetings across Australia and New Zealand.

7.3.1 Team findings

The College acknowledges that communication across such a large and complex organisation is challenging. This necessitates not only College-wide communication, but also more specific communication across the many programs. The AMC survey of trainees found the majority of respondents are happy with communication, with approximately two thirds of survey respondents agreeing that objectives are clear, requirements are clearly documented, and changes are communicated. However, trainee satisfaction with communication varies between training programs and regions.

The RACP employs multiple modalities of communication, of which the main type is email. Many trainees appear to be satisfied with the amount of email communication they receive, but some feel there is too much untargeted general communication. Feedback to the team indicates that trainees generally want less communication overall but more trainee specific communication, a finding found in previous AMC reviews. Of concern to the team was a complaint from a group of trainees that the College had responded to a request for less email communication by ceasing trainee specific communication such as important date reminders, and continued emailing non-trainee specific communications. Despite this, trainees and supervisors indicated that communication has improved in the past few years, but that the quantity and quality of communication varies between programs. The control of communication appears to be at a program level and College staff acknowledged that there is no overall College communication strategy. The College needs a clear communication strategy that results in consistent trainee-focussed communication across all College programs.

The College also uses the website for communication. It contains important documents such as policies and training handbooks and includes pertinent information for prospective trainees, such as the requirements and costs of the training program, specialty specific pages, as well as proposed changes and policies on recognition of prior learning and flexible training options. The training handbooks and Training at a Glance documents appear detailed and useful.

The College acknowledges that that the website needs redevelopment. Trainees described it as cluttered, confusing and not user friendly. Many reported having to call the College to find specific information or sourcing forms from colleagues. Even College staff reported trouble navigating the website, increasing their administrative work. In response, the College is planning a major website upgrade as part of its Online System for Administration & Reporting (OSCAR) project.

Although the College website provides information addressing most elements of this accreditation standard, career guidance is an omission. Although some Specialty Societies provide detailed information about career options and training opportunities, many programs do not have information about career opportunities, prospects, or training opportunities available at individual training sites. Some training programs have an oversupply of new fellows and limited career prospects, whilst others have better prospects. Training opportunities vary from region to region, and from hospital to hospital. The team encourages the College to work with stakeholders to ensure that career guidance systems are established to assist trainees in formulating career pathways and accessing available training opportunities. These systems may also assist in addressing workforce distribution issues, by encouraging trainees to seek out particular specialties or training opportunities as discussed under standard 2. The 2012-2013 Advanced Training survey also identified poor awareness of trainee support systems as an issue, and the College is working to address this.

As discussed under standard 5 of this report, the College has developed two interim pathways: *Trainee in Difficulty Interim Pathway, Unsuccessful Attempts at Divisional Examination*; *Trainee in Difficulty Interim Pathway, Work-based Difficulties*. The Trainee in Difficulty Pathway document is on College website. Supervisors and trainees capacity to address these difficulties might be enhanced by supplementing this document with other internal resources and/or links to useful external resources.

The Training Portals provide important information regarding the trainee's status of training, including status of accredited training, and completed workplace-based assessments. The College's 2012-2013 Advanced Training Survey found 70% of advanced trainees were satisfied with the training portal, which is a significant improvement since the last AMC review. However, the team heard during site visits that communication regarding a trainee's status of training is often delayed by the current College processes. Prospective approval of training can take many months as it must be approved by the College's relevant education committees, some of which only meet six monthly.

The College has also experimented with social media. It has a twitter account for trainees, although it has not been used for six months. Trainees in some regions use Facebook groups informally, but there is no other formal College endorsed use of social media. The College Trainees' Committee is keen to adopt social media for communication, and the team would encourage the College to work with the Committee to find a suitable use of this technology.

Trainees can communicate directly with the College by phone or email. Again, experiences seem to vary both regionally and between programs. Most are happy with their interactions with College staff, with quick response times. However, some complained that it could be difficult to find the relevant College person, with expertise being concentrated in an individual staff member who may be unavailable, and of slow turn-around times. Individuals may only be available by email. The College has recently introduced a single contact point for all training queries and training for those staff to handle commonly asked questions. The team commends this plan which has the potential to address many of the trainees' concerns.

As noted under 7.2, College member support officers visit training sites and regional meetings. The 2012-2013 Advanced Training Survey identified a lack of awareness of this role. Greater use and visibility of this resource could improve both communication with trainees, and trainee's perceptions of the College.

A criticism of the College in previous years was its communication of curricula changes. This was highlighted in 2012 by the communication of changes to the intensive care medicine training program. As discussed under standard 3, the College ceased awarding FRACP to trainees who completed Advanced Training in Intensive Care Medicine. The College's communication with trainees about the decision gave them limited notice of the change, which has created anxiety and placed a number of trainees in difficult circumstances. In response to this issue, the College developed a clear strategy with a minimum pre-change communication period of six months for minor impact changes and 12 months for moderate to high impact changes. The College also assured the team that there is a policy of 'no disadvantage' in regards to curricular change. While these policies are commendable the team heard that there have been sporadic complaints of changes not being communicated as per the strategy, as recent as this year. The College will need to ensure that all training programs are strictly adhering to this policy.

The College has great expectations of its new Online System for College Administration and Reporting (OSCAR). Whilst there have been some delays, the College is determined to ensure that it is implemented correctly. The aim of the project is to provide better communication with trainees and the fellowship. Hopefully, it will go some way to dealing with the issues of both quantity and specificity of communication, which has been a recurring theme during this and previous reviews.

7.4 Resolution of training problems and disputes

The accreditation standards are as follows:

- The education provider has processes to address confidentially problems with training supervision and requirements.
- The education provider has clear impartial pathways for timely resolution of training-related disputes between trainees and supervisors or trainees and the organisation.
- The education provider has reconsideration, review and appeals processes that allow trainees to seek impartial review of training-related decisions, and makes its appeals policies publicly available.
- The education provider has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.

As detailed under standard 5 of this report, the College has developed two interim pathways for trainees in difficulty and the Trainee in Difficulty Policy is expected in 2015. The College has also established a Training Support Unit to support trainees experiencing difficulties and those who are in supervisory roles.

To resolve training problems and disputes, the College's Independent Review of Training (IRT) process is available to its trainees and supervisors. The process aims to provide an independent assessment of the circumstances surrounding the review, and can be initiated by the Education Committee or by the trainee. It is usually enacted in the following circumstances:

- the Supervisor's Report indicates that the trainee's progress has been unsatisfactory
- the Supervisor's Report indicates the trainee's progress is mainly satisfactory but ratings and/or comments from the supervisor raise concerns about the adequacy of training

- the supervisor and/or trainee indicate to the Education Committee that a situation has arisen in the training and/or interpersonal relationships that requires resolution
- any other situation in the progress of a trainee, which the Education Committee agrees would be best resolved by clarification through an IRT.

The number of IRTs conducted in Australia and New Zealand from 2011-2013 is as follows:

Country	**Year**	**Total number of IRTs conducted**	**Number of IRTs initiated by trainees**
Australia	2011	23	0
	2012	17	0
	2013	15	2
New Zealand	2011	2	0
	2012	6	0
	2013	3	1
	Totals	**66**	**3 (5%)**

According to the College's accreditation submission, the main issues addressed in the IRTs included:

- developing and maintaining relationships, and communicating effectively (both orally and/or in writing) with patients, families/carers colleagues and the community
- self-awareness, self-management (including time management, organisation skill, reflection and learning)
- clinical decision making
- supervisory issues within the site such as trainees having a range of supervisors and not having consistency in supervision and feedback.

As discussed under standard 5, in 2011-12 the College conducted an external review of the IRT process which led process improvements.

The College's *Reconsideration, Review and Appeal By-law* provides an internal process for the reassessment of decisions made by College bodies, and a process to *Appeal Termination of Membership Decisions*. The By-law was last reviewed in 2013.

The three stages of the College's internal process for the reassessment of decisions are:

- Reconsideration: By the same College Body that made the Decision.
- Review: By the College Body that oversees the College Body that made the Decision.
- Appeal: To an Appeals Committee appointed by the Board.

Each stage involves a review of the case on its merits. At each stage the relevant decision maker will reassess all facts and circumstances relating to the decision, and make a decision.

7.4.1 Team findings

The College's Reconsideration, Review and Appeal By-law provides a clear pathway for trainees to seek impartial review of training-related decisions. The policy is publicly available on the College website. The By-law clearly outlines the grounds for appeal and the process by which the Appeals Committee reconsiders the decision.

While the number of appeals remains low, it was not clear to the team how many College-wide reconsiderations or reviews occur annually. However, one Advanced Training Committee indicated that it conducts approximately 40 per year. Multiplied across the College, this would represent a large number of reconsiderations. This is a significant burden: for the College's administration and for trainees awaiting decisions. Whilst reconsideration processes are important to ensure procedural fairness for trainees, such a large number could suggest systemic issues with College processes. During site visits, trainees and supervisors cited instances of inconsistencies in decisions by individual advanced training committees and between different training committees. Supervisors also highlighted that the process generates large amounts of paperwork and requires significant time and effort. The team recommends that the College undertake a systematic evaluation of the various processes which are the subject of the reconsiderations and reviews. This may identify College processes that could be strengthened or made less opaque, and provide more certainty around requirements, and less need for trainees to seek reconsideration or review.

The team spoke with trainees who had been through reconsideration and review processes. The unanimous concern was the timeliness of such processes. Some trainees were either finishing extra requirements before the process had been concluded, or had given up because of the slow process. This diminishes the fairness of the process. Whilst the College has deadlines for the trainees in the By-laws, there are no such requirements for the College administration. The College should consider setting key performance indicators for its review processes and ensure that these are met, to ensure procedural fairness and integrity.

The RACP does not currently have a clear and impartial pathway for the timely resolution of training-related disputes between trainees and supervisors or trainees and the College. Many trainees feel that there is no way to address supervisory issues with the College. The current Trainee in Difficulty policy does not address problems with supervision, and it appears the pathway for raising these issues is for the trainee to contact the College independently. The pathway for dispute resolution after that point is unclear. The College's accreditation submission identifies an Independent Review of Training as being a pathway. However this is an expensive and high stakes pathway, mostly focused on the trainee, and unlikely to encourage trainees to bring supervisory issues to the College's attention.

The College is consulting on a new Trainee in Difficulty policy. Whilst it mentions supervisory issues, it does not provide a clear pathway to progress the issue, other than contacting the relevant education committee. Trainees need clear advice on what they should do in the event of conflict with their supervisor or any other person intimately involved in their training. The College should ensure such advice is readily available to trainees.

