RACP
Specialists. Together

Selection into Training Quality Assurance and Improvement Initiative

Evaluation Phase Report | Basic and Advanced Training

November 2025

Purpose of this document

This report evaluates the current state for recruitment, selection and entry into the RACP's Basic and Advanced Training programs. It provides a foundation for the final Response Phase of the Selection into Training Quality Assurance and Improvement Initiative. The report aims to strike a balance between providing sufficient representative detail for Advanced Training programs in each jurisdiction and synthesising key commonalities and distinctions. The report does not include exhaustive detail.

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Executive Summary

This report presents a system-level evaluation of the efficiency and effectiveness of activities related to selection and entry into RACP training programs across the continuum of training from entry into Basic (BT) and Advanced Training (AT) programs. Systems Evaluation Theory (SET) (Renger, 2015) served as the conceptual framework for identifying the nature of the key subsystems that interact to facilitate entry into training programs and their boundaries, feedback loops, and tensions between these that constrain efficiency, fairness, and equity and consider opportunities for improvement.

The evaluation draws on BT and AT Discovery Phase findings, stakeholder consultations, and thematic analysis to assess the efficiency and effectiveness of processes culminating in entry into training.

Key findings

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. The differing authorities guiding activities within and between subsystems result in variations in timing, policy interpretation, and data sharing.

- **Influence of the College:** Predominantly through accreditation and professional standards; recruitment and data systems are externally governed.
- **System Performance:** Duplicated processes, timing mismatches, and limited data visibility hinder efficiency and system learning.
- **Stakeholder Perspectives:** Trainees and selectors highlight fairness, transparency, and workload as ongoing concerns.

Thematic analysis of stakeholder feedback from focus groups identified seven interrelated themes that span governance, data, process, fairness, timing and equity issues.

Recommendations

Recommendations relate to both strategic implications and operational improvement opportunities and include leveraging accreditation and policy levers, strengthening data feedback systems, harmonising recruitment timing, and embedding equity monitoring.

These insights form the foundation for the Response Phase, which will translate findings into actionable improvement strategies.

Background to the initiative

In July 2024, the RACP's College Education Committee approved an initiative to map local trainee selection procedures and identify opportunities for collaboration, support and improvement. This accords with the Australian Medical Council's (AMC) expectations for the RACP to have greater involvement in the quality assurance and improvement of selection into training. The initiative spans Basic and Advanced Training programs in Australia and Aotearoa New Zealand.

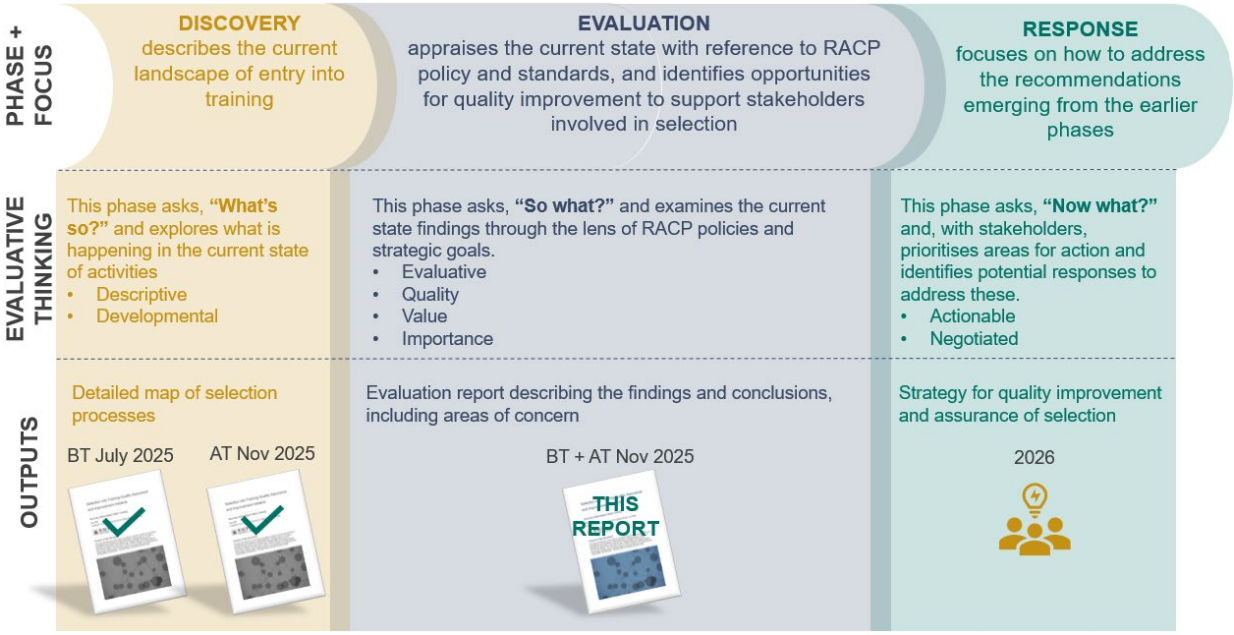
This initiative responds to:

