Planning Responsibly in Medical Education
Interim PRIME Capacity Guide for Health Services
2017
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What is the PRIME interim guide?

The RACP PRIME Interim Guide for Basic Training sets out:
- description of the PRIME Principles
- summary of the six factors that impact capacity to train
- detailed outline of each capacity factor and how it impacts capacity, guidance for sites regarding that factor and how sites can positively impact capacity
- further information and resources, glossary and contact information.

Key principles underpinning PRIME

The RACP has developed five overarching principles to guide the management of capacity to train:

1. Planning responsibly for capacity to train is a shared role.
2. Training positions are more than clinical service provision.
3. Training networks must provide clinical examination capacity at the rate that they use it.
4. Training provider accreditation systems will monitor local capacity to train.
5. Developing responsible solutions to capacity is an ongoing and integrated process.

RACP guidance on managing capacity to train in Basic Physician Training

- Capacity to train is impacted by six key factors which all impact responsible capacity planning processes.
- Training providers are encouraged to consider the circumstances of their own setting or network in the context of RACP guidance on each factor in order to qualitatively appraise their capacity for Basic Physician Training and positively impact it.

Supporting local planning and decision making

Decisions regarding training capacity are delegated to individual training settings, through a two stage process:

Stage 1: Appraisal of Capacity to Train
Stage 2: Responsible Planning Discussions

- These locally run activities should precede and inform trainee recruitment and selection activities.
- Training settings will be accountable for demonstrating the quality and impact of these activities in accordance with the Training Provider Accreditation standards and processes.
- Training settings will also be required to report to the College regarding their capacity to train in future years.

Further information

The interim guide for managing capacity to train in Basic Physician Training can be found online at www.racp.edu.au/trainees/education-renewal
The RACP

The Royal Australasian College of Physicians (RACP) connects, represents and trains over 15,000 physicians and 7,500 trainee physicians in Australia and New Zealand. The RACP represents more than 33 medical specialties. The mission of the RACP is to strive for excellence in health and medical care, through life-long learning, quality performance, and advocacy.

Basic Training is a vocational program undertaken in a range of healthcare settings, with most learning occurring in the midst of day-to-day work tasks and interactions. Healthcare services rely on physician trainees to provide cost-effective, skilled medical labour. Trainees are clinically and educationally supervised by experienced physicians, with the underlying philosophy that the program is trainee-centred and physician led. Healthcare services help to ensure that the future medical workforce is equipped to meet the population’s health needs in a sustainable, safe and effective manner by partnering with the RACP to maintain the quality of physician training.

The Interim PRIME Capacity Guide

The Interim PRIME Capacity Guide has been developed to provide training sites and those involved in resourcing and delivering physician education with guidance about what factors impact training capacity, assist them to qualitatively appraise their current capacity and inform future efforts to optimise capacity.

The guide covers a range of topics for consideration, including:

- PRIME: Planning Responsibly in Medical Education
- description of the PRIME Principles
- summary of the six factors impacting capacity to train
- detailed outline of each capacity factor and how it impacts capacity, guidance for sites regarding that factor and how sites can address positively impact capacity
- further information and resources, glossary and contact information.
Capacity to Train Physicians

Capacity to train is the combined ability of healthcare and education systems to equip specialist medical trainees to become competent, independent practitioners.

Increasing numbers of trainees

Increasing numbers of medical graduates and other changes in the healthcare environment and in medical education challenge the capacity to train medical specialists. Over the past 10 years, the number of physician trainees in Australia has increased by 200 per cent and in New Zealand by 60 per cent. This growth is occurring as physician education programs modernise to be consistent with international best practice.

Finite training resources

It is well accepted that training resources are finite. Many colleges in Australia, and indeed internationally, set training numbers\(^1\), although such models are generally based on historical trends rather than robust quantitative or qualitative analysis. This is important to ensure that training is not diluted, standards are not compromised and supervisor-to-trainee ratios are appropriate. Given the significant increases in trainee numbers in Australia and New Zealand, it is vital that the RACP develop a robust model with which to determine capacity to train at a local and College level to ensure that the high standards of quality physician training are maintained. Projections of resources also need to be made in advance to ensure the successful implementation and feasibility of future change.