With regard to supervision issues, the College relies on trainees or fellows to approach it directly. The College has no mechanism to seek information regularly and systematically from trainees or other health professionals, or to identify problems with training supervision. The training site accreditation process may identify such problems, but cannot be the mechanism for providing feedback on supervision given it occurs infrequently. The trainee

surveys are an excellent initiative, but as they are anonymous, are unlikely to identify specific problems. As discussed in standard 6 of this report, the team recommends that the College introduce a more systematic process for seeking trainee feedback on their supervision.

Commendations

R The extensive and valued engagement of trainees in College governance structure.

Conditions to satisfy accreditation standards

19 In relation to selection to the College training programs:

- (i) Develop, approve and publish a College-wide selection policy.
- (ii) Develop a plan for the selection process for all programs that adheres to the selection policy principles. (Standard 7.1.1 and 7.1.2)

20 Develop and publish the College's selection criteria, including the weighting and marking system of the various elements. (Standard 7.1.3)

21 Monitor the consistent application of selection policies across all training sites. (Standard 7.1.5)

22 Introduce systems to ensure that reconsideration, review and appeal processes occur in a timely manner, and report on the number of these conducted and the time taken to resolve such processes. (Standard 7.4)

23 Develop and disseminate policy and procedures on how trainees seek assistance from the College when they have difficulties with their supervisor. (Standard 7.4)

Recommendations for improvement

PP To support trainee engagement locally and across all the College's programs, develop a strategy and provide resources to facilitate:

- (i) communication between the trainee representatives on the various College committees and the College Trainees' Committee including easily accessible and up-to-date information on trainee representation on College committees. (Standard 7.2)
- (ii) the activities of the local state/territory trainees' committees. (Standard 7.3.1)
- (iii) confidential communication channels between trainees and their trainee representatives. (Standard 7.3.1)

QQ Improve communication with trainees by:

- (i) implementing a communications strategy to ensure consistent and targeted trainee oriented communication across all College training programs. (Standard 7.3)
- (ii) implementing the Online System for Administration & Reporting (OSCAR) or similar system. (Standard 7.3)

RR Provide better information on career options by collaborating with key stakeholders. (Standard 7.3)

SS Review the reconsideration and review processes to identify recurrent issues, and ways to address these issues. (Standard 7.4)

8 Implementing the training program – delivery of educational resources

8.1 Supervisors, assessors, trainers and mentors

The accreditation standards are as follows:

- The education provider has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the training program, and the responsibilities of the College to these practitioners.
- The education provider has processes for selecting supervisors who have demonstrated appropriate capability for this role. It facilitates the training of supervisors and trainers.
- The education provider routinely evaluates supervisor and trainer effectiveness, including feedback from trainees, and offers guidance in their professional development in these roles
- The education provider has processes for selecting assessors in written, oral, and performance-based assessments who have demonstrated relevant capabilities.
- The education provider has processes to evaluate the effectiveness of its assessors/examiners including feedback from trainees, and to assist them in their professional development in this role.

Supervisor role titles and job descriptions vary somewhat across training programs (Division, Faculties and Chapters) and training settings (New Zealand/Australian states/territories, regions/networks, etc.).

The key roles with responsibility for basic and advanced training, assessment and mentoring of trainees are set out below.

The ***Director of Physician/Paediatric Education (DPE)*** fosters an educational leadership link between the College and hospital. The DPE oversees the Basic Training Program and provides support to Educational Supervisors and Ward/Service Consultants in conjunction with state and regional committees. The DPE also establishes and facilitates local support networks and completes administrative work when required.

The ***Educational Supervisor (Basic Training)*** assists the trainee assemble the evidence of educational activity and progress. The Educational Supervisor oversees the training program for a small group of basic trainees within their hospital. The Education Supervisor meets each trainee twice per year to produce a progress report, consider the trainee's evidence of learning, facilitate teaching and learning, formative assessments, and provide feedback to trainees.

The ***Professional Development Advisor (PDA)*** facilitates the personal and professional development of the trainee in professional qualities. The PDA meets the trainee twice a year to facilitate critical review and reflection on practice through discussion and comprehensive feedback.

The ***Ward/Service Consultant (Rotational Supervisor)*** supervises and supports the trainee with the main clinical tools in the PREP program, the Learning Needs Analysis and the mini-clinical evaluation exercise.

The ***Supervisor (Advanced Training)*** provides leadership and support within the workplace of trainees by helping them develop, implement and review effective training plans. The Supervisor guides the trainee's development of knowledge and skills and completes periodic progress reports for each trainee.

The ***Director of Advanced Training (DAT)*** is a fellow of the College who advises advanced trainees on general concerns, particularly in regard to systems and administrative matters at the hospital, and also acts as an independent adviser in situations where opinions differ between the trainee and their supervisor.

The ***Member Support Officer*** is usually based in the College's state office and the New Zealand office, and works closely with the local manager, the state/New Zealand committee, fellowship relations and the supervisor learning support unit and supports the DPEs and supervisors at the various hospitals.

Roles titles and job descriptions may vary, however all of the formal supervisory roles broadly fit into three functional categories:

- Managerial/Administrative individuals who are responsible for the directing and/or oversight of a College training program in a training setting, or across multiple training settings (e.g. network or region), for example, DPEs.
- Educational individuals who directly supervise and assess College trainees in a training setting, for example, Education Supervisors.
- Supportive individuals who provide development support through mentorship, for example, Professional Development Advisors.

In 2011, the College developed a five-year *Supervision Support Strategy 2012-2016.* The Strategy has six focus areas that outline the principal approaches to improve education and support for supervisors. These are:

- Engagement and workforce development to provide an increased number of engaged supervisors in Australia and New Zealand.
- An education policy on supervision to underpin all aspects of supervisory practice including professional development, training, certification, recognition of prior learning, model of supervision, roles and responsibilities, rewards and recognition.
- A structured training program for supervisors that provides accessible and certified education and professional development opportunities.
- A fully integrated system of support for supervisors, which includes workshops, events, accessible resources, specialist pages on the website and the expertise of College staff.
- A rewards and recognition strategy for supervisors to support, encourage and further engage them in the work of the College.
- Monitoring and evaluation of the effectiveness of the supervision strategy in improving clinical and educational supervision and research on supervision.

The College is undertaking work across all focus areas but with particular investment and progress made in the areas of policy, training, support and monitoring and evaluation.

The College is consulting on an early draft of an Educational Supervision Policy and this is yet to go through the peer review stage of policy development. A working group developed a draft policy informed by Health Workforce Australia's National Clinical Supervision Support Framework (July 2011), the literature on supervision in medical education, review of best practice, and consultations with fellow and trainees.

The policy will define educational supervision and outline the principles and standards to underpin supervisory practice. The policy will align with, and simplify the supervisory roles as described above and provide clearer role definitions and descriptions.

New supervisory roles being considered include:

The ***Training Program Director (TPD)*** to oversee an RACP training program in a training setting or across multiple settings.

The ***Assistant Training Program Director*** to assist the TPD with their responsibilities.

The ***Supervisor of Training*** to provide direct oversight, including guidance, assessment, feedback and support in the context of each trainee's experience.

The ***Assistant Supervisor of Training*** to assist Supervisors of Training.

Selection of Supervisors

The role of supervisor is undertaken by physicians and is usually a function of the employment-supervision relationship. College fellows are encouraged to self-nominate if they are interested. Directors of Physician/Paediatric Education (DPEs) assist in the recruitment of new supervisors. DPEs are appointed by a formal College process. The Educational Supervision Policy (referred to above and currently in draft form) will likely stipulate that supervisors are to be appointed by the Training Program Director and may include more refined selection criteria.

Training

In 2012, the College established a competency framework for supervision with three domains:

- Practical skills for supervisors: setting the culture for learning; feedback and performance; and feedback in challenging situations.
- Workplace-based learning and assessment: what works and what are the challenges; setting the trainee up and the tools; and bringing it all together.
- Teaching and learning in healthcare settings: challenges facing educators in the health setting; strategies for teaching in a complex environment; confronting underlying and system issues.

The curriculum standards outline the knowledge and skills required of effective supervision. They also provide a foundation for the College's Supervisor Professional Development Program (SPDP), which consists of three workshops that directly align to the domains of the supervision curriculum standards.

As of September 2014, 1053 of 4585 RACP supervisors (22.98%) had attended workshop 1 (Practical Skills for Supervisors). During the assessment visit, the College reported this percentage has increased to around 27%. Approximately 5% or 231 supervisors had attended Workshop 2 (Teaching and Learning in Healthcare Settings). Workshop 3 (Workplace-based Learning and Assessment), which was developed early in 2014, will be piloted in 2015. There are plans to roll out online versions of these workshops by 2017.

The College strongly encourages participation in these workshops rather mandates it. The reported response to the workshops has been very positive with 97% of participants indicating that the workshop met their learning needs.

The College also runs a one-day induction workshop annually for all new DPEs and a one-and-a-half day workshop for SPDP facilitators in both Sydney and Auckland.

Support

As part of the SPDP the College will be making available a range of support tools for supervisors including workshops, events, coaching, materials, online resources, and the expertise of College staff.

Monitoring and Evaluation

The College monitors the training program by a biennial training survey for basic and advanced trainees (in alternative years). The trainee surveys provide feedback on supervisor performance and how it relates to the overall training experience for trainees. The 2013 Basic Trainee survey had a response rate of 23.7%. Seventy percent of respondents were satisfied with their overall Basic Training experience. Around 80% of respondents agreed that they receive good supervision overall and 85% were satisfied with the level of supervision from Ward/Service Consultants. The 2012 Advanced Training Survey had a response rate of 48.24%. Most respondents (90%) perceived that overall they receive good supervision and were provided with sufficient autonomy. Confidential feedback on supervisor effectiveness is also obtained by interviewing trainees at site accreditation visits.

A supervisor survey is planned with questions focused on supervisors self-identifying for professional development opportunities. This will consolidate data gained from consultations, the PREP program, eLearning Futures project (detailed under standard 4 of this report) and trainee surveys.

Selection of Assessors

The College recruits members of the Divisional Written Examinations Committees, who are responsible for the preparation of the written examination, by expressions of interest from the appropriate Specialty Society. The Written Examination Committee Chair, the Committee's Honorary Secretary and relevant Committee members select the members. New members observe the Committee for one meeting the year before their membership term commences and are trained on the development of multiple choice questions.

Clinical Examiners are selected by a process of self-proposal or recommendation, with formal support by at least two colleagues (one of whom must be a current examiner). They must fulfil a number of criteria including being a clinically active Fellow of at least two years standing, attending an examination calibration session prior to examining, and having demonstrated an ability to judge performance. In selecting examiners for Chapter Oral

Examinations, there is a process for eliminating conflict of interest between examiners and potential candidates.