- Feedback from leaders, supervisors, and applicants seeking greater support during selection and entry into training.
- Regulatory expectations for monitoring selection processes and outcomes. (e.g. AMC)
- National reforms (e.g. National Framework for Prevocational Medical Training)
- Increasing interest and inquiry into the relationship between workforce and physician training by external agencies, e.g. the Australian National Medical Workforce Strategy, NSW Special Commission of Inquiry into Healthcare Funding.

Ultimately, the work will result in the development of an evidence- and stakeholder-informed strategy for the quality assurance and quality improvement of selection into physician training.

The work is guided by the 'three phases of evaluative thinking' (Davidson, 2012). This model frames the questions that are asked at each phase and guides the interpretation of the evidence gathered to answer these questions.

Figure 1: Project phases, outputs and application of the evaluative thinking model



Introduction

About this report

This report is the third output for this project, and has been preceded by a BT Discovery Phase Report (July 2025) and an AT Discovery Phase Report (November 2025). In 2026, a group of stakeholders will be convened to use these materials as the foundation for development of an evidence- and stakeholder informed strategy for the quality assurance and improvement of selection into physician training.

Scope and audience

This evaluation report examines selection processes for both Basic Training and Advanced Training. It covers divisional programs (Adult Medicine and Paediatrics & Child Health), as well as faculty and chapter programs, across Australia and Aotearoa New Zealand. While the report considers the breadth of training pathways, it does not focus extensively on dual training arrangements.

This report is primarily intended for RACP governance and operational groups involved in trainee selection and accreditation, including:

- College committees
- Accreditation teams responsible for training site reviews
- Program directors, selection panels, and other stakeholders engaged in selection processes.

Secondary audiences include internal policy teams and external stakeholders with an interest in physician workforce planning and training quality. The report aims to provide these groups with actionable insights to support evidence-based decision-making and continuous improvement in selection practices.

Purpose

The purpose of this report is to appraise the current state of selection processes through the lens of RACP policies and strategic goals. It appraises findings from the Discovery phase, identifies areas of concern, and considers opportunities for improvement**.**

The findings presented here will inform the Response phase, which will focus on actionable strategies for quality assurance and improvement in collaboration with stakeholders.

Scope of the project

In Scope

- Entry into Basic and Advanced Training programs in Australia and Aotearoa New Zealand
- Application, selection and entry (and recruitment where this is intertwined) into:

    - Basic Physician Training programs
    - Advanced Training Programs, inclusive of Chapter and Faculty programs
- Australian and Aotearoa New Zealand contexts, inclusive of current and emerging factors that may influence the context.

Out of Scope

- Access to jobs/further training opportunities after completion of training.
- Complex pipelining of the medical workforce with reference to training program outputs and community needs.

Assumption: despite the numerous programs offered in RACP training, this project views physician training as a continuum

Guiding evaluation questions

The overarching question used to guide this evaluation was:

- In their current state, what are the factors that influence the ***efficiency*** and ***effectiveness*** within and across the subsystems that interact to create outcomes of selection and recruitment?

