The Royal Australasian College of Physicians

Selection into Basic Training
Quality and Feasibility Study
Consultation: April – 10 June 2016

Please Note
This paper outlines proposed models for selection into RACP Basic Physician Training for Adult Internal Medicine and Paediatrics and Child Health.
Selection into Advanced Training and training in the RACP Faculty and Chapter programs is outside the scope of this consultation.
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1. Education Renewal at the RACP

*Competency-based training* is an outcomes-based approach to the design, implementation, assessment, and evaluation of a medical education program using competencies as the organising framework.

[Royal College of Physicians and Surgeons of Canada and the International CBME Collaborators, 2009]

The College is undertaking a significant program of renewal aimed at improving the quality and rigour of physician training programs. This will ensure that our graduating Fellows continue to be of the highest standard to serve the health of patients, carers and communities.

In the same way that clinical practice needs to evolve in response to developments in knowledge and understanding of health and illness, College training programs also need to evolve to suit the changing environment for physician practice. This means keeping up-to-date in terms of educational content but also in the way teaching, learning and assessment are designed and delivered – primarily in the workplace.

We need to update our curricula and training requirements and move from a traditional time-based training approach towards competency-based training and progression that is practical in the workplace.

The move towards competency-based training reflects the accreditation requirements of both the Australian Medical Council and the Medical Council of New Zealand. It is already best practice internationally, including in Canada, the United States, Europe and the United Kingdom.

The College is undertaking a broad suit of projects underpinned by a competency-based approach to training. There are three broad strategy domains:

1. **A new selection process**
   More rigorous entry requirements aligned to College standards.

2. **New curricula**
   A new, more user-friendly curriculum for each training program designed to make competency-based training and progression practical in the workplace.

3. **New services and support strategies**
   A plan to address capacity to train issues, a review of accreditation systems, introduction of new technology, and more support for supervisors and trainees.

The focus of this consultation paper is domain ‘1. A new selection process’.

For further information regarding education renewal at the RACP please visit the Education Renewal webpage.
2. Introduction

Purpose
To seek your assessment and feedback on proposed changes to the selection of applicants for entry into RACP Basic Training in Adult Internal Medicine or Paediatrics and Child Health. Basic Training is the initial period of structured training that is required for progression to Advanced Training and achievement of the FRACP qualification.

Figure 1 below illustrates the structure of RACP Divisional training programs and highlights the project focus on selection into Basic Training.

Scope
The proposals outlined in this consultation paper apply to selection for entry into RACP Basic Training in Adult Internal Medicine and Paediatrics and Child Health in Australia and New Zealand. Selection into RACP Advanced Training Programs is out of scope, as is selection into the RACP Faculty and Chapter Training Programs.

A collaborative process
The introduction of selection into training is a significant advancement for the RACP. It will have a far-reaching impact on stakeholders, particularly medical graduates, jurisdictions, and consumers. Therefore it is imperative that the RACP draws on the knowledge and expertise of stakeholders to optimise the design and implementation of a selection process, to ensure the best outcomes of the physician training programs.

To achieve this goal, the RACP has engaged an expert panel and a Capacity to Train Reference Group to review research evidence on selection methods as well as reviewing selection practices in Australia, New Zealand and internationally.

Expert Panel: comprising experts in selection into medical education; Professor Fiona Patterson, Associate Professor Chris Roberts and Mr Robert Hale.

Reference Group: comprises of stakeholders drawn from RACP membership (both Fellows and trainees), jurisdictions, regulatory bodies, and consumers.

Member feedback and the views of other impacted stakeholders provided during a number of consultation phases, as part of the development of the Selection into training policy, have also been drawn upon.

Through their work on this project to date, the Expert Panel has proposed two models for consideration. This paper contains information about the proposed models and includes implementation issues. A key consideration for the RACP is how any changes to selection will align with recruitment into employment and existing selection processes as administered by jurisdictions and training settings.

