

Selection into Training

Update #2 | November 2025

In 2024, the College Education Committee commenced an initiative to support the quality assurance and improvement of selection into RACP training programs. This initiative is in response to increased interest from stakeholders, regulators and governments in understanding the activities and outcomes of selection (and by extension, recruitment) processes for training programs and positions. The work spans both Basic and Advanced Training, including faculty, chapter, and joint training programs.

Ultimately, the goal of this initiative is to produce an evidence- and stakeholder-informed cross-sector strategy to alleviate the burden of selection into training activities, support the growth of the physician workforce aligned to community health needs and ensure transparent and robust selection practices. The initiative is divided into three phases:



Methodology

This work was guided by a set of **structured questions** and a **conceptual framework** using *systems evaluation theory*¹.

Stakeholder identification and engagement were undertaken alongside a **desktop review** of available information on entry and selection processes for each Basic and Advanced Training program across specialties and jurisdictions.

Where possible, RACP staff met with key stakeholders and those involved in selection delivery via **focus groups/interviews** to validate and expand upon desktop review findings and explore the local context, as well as identify strengths and areas for improvement.

Results were triangulated and interpreted through the lens of *systems evaluation theory* to describe and evaluate the current state, identify key tensions and form recommendations for change.

¹Renger, R. (2015) 'System evaluation theory (SET): A practical framework for evaluators to meet the challenges of system evaluation', *Evaluation Journal of Australasia*, 15(4), pp. 16–28.

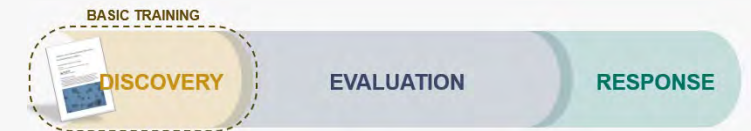


Basic Training Discovery Report

Findings from the BT Discovery phase process highlights **variation in entry pathways, selection methods, contract structures, and equity approaches across jurisdictions**, while also identifying several **areas of commonality**, such as **eligibility requirements and the differentiating aspects of physician training to service positions** in early training, and identifying in candidates commitment to a future role as a physician committed to local health service needs and ongoing education of the physician training workforce.

The BT Discovery phase has revealed how local context, particularly recruitment structures and demand for BT positions, shapes practices, structures and outcomes.

Read the full BT Discovery Phase report [here](#).



Concurrent to this initiative, the Health Workforce Taskforce has been undertaking a project aimed at coordinating and streamlining the recruitment of junior medical officers across Australia. This work could be instrumental in developing the RACP response. Read more about their project in the Opportunities for Coordination and Streamlining Junior Medical Officer Recruitment Project Report available [here](#).





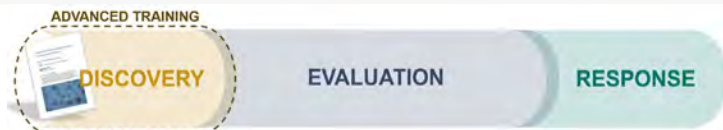
Advanced Training Discovery Report

Findings from the discovery phase identified the range of subsystems that interact in the selection and recruitment of trainees to AT programs and the control boundaries that influence how subsystems interact and may operate differently in different contexts to influence selection and recruitment outcomes.

Models used for selection are described on a continuum of **centralisation** apparent in the processes and the factors that influence the level of centralisation. Regardless of the model used, selection processes typically follow recruitment processes combining **CV review, written statements, referee reports, and structured interviews** (often formed by panels).

Models that exhibit greater centralisation and relatedly greater emphasis on a training pathway rather than a specific job role tend to emphasise **motivation, capability for training and specialty career**. There are differences between specialties regarding which attributes are emphasised.

Read the full AT Discovery Phase report [here](#).



BT and AT Evaluation Report

Key findings reveal a **functioning but fragmented system** comprising interdependent subsystems that experience a range of boundary tensions due to variations in **governance, timing, upstream and downstream workforce impacts, interpretations in policy and professional standards and equity of access to training opportunities**. Thematic analysis of stakeholder feedback from focus groups identified seven interrelated themes that span **governance, data, process, fairness, timing and equity issues**.

Read the full Evaluation Phase report [here](#).

Seven **recommendations** were made to take forward to the Response Phase:

1. Develop a Selection Quality Framework
2. Establish a Selection Data and Insights program
3. Clarify governance and roles
4. Leverage accreditation for quality assurance
5. Collaborate to harmonise recruitment timing and processes
6. Advance equity and inclusion
7. Implement operational improvements



What comes next?

These reports provide the foundation for the next phase of the initiative (the Response Phase) which will develop an **evidence- and stakeholder-informed strategy** to guide the RACP's work to quality assure and improve selection. A proposal for the approach to this phase will be communicated in early 2026.

The expected outcome of this phase is that the College will have a targeted strategy, with buy-in from stakeholders, for quality improvement and quality assurance of selection into training, which is in alignment with the College's strategic priorities and reflective of selection contexts.



For more information, please visit the [RACP website](#).

If you have any questions or would like to provide feedback, please contact us at evaluation@racp.edu.au



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