Work based assessments are conducted by supervisors (including DPEs, Educational Supervisors, and Ward Service Consultants) or fellows of another medical college. The College provides training and support materials to its assessors. Supervisors are strongly encouraged to attend the SPDP workshops outlined above.

8.1.1 Team findings

The College is supported by a large number of committed fellows, both hospital and community practitioners, who supervise, assess and monitor trainees of the College. The enthusiastic contribution of these individuals to the College training programs is much appreciated by trainees and is commended by the team.

The College has developed a draft Educational Supervision Policy that sets out the roles of the Training Program Director and Educational Supervisors (and assistants to both), and further defines the qualities required of supervisors. Additionally, it defines educational supervision to be distinct from workplace supervision that is governed by employer policies.

The College is to be commended for developing this policy, but it is still to be promulgated and implemented. There is concern among some current DPEs and supervisors that the requirement for one hour of contact per week between each trainee and their supervisor may be difficult to maintain because of time restraints and the large number of trainees in some hospitals (capacity to train issues). The College should consider defining acceptable ratios of trainees to supervisors/DPEs that are relevant to the training setting in this document so that supervisors can balance the conflicting demands of trainee supervision and their other clinical and non-clinical roles. The College needs to satisfy itself, for example during the hospital accreditation process that supervisors have adequate resources, including time, to adequately supervise and teach their trainees. Some DPEs reported receiving no dedicated time from their employing authority to supervise trainees. Others had large numbers of trainees to supervise. Some trainees, particularly from the AFOEM, reported a lack of supervision.

Although it is appreciated that the number of trainees at each training site can vary markedly, the draft policy allows for increasing the number of Supervisors/Assistant Supervisors as trainee numbers increase. It is noted that the minimum requirement for Educational Supervisors in the document *Basic Physician Training Assessment Form for Accreditation of Training Settings* is one Educational Supervisor for every three to five trainees.

As discussed under standard 5, some clinical supervisors are unable to access previous supervisor reports on the trainee. In further developing the Educational Supervision Policy, the College should consider defining the relationship and interaction between educational and clinical supervisors particularly in sharing reports from previous rotations.

Trainees are expected to be involved in all aspects of physician practice such as inpatient care, ambulatory care, acute care and in the provision of consultative services within the hospital. During the visit, the team identified some problems with procedural exposure in some settings e.g. gastroenterology or mandatory transplant unit experience. Rural experience requirements, while problematic in some, are still achievable in most settings.

In the RACP 2013 basic trainee survey, 40% of respondents agreed that they would like some assistance in identifying a mentor. The College is encouraged to develop a mentor program for trainees with the proviso that the mentor and supervisor roles are clearly separated.

Currently the procedures for recruiting and selecting supervisors are somewhat ad hoc. The draft Educational Supervision Policy provides basic eligibility criteria, but the quality standards outlined in this draft document could form the basis of a selection process as they relate to the competence educational supervisors to perform their role effectively . Selection may ultimately be determined by completion of the suite of supervisor workshops. The College needs to consider at what point it will mandate participation in these workshops before a physician takes on a supervisory role. Formal selection criteria for supervisors should be developed and implemented.

The College has commenced work on a supervisor recruitment, rewards and recognition program as one component of ensuring adequate supervisory capacity, and this work should be progressed.

The College is to be commended for its investment in developing three comprehensive workshops as part of its Supervisor Professional Development Program. As detailed above, around one quarter of College supervisors have completed Workshop 1 but only approximately 5% have completed Workshop 2 and Workshop 3 has yet to be rolled out. There is an urgent need to increase supervisor participation and engagement in these workshops. Workshop 3 strongly relates to workplace-based assessments (WBAs) and PREP tools, but will not commence until 2015. The team's observations suggest that training of workshop facilitators also needs to be enhanced. There is a heavy reliance on WBAs as assessment tools in Basic and Advanced Training and these assessments are reliant on the supervisors' understanding of and commitment to them. It is important that the College put processes in place to ensure supervisors have a consistent understanding of WBAs in the interim. Online versions of these workshops should be expedited to allow increased participation.

The College is considering strategies to enhance support for supervisors in rural and remote settings, such as strategies for remote supervision and videoconferencing. This work should be progressed.

The RACP evaluates supervisor and trainer effectiveness by surveys of basic and advanced trainees. For the most recent surveys, the response rate for basic and advanced trainees was 23.7% and 48.24% respectively. Of those responding, 80% of basic trainees and 90% of advanced trainees indicated they were happy with their level of supervision. As this feedback does not identify individual supervisors, it cannot be used by supervisors to assess and enhance their own performance. Confidential information regarding the level and quality of supervision is also sought at site accreditation visits that occur approximately every five years. While of use to the College, this information is not specific enough to provide feedback to individual supervisors. As discussed under standard 6, the College needs mechanisms to obtain this feedback more systematically and at a level to allow individual supervisors to reflect on and improve their performance, perhaps through considering a wider adoption and enhancement of the New Zealand system for supervisor feedback. It is important that any such system is confidential and allows trainees to make comments without concern of specific attribution.

The College's processes for selecting assessors in written, oral and performance-based assessments are relatively ad hoc and do not specifically address demonstration of relevant capabilities. Members of the Written Examination Committees only require to be nominated, then approved and attend one Written Examination Committee meeting. The criteria for selecting Examiners for the Oral/Clinical examination are more rigorous and involve the proviso that potential examiners participate in the training of Basic Trainees and in trainee preparation for the Clinical Examination. A list of desirable attributes of an examiner is provided and includes being able to manage the diversities of candidates' behaviour and abilities, being able to make and justify pass/fail decisions and being willing to accept feedback from co-examiners. However, the team could find no evidence that these desirable attributes form part of the selection process for examiners. Selection of assessors for WBAs will be facilitated when the supervisor workshops are fully rolled out.

The team found that the College's processes to evaluate the effectiveness of its assessors/examiners are limited to trainee surveys. The Written Examination Survey (2011) provided some feedback on ambiguous questions and the Clinical Examination Survey (2011) provided some non-specific feedback from both trainees and examiners. In the Basic Training Survey (2013) trainees were asked whether they felt their supervisors were skilled in the use of WBAs. When the agree/strongly agree responses were combined approximately 50% (Mini-CEX), 33% (PQR) and 25% (LNA) trainees considered their supervisors were appropriately skilled. The percentage was approximately 75% for ward service consultant reports and progress reports. In the 2012 Advanced Training Survey, approximately 50% thought their supervisor had good knowledge of the PREP tools. As these surveys do not identify individual supervisors or examiners, the College is unable to provide feedback or assist the professional development of these individuals. The team acknowledges that the skills of supervisors in conducting WBAs are likely to improve after participation in the suite of supervisor workshops.

Commendations

S The significant contribution of fellows of the College to supervision, assessment and monitoring of trainees.

T The College's support for supervisors particularly through the Supervisor Professional Development Program which includes supervisor workshops.

Conditions to satisfy accreditation standards

24 Promulgate and implement the revised educational supervision policy that defines the new responsibilities of supervisors. (Standard 8.1.1)

25 Develop and implement a formal selection process for supervisors including criteria for selection. (Standard 8.1.2)

26 To support high quality training, increase participation in Supervisor Professionalism Development Program workshops and strengthen facilitation skills of workshop presenters. (Standard 8.1.2)

27 Strengthen formative assessment processes by increasing training for supervisors including how supervisors can incorporate workplace-based assessments within the normal working day. (Standard 8.1.2)

28	Develop strategies to ensure consistency in workplace-based assessments until workshop participation by supervisors becomes mandatory. (Standard 8.1.2)

Recommendations for improvement

TT	Work with employers to develop processes that ensure supervisors at each training site have adequate resources, including time, to undertake supervisory activities and that allows a sufficient amount of contact per week with each trainee. (Standard 8.1.1)
UU	Explore the potential benefit of developing a mentor program for all trainees. (Standard 8.1.1)
VV	Formulate and implement the supervisor recruitment, rewards and recognition strategy. (Standard 8.1.2)
WW	Develop strategies for remote supervision and videoconferencing to enhance support for supervisors in rural and remote settings. (Standard 8.1.2)

8.2 Clinical and other educational resources

The accreditation standards are as follows:

- The education provider has a process and criteria to select and recognise hospitals, sites, and posts for training purposes. The accreditation standards of the education provider are publicly available.
- The education provider specifies the clinical and/or other practical experience, infrastructure and educational support required of an accredited hospital/training position, in terms of the outcomes for the training program. It implements clear processes to assess the quality and appropriateness of the experience and support offered to determine if these requirements are met.
- The education provider's accreditation requirements cover: orientation, clinical and/or other experience, appropriate supervision, structured educational programs, educational and infrastructure supports such as access to the internet, library, journals and other learning facilities, continuing medical education sessions accessible to the trainee, dedicated time for teaching and training, and opportunities for informal teaching and training in the work environment.
- The education provider works with the health services to ensure that the capacity of the health care system is effectively used for service-based training, and that trainees can experience the breadth of the discipline. It uses an appropriate variety of clinical settings, patients, and clinical problems for the training purposes, while respecting service functions.

In basic training in Australia, the College has 263 accredited training sites and in New Zealand, there are 27 accredited training sites. Advanced training has over 40 accredited groups across Australian and New Zealand managing the process.

College-wide *Standards for the Accreditation of Training Settings* were introduced by the College in 2009. The standards form a common framework for all College training programs from which to determine criteria consisting of minimum requirements and indicators for

assessment tailored to each training program. The standards are divided into the following categories: supervision, facilities and infrastructure, profile of work, teaching and learning, and trainee safety and support services.

Training settings are accredited by the relevant accrediting group of the College in Australia and New Zealand. Basic Training settings in Australia are accredited by the standing Accreditation Subcommittees of the Adult Medicine Division Education Committee (AMDEC) and the Paediatrics & Child Health Division Education Committee (PDEC). Basic Training settings in New Zealand are accredited by the New Zealand Adult Medicine Education Committee and the New Zealand Paediatrics & Child Health Education Committee. For Advanced Training in the Divisions and Chapters, settings are accredited by the committees that oversee training (Specialist Advisory Committees/Specialty Training Committees/Joint Specialist Advisory Committees/Education Committees), and settings for the Faculties may be accredited by their respective Education Committees or Accreditation Committees.

Accrediting groups may accredit a range of training settings (including networks) with the scope of accreditation specified at the time of each assessment. Accreditation decisions are based on criteria determined by the relevant accrediting group. These criteria, consisting of minimum requirements and indicators for assessment, must be consistent with the College's *Standards for the Accreditation of Training Settings*, and be approved by the College Education Committee.

The method for accreditation comprises review of a completed pro forma submitted by the training setting that addresses the relevant specialty-specific criteria for accreditation of training settings. In most cases, two trained Fellows of the relevant Division, Faculty or Chapter then conduct a site visit on behalf of the education committee. In some situations, an accreditation decision can be made based on the completed proforma only.