Planning responsibly

Partnership between the RACP and healthcare services is crucial in balancing the number of trainees with clinical and educational needs, and in sustaining the quality of physician training.

The RACP has worked with KPMG and a bi-national, cross sector reference group comprising government, health jurisdiction, consumer, trainee and directors of physician training representatives on a strategic project to develop a method to identify sustainable numbers of Basic Physician Trainees. This interim guide draws on the outputs of that collaboration so far.

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PRIME Planning Responsibly in Medical Education

The RACP’s approach to managing capacity to train, “Planning Responsibly in Medical Education” (PRIME), is designed to support health services to make informed decisions about the optimal number of Basic Physician Trainee positions that they can support without compromising the quality of education standards and experiences.

PRIME principles

The RACP has developed five overarching principles to guide the management of capacity to train:

1. **Planning responsibly for capacity to train is a shared role**
   Capacity to train is an issue spanning many sectors and stakeholders. Partnerships across all levels are integral to developing and implementing effective shared solutions.
   The RACP’s role is to assist training providers to develop responsible internal planning processes for their capacity to train, rather than externally dictate the number of trainees that sites can recruit. This internal planning should inform training provider recruitment practices.

2. **Training positions are more than clinical service provision**
   Not all medical registrar roles need to be designated as Basic Training positions. Provision of clinical services does not in itself constitute a training position. Basic Training positions must be intentionally structured, trainee-oriented, and support opportunities for educational progression aligned with RACP Basic Training curricula.

3. **Training networks must provide examination capacity at the rate that they use it**
   RACP Clinical Examination capacity is severely challenged and limits overall training capacity. In the future, training providers will be required to contribute to examination capacity by offering Clinical Examination places in proportion to their number of candidates, with a buffer for contingencies. This may be achieved through formal or informal training network arrangements.
   In preparation for this change, training providers should carefully consider the number of Basic Training positions recruited for, in light of future Clinical Examination candidature rates, allowing for repeat examination attempts and variance from standard training progression pathways.

4. **Training provider accreditation systems will monitor local capacity to train**
   Accreditation of training providers remains the RACP’s key quality assurance process, exploring capacity to train in a nuanced way at a site level. Future development of accreditation standards and processes will continue to support and expand this function.

5. **Developing responsible solutions to capacity is an ongoing and integrated process**
   The RACP’s Educational Renewal program of work, will allow a developmental, holistic and integrated approach to addressing capacity to train.
   As a priority, a qualitatively focussed *Capacity Guide* will be developed to support sites to responsibly plan for the number of trainees that they can sustainably train whilst ensuring that quality education experiences and outcomes are achieved. This will complement new training provider accreditation standards and processes.
   In acknowledgement of the pivotal relationship between training capacity and supervision, the RACP’s new Educational Leadership and Supervision Framework provides suggested guidance about the volume of Basic Trainees to supervisory roles.
Underpinning and enabling these developments will be an Educational Renewal Advocacy Strategy, which will work to position medical education as a core function of health services, with appropriate institutional recognition, accountability and resourcing. This is a long term, large scale project and is in the early planning stages.
The Interim PRIME Capacity to Train Guide

This guide aims to assist training sites understand what factors impact training capacity, to qualitatively appraise their current capacity and to inform future efforts in order to optimise capacity. The interim guide does not provide a restrictive answer regarding training capacity.

This locally-driven approach to appraisal has been adopted as:

- physician training sites are different with local practices varying considerably;
- there is limited data regarding current practice
- modelling capacity to train is an emerging area of activity without a robust evidence base from which to draw.