We define these terms as follows:

- **Efficiency:** How well the system uses time, effort, and resources.
- **Effectiveness:** How well the system achieves its educational and workforce purpose.

This question is considered within the context of the overarching goal of RACP training programs to develop a safe and competent physician workforce for the communities it serves and the strategic priorities and standards of the RACP's draft revised selection into training policy.

This overarching question is further framed in the context of Systems Evaluation Theory (SET) (Renger R. , 2015). The *Evaluation Framework* section of this report describes how SET is used in this initiative.

Evaluation framework

Systems Evaluation Theory (SET) was applied as the conceptual framework for the Evaluation Phase of the project. This approach was introduced in the Discovery Phase for Advanced Training (AT) programs to support the increased complexity of incorporating AT programs into the Discovery Phase work. To illustrate this complexity, the project scope in full covers approximately 369[1] instances in which some form of selection and entry into RACP training programs occur annually. In addition to the complexity created by volume, the Discovery Phase work has consistently revealed that selection into training occurs at the interface of multiple systems of governance, including activities of the RACP, specialty groups and jurisdictional bodies, and these activities may vary by Specialty and jurisdiction. Viewing this complexity through a SET perspective provides a framework for interpreting findings at the system and subsystem levels, helping identify themes and interactions among the activities of entities that conduct or influence selection and recruitment into RACP training programs, how these interactions impact the efficiency and effectiveness of selection processes, including their alignment with RACP selection into training policy and strategic goals, and the subsequent impact on stakeholders. SET described findings in this Evaluation report also guide where the RACP can focus activities in the forthcoming Response Phase of this initiative, where insights will be translated into practical recommendations.

Systems Evaluation Theory (SET)

SET is a structured way to understand and assess complex programs by looking at how different parts work together to achieve outcomes. Instead of evaluating components in isolation, SET focuses on the system's overall purpose, its parts, boundaries, and feedback loops. An overall system usually includes several interacting subsystems that either deliberately or organically influence the emergent properties, i.e, observed outcomes, of the system in action.

Each system and subsystem are described through:

- **Purpose:** what the system or subsystem exists to achieve
- **Inputs**: resources and conditions entering the system
- **Processes**: interactions between parts
- **Outputs**: immediate results
- **Outcomes**: broader impacts
- **Boundaries**: where stakeholders or organisations interact within and between subsystems
- **Feedback loops**: mechanisms for learning, reaction and improvement or actions that need to be taken to achieve the system or subsystem purpose.

[1] Based on 41 Basic and Advanced Training program offered in nine jurisdictions across Australia and Aotearoa New Zealand.

In this project, SET is used to describe how RACP training programs operate as a system with a definable purpose: to attract, recruit, select, and train a high-quality physician and paediatrician workforce that meets the needs of the communities in which those physicians serve.

In this RACP physician training context, each activity described in the system's purpose operates as a subsystem. There are contextual subsystems within each of those subsystems, defined by jurisdiction and specialty. SET also allows consideration of related systems that significantly influence the structure, processes and performance of selection activities, such as, the RACP Training Provider Accreditation Program (TPAP) that controls the supply of suitable training positions, or jurisdictional health structures like Networks that may control funding of positions and activities. In summary, describing selection into physician training as one of a program of distributed subsystems across specialties and jurisdictions highlights how information, authority, and accountability flow between the College, health services, and applicants.

Boundaries between subsystems are a key focus in the evaluation phase of this project. In SET, boundaries define what is included in a subsystem and the level of control a subsystem has over how it achieves its purpose. Boundaries can be structural – who does what; temporal – the timing of subsystem activities; policy or governance - rules that apply to processes; or principles to guide goals. Subsystem boundaries were explored in this project at the Discovery and Evaluation Phases to make sense of how models of selection and recruitment operate and what factors affect the efficiency and effectiveness of selection outcomes.

Importantly, SET uses feedback loops to identify areas for improvement, especially for entities like the College that may not directly control selection processes but can influence them. Additionally, feedback loops in this project are considered as how a system responds to external influences at the boundaries in a process to achieve its own goals. These responses could include strategies employed by some specialties to manage the different timelines of recruitment offers in other specialty selection systems, thereby mitigating the likelihood of their job offers being rejected.