The College accredits training settings for a fixed period of time, typically five years for Basic and Advanced Training sites. Advanced Training sites are generally accredited for a designated number of training positions. Australian Basic Training sites are categorised into either a Level 1, 2 or 3 teaching hospital, as a Level 1 teaching hospital as part of a network, or as a secondment site. Trainees can complete 12, 24 or 36 months of training at each of these sites respectively, and up to six months in total at a secondment site. Basic Trainees are required to complete at least 12 months of training at a Level 3 Hospital. The length of time a New Zealand Basic Trainee may have certified in a particular training setting varies and is defined in the accreditation decision for the setting.

The *Standards for the Accreditation of Training Settings*, the *Accreditation of Training Settings Policy* and criteria for each of the specialty training programs are (nearly) all publicly available on the College website. A list of accredited settings for most of the accrediting groups in the College is also publicly available on the website.

The College administers 376 Specialist Training Program (STP) physician posts in settings including private hospitals, rural and remote hospitals and community health. The STP is an Australian Federal Government initiative to increase training posts for specialists outside traditional public teaching hospitals. All STP settings are accredited by the College.

In 2014, the College began a comprehensive review of its approach to the accreditation of training sites which will explore alternative models for accreditation of settings in response to the changing models of healthcare, increasing trainee numbers, limited resources and a demand for flexibility. Accreditation of healthcare networks will be undertaken in response to the expansion of training settings beyond teaching hospitals.

8.2.1 Team findings

As discussed in standard 6, the College's site accreditation program for training appears to be working well and is seen as a constructive process. The RACP has a clear College-wide process to recognise hospitals, sites and posts for training purposes. The College is commended for this. The criteria for accreditation of sites for Basic Training are publicly available on the College website and include the criteria to designate a particular site as a Level 1, 2 or 3 teaching hospital, a Level 1 teaching hospital as part of a network, or as a secondment site. The criteria for accreditation of Advanced Training sites are specific to the relevant specialty, Chapter and Faculty. The majority of these have detailed information on the website concerning the criteria for accreditation, the sites that are accredited and the duration of accreditation for each. The exceptions are neurology, nuclear medicine and paediatric emergency medicine. While the information regarding accreditation of these can be accessed through other organisations, the College should consider making these details available via the College website.

The accreditation team for a site visit usually consists of two trained fellows of the relevant Division (and Special Society), Chapter or Faculty. The College acknowledges the significant contribution that its fellows make to the accreditation process. The College should consider adding a trainee representative to the accreditation team to reflect the experience of a consumer in the training process. Including other stakeholders such as representatives of jurisdictions would add to the robustness of the process and possibly inform some action on capacity to train issues.

Sites undergoing accreditation for Basic Training are assessed against RACP standards and minimum requirements for supervision, facilities and infrastructure, profile of work, teaching and learning and support for trainees. The standards for Advanced Training in the various specialties are defined but not always within these headings. As there is overlap between the standards for Basic and Advanced Training, the team recommends that the College consider whether it can integrate some aspects of accreditation for Basic and Advanced Training at a single site. The ability of the site to meet the requisite standards is assessed by the accreditation team using a pro forma document. Where the site does not meet the requirements, the College will amend the accreditation status, put conditions on accreditation or suspend accreditation depending upon the circumstances.

Despite this process, a number of Basic Trainees reported they were unable to undertake experiences and learning across all areas of the curriculum, particularly in specialty rotations, because of a lack of diversity in training sites in which they trained or were training. Specifically, there are limitations in ambulatory care exposure in some programs and sites, despite the College's stated minimum requirement of at least one ambulatory/outpatient clinic per fortnight. Further, some trainees reported an inability to obtain teaching in, and exposure to, some of the required procedural skills. The College should undertake further work to ensure that trainees are exposed to a broadly equivalent range of healthcare environments, particularly with respect to ambulatory care and exposure to procedures.

The College acknowledges that capacity to train is an issue for many training sites, particularly for Basic Training for which the number of trainees at each site is currently dictated by service requirements. It is important that the College works with health services and other stakeholders to ensure that the site accreditation process allows trainees to access all areas of the training program and to experience the breadth of the discipline.

The team commends the College on its commitment to a comprehensive review of its approach to site accreditation. The AMC will wish for updates on the progress of the review.

Commendations

U The significant contribution of College fellows in conducting site accreditation visits.

Conditions to satisfy accreditation standards

29 Monitor and ensure that trainees are exposed to an appropriate range of clinical environments that enable them to meet the curricula objectives including procedural exposure, ambulatory care and both subspecialist and regional rotations. (Standard 8.2.2)

30 Publish the accreditation criteria and a list of accredited sites for all programs and specialties on the College's website. (Standard 8.2.1)

Recommendations for improvement

XX Broaden the membership of training site accreditation teams to include trainee and jurisdictional representatives. (Standard 8.2.1)

YY Complete the comprehensive review of the College's approach to training site accreditation and work with key stakeholders to ensure the accreditation process takes account of the capacity to train issues. (Standard 8.2)

9 Continuing professional development

9.1 RACP continuing professional development program including additional MCNZ criteria: Continuing Professional Development

The accreditation standards are as follows:

- The education provider's professional development programs are based on self-directed learning. The programs assist participants to maintain and develop knowledge, skills and attitudes essential for meeting the changing needs of patients and the health care delivery system, and for responding to scientific developments in medicine as well as changing societal expectations.
- The education provider determines the formal structure of the CPD program in consultation with stakeholders, taking account of the requirements of relevant authorities such as the Medical Board of Australia and the Medical Council of New Zealand.
- The process and criteria for assessing and recognising CPD providers and/or the individual CPD activities are based on educational quality, the use of appropriate educational methods and resources, and take into consideration feedback from participants.
- The education provider documents the recognised CPD activities of participants in a systematic and transparent way, and monitors participation.
- The education provider has mechanisms to allow doctors who are not its fellows to access relevant continuing professional development and other educational opportunities.
- The education provider has processes to counsel fellows who do not participate in ongoing professional development programs.

As described under standard 1, in 2014 the College established a College-wide Continuing Professional Development Committee. The committee is responsible for encouraging and promoting CPD participation, and ensuring that the College's CPD programs meet the needs of the fellowship. The committee approves any changes to the MyCPD program and makes recommendations to the CEC. The New Zealand CPD Committee addresses specific Medical Council of New Zealand requirements.

The College also has managerial and IT staff to support the CPD committees and the fellows in fulfilling the requirements of the program.

The principles underpinning the College's CPD programs are:

- a commitment to lifelong learning
- best practice in learning
- learning aligned to competence and performance
- learning relevant to career state and scope of practice
- meaningful assessment
- learning enabled by information and communications technology.

The College has recognised the importance of focussing on revalidation (or recertification as defined in New Zealand legislation). In 2012, it introduced the Supporting Physicians'

Professionalism and Performance Guide (SPPP Guide), a framework to support the ongoing professionalism of fellows and trainees by defining the professional behaviours that underpin quality and safety in physician practice. Although it may be used in many ways, including as a guide for self-assessment and reflection, the primary purpose of the SPPP is to assist fellows to plan their CPD activities. The SPPP Guide describes ten domains of professional performance:

- Quality and safety
- Communication
- Collaboration and teamwork
- Leadership and management
- Decision making
- Health advocacy
- The broader context of health
- Teaching, learning and research
- Ethics
- Cultural competency

Participants are required to use a range of learning and assessment methods for CPD, and to consider the full range of professional and medical expert competencies required for effective physician practice. Participants record credits against six categories of learning:

1. Educational Development, Teaching & Research
2. Group Learning Activities
3. Self-Assessment Programs
4. Structured Learning Projects
5. Practice Review & Appraisal
6. Other Learning Activities

The *MyCPD* program has an annual cycle from 1 January to 31 December and requires participants to undertake activities totalling 100 credits each year. Category 1, 2 and 6 activities are capped at a maximum of 50 credits per year.

MyCPD program categories are documented in the following table:

	Category	Examples	Credit	Documentation
Category 1	**Educational Development, Teaching & Research** Activities that focus on developing expertise within defined scholarly activities (eg, teacher, researcher or standard setter)	• Teaching (eg, supervision, mentoring) • Research – grant proposal & Trails) • Involvement in standards development • Reviewer • Writing Examination questions • Examining	1 credit per hour **Maximum 50 credits**	• Written invitation, program or abstract • Reprint of publication • Copy of presentation • Teaching timetable • Signed statement of involvement by appropriate person
		• Publication	5 credits	
		• Presentation	3 credits	
Category 2	**Group Learning Activities** Formal education sessions by CPD providers (eg, universities, teaching hospitals, medical colleges, specialty societies)	• Seminars • Conferences • Workshops	1 credit per hour **Maximum 50 credits**	• Program, certificate of attendance or statement of involvement indicating the number of hours • Registration form • Program with activities attended highlighted
Category 3	**Self-Assessment Programs** Programs designed to assist you to identify your educational needs	• Programs from other medical colleges or faculties such as the Medical Knowledge Self-Assessment Program [MKSAP]	2 credits per hour	• Evidence that questions have been attempted (eg, computer printout, diary entries) • Statement of participation • Certificate of completion
Category 4	**Structured Learning Projects** Activities undertaken to improve a particular aspect of your performance practice	• PhD studies • Formal postgraduate studies	50 credits per semester	• Appropriate to the type of activity (eg, project report, a copy of your professional development plan) • Statement or certificate of completion
		• Refresher attachments to hospitals • Course to learn new techniques (eg, Advanced Life Support [ALS] or Advanced Paediatric Life Support [APLS] courses) • Learner initiated and planned projects	3 credits per hour	
Category 5	**Practice Review & Appraisal** Activities that assist you to review your practice/performance	• Practice audits/Clinical audits • Peer review • Patient satisfaction studies • Institutional audits and service reviews (eg, accreditation) • Incident reporting/monitoring (eg, morbidity & morality meetings)	3 credits per hour	• Documentation of aims, methods, results and conclusions of the study (eg, project report) • Details on type of activity and extent of involvement • Signed statement of involvement by appropriate person
		• RACP Physician Assessment or equivalent program	20 credits	
Category 6	**Other Learning Activities** Individual or group learning activities that occur on a regular or day-to-day basis	• Grand rounds • Journal clubs • Hospital and other medical meetings • Reading journals and texts • Information searches (eg, Medline) • Audio/Videotapes • Internet CME programs/podcasts • Preparation for teaching, publication or presentation	1 credit per hour **Maximum 50 credits**	• Some evidence of attendance (eg, notices of meetings, copy of roster, diary entries) • Signed statement of involvement by appropriate person

The College provided the following details regarding participation in the *MyCPD* program current as at July 2014 for the period of calendar year 2013:

Division, Faculty or Chapter	**Total Fellows**	**Fellows not participating in *MyCPD****	**Participating in *MyCPD***	**CPD records submitted**	**% completed**
Adult Medicine Division	9731	2234	7497	7185	95.8%
Paediatrics and Child Health Division	2820	610	2210	2120	95.9%
AChAM	211	120	91	82	90.1%
AChPM	318	84	234	228	97.4%
AChSHM	161	52	109	106	97.2%
AFOEM	392	106	286	273	95.5%
AFPHM	729	378	351	318	90.6%
AFRM	552	153	399	380	95.2%
Total	**14914**	**3736**	**11178**	**10692**	**95.7%**

*Reasons Fellows may not participate include recent admission to Fellowship, temporary (annual) exemption, participation in an alternative CPD program (including overseas) or retirement.