This guide complements training provider accreditation standards which comprehensively set out the expectations for physician training environments. This guide focusses on the characteristics of training settings identified as significantly influencing capacity to train. It is a first developmental step in managing capacity to train.

Factors impacting capacity to train

A number of factors affect capacity to train. Through extensive research and stakeholder consultations, six key factors were identified as contributing to capacity, all impacting responsible capacity planning processes:

Some of these factors are easy to measure and others are much more difficult to analyse in a way that can be validly and reliably incorporated into mathematical models. Similarly, some of these factors are easier to influence than others. Key aspects of these factors that can impact capacity are outlined in more detail in the following pages.

Training providers are encouraged to consider the circumstances of their own setting or network in the context of these six factors in order to qualitatively appraise their capacity for Basic Physician Training.
Responsible planning

The PRIME approach to managing physician training capacity acknowledges the impact of nuanced local training practices and environments. As a result, decisions regarding training capacity are delegated to individual training settings, through a two stage process.

**Stage 1: Appraisal of Capacity to Train**
Training settings appraise their local capacity to train, referring to College guidance. In order to draw established health service practices into a systematised appraisal and planning framework, the key aspects of each capacity factor that can positively or negatively impact on capacity are described over the next several pages. This framework can be used to conduct a wider assessment of training capacity.

**Stage 2: Responsible Planning Discussions**
Training settings engage in local level discussions regarding the volume of trainees that they can support without compromising the quality of training experience and outcomes. These discussions should include training directors, health service managers and workforce planning units. Training settings are also encouraged to engage in discussions regarding how training capacity can be enhanced.

These comprehensive activities should proceed and inform trainee recruitment and selection activities. Training settings will be accountable for demonstrating the quality and impact of these activities in accordance with the *Training Provider Accreditation Standards* and processes. Training settings will also be required to report to the RACP regarding their capacity to train in future years.
Educational Leadership and Supervision

What is educational leadership and supervision?

- allocated time for educational leadership and supervisory activities
- educational leadership and supervision workforce (FTE ‘on the ground’)
- educational leadership and supervision is valued and a core activity of the health setting
- quality of educational leadership and supervision practices, including recruitment, training and support, reward and review of supervisors.

Key aspects of educational leadership and supervision that affect capacity to train either positively or negatively

- Is the educational leadership and supervision workforce appropriate for the number of Basic Trainees?
- Are quality controls in place to ensure a high standard of supervision is provided to trainees at all times?
- Are educational leaders and supervisors skilled and supported in their teaching roles and responsibilities (selected, oriented to the role, trained and highly engaged)?
- Is educational leadership and supervision recognised and valued as a core component of workload? Is the capacity to train or lead protected with appropriate resourcing to enable supervisors to meet their training responsibilities?

Capacity guidance for training providers regarding educational leadership and supervision

In acknowledgement of the pivotal relationship between training capacity and educational leadership and supervision, the new RACP Educational Leadership and Supervision Framework provides guidance about the volume of Basic Trainees to supervisory roles, as outlined below.

Table 1: RACP recommended volume of Basic Trainees to educational leadership and supervisory roles

<table>
<thead>
<tr>
<th>Network Director</th>
<th>Number of trainees in network</th>
<th>FTE</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>&gt;90</td>
<td>0.7 (may be a shared role)</td>
</tr>
<tr>
<td></td>
<td>75-90</td>
<td>0.6 (may be a shared role)</td>
</tr>
<tr>
<td></td>
<td>50-74</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td>30-49</td>
<td>0.4</td>
</tr>
<tr>
<td></td>
<td>&lt;30</td>
<td>0.2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Site Training Program Director</th>
<th>Number of trainees at site</th>
<th>FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5-20 trainees OR</td>
<td>0.1 – 0.2</td>
</tr>
<tr>
<td></td>
<td>Site Director covers multiple sites in metro area with fewer than 5 trainees</td>
<td></td>
</tr>
<tr>
<td></td>
<td>20+ trainees OR</td>
<td>0.2 – 0.3</td>
</tr>
<tr>
<td></td>
<td>Rural Site Director covering multiple sites</td>
<td></td>
</tr>
</tbody>
</table>

| Educational Supervisor | Recommended maximum ratio between Educational Supervisors and trainees | 1 supervisor per maximum 10 trainees* |

*Note: Maximum ratio of 1 supervisor per maximum 10 trainees.
How can training providers affect educational leadership and supervision increase their capacity?