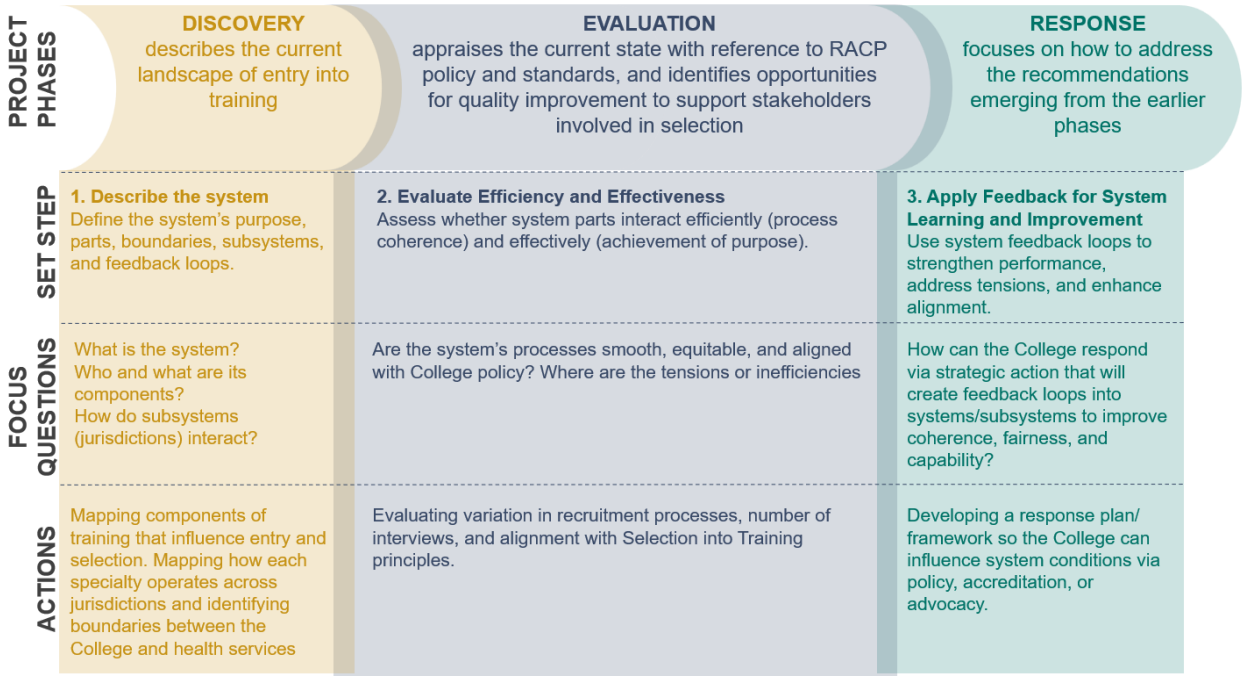
SET evaluation occurs in three broad steps:

1. **Describe the system** - identify its purpose, subsystems, boundaries, and feedback mechanisms.
2. **Evaluate the system's efficiency and effectiveness** - determine whether the parts work together as intended and whether the system achieves its purpose.
3. **Use the system's feedback to adapt or improve** - identify leverage points where action can enhance performance or alignment.

The Response Phase reflects SET's adaptive learning function - turning insights into strategic action.

The SET approach aligns with this project's design, as depicted in Figure 2, which maps the SET steps to the project design, outlining the relevant SET focus questions and actions to each of the three project phases.

Figure 2: SET steps mapped to project phases



As outlined above, the first step in SET is to describe the system, including identifying its purpose, subsystems, boundaries, and feedback mechanisms. The BT and AT Discovery Phase Reports fulfil this step. Discovery findings, including key insights, form the basis and focus of the evaluation.

System description

The Discovery Phase described how selection and recruitment function across multiple, interdependent subsystems, including, but not limited to, the activities of selection, recruitment, and accreditation, each influenced by Governance and Policy frameworks. Key relationships among these and other relevant subsystems are summarised below.