The College conducts a random audit of 5% of fellows each year asking for documentary evidence to support the details of their *MyCPD* entries/submissions.

The College has developed a comprehensive process for dealing with fellows who do not complete the College's CPD requirements. Such fellows are notified in writing and agreed timeframes are established within which the fellow must provide evidence of completion of the requirements. This process is similar to the evidence required in the random audit process. Initially, participants are offered guidance and support from College CPD Unit and College CPD Committee in Australia, and CPD Directors or the New Zealand CPD Committee in New Zealand to meet their CPD requirements. Ongoing communications and support are provided to ensure the participants are able to complete their CPD. A participant may seek personal assistance from a New Zealand CPD Committee member if this level of support is required. If the participant still does not complete their CPD requirements they then receive a formal letter notifying them that their status in the College's database is 'incomplete CPD'.

The College's role is to support fellows in their life-long learning goals. The College is the conduit for assisting fellows to develop their professionalism and maintain their competence. Whilst historically it has been outside the role of the College to manage competence concerns or poor performance of fellows, the College is exploring mechanisms to assist fellows in difficulty and to offer remediation at an early juncture, thereby hoping to avoid the need to escalate concerns to the Medical Board of Australia and the Medical Council of New Zealand. The College is aware of the relevant obligations in both Australia and New Zealand for health practitioners to report concerns to regulators and the College expects fellows to comply with their statutory requirements.

Medical Council of New Zealand

The Medical Council of New Zealand has introduced a process of regular practice review (RPR) as a voluntary part of specialist CPD and has identified several key principles:

- It is a formative process. It is a supportive and collegial review of a doctor's practice by peers, in a doctor's usual practice setting.
- It is informed by a portfolio of information provided by the doctor, which may include audit outcomes and logbooks.
- It includes Multi-source assessment forms.
- It must include some component of external assessment by peers external to the doctor's usual practice setting.

The College has developed a Regular Practice Review framework and has piloted two tools. The Professional Development Review is a formative review of the doctor's practice including clinical, professional skills, job satisfaction and job sizing. The Service Review is an overarching review of the service or department in which the doctor, who completed the Professional Development Review, is practising. These two tools were piloted at tertiary hospitals and a hospice to ensure they are applicable in a number of clinical settings. The report of the pilot conducted at the North Shore Hospital, Auckland in 2013 is available via the College's website. It is anticipated that the Regular Practice Review tool will be available to all CPD participants shortly. Participants will be able to indicate that they have completed a Professional Development Review and/or a Service Review. The Revalidation Working Group is considering the Regular Practice Review and its role in recertification of physicians.

Cultural competence

Cultural competence as part of professionalism and ongoing learning is clearly gaining importance and acceptance in the College. To address cultural competence in CPD, the College's Māori Health Committee in New Zealand advises the College on how to best meet its cultural competence requirements in relation to Māori people. Similarly, the College has established links with Aboriginal and Torres Strait Islander health representatives to improve cultural competence in Australia.

The College's New Zealand CPD Committee and the Māori Health Committee formed a Cultural Competence Working Party to develop a series of statements relating to physicians' practical concerns when dealing with Māori patients. The guideline commentaries are included in College publications available on its website to ensure fellows have access to relevant cultural competence materials for learning.

The Māori Health Committee strongly believes the benefits of the guides for cultural competence can be used as a basis for a generic approach to learning in relation to cultural competence across Australasia.

Future directions

In February 2014, the College reviewed the CPD activities entered on MyCPD and the frequency of each activity. The data was collected from a voluntary survey and sample of 500 MyCPD participant reports entered from 2011 to 2012. The review revealed the most reported CPD activities were seminars, conferences, workshops and meetings accounting for 36% of all CPD activity. This review is available under the member's only section of the College website and is being used as part of the ongoing investigations into new directions in CPD.

The College is conducting a review of *MyCPD* through the CPD Committee, and with the Alliance (between RACP, Royal Australasian College of Surgeons and the Royal College of Physicians and Surgeons of Canada) is working to establish evidence-based directions for future development. The College has also established a Practice Review Support Working Group to develop evidence-based practice in practice review and practice audit, and is investigating best practice in the use of ePortfolios and learning networks to improve the CPD process for fellows. These future directions have been summarised in the paper *Lifelong learning for physicians and surgeons, May 2013* available in the member's only section of the College's website.

9.1.1 Team findings

Continuing professional development (CPD) is a core requirement for fellows of the College. The College has well-established policies and processes for supporting fellows in their planning and learning.

The RACP has a generically applicable CPD program that is compliant with the requirements of the Medical Board of Australia and the Medical Council of New Zealand. The program is self-directed by the fellow but is designed to encourage participants to select a variety of activities to meet their continuing professional development.

Meeting the requirements of a CPD program is a regulatory requirement for all fellows in Australia, New Zealand and overseas who are in active practice. An extremely high proportion of fellows successfully meet the College's minimum CPD requirements each year. Figures for 1 July 2014 provided by the College reveal in excess of 95% of Division, Faculty and Chapter fellows have meet their requirements without any formal need for the College to intervene. Where fellows have not fulfilled their requirements, the College has processes which allow them to submit appropriate data to meet the program requirements.

Fellows who participate in an alternative CPD program are required to advise the College. This is stipulated in the College's *CPD Participation Policy* which is available on the College website. Fellows who do not complete requirements are referred to the relevant Division, Faculty and Chapter Education Committees (in Australia) or to the CPD director (in New Zealand). The CPD information on the website includes specific links to information on the additional MCNZ requirements for continuing professional development.

Participants enter data into the *MyCPD* system via the College website. The College is aware of the need to amend IT services to keep pace with the growing desire for fellows to move to more simplified methods to enter CPD information. The College plans to improve the functionality of *MyCPD* in conjunction with the implementation of the Online System for College Administration and Reporting (OSCAR).

The Supporting Physicians' Professionalism and Performance (SPPP) guide is a significant advance in aiding fellows to plan their CPD. Similarly, through the Tripartite Alliance, the College is accessing a wide range of expertise to enhance its processes. The College is commended for its leadership on advancing the development of revalidation/recertification programs.

Medical Council of New Zealand

The New Zealand Committee of the College has an established and well-functioning CPD committee. The New Zealand CPD Committee is aware of the additional CPD requirements of the MCNZ. The New Zealand CPD Committee ensures the New Zealand based participants of the program are compliant with these additional requirements. The vast majority of participants are fellows of the College. The Committee also oversees the CPD of vocationally registered physicians who do not hold the RACP Fellowship and General Registrants who elected to maintain their CPD with the College after the *Inpractice* recertification program for General Registrants was introduced by the MCNZ.

The College has piloted an integrated CPD-Annual Performance Appraisal process with New Zealand based fellows that is designed to allow self-reflection within the context of the wider work environment. This is a significant development towards defining an effective recertification program for physicians. There is considerable ongoing work in this arena and the College is commended for its proactive approach.

The New Zealand CPD Committee ensures participants are aware of the specific additional MCNZ requirements, via the website. The compliance of NZ-based participants is high with a 94% compliance rate in 2013. Where participants have not achieved all the requirements of CPD, there is a well-structured process to support the doctor to meet the requirements.

Development and maintenance of cultural competence is an important component of recertification in New Zealand. The New Zealand Committee has worked closely with the College's Māori Health Committee to develop cultural competency resources and learning strategies. The team commends this work.

9.2 Retraining

The accreditation standard is as follows:

- The education provider has processes to respond to requests for retraining of its fellows.

The College has established guidelines for retraining following a prolonged period of absence from practice, although these are not easily accessible on the College website. Requests from fellows for this assistance are rare with only two cases in the last three years. The College is periodically asked to advise on return to work plans for fellows returning to work after a prolonged absence from practice. The request and any plans proposed by the fellow and the employer are referred to the relevant Division, Advanced, Faculty or Chapter Training Committee. The training committees refer to the College guidelines when reviewing proposed return to work plans.

Whilst the number of fellows requesting the assistance of the College in development of a return to work plan is very small the experience of the College is that in each case the fellow has successfully returned to clinical practice.

9.3 Remediation including additional specific MCNZ criteria: Remediation of poorly performing fellows

The accreditation standard is as follows:

- The education provider has processes to respond to requests for remediation of its fellows who have been identified as under-performing in a particular area.

The College's policy discussion paper *Fellows in Difficulty* is well developed and offers considerable advice and guidance to fellows requiring remediation. The College formed the Fellows in Difficulty Working Group to provide additional assistance to those fellows who may require mentoring or guidance in their practice. The team commends this initiative.

The College is aware of the importance of remediation of the poorly performing fellow and of its role in this process. In the abovementioned policy discussion, the College is considering a number of recommendations in determining the College's position and role in supporting fellows in difficulty. The recommendations are in the following areas:

- Development of a comprehensive strategy regarding fellows in difficulty
- Development of a fellows in difficulty policy
- Centralising enquiries
- Partnerships development
- Promotion of health and well-being of doctors
- Peer support programs
- Mentoring programs
- Supporting professionally and geographically isolate fellows
- RACP resources including website, newsletters and CPD programs
- Further research
- Predictors of risk
- RACP Constitution and suspension policies.

A College Revalidation Working Party chaired by a past RACP president is exploring the further development of the remediation process. The Working Party is actively working with key stakeholders in exploring the role the College can play in remediation of aspects of a physician's practice separate from any mandated intervention of the regulators. In this respect, the College is exploring interventions that are supportive of a fellow in difficulty and ideally will allow the fellow to regain the full skills necessary for their scope of practice without the regulator needing to be notified or needing to become involved in the assessment or remediation of the fellow.

Medical Council of New Zealand

The College is aware of its statutory obligations regarding notification to the MCNZ of any significant competency or performance concerns. The New Zealand Committee is engaged with the MCNZ on defining the thresholds for such referral. The College's Revalidation Working Party is also working with the MCNZ to develop processes to address performance concerns ideally identified at a level below any threshold for the MCNZ to be notified. This is to be commended.