- **Grow and retain the local educational leadership and supervision workforce**
  The new *Educational Leadership and Supervision Framework* outlines a comprehensive strategy to recruit, reward and recognise supervisors. Implementation of aspects of this strategy at the training provider level will support development of a larger, skilled and engaged supervisor workforce to expand training capacity, whilst maintaining quality of training outcomes and experiences.

- **Clarify what is expected of supervisors**
  The new *Educational Leadership and Supervision Framework* sets out role descriptions and competencies, which provide greater clarity to prospective and current educational leaders and supervisors and can be used to frame resourcing and employment discussions about physician education.

- **Use RACP guidelines for Basic Training supervisory roles to support local level discussions about resourcing for physician training**
  Educational leader and supervisor time allocation is a critical influence on capacity to train. The new *Educational Leadership and Supervision Framework* recommends time allocations for educational leaders and a supervisor-trainee ratio for Educational Supervisors in Basic Training. The guidelines can empower educational leaders in local-level discussions about resourcing for medical education.

- **Provide support and professional development for supervisors**
  The Supervisor Professional Development Program is highly regarded by participants and is now offered in an interactive online mode. Training providers can facilitate access for supervisors to attend these workshops locally or complete them online. Online RACP resources are available to support educational leaders and supervisors in supporting trainees in difficulty and developing coaching skills.

- **Participate in future supervisor surveys exploring supervisory practice and challenges**
  Ongoing comprehensive research and evaluation activities are planned as the RACP shifts to competency based medical education. These activities will include an annual supervisor survey conducted through the new model of Training Provider Accreditation, along with other qualitative work on key issues that emerge. Training provider encouragement of supervisor participation in these activities will help the RACP to address the newly emerging issues affecting capacity and monitor the effect of current strategies.
Clinical/work activities

What is clinical/work activity?

- range, volume and complexity of training experiences
- relevance of training experiences to curricula, including stage of training
- responsibilities delegated to trainees
- access to clinical activities in shift work.

Key aspects of clinical/work activity that affect capacity to train

- Do work and training experiences align to the curriculum and stage of training?
- Is there a broad range of clinical experiences available in different service settings (ED, outpatients, community)?
- Is there a suitable degree of complexity in the clinical material available?
- Are there appropriate rostering patterns for Basic Trainees and access to core terms for Basic Training?

Capacity guidance for training providers regarding clinical/work activity

Provision of clinical services does not in itself constitute a training position. Basic Training positions must be intentionally structured, trainee-oriented, supported opportunities for educational progression aligned with curricula.

Not all medical registrar roles need to be designated as Basic Training positions. Some health services may wish to establish service positions in cases where the need for medical registrar positions exceeds the number of Basic Training positions that a site can support without compromising educational experiences and outcomes.

Training settings are accountable for ensuring that every Basic Training position offered has a comprehensive Basic Training program attached to it, with sufficient supervision, teaching, learning and assessment experiences in accordance with the curricula and training requirements.

How can training providers change clinical/work activities to increase their capacity?

- Ensure that trainees are exposed to an appropriate range and volume of clinical/work activities

The Training Provider Accreditation Review project includes the development of new standards and systems to monitor accredited training sites and networks. This includes monitoring the range of clinical/work activities that trainees have access to and, in future years, the RACP intends to undertake more detailed monitoring through accreditation of individual rotations and coordinated rotation pathways throughout Basic Training. These developments will help to ensure the quality of physician training experiences and outcomes.