How to give feedback
Stakeholders are invited and encouraged to provide feedback on this consultation paper, either through completion of the survey at www.surveymonkey.com/r/RACPSelection or via a written submission to EducationPolicy@racp.edu.au.

For further information visit the Capacity to train web page.
3. Background

Global changes in healthcare service and delivery, increasing numbers of medical graduates, an expanding evidence-base for medical training selection processes, and regulatory body requirements demand a more robust, fair, defensible and effective process for selection into training programs. An effective selection process can predict trainee performance, identifying the candidates best suited to physician training.

Currently, selection practices for entry into the RACP Basic Training programs in Adult Internal Medicine and Paediatrics and Child Health vary across training settings; there are no consistent principles, standards or criteria for the selection of applicants into training programs or institutions across Australia and New Zealand.

To ensure the best outcomes of physician training programs, it is important that the RACP identifies and selects candidates best suited to physician training. To achieve this goal, the RACP has worked with an Expert Panel and Reference Group to review research evidence on selection methods as well as reviewing selection practices in Australia, New Zealand and internationally.

Case for change

An effective selection process can predict trainee performance and progression, and can be structured to identify the candidates best suited to physician training, yielding the following six benefits:

<table>
<thead>
<tr>
<th>Merit-based selection</th>
<th>Fair and transparent selection processes ensure that decisions are based on relevant and clearly defined criteria, and relate to trainee merit and performance, using validated assessment processes.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selection for success</td>
<td>By focussing selection processes on predicting which trainees are most likely to succeed in physician training, it is possible to identify early those not suited to physician training.</td>
</tr>
<tr>
<td>Judicial use of resources</td>
<td>Effective selection decisions can help ensure that the trainees who are enrolled in the program can best meet standards and complete training within reasonable resource requirements. Judicial allocation of training infrastructure and resources (for example, supervisor time) is especially important as increasing trainee numbers create more demand and pressure on the training system.</td>
</tr>
<tr>
<td>Timely progression throughout training</td>
<td>As adult learners, it is expected that there will be some variance in each trainee’s journey and the time that it takes to achieve educational milestones. However, timely progression throughout the training program is important in ensuring efficient use of training positions and mitigating ‘bottleneck’ issues within the training pipeline. A merit-based selection into training process can assist in addressing these concerns.</td>
</tr>
<tr>
<td>Risk management</td>
<td>Selection into physician training is essentially a high-stakes assessment process. As with any decision that has major ramifications at individual, organisation and community levels, it carries with it significant risks. By developing a more consistent College-wide process, the inherent risks can be more effectively identified, monitored and mitigated.</td>
</tr>
<tr>
<td>Regulatory requirements</td>
<td>AMC/MCNZ standards, relating to a robust, fair and effective selection process need to be met by the RACP to ensure continuing accreditation the College’s specialist medical education programs (AMC Standard 7.1).</td>
</tr>
</tbody>
</table>

Questions

1. To what extent do these six benefits align with what you believe a selection process could provide?
2. What are some additional benefits you hope to see from the introduction of a standardised RACP selection into Basic Physician Training process?
3. What are some of your concerns?
4. Looking to the future

Through the introduction of a selection into Basic Training process the RACP is moving towards a more standardised future state. Table 1 below presents the current state and the proposed future state of Selection into Basic Training at the RACP.

Table 1: The Current State and the proposed Future State of selection into Basic Training at the RACP

<table>
<thead>
<tr>
<th>Current state</th>
<th>Future state (proposed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Candidates for physician training not selected by the RACP.</td>
<td>Candidates will go through a College selection process to enter physician training.</td>
</tr>
<tr>
<td>If candidates have a position in an accredited training institution, they can register to be a trainee with the College from PGY2(^1) onwards.</td>
<td>Eligible candidates selected for entry into RACP Basic Training from a common starting point. Currently, this is either PGY2 or PGY3 (to align with the end of prevocational programs in some states).</td>
</tr>
<tr>
<td>The employer recruits medical Registrars into training institutions.</td>
<td>No change, the employer is responsible for recruitment and employment decisions.</td>
</tr>
<tr>
<td>Trainees recruited to a range of settings: some networks; some individual sites (which may not be able to deliver the entire training program requirements).</td>
<td>Trainees selected and recruited into recognised Basic Training networks/programs that can deliver the entire Basic Training program requirements.</td>
</tr>
</tbody>
</table>