Overall purpose of the subsystems

The overall purpose of these subsystems is to attract, recruit, and train physicians and paediatricians capable of meeting community health needs through transparent, equitable, and quality-assured selection into training.

Subsystems

Table 1 describes the subsystems that interact with local variations. Note that evaluation activities resulted in description of an expanded set of subsystems describable since early work in *Discovery Phase* activities.

Table 1: Selection-related subsystems, their purpose, boundaries, actors and key tensions/impacts

Subsystem	Purpose / Function	Primary Boundaries	Main Actors	Key Tensions / Impacts
1. Professional	Defines the professional attributes and standards that the College seeks in trainees. Provides an educational compass for selection, accreditation, and progression.	Professional, Governance	College, AMC, specialty societies	Potential misalignment between stated attributes and what panels actually assess; variable operationalisation in interviews and referee reports.
2. Policy / Framework	Articulates eligibility, fairness, and compliance rules, translating professional standards into operational policy.	Governance, Professional	College	Variation in interpretation; limited linkage between policy and local practice.
3. Accreditation	Ensures settings and posts meet supervision and learning standards; defines where and how selection outcomes can be enacted.	Accreditation, Governance, Professional	College accreditation teams, site leads	Accredited but unfunded posts; rigidity constraining system adaptability.
4. Selection	Identifies suitable applicants using structured, merit-based methods that reflect professional attributes and readiness for training.	Professional, Accreditation, Temporal	College selectors, program panels	Duplication; inconsistent scoring; perception of unfairness.
5. Recruitment	Employs selected trainees into funded, accredited positions within health services.	Employment, Temporal, Governance	Jurisdictions, hospitals, workforce units	Misaligned calendars; offer withdrawals; efficiency loss.
6. Progression	Enables transition across training stages (BT → AT → Fellowship) and monitors continuity of competence.	Temporal, Certification, Information	College committees, supervisors	Delays, data silos, and attrition risk.
7. Governance	Provides oversight, coordination, and accountability across all subsystems.	Governance, Information	College committees, Jurisdictions workforce entities	Diffuse authority; inconsistent implementation.
8. Data & Feedback	Captures and analyses data to inform learning and improvement.	Information, Feedback	Not specified	Fragmented ownership; weak feedback loops.

Evaluation methodology

Data collection

- Identification and engagement of positions and groups involved in selection processes
- Qualitative data from engagements (eg surveys, focus groups) with stakeholders, including trainee perspectives

Stakeholder engagement

A stakeholder scan was conducted to identify key groups involved in selection across divisions, specialties and jurisdictions. Due to the wide range of stakeholders, a convenience sampling approach was used to gather indicative qualitative data, rather than aiming for full coverage.

The main stakeholder groups identified were:

- Training Committees
- RACP-affiliated Specialty Societies
- Supervisors/Heads of Departments/Directors of Physician Education
- Trainees
- Other individuals directly involved in selection

We used snowball sampling to identify additional relevant stakeholders and sent one reminder email to encourage participation.

Focus groups and surveys

Focus Groups were used to gather insights on how selection works and how effective and efficient the processes are. Where possible, participants from the same specialty and different jurisdictions were grouped together. When scheduling didn't allow this, individual interviews were conducted and analysed using the same methods.

Triangulation of data

Data from desktop review and focus groups, plus surveys, were triangulated through cross-checking of information about selection and entry processes across specialties and jurisdictions, and combined in thematic analyses.

Limitations

It was not feasible through this evaluation process to provide an exhaustive analysis of all specialties by program selection processes, particularly in AT, due to the availability of information and the complexities within and between specialties and jurisdictions. In addition, this report has been produced with limited opportunities for member checking of the authors' interpretations of focus group data.