In preparation for these changes training providers can ensure there is mapping of the clinical/work activities and educational progression available through Basic Training rotations and their alignment to and coverage of the Basic Training curricula.

- Identify what clinical/work activities can support development of the required competencies in the new Basic Training Curricula
Renewal of the Basic Training curricula will provide greater clarity about what competencies, knowledge and skills trainees must attain, and the training experiences that can help develop them. These enhanced definitions can be used by network directors to map out combinations of relevant training rotations that support efficient progression through training and minimise redundant experiences that are not related to curricula.
Organisational culture and administration

What is organisational culture and administration?

- financial support for medical education
- administrative functions and support for education (including rostering)
- protected educational time
- maturity of educational functions
- culture of learning
- networks of relationships within the organisation enabling it to function effectively
- executive-level support.

Key aspects of organisational culture and administration that affect capacity to train

- Do clinical services, educational facilities, infrastructure and resources support training?
- Is there strong administrative support for education activities?
- Is there a strong culture of education at the site facilitated by financial, executive and educational leadership support?
- Is the local training program well organised?

Capacity guidance for training providers regarding organisational culture and administration

The RACP expects training to take place in an environment that is safe and supportive for patients, trainees and educators. The culture should promote safe behaviours and support the delivery of high quality patient-centred care in terms of healthcare experiences and outcomes for patients and communities, with a focus on excellent training experiences and outcomes for trainees and educators.

The value of physician training to the healthcare system should be recognised and acknowledged and the delivery of physician training programs actively supported through appropriate organisational structures and resourcing.

How can training providers change organisational culture and administration to increase their capacity?

- Foster a learning environment and culture aligned to the emerging RACP expectations for training providers
  The revised accreditation system will require training providers to adhere to a set of standards that clearly define the expectations for training setting learning environments and educational culture. The new draft standards describe criteria for optimal training capacity at the local site level that will be assessed in the revised accreditation system. The revised system also embeds monitoring and evaluation processes, including systematic surveys to collect regular, confidential feedback from trainees and supervisors on the quality of their training and workplace experiences.
• **Strategically advocate to the training provider executive or local health service to support education**

Capacity to train is affected by factors outside the jurisdiction of individual supervisors and the RACP. As such there is a need to explore the role of advocacy in repositioning medical education as core function of health services and a key factor in the ongoing provision of quality healthcare. The RACP’s College Education Committee and Policy and Advocacy Committee are partnering to develop a strategic advocacy plan to support implementation of the RACP’s Education Renewal Program. This will involve grass roots advocacy in addition to strategic level national level advocacy initiatives.
Educational resources and services

What are educational resources and services?

- educational activities to supplement work-based learning
- trainee orientation and support
- networked opportunities for education (supporting the 70:20:10 model)
- physical facilities supportive of education
- educational innovation including simulation and eLearning.

Key aspects of educational resources and services that affect capacity to train

- Is the 70:20:10 model of learning well embedded in training program delivery?
- Are the physical facilities supportive of education?
- What physical facilities are in place to support trainees? Are there dedicated workspaces for reflection and case discussion? Do trainees have access to online text journals and other resources?
- Is there a strong orientation and support program for Basic Trainees?
- Does the site leverage and share teaching and learning resources at the College level and across a training/service network?
- What collection activities are undertaken to ensure that trainee feedback is provided to the College?
- How are trainees’ training and resource needs being met? How can that be improved?

Capacity guidance for training providers regarding educational resources and services

Physician training is primarily experiential work-based learning and can be understood using the 70:20:10 model of workplace learning\(^2\). This model suggests that roughly 70 per cent of learning occurs on the job, 20 per cent is from others including peers and social learning, and 10 per cent is derived from formal learning or programs. Physician training providers should carefully plan learning opportunities according to this indicative framework, with the intent to build a holistic program of learning blueprinted against the curriculum. Formal learning opportunities should intentionally supplement work based and peer learning, with adequate physical and organisational resources to support delivery of this model. Training providers should evaluate and innovate to improve the effectiveness of their educational resources and services. Networked solutions are a key enabler to achieve this in resource effective ways which optimise capacity by minimising duplication and sharing innovations.