Questions

4. Does the above future state align with what you believe a future selection into Basic Physician Training process should like?
5. Should the starting point for Basic Training be PGY2 or PGY3? Please explain your answer.
6. The future state proposes that selection into training be limited to integrated training programs or networks that can deliver the entire training program. Do you agree with this future state?

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\(^1\) Refers to Post Graduate Year 2. Applicants need to have successfully completed one intern year (Post Graduate Year 1) before they can apply to the Basic Training program.
5. How does selection fit the capacity to train?

The capacity to train medical specialists can be conceptualised as the combined ability of health and education systems to equip specialist medical trainees to become competent unsupervised practitioners. The ability of the RACP to provide quality physician training is being challenged by the volume demands of an unprecedented rise in the number of junior doctors seeking specialist training over the last decade together with other changes in the healthcare environment and medical education.

Optimising capacity to train is a key priority for the College and two strategic projects have been initiated by the Board as part of a multi-faceted approach to address this issue:

**Computational Modelling Project**
The College is currently partnering with KPMG to develop a computational model to provide evidence of Basic Training capacity at the individual training setting level and the global level. This evidence will be used to assist the College and local settings set sustainable training numbers, which will necessitate a robust process for selection into first year Basic Training.

**Selection into Basic Training Project** *(the subject of this consultation paper)*
Following the development of the Selection into training policy, the RACP in partnership with an Expert Panel in the field of selection into medical education is developing a robust model of selection to identify candidates who are best suited for basic physician training.

**Underpinning the Project – the Selection into Training Policy**

The Selection into training policy is a high level statement to guide robust, fair and effective selection into training practices within the RACP.

The Policy was developed during 2013-2015 and involved extensive consultation with RACP members, training programs, health jurisdictions and other stakeholders.

**Table 2: Overview of the Selection into training policy**

<table>
<thead>
<tr>
<th>Principles</th>
<th>Selecting for excellence; Rigour and fairness; Embracing diversity; Continuity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roles and responsibilities</td>
<td>The RACP; The RACP accredited setting; The health service jurisdictions and employing institutions</td>
</tr>
<tr>
<td>Eligibility criteria</td>
<td>As published in the relevant training program.</td>
</tr>
<tr>
<td>Selection into an RACP training program</td>
<td>Undertaken at the entry point to each Divisional, Faculty and Chapter and Joint College training program.</td>
</tr>
<tr>
<td>Standards for the selection process</td>
<td>Valid, Reliable, Transparent, Procedurally fair, Evidence-based, Sustainable, Collaborative, Accountable</td>
</tr>
<tr>
<td>High level process – key stages</td>
<td>Stage 1 Eligibility to Apply, Stage 2 Selection into training, Stage 3 registration with the RACP, Stage 4 Commence training</td>
</tr>
</tbody>
</table>

The Policy has been approved pending readiness to implement.

The complete Selection into training policy is available on the RACP website.
6. Building on what is currently working well

Application and selection practices vary across Australia and New Zealand, with a wide variety of network and training settings conducting selection into training. Currently candidates for basic physician training are not selected by the RACP; rather they register to be a trainee with the RACP from PGY2 if they have position at an accredited training institution. As such selection for employment in a training position is currently the default College selection process.