The College is aware of the MCNZ requirement for notification to the MCNZ of fellows who have either not complied with, or satisfied their CPD requirements. The College is broadly supportive of this requirement but the College does have concerns, particularly about the privacy issues, that are currently a barrier to compliance. The College and the MCNZ remain

engaged to identify an effective method to achieve this requirement without compromising the privacy of fellows. A satisfactory resolution with the MCNZ is anticipated.

Commendations

V The implementation of the Supporting Physicians' Professionalism and Performance Guide Framework to support the ongoing professionalism of fellows and trainees.

W The College's strong leadership shown in the ongoing development of continuing professional development towards a revalidation framework.

X The establishment of the Fellows in Difficulty Working Group which provides additional assistance to those fellows who may require mentoring or guidance in their practice.

Y The ongoing development of remediation processes in consultation with key stakeholders.

Conditions to satisfy accreditation standards

31 Achieve compliance with the Medical Council of New Zealand requirements regarding College notification of fellows who do not satisfy their continuing professional development requirements. (Standard 9.3)

Recommendations for improvement

Nil

Appendix One Membership of the 2014 AMC Assessment Team

Professor Iain Martin (Chair) MBChB BMed, MD, FRCS,
Vice-President and Deputy Vice-Chancellor (Academic), University of New South Wales

Dr Andrew Connolly (Deputy Chair) BHB, MBChB, FRACS
Head of Department, General Surgery, General and Colorectal Surgeon, Middlemore Hospital. Chair, Medical Council of New Zealand

Professor David Black MA, MBA, FRCP, FAcadMed
Senior Censor and Vice President, Education and Training, Royal College of Physicians. Consultant Physician in Geriatric Medicine, Queen Mary's Hospital

Dr Elnike Brand MBChB, MMED (Urology)
Advanced Training Registrar, Forensic Psychiatry, Waikato DHB. New Zealand Trainee Representative, RANZCP Trainee Representative Committee

Ms Darlene Cox B.Ed, Grad DipAppEc, B.A, Dip Ed
Executive Director, Health Care Consumers' Association of the ACT Inc.

Professor Liz Farmer MBBS, BSc, PhD, FRACGP, MAICD
Clinical Professor at the Universities of Wollongong, Flinders and Adelaide

Associate Professor Gayle Fischer MBBS, FACD, MD
Senior Dermatology VMO, Royal North Shore Hospital, Mater Hospital, and North Shore Private Hospital. Dean of Education, and Chair, NSW Faculty, Australasian College of Dermatologists

Dr Felicity Hawker AM BMedSc MBBS, FRCA, FCICM
Member, Victorian Board, Medical Board of Australia. Emergency Response Clinical Coordinator and Chair, Emergency Response Committee, Cabrini Hospital

Dr Simon Martel BSc (Med), MBBS, FANZCA, Postgrad Certificate in Clinical Ultrasound
VMO Anaesthetist, Liverpool/Fairfield and Blacktown/Mt Druitt Hospitals

Dr Humsha Naidoo MBChB, DTM&H DPH DHSM, DHMEF, MHlthServMt, FRACMA Juris Doctor (Master of Laws) with distinction
Deputy Executive Director Medical Services, Royal Brisbane and Women's Hospital.

Ms Jane Porter
Manager, Specialist Training and Program Assessment, Australian Medical Council

Appendix Two List of Submissions on the Programs of RACP

Australasian Association of Nuclear Medicine Specialists
Australasian Sleep Association
Australasian Society for Infectious Diseases
Australasian Society of Clinical and Experimental Pharmacologists and Toxicologists
Australian and New Zealand Association of Neurologists
Australian and New Zealand Child Neurology Society
Australian and New Zealand College of Anaesthetists
Australian and New Zealand Society for Geriatric Medicine
Australian and New Zealand Society of Nephrology
Australian and New Zealand Society of Palliative Medicine
Australian Indigenous Doctors' Association
Australian Medical Association
Australian Pain Management Association
Australian Rheumatology Association
Cancer Voices Australia
Cardiac Society of Australia and New Zealand
Deakin University
Department of Health and Human Services, Tasmania
Department of Health, Northern Territory
Department of Health, South Australia
Department of Health, Victoria
Department of Health, Western Australia
Flinders University School of Medicine
Haematology Society of Australia and New Zealand
Health Workforce New Zealand
National LGBTI Health Alliance
National Stroke Foundation
Neurodevelopmental and Behavioural Paediatric Society of Australasian
NSW Ministry of Health
Perinatal Society of Australia and New Zealand
Queensland Health
Royal Australian and New Zealand College of Obstetricians and Gynaecologists
Royal Australian and New Zealand College of Psychiatrists

Royal Australian College of General Practitioners
Royal College of Pathologists of Australasia
Thoracic Society of Australia and New Zealand
University of New South Wales
University of Sydney

Appendix Three Summary of the 2014 AMC Team's Accreditation Program

Location	Meeting
ADELAIDE, SA	
Wednesday 30 July – Professor Liz Farmer	
Royal Adelaide Hospital	Adult Medicine Division Clinical Examination
Thursday 28 August – Professor Liz Farmer	
RACP SA State Office	RACP South Australia State Committee Meeting
Wednesday 17 September – Professor Liz Farmer	
The Hilton Hotel	Supervisor Professional Development Program (SPDP) Workshops
Tuesday 23 September – Professor Liz Farmer, Mr Nino DiSisto, Ms Jane Porter (AMC staff)	
SA Health	Chief Medical Officer Manager, South Australian Medical Education and Training (SA MET) Director, Medical Services, Northern Adelaide Local Health Network (NALHN) (Lyall McEwin Hospital) Clinical Director, Emergency Services
Women's and Children's Hospital	Chief Executive Officer
	RACP Trainees
	Senior Hospital Staff, Directors of Medical Services
	Heads of Department
	Executive Director, Medical Services, Women's and Children's Health Network
	Training Supervisors, Directors of Physician Education
	Representatives of related health disciplines
Wednesday 24 September – Professor Liz Farmer, Mr Nino DiSisto	
Royal Adelaide Hospital	Senior Hospital Staff, Directors of Medical Services
	Training Supervisors, Directors of Physician/Paediatric Education
	RACP Trainees
	Overseas trained physicians
Alice Springs Hospital via teleconference	RACP Trainees
	Director of Physician Education

Location	Meeting
AUCKLAND, NEW ZEALAND	
Saturday 17 May – Tuesday 20 May – Professor Iain Martin (via teleconference), Dr Andrew Connolly, Dr Elnike Brand, Dr Simon Martel, Ms Jane Porter (AMC staff)	
RACP Congress 2014, Langham Hotel	RACP Board
RACP Congress 2014, SkyCity Auckland Convention Centre	Australasian Faculty of Occupational and Environmental Medicine Trainees Australasian Faculty of Occupational and Environmental Medicine Training Supervisors and Directors of Training RACP Trainees Paediatrics and Child Health Division Committee members Advanced Training Committee members Continuing Professional Development Committee members Training Supervisors and Directors of Physician Education Adult Medicine Division Committee members
New Zealand Ministry of Health via teleconference	Deputy Director of Public Health Chief Advisor, Community Health Service Improvement
Tuesday 23 September – Dr Elnike Brand, Dr Andrew Connolly	
Auckland City Hospital and Starship Children's Hospital	Senior Hospital Staff, Directors of Medical Services
	Heads of Department
	Training Supervisors, Directors of Physician/Paediatric Education
	RACP Trainees
	Overseas trained physicians/paediatricians in New Zealand
The Domain Lodge	Dunedin Hospital Trainees via teleconference
	Advanced Training Committee in Dermatology
	Dunedin Hospital Supervisors via teleconference
Wednesday 24 September – Dr Elnike Brand, Dr Andrew Connolly	
The Langham Auckland	Health Workforce New Zealand via teleconference
	Overseas trained physicians in New Zealand via teleconference
	New Zealand Committee representatives via teleconference
	Maori Health Committee

Location	Meeting
BENDIGO, VIC	
Thursday 25 September – Dr Felicity Hawker AM, Professor Iain Martin (via teleconference)	
Bendigo Base Hospital	Senior Hospital Staff
	Training Supervisors, Directors of Physician/Paediatric Education
	Representatives of related health disciplines
	RACP Trainees
BRISBANE, QLD	
Friday 8 August – Professor Iain Martin, Ms Jane Porter (AMC staff)	
Queensland Health	Manager Medical Education and Training Medical Education Officer
RACP Queensland State Office	Specialist Training Program (STP) Supervisors via teleconference
	Regional QLD Directors of Physician Education
Friday 26 September – Dr Humsha Naidoo, Dr Paul Scown	
Princess Alexandra Hospital	Senior Hospital Staff, Directors of Medical Services
	Head of Department, Educational Supervisors
	Overseas trained physicians
	RACP Trainees
RACP Queensland State Office	Rockhampton Base Hospital Trainees via teleconference
	Rockhampton Base Hospital Supervisors via teleconference
	RACP Queensland State Committee
CANBERRA, ACT	
Wednesday 30 July – Associate Professor Gayle Fischer	
Canberra Hospital	Paediatrics and Child Health Division Clinical Examination
Thursday 21 August – Ms Darlene Cox, Ms Jane Porter (AMC staff), Ms Ellana Rietdyk (AMC staff)	
Health Care Consumers' Association of the ACT (HCCA) Office	ACT Consumer Bodies Focus Group: Manager, Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) AWCH Ambassador, Association for the Wellbeing of Children in Healthcare (AWCH) Representative, Australian Pain Management Association (APMA), Pain Support ACT Representative, Cancer Voices Australia

Location	Meeting
Friday 22 August – Ms Darlene Cox, Ms Jane Porter (AMC staff), Ms Ellana Rietdyk (AMC staff)	
Health Care Consumers' Association of the ACT (HCCA) Office	State Peak Consumer Bodies via teleconference: Acting Executive Director, Health Consumers' Council of Western Australia Chair, Health Consumers NSW Executive Director, Health Consumers NSW Chief Executive Officer, Health Issues Centre VIC Executive Director, Health Consumers' Alliance of South Australia
Monday 22 September – Ms Darlene Cox, Dr David Hughes, Ms Jane Porter (AMC staff)	
Canberra Hospital	Senior Hospital Staff, Directors of Medical Services
	Heads of Department
	Directors of Physician/Paediatric Education
	Overseas trained physicians
	RACP Trainees
Wagga Wagga Base Hospital via teleconference	RACP Trainees
	Training Supervisors
Therapeutic Goods Administration	Public Health Medicine Trainees via teleconference
	Public Health Medicine Supervisors
MELBOURNE, VIC	
Tuesday 19 August – Dr Felicity Hawker AM	
RACP Victoria State Office	VIC/TAS Director of Physician Education Meeting
Tuesday 23 September – Dr Felicity Hawker AM, Professor Iain Martin	
Department of Health, Victoria	Manager, Medical Workforce
Box Hill Hospital	Senior Hospital Staff, Directors of Medical Services
	Heads of Department
	RACP Trainees
	Training Supervisors, Directors of Physician Education
	Representatives of related health disciplines
	Specialist Training Program (STP) Trainees across Australia via teleconference