How can training providers change educational resources and services to increase their capacity?

- Orient Basic Trainees to physician training to equip them to understand the program, develop healthy educational approaches and be aware of support services
  
  A new locally delivered, comprehensive, structured Basic Training orientation program is now in place. This will help trainees get off to a good start in Basic Training and understand their role in leading their learning, maximising relevant educational opportunities and accessing appropriate support services. Training providers have a key role in implementation of this new initiative.

- Support provision of local level educational resources
  
  The Training Provider Accreditation Review will better define expectations of physician training networks, promoting the role of networks in delivering coordinated work-based learning experiences and provision of educational opportunities and resources to support work-based learning. This will assist capacity by defining the role of sites and networks in providing a physician training program that holistically addresses all elements of the 70:20:10 framework for work-based learning (Lombardo and Eichinger, 2000). Training providers can seek to leverage and share teaching and learning resources at the College level and across a training/service network to complement local level educational resources.

- Promote eLearning opportunities relevant to curricula to reduce supervisor responsibilities
  
  The RACP has launched a range of new eLearning modules to support trainees to develop essential physician competencies. Further new eLearning resources are planned, including development of a comprehensive online learning management system, to support trainees and supervisors to track progress through training. These developments will support capacity to train by simplifying trainee monitoring and freeing up supervisors from responsibilities to deliver education which could otherwise be effectively delivered through online, standardised teaching and learning opportunities.

  Training providers can encourage their trainees to access these new eLearning resources, many of which are already available online, and support supervisors in adopting the new online monitoring and tracking processes when these become available.

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3 Ibid.
Assessment practices

What are assessment practices?

- examination candidate numbers and pass/fail rates
- efficacy and efficiency of preparation practices for examinations
- number of clinical examination places offered by site/network
- work-based assessment.

Key aspects of assessment practices that affect capacity to train

- Is effective feedback and robust assessment provided to trainees?
- Is work based assessment well integrated with clinical service activities?
- Does the site provide Clinical Examination places at the same rate it puts forward Clinical Examination candidates each year?
- Does the site have a strong pass rate for trainees who attempt the exams?
- What mechanisms are in place to provide assessment and feedback for trainees?

Capacity guidance for training providers regarding assessment practices

Training networks must provide examination capacity at the rate that they use it. RACP Clinical Examination capacity is severely challenged and limits overall training capacity. In the future, training providers will be required to contribute to examination capacity by offering Clinical Examination places in proportion to their number of candidates, with a buffer for contingencies. This may be achieved through formal or informal network arrangements.

In preparation for this change, training providers should carefully consider the number of Basic Training positions recruited for, in light of future Clinical Examination candidature rates, allowing for repeat examination attempts and variance from standard training progression pathways.

Quality work-based assessment practices are critical in driving trainee learning and progression. Physician training providers should intentionally integrate work practices with learning and assessment to create opportunities for meaningful feedback to support trainee progression and optimise use of finite supervisory resources.

How can training providers affect assessment practices to positively impact their own capacity?

- Ensure work-based assessment is meaningful and impactful
  - As part of the Basic Training Curricula Review, we are developing a new program of assessment. This will help form an overall picture of each trainee’s competence and will centre on Entrustable Professional Activities (EPAs), focussing assessment activities on essential real life work tasks trainees need to be competent in for everyday practice. Work-based assessments will be reviewed and refreshed to improve utility and impact. Examinations will be blue-printed against the new curricula, to deliver a cohesive training experience.
As we progress towards new programs of assessment, training providers should ensure that supervisors and trainees are oriented to the new program and supported to integrate this into work practices in order to maximise improved opportunities for learning and progression decisions.