Table 3: Current state of selection in New Zealand and Australia at the RACP

<table>
<thead>
<tr>
<th></th>
<th>New Zealand</th>
<th>Australia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # Basic Trainees 2015</td>
<td>643</td>
<td>2923</td>
</tr>
<tr>
<td>Total # new Basic Trainees in 2015</td>
<td>146</td>
<td>1038</td>
</tr>
<tr>
<td>Recruitment timing</td>
<td>April – June</td>
<td>May – September</td>
</tr>
<tr>
<td>Recruiter</td>
<td>District Health Boards</td>
<td>Networks</td>
</tr>
<tr>
<td></td>
<td>Training settings</td>
<td>Training settings</td>
</tr>
<tr>
<td>Application process</td>
<td>Online</td>
<td>Online</td>
</tr>
<tr>
<td>Favoured selection tools</td>
<td>CV’s, reference checks and interviews</td>
<td>CV’s, reference checks and interviews</td>
</tr>
</tbody>
</table>

Stakeholder perceptions

Early stakeholder consultation explored the current state of selection into training. The following key considerations were identified:

Effectiveness
Current selection processes tend to select good trainees. A key issue faced is how to effectively rank/differentiate between applicants.

Selection criteria
Many localities are targeting similar, and appropriate selection criteria (empathy, team work, communication etc.).

Best practice
A lot of work has gone into the development of selection tools based on best practice. It is important that the RACP utilises this work.

Definition of target domains and selection
More information and greater clarity relating to the target domains and selection criteria would be useful.

Selection for training vs. employment
Some stakeholders believe that the RACP should have oversight and dictate the number of physicians trained each year.

Differences in standards
Localities have different requirements that trainees need to meet these can be based on location and/or popularity.

Sustainability criteria
Some believe that the current system is not sustainable, and such stakeholders would be open to change.

Distribution
Some sites have low numbers of applicants, others have high numbers. It was noted that it is particularly complex to attract trainees to rural settings.

Questions
7. Do the above key considerations align with your perception of the current state?
8. From your perspective what are some of the additional benefits and challenges of the current system?
7. Proposed models for selection into Basic Training

The proposed models for selection into Basic Training have been developed in conjunction with the Expert Panel informed by current practice internationally, an exploration of the current state in Australia and New Zealand and consultation with key stakeholders. As part of the consultative approach to developing these models a capacity to train reference group was convened, comprising of stakeholders drawn from the RACP membership, jurisdictions, regulatory bodies and consumers. The group met to discuss the recommended models and provided valuable input and expertise when exploring the quality and feasibility aspects of the recommended models.

Robust assessment tools for selection into training

The Situational Judgement Test (SJT) and the Clinical Problem Solving Test (CPST) are widely used in selection into medical education and have demonstrated reliability in predicting performance across a range of healthcare settings. These assessment tools have been proposed by the Expert Panel. The key features of each tool is summarised in the table below.

| Table 4: Key features of Situational Judgement Test and a Clinical Problem Solving Test |
|-----------------------------------------------|-----------------------------------------------|
| Situational Judgement Test | Clinical Problem Solving Test |
| Focus on non-academic attributes (integrity, empathy, resilience, team involvement). | Focus on clinical knowledge and its application. |
| Assess judgement in role-relevant situations. | Assess whether an applicant “knows” or “knows how” to obtain, retain and apply clinical knowledge appropriately. |
| Scored against a predetermined key. Candidates make judgements about possible responses (may involve ranking or identifying the ‘best response’). | Typically machine marked. Multiple choice written assessments. |
| Requires expertise to design. | Requires expertise to design. |
| High predictive validity (especially when combined with a knowledge test). | High predictive validity (especially when combined with an assessment of non-academic attributes). |

Selection tools utilised by the RACP for a selection into training process will be developed by Fellows and will be designed to ensure suitability to the RACP context. It will also account for the diversity of medical students and abide by the Selection into training policy’s standards (valid, reliable, transparent, procedurally fair, evidence-based, sustainable, collaborative, and accountable).

**Questions**

The College is considering using these methods.