Location	Meeting
	Overseas trained paediatricians from the Royal Children's Hospital via teleconference
Wednesday 24 September – Dr Felicity Hawker AM, Professor Iain Martin, Ms Jane Porter (AMC staff)	
The Royal Children's Hospital	Senior Hospital Staff, Directors of Medical Services
	Heads of Department
	RACP Trainees
	Training Supervisors, Directors of Paediatric Education
	Community Child Health Supervisors
	Community Child Health Trainees
Royal Melbourne Hospital	Heads of Department
	Training Supervisors, Directors of Physician Education
	Director of Medical Services
	RACP Trainees
SYDNEY, NSW	
Thursday 24 July – Associate Professor Gayle Fischer	
Sydney Maritime Museum	National Examination Panel Calibration Day
Sunday 27 July – Associate Professor Gayle Fischer	
Royal Prince Alfred Hospital	Adult Medicine Division Clinical Examination
Friday 29 August – Dr Simon Martel	
RACP Head Office	College Trainees' Committee Meeting
Wednesday 24 September – Associate Professor Gayle Fischer, Dr Simon Martel, Ms Ellana Rietdyk (AMC staff)	
NSW Ministry of Health	Medical Adviser, Workforce Planning and Development Director, Workforce Planning and Development Associate Director, External Relations, Workforce Planning and Development Medical Director, HETI
Medibank Health Solutions	Occupational and Environmental Medicine Trainees
	Occupational and Environmental Medicine Training Supervisors
St Vincent's Hospital	RACP Trainees
	Training Supervisors, Directors of Physician Education

Location	Meeting
	Addiction Medicine Trainees
	Addiction Medicine Training Supervisors
Friday 26 September – Associate Professor Gayle Fischer, Dr Simon Martel	
The Children's Hospital at Westmead	RACP Trainees
	Overseas trained paediatricians
	Heads of Department
	Senior Hospital Staff, Director of Medical Services
	Training Supervisors, Directors of Paediatric Education
Sunday 28 September – Professor David Black, Professor Iain Martin, Ms Jane Porter (AMC staff)	
Westmead Hospital	Senior Hospital Staff, Director of Medical Services
	Heads of Department
	RACP Trainees
	Training Supervisors, Directors of Physician Education

Team meetings with Royal Australasian College of Physicians Committees and Staff

Monday 29 September – Friday 3 October 2014
Professor Iain Martin (Chair), Dr Andrew Connolly (Deputy Chair), Professor David Black, Dr Elnike Brand, Ms Darlene Cox, Professor Liz Farmer, Associate Professor Gayle Fischer, Dr Felicity Hawker AM, Dr Simon Martel, Dr Humsha Naidoo, Ms Jane Porter (AMC staff), Ms Ellana Rietdyk (AMC staff)

Meeting	**Attendees**
29 September 2014	
RACP and AMC Briefing	Interim Chief Executive Officer Director of Education Dean
AMC Team Meeting	AMC Team
College governance, decision-making structures, challenges, strategic directions, communication	RACP Board members Company Secretary Interim Chief Executive Officer Director of Education Dean
Education governance reform	Education Governance Implementation Working Group representatives
Graduate outcomes Basic Training Curriculum Review	Basic Training Curriculum Review Groups representatives Director of Education Dean Manager, Education Program Development, Research and Evaluation College Staff
30 September 2014	
RACP and AMC Briefing	Interim Chief Executive Officer Director of Education Dean
The College's vocational education and training programs	College Education Committee members
	Adult Medicine Division Education Committee members
	Paediatrics and Child Health Division Education Committee members
	Faculty Education Committee representatives
	Chapter Education Committee representatives

Meeting	Attendees
Issues relating to trainees – Selection of Trainees; Trainees' involvement in College affairs; Mechanisms to provide support, counselling, and ongoing monitoring of trainees' wellbeing; Trainees' involvement in decision-making about their training; Dispute resolution	Adult Medicine Division Education Committee Chair Selection into Training Policy Development Working Group members Director of Education Manager, Education Program Development, Research and Evaluation College Staff
1 October 2014	
RACP and AMC Briefing	Interim Chief Executive Officer Director of Education Dean
Assessment and examination	Adult Medicine and Paediatrics and Child Health Written Examinations Committees Clinical Examination Committee Australasian Faculty of Public Health Medicine Education Committee Australasian Faculty of Occupational and Environmental Medicine Education Committee Director of Education Dean Manager, Education Program Development, Research and Evaluation College Staff
Environment for training – Accreditation of hospitals, departments and sites for training; Monitoring quality of training over a wide range of physical settings; Interactions with hospitals and health departments about training	Adult Medicine Accreditation Subcommittee New Zealand site accreditation visitors Director of Education College Staff
Issues relating to trainees	College Trainees' Committee representatives, Australia and New Zealand Trainee representatives on College committees

Meeting	Attendees
Advanced Training Committees	Specialty Training Committee in Cardiology members
	Specialist Advisory Committee in General and Acute Medicine
	Specialist Advisory Committee in General Paediatrics Specialist Advisory Committee in Community Child Health
	Specialty Training Committee in Geriatric Medicine
	Specialist Advisory Committee in Medical Oncology
	Specialist Advisory Committee in Nephrology
Specialty Societies	Specialty Societies in Geriatric Medicine: Australian and New Zealand Society for Geriatric Medicine
	Specialty Societies in General and Acute Medicine and Medical Oncology: Internal Medicine Society of Australia and New Zealand Medical Oncology Group of Australia
	Specialty Societies in Haematology: Australian and New Zealand Society of Blood Transfusion Haematology Society of Australia and New Zealand
	Specialty Societies in Cardiology and Medical Oncology: Cardiac Society of Australia and New Zealand Medical Oncology Group of Australia
Supervisors and trainers – Appointment, training, review of performance; College role in supporting supervisors, clarity of roles	Supervisor Professional Development Program (SPDP) Facilitators Supervision Policy Development Working Group Director of Education College Staff
Monitoring and evaluation, quality assurance processes. Education staff / Dean of Education / College Education Committee representatives	Lead Fellow in evaluation Director of Education Dean Manager, Education Program Development, Research and Evaluation College Staff
2 October 2014	
E-Learning Development	Online System for College Administration and Reporting (OSCAR) update

Meeting	Attendees
Teaching and learning methods. Teaching and Learning Committee Chairs; E-Learning Resource Development Project	Supervisor Professional Development Program (SPDP) Facilitator Direct Observation of Procedural Skills Working Group Clinical Lead, Aboriginal child health modules Australasian Faculty of Public Health Medicine Teaching and Learning Subcommittee Director of Education Manager, Education Program Development, Research and Evaluation College Staff
Continuing professional development programs; College process for retraining under-performing fellows	CPD Committee NZ CPD Committee Dean College Staff
Role of the College education staff in supporting education, training and continuing professional development	Executive Officers in Australia and New Zealand Training Programs
Research in training	Research Projects Working Group Manager, Education Program Development, Research and Evaluation College Staff
Cultural competence	Aboriginal and Torres Strait Islander Health Advisory Committee College Staff
Role of the College senior management staff in supporting education, training and continuing professional development	College Senior Management team
Joint Training Programs with Royal College of Pathologists of Australasia (RCPA)	Joint Specialist Advisory Committees in Endocrinology and Chemical Pathology, Haematology, Immunology/Allergy, Infectious Diseases & Microbiology
Joint Training Programs with Australasian College for Emergency Medicine (ACEM)	Joint Specialist Advisory Committee in Paediatric Emergency Medicine

Meeting	Attendees
Interaction with the health sector	RACP President RACP President-elect Interim Chief Executive Officer Director of Education Dean College Staff
Education Policy Development Working Groups (DWG)	Recognition of Prior Learning DWG Selection into Training Policy DWG Supporting Trainees in Difficulty DWG Supervision Policy DWG Flexible Training and Progression through Training Policy Review Group Manager, Education Program Development, Research and Evaluation College Staff
Assessment of overseas-trained specialists	Adult Medicine and Paediatrics and Child Health Overseas Trained Physicians Subcommittee Dean College Staff
3 October 2014	
AMC Team prepares preliminary statement of findings	AMC Team
Team presents preliminary statement of findings	RACP President RACP President-elect Interim Chief Executive Officer College Education Committee Chair Director of Education Dean Manager, Education Program Development, Research and Evaluation

Appendix Four Expected Outcomes at the Completion of Training

As described under standard 2.2 of this report, the College has defined its graduate outcomes for each specialty training program in its curriculum documents and training program handbooks, under the heading of: *Expected outcomes/competencies at the completion of training*. Some examples of the graduate outcome statements are provided below:

Basic Training in Adult Internal Medicine

At the completion of Basic Training in Adult Medicine, it is expected that trainees will have:

- built on the knowledge and skills acquired during medical school and the pre-vocational post-graduate years
- gained experience in, and had the opportunity to develop and demonstrate competency in, a comprehensive range of 'core' generic and discipline-specific knowledge, clinical skills and attitudes
- had a broad-based exposure to, and clinical experience within, each of the discipline areas that will be further developed and focussed during the subsequent Advanced Training program
- rotated through a series of training opportunities
- Gained a background knowledge and understanding of the full range of discipline areas which will facilitate cross referral/multi-specialty teamwork etc
- demonstrated the ability to communicate effectively and sensitively with patients and their families, colleagues and other allied health professionals
- gained an initial understanding of, and be able to acknowledge the importance of, the various socio-economic factors that contribute to illness and vulnerability
- acquired an awareness of, and sensitivity to, the special needs of patients from culturally and linguistically diverse backgrounds
- acquired the skills to be able to work within, and fully utilise, multidisciplinary team-based approaches to the assessment, management and care of their patients
- implemented their future career-planning and decision making processes based on a more informed level of knowledge and understanding.