- **Enhance local and network resources for exam preparation and promote new RACP resources aimed at supporting exam preparations and implementation**
  Preparing for examinations is effort intensive for both prospective candidates and supervisors. Training providers invest considerable time and resources in examination preparation activities. Innovation is underway to explore the best way for the RACP to provide additional resources to candidates and supervisors to support exam preparation. The RACP is undertaking a suite of strategic projects to improve the quality, accessibility and resource efficiency of the Written and Clinical examinations including computer-based testing, enhanced blue printing and standardisation.

Training providers are encouraged to review their own practices and explore opportunities for collaboration and resource sharing with other training providers.
Profile of trainees and support

What is the profile of trainees and support?

- recruitment and selection
- stage of training
- rotation experiences required
- trainee performance and experience of difficulty
- impact of the ratio of Basic to Advanced Trainees.

Key aspects of profile of trainees and support that affect capacity to train

- Do trainees have a supported training experience?
- Are there many trainees experiencing difficulty in training at the site (either with progress in training or exams)?
- Does the site implement an effective program focussing on early intervention and support for trainees who are experiencing difficulty?
- Does the site measure trainee satisfaction with the program and training outcomes? If so, what are the results?

Capacity guidance for training providers regarding profile of trainees and support

With an increased emphasis on facilitating a supported Basic Training experience in alignment with the curricula, training providers will need to consider the profile of trainees at their site with reference to the entire continuum of training. There is recognition of the relationship between Basic and Advanced Trainee numbers and the impact that this might have on capacity along with the capacity limiting nature of some less common training experiences.

As training providers determine their workforce profile in alignment with service needs, there needs to be careful consideration of how the profile of trainees at the setting accords with capacity to train. Recruitment and selection for first year Basic Training positions should align closely with the training provider’s own assessment of its capacity to train and existing trainee profile.

How can training providers affect the profile of trainees and support to increase capacity to train?

- Select candidates who are best suited to physician training
  The new process for selection into Basic Physician Training is being developed to ensure that the RACP selects trainees who can best meet the training competencies and standards as defined in the new curricula and can complete training within reasonable resource requirements.
  Training providers should refer to the RACP Selection into Training Policy to ensure that local selection activities adhere to the new policy and standards as we progress towards implementation of the new selection process.

- Provide early and effective support to trainees experiencing or at risk of experiencing difficulty
  The RACP Trainee in Difficulty Support Policy, processes and resources are designed to support early identification and thorough, effective exploration and remediation of any difficulties experienced in
progressing through training. These resources include a dedicated support unit, a confidential Support Helpline, eLearning resources and enhanced supervisor training including coaching skills. Addressing training difficulties in a timely and progressive manner will help to direct finite training resources most effectively, including supervisor time and training opportunities. The RACP has recently initiated development of a Wellbeing Strategy to support trainees and Fellows to proactively monitor and manage their wellbeing and its impact on their work and training.
Further information and resources

Further information regarding the College’s Educational Renewal can be found online at www.racp.edu.au/innovation/education-renewal.

Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>AT</td>
<td>Advanced Training</td>
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<tr>
<td>BPT</td>
<td>Basic Physician Training</td>
</tr>
<tr>
<td>College</td>
<td>Royal Australasian College of Physicians (also referred to as RACP)</td>
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<tr>
<td>FTE</td>
<td>Full Time Equivalent</td>
</tr>
<tr>
<td>Interim PRIME Capacity Guide</td>
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<tr>
<td>PRIME</td>
<td>Planning Responsibly in Medical Education</td>
</tr>
<tr>
<td>PRIME Comparator</td>
<td>The PRIME Comparator is a computational model designed to quantitatively appraise local Basic Trainee volume, based on current practice amongst peer training sites and projected growth in clinical work.</td>
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<tr>
<td>RACP</td>
<td>Royal Australasian College of Physicians (also referred to as ‘the College’)</td>
</tr>
<tr>
<td>Training Provider</td>
<td>Refers to RACP training site or setting, and commonly referred to as hospital training site</td>
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