9. Do you support the use of these methods?

10. Have you heard of these methods? If yes, how did you hear of them? What are your thoughts on regarding both methods?

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Proposed models for consideration: Model 1 and Model 2

The Expert Panel has proposed two models for selection into Basic Training. Both models comprise of RACP eligibility and a RACP administered testing component. The models differ at Stage 3, where the degree of RACP influence and level of support varies.

To be defensible, the selection process must be consistent for all applicants, valid, reliable and able to select the best applicants (based on merit) according to their performance. Importantly, the process must be acceptable to applicants, employment providers and all stakeholders and be sufficiently flexible in its scope to meet regional and/or specific needs of employers and their job requirements.

Please refer to page 11 for an overview of the two proposed models.

Questions

11. Do you think Stage 2 RACP Administered Testing will add value to the selection process? How do you think it will add value?
12. How desirable is the RACP Administered Testing?
13. How desirable and feasible are these models?
14. Would you prefer locally defined interview process (Model 1) or a RACP defined interview process (Model 2), and why?
15. Which model do you think best balances the need for standardisation of the selection process with the individual needs of training settings?

In the context of your organisation:
16. do you anticipate any unintended impacts of introducing these models?
17. are there additional issues and/or solutions that should be considered?
Proposed models for consideration: Model 1 and Model 2

Model 1: College administered testing with locally defined additional selection methods.

Model 2: College administered testing with College defined and locally conducted additional selection methods.

Stage 1
RACP Administered Eligibility

Stage 2
RACP Administered Testing

Stage 3
Additional Selection methods (Interview/MMI)

Locally defined interview process with final selection determined by the accredited network (aligned to College standards)

RACP defined interview process with final selection determined by the College and the accredited network

Model 1: The RACP will provide limited support for accredited networks during stage 3. The appeals process for selection decisions will be the responsibility of the accredited training network. The selection methods utilised during this stage will be managed through random audits and the accreditation process, to ensure adherence to the RACP Selection into training policy.

Model 2: The RACP will provide greater support and guidance regarding interview questions and final selection; and will manage the appeals process, mitigating risk for accredited training networks.

Attachment 1 contains the detailed trainee journey for the two recommended models.
A Process for Ranking and Shortlisting

It is important that any new selection process is able to differentiate between, or rank, applicants in a standardised way. The design of the assessment tools depends on whether the purpose is to determine if candidates meet the required standard (Option 1), to rank applicants and shortlist in accordance with the RACP’s capacity to train (Option 2), or a combination of both (Option 3).

Table 5: Three options for shortlisting

<table>
<thead>
<tr>
<th>Option 1 – Select Out</th>
<th>Benefits</th>
<th>Challenges</th>
</tr>
</thead>
</table>
| Meeting RACP determined standard (SJT and CPST scores) for entry into Basic Training. Candidates assessment result is a pass/fail, successful candidates proceed to Stage 3. | - College defined minimum standards ensure quality trainees.  
- Simple pass/fail outcome. | - Potentially still large pool of candidates - limited value add.  
- Limited differentiation between candidates.  
- Determining the standard - identifying the cut off.  
- Defensibility of decisions on borderline candidates – does not reduce risk or address AMC/MCNZ requirements.  
- Potentially significant investment for minimal impact. |

<table>
<thead>
<tr>
<th>Option 2 – Merit Based Ranking</th>
<th>Benefits</th>
<th>Challenges</th>
</tr>
</thead>
</table>
| Candidates ranked on merit according to SJT and CPST score. Shortlisting cut off based on determined capacity to train plus buffer. Candidates gain early information on comparative ranking and have an opportunity to re-order their preferences if necessary. Successful candidate proceeds to Stage 3. | - Ability to differentiate between candidates based on merit.  
- Opportunity for informed re-preferencing may assist with distribution.  
- Defensible and transparent decision making – minimising risk for the College and Training networks.  
- Linked to College’s capacity to train.  
- Local training networks will receive a candidate test profile to inform their selection. | - Installation and administration of complex systems. |