Basic Training in Paediatrics and Child Health

At the completion of Basic Training in Paediatrics and Child Health, it is expected that trainees will have:

- built on the knowledge and skills acquired during medical school and the pre-vocational post-graduate years
- gained experience within, and had the opportunity to develop and demonstrate competency in a comprehensive range of 'core' generic and discipline-specific knowledge, clinical skills and attitudes
- had a broad-based exposure to, and clinical experience within, each of the discipline areas that will be further developed and focussed on during the subsequent Advanced Training program

- acquired a ‘breadth of competence’ that will be further developed into a ‘depth of competence’ within their Advanced Training program
- rotated through a series of training opportunities
- gained a background knowledge and understanding of the full range of discipline areas which will facilitate cross-referral/multi-specialty team work etc
- demonstrated the ability to communicate effectively and sensitively with patients and their families, colleagues and other allied health professionals
- gained an initial understanding of, and be able to acknowledge, the importance of the various socio-economic factors that contribute to illness and vulnerability
- acquired an awareness of, and sensitivity to, the special needs of patients from culturally and linguistically diverse backgrounds
- acquired skills to be able to work within and fully utilise multidisciplinary team-based approached to the assessment, management and care of their patients
- implemented their future career planning and decision making processes based on a more informed level of knowledge and understanding.

Advanced Training in General and Acute Medicine

At the completion of the Advanced Training Program in General Medicine, as defined in the curriculum, it is expected that a new Fellow will have developed the clinical skills and have acquired the theoretical knowledge for competent practice as a general physician. It is expected that a new fellow will be a medical expert/clinical decision maker, with the ability to:

- undertake timely, comprehensive and systematic clinical assessments
- efficiently formulate diagnosis and management plans in partnership with patients and other health professionals
- provide a learned, comprehensive, rational, evidence-based consultant opinion
- prioritise care according to clinical circumstances and treatment goals
- care for patients at all stages of life from adolescence onwards
- care for complex patients with multiple problems and comorbidities
- care for acute, undifferentiated illness and well defined clinical syndromes
- care for common chronic diseases including end-of-life care
- integrate research evidence and clinical expertise in providing optimal care
- show willingness and capability to manage a diverse spectrum of clinical problems and patient casemix in a variety of clinical settings
- demonstrate rational, cost-effective and appropriate use of interventions, investigations and medication
- competently perform procedures according to current and future practice settings, patient needs, and credentialing requirements
- manage patients in spite of clinical uncertainty

Advanced Training in General Paediatrics

At the completion of the Advanced Training Program in General Paediatrics, as defined in the curriculum, it is expected that a new Fellow will have developed the clinical skills and have acquired the theoretical knowledge for competent general paediatrics practice. It is expected that a new fellow will be able to:

- take organised, relevant and complete medical histories
- perform thorough physical examinations
- use diagnostic studies and technical procedures, including understanding indications, performing the studies and procedures, and interpreting results
- exercise a comprehensive level of clinical judgement when making diagnostic and therapeutic decisions
- demonstrate the ability to integrate medical knowledge and clinical skills
- consider diagnostic and therapeutic alternatives
- act as an independent paediatrician consultant with an understanding of their own limitations of knowledge and experience
- understand scientific and technological developments in paediatrics and to apply these appropriately to care of infants, children and young people
- possess a sound knowledge of community resources and an understanding of the principles of preventive care
- possess a basic knowledge of research methodology, including hypothesis generation and testing and the principles of statistical analysis essential for a paediatrician
- demonstrate integrity, respect and compassion in the care of patients and their families
- possess the skills required to acquire and process new knowledge, and have the desire to promote and maintain
- excellence through actively supporting or participating in research or quality assurance activities
- foster and develop peer relationships to support one's professional practice
- contribute to the education of colleagues, students, junior medical officers and other health care workers
- demonstrate high standards of moral and ethical behaviour towards infants, children, young people, their families and co-workers
- define the role of a general paediatrician as an advocate for infants, children, young people and their families.

Advanced Training in Community Child Health

At the completion of the Advanced Training Program in Community Child Health, a new Fellow will have developed the clinical skills and acquired the theoretical knowledge for competent practice. A new Fellow will:

- be competent in the assessment, diagnosis and management of the range of developmental, behavioural, and child protection problems
- apply appropriate communication and patient advocacy skills
- contribute effectively within a multidisciplinary team
- have a practical understanding of the life course model and the social determinants of health
- contribute to improved health outcomes for infants, children and young people through implementing a population approach, cooperatively working with community based services, advocacy and incorporating continuous performance improvement approaches into their clinical practices
- be able to undertake a population health needs analysis, interpret and respond to it, and implement population level solutions
- practise cultural competency. For example, clinicians working in New Zealand will be confident to include the principles of the Treaty of Waitangi and Maori models of health, such as te whare tapa wha into everyday practice.

Addiction Medicine

At the completion of the addiction medicine training program, it is expected that a new Fellow will be able to manage complex patient problems, provide public health advice and provide advice to other medical practitioners.

In particular they will have a team approach working with other non-medical addiction prevention and treatment workers.

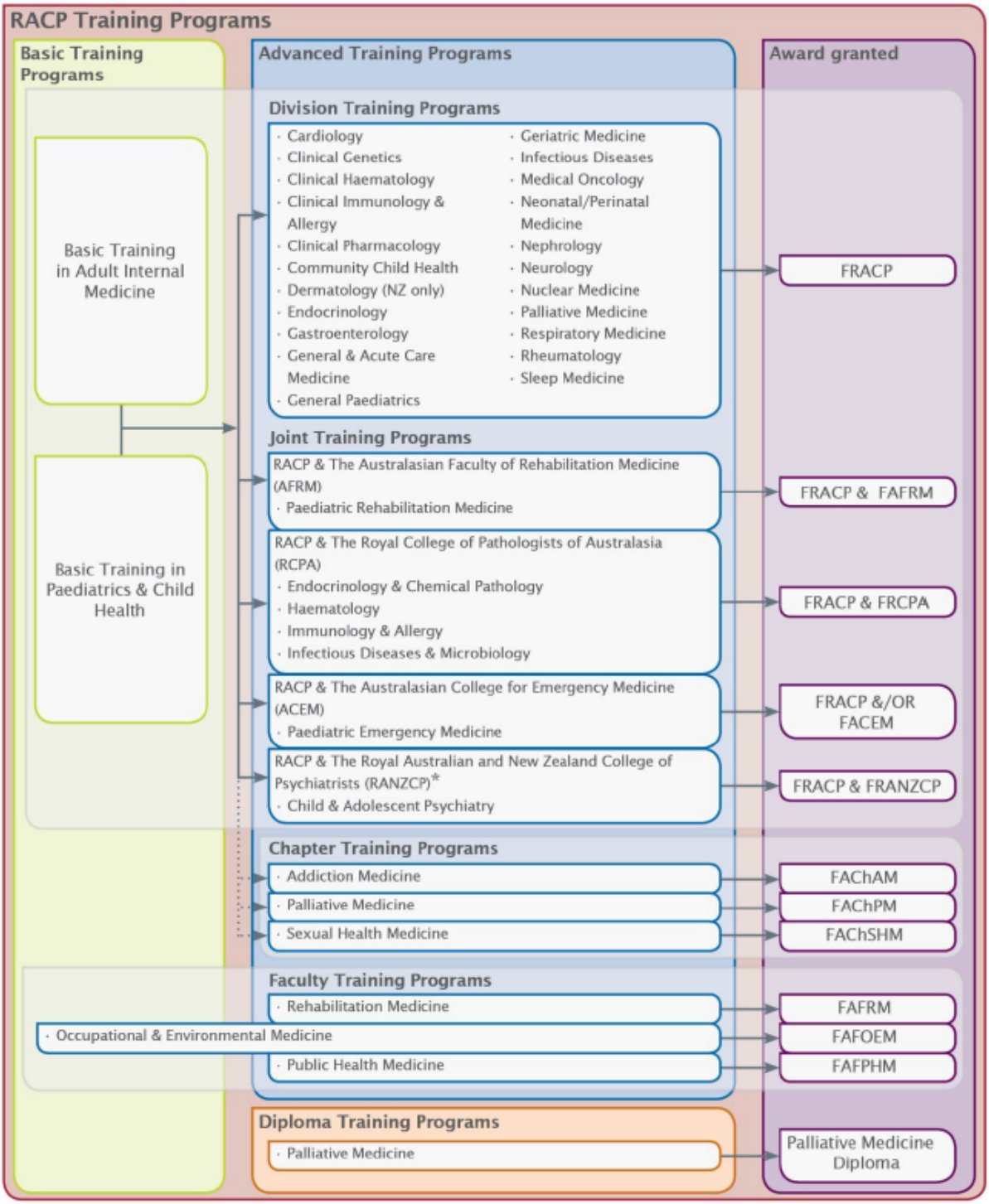
Occupational and Environmental Medicine

At the completion of the training program in occupational and environmental medicine, as defined by the curriculum, it is expected that a new Fellow will have developed the clinical skills and have acquired the theoretical knowledge for competent occupational and environmental medicine practice. It is expected that a new Fellow will be able to:

- apply the skills of a specialist medical practitioner to:
    - diagnose and manage disease and injury in relation to occupation
    - determine the relationship between health and fitness to work
    - advise on the effect of major contemporary health issues in workplaces
- conduct workplace and preliminary environmental assessments in order to recognise, evaluate and control physical, chemical, biological, design-related and psychosocial hazards
- retrieve, critically appraise and disseminate occupational and environmental health and safety information in readily understandable terms
- apply management skills in order to:
    - coordinate and manage occupational and environmental health and safety programs, including health surveillance
    - effect relevant change in workplaces

    - negotiate and resolve conflict relating to occupational and environmental health and safety issues
- communicate effectively in order to secure the cooperation of management, employees and colleagues in the provision of a safe and healthy workplace
- be an advocate for health in workplaces and the broader community
- interpret the legislative, regulatory, and medico-legal aspects of occupational and environmental health and safety and be able to apply these in practice
- design, implement and manage a vocational rehabilitation program in the workplace
- advise on the human effects of factors in workplaces and other environments that are physical, chemical, biological, psychosocial and mechanical
- design, conduct, implement and evaluate preventive strategies in workplaces
- participate in continuing professional development in order to respond to changes in workplaces and keep abreast of the latest developments on occupational and environmental medicine, and health and safety issues
- recognise the limits of individual knowledge and seek advice from experts in related disciplines when relevant.

Appendix Five RACP Fellowship Training Pathways



In addition, the College offers the following training programs which do not grant a formal award:

- Advanced Training in Nuclear Medicine (for RANZCR trainees)
- Positron Emission Tomography (PET) training for Nuclear Medicine trainees (a complementary short course).

The Medical Board of Australia has approved a time-limited pathway to FRACP without a field of specialty practice. This pathway is for trainees who commenced Advanced Training in Intensive Care Medicine prior to 1 July 2012, following successful completion of Basic Training in Adult Internal Medicine or Paediatrics & Child Health.

* The Child & Adolescent Psychiatry Joint Training Program with the Royal Australian and New Zealand College of Psychiatrists (RANZCP) is currently under review by the RACP and RANZCP and closed to new entrants at present.