<table>
<thead>
<tr>
<th>Option 3 – Combination</th>
<th>Benefits</th>
<th>Challenges</th>
</tr>
</thead>
</table>
| Candidates ranked on merit according to SJT and CPST score. Shortlisting cut off based on College standard and capacity to train plus buffer. Candidates gain early information on comparative ranking and have an opportunity to re-order their preferences if necessary. Successful candidate proceeds to Stage 3. | - Combines the best of both options.  
- Defensible and transparent decision making – minimising risk for the College and Training networks.  
- Provides greater differentiation with standard setting.  
- Local training networks will receive a candidate test profile to inform their selection. | - Determining the standard.  
- The interplay between setting training capacity and the standard. |

Questions

In your opinion:
18. What do you think are the advantages of adopting these ranking and shortlisting options?
19. What are the risks?
20. Which option do you prefer and why?
8. Looking towards implementation of a selection process

Figure 2 above highlights some of the critical dependencies required for successful implementation of a selection into Basic Training process.

**Questions**

With regards to **Phase 2: Preparing for implementation**:

21. What three implementation factors will have the highest impact on your organisation and why?

The establishment of training networks across all jurisdictions is an important factor in implementing a College determined evidence based and quality assured selection model.

22. Are you already part of a training network? If yes, which one are you a part of?

23. If you are already part of a training network would you be interested in taking part in a pilot? If yes please provide your contact details.

24. If you are not part of a training network, do you have plans to join one? What support do you require to make this change?

25. Are there any additional comments on how we can ensure successful implementation?
9. Next Steps

Feedback received will be used to inform and refine the models proposed by the Expert Panel. A final report containing the recommended models and feedback received will be submitted to the RACP Board for consideration in September 2016. The report will likely inform progress to Phase 2: Preparing for Implementation.

Thank you for taking the time to consider the Selection into Basic Training Quality and Feasibility study consultation paper. For further information on this project please email EducationPolicy@racp.edu.au or visit the Capacity to Train web page.
**Glossary**

| **Basic Training** | Basic Training is the first step in a minimum six-year training program with the RACP. It is the first three years of training (including the Divisional Written Examination and Divisional Clinical Examination) followed by three or more years of Advanced Training. |
| **Training Network** | A group of settings, with a formal agreement, who work together, to provide a training program and deliver competent trainees. |
| **Training Capacity** | Training capacity is the highest number of trainees who can be trained within the RACP Basic Training programme at one time, where high quality and appropriate training can be accommodated. |
| **Situational Judgement Test** | Situational Judgment Tests (SJTs) assess non-academic professional attributes such as integrity, empathy, resilience, team involvement. SJTs, developed by subject matter experts, present hypothetical scenarios to candidates to choose or rank the most appropriate responses.  

For example:

You are reviewing a routine drug chart for a patient with rheumatoid arthritis during an overnight shift. You notice that your consultant has inappropriately prescribed methotrexate 7.5mg daily instead of weekly.  

Rank in order the following actions in response to this situation (1=most appropriate; 5=least appropriate)

A. Ask the nurses if the consultant has made any other drug errors recently  
B. Correct the prescription to 7.5mg weekly  
C. Leave the prescription unchanged until the consultant ward round the following morning  
D. Phone the consultant at home to ask about changing the prescription  
E. Inform the patient of the error |
| **Clinical Problem Solving Test** | Clinical problem solving tests (CPSTs) assess clinical knowledge and its application. The test contains extended match and single best answer questions, developed by subject matter experts to cover a range of clinical areas. These are typically machine marked, multiple choice written assessments.  

For example:

A 72 year old man has collapsed at home. The event was not witnessed. His son found him at 8.00pm, which was 2 hours after he last spoke to him on the telephone, when he was well. He has had previous episodes of unprovoked pulmonary emboli for which he takes warfarin. He was treated for chest infection 2 weeks ago by his GP.  

On arrival in the Emergency Department he is confused and uncooperative. He has an upgoing left plantar reflex.  

Select the SINGLE most appropriate course of action from the list below. Select ONE option only.  

A. Immediately give Vitamin K 10mg IV  
B. Perform a carotid Doppler scan  
C. Request an urgent CT scan head  
D. Request 4 hourly neurological observations overnight  
E. Speak to his family about his quality of life |
| **Ranking** | A listing of candidates according to a system of rating or a record of performance, so that candidates can be differentiated in a standardised way. |
| **Shortlisting** | The making of a list of best scoring candidates at the end of Stage 2, who will move to Stage 3 for consideration of employment/training suitability (local processes). |
## Attachments

<table>
<thead>
<tr>
<th>Attachment</th>
<th>Page</th>
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</thead>
<tbody>
<tr>
<td>Proposed models: trainee journey</td>
<td>16</td>
</tr>
</tbody>
</table>
Stage 1
College administered eligibility

**Candidate:**
- refers to Competency Based Standards, eligibility and selection criteria, and information on selection process
- completes online application form
- uploads supporting documents
- pays nominal application fee
- indicates preference(s) for State based training network
- looking towards Stage 3: refers to any additional criteria required by preferred network

**Required Infrastructure**
- online platform for application
- College selection team to review applications and confirm eligibility
- state based training networks

**College Education Services:**
- reviews application, checks eligibility
- confirms whether candidate is eligible to proceed to Stage 2 and complete College administered test (SJT/CPST)

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Stage 2
College administered testing

**Candidate:**
- registers to sit the selection assessment and pays fee
- chooses assessment date and venue
- sits selection assessment

**Required Infrastructure**
- selection criteria for basic training
- online platform for registration, fee payment and venue allocation
- job analysis, and blue printing of assessment selection criteria
- item bank for SJT/CPST
- sites, computers and invigilators for test delivery
- quality assurance capability for results analyses
- capacity to train – known training position numbers

**College Education Services:**
- delivers computer based test
- analyses results
- ranks candidates
- determines shortlisted pool of candidates eligible for Stage 3 based on capacity to train (established trainee numbers) plus buffer.

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Stage 3

**Model 1: College administered testing with locally defined additional selection methods**

**Candidate offered a training position and then registers with the College**

**Training Network:**
- provides position description/requirements
- publicises additional training network defined selection methods (e.g., MMI, structured interview, CV developed in accordance with the RACP Selection into training policy)
- reviews application, checks eligibility against employment criteria
- conducts interviews to assess applicant’s performance against selection criteria for BT
- makes selection decisions

**Model 2: College administered testing & College defined additional selection methods**

**Candidate:**
- completes any additional selection methods as determined by the College (e.g., attends interview)
- refers to training network selection information
- refers to training network application information and published selection criteria

**Required Infrastructure**
- platform to share candidate test profiles/ranks/CVs etc.
- resources at the training setting level to develop and conduct interviews (similar to current resourcing)

**Training Network**
- provides position description/requirements
- reviews application (test score/CV etc.), checks eligibility against employment criteria
- conducts interviews to assess applicant’s performance against selection criteria for basic training (as per College defined format)
- makes selection decisions

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Does this trainee meet the eligibility criteria?
- Candidate:
  - refers to Competency Based Standards, eligibility and selection criteria, and information on selection process
  - completes online application form
  - uploads supporting documents
  - pays nominal application fee
  - indicates preference(s) for State based training network
  - looking towards Stage 3: refers to any additional criteria required by preferred network

What criteria do I need to meet to be eligible?
- required Infrastructure
  - online platform for application
  - College selection team to review applications and confirm eligibility
  - state based training networks

If the trainee is confirmed as eligible, they are invited to take part in Stage 2 (College administered test)

Who are the applicants most likely to succeed in physician training?
- Candidate:
  - completes any additional selection methods as determined by the College (e.g., attends interview)
  - refers to training network selection information
  - refers to training network application information and published selection criteria

Candidate test performance profile generated. Preference changes made (if desired).