SET-framed evaluation approach

The evaluation findings draw together evidence from the Discovery Phase and stakeholder

focus groups to describe how the selection and recruitment system operates from multiple perspectives. The approach used to explore the core evaluation questions combines Systems Evaluation Theory (SET) analysis with thematic analysis of stakeholder concerns. The findings are organised around themes that emerged from stakeholder focus groups, highlighting the barriers and enablers that influence how selection and recruitment processes operate across jurisdictions and specialties, capturing the practical realities experienced by those who apply, conduct, and manage entry into training, including issues relating to workload, fairness, transparency, and governance. Each stakeholder theme is also interpreted through the lens of SET to examine how the system's underlying structures, boundaries, and feedback mechanisms produce these observed issues and influence overall efficiency and effectiveness. Trainee representative feedback was collected in trainee-only focus groups and analysed using the same thematic approach. The third perspective for analysis is through the lens of the RACP draft Selection into Training Policy and relevant strategic goals, including growing the Indigenous workforce. These three perspectives are reported separately and then themes arising from all are reviewed together to identify a set of cross-cutting themes, reflecting issues that span multiple parts of the system and contribute to common patterns of strength or challenge.

The identification of cross-cutting themes supports the development of system-level recommendations that are intended to address multiple related issues. These recommendations are designed to simultaneously generate positive outcomes across different parts of the system by leveraging subsystem-specific feedback loops.

Results

This section presents key evaluation findings grouped into themes from desktop research and stakeholder input via focus groups and surveys. Each theme aligns with relevant SET domains, subsystems, and boundaries to support evaluative judgments and inform strategies for the Response Phase

Rather than analysing every SET component, this approach prioritises stakeholder experiences to guide action. The SET-informed analysis highlights potential levers for the College and collaborators to address tensions between competing subsystem goals—particularly at the intersection of selection, recruitment, and accreditation.

Table 2 maps stakeholder themes to the SET framework, including the evaluation focus of efficiency and/or effectiveness, and indicates relevant recommendations. Subsequent sections discuss each theme in detail, followed by recommendations.

Trainee perspectives provide a critical lens on the continuum from selection to progression through BT and AT. Their themes reinforce most cross-cutting issues identified in program selector/director/supervisor focus groups, but, as expected given the stakes, trainees experience of subsystems involved in selection and entry slightly differs, along with associated impacts from boundary tensions, especially around transparency.

Table 1. Themes that emerged from stakeholder discussions, mapped to SET components, boundaries, tensions and recommendations

Stakeholder Themes	Component	Discovery Phase Insight	Resulting Tension	Subsystems Involved	Boundary Issues	Evaluation Focus	Related Recommendation
1: Selection tools, processes and decisions: validity, fairness, outcome alignment	Inputs/ Processes/ Outputs/ Outcomes	Similar tools are used across recruitment and selection, but variable values or interpretations are applied to inferences from some (e.g., referee reports). Concerns about the valid use of some tools.	Uncertain predictive validity. Levels of mistrust in the process and decisions	Selection, Professional/ Policy	Professional/Selection boundaries; uncertainty regarding predictive validity, concerns about how information is collected for decision-making.	Effectiveness: Confidence in selection outcomes and training impact	**R7 – Operational Improvements**: Create shareable tools to enhance reliability and user experience, support centralisation where beneficial. **R1 – Selection Quality Framework:** Define standards for validity and fairness.
2: Burden of selection and recruitment processes in decentralised selection models/ contexts.	Processes /Governance	Centralised vs. local selection models	Transparency vs. local control	Selection, Recruitment, Professional/ Policy	Boundary between policy and practice	Efficiency: relationship between governance structures and operational efficiency.	**R7 – Operational Improvements:** Create shareable tools to enhance reliability and user experience, support centralisation where beneficial.
3: Staggered recruitment cycles causing offer withdrawals; call for harmonisation across jurisdictions.	Processes/ Governance (Temporal)	Jurisdictional and Specialty variation in governance and timing of offers	Recruitment timing vs. candidate retention	Recruitment, Selection	Fragmented governance boundaries, Temporal boundary misalignment	Efficiency: Coherence and alignment across jurisdictions	**R5 – Recruitment Timing & Processes:** Harmonise calendars and offer protocols nationally.
4: Equity of access: Maldistribution of opportunities to access AT pathways, with an upstream impact on BT competition. Structural access inequity.	Inputs/ Boundaries/	Maldistribution of demand & competition for positions.	Methods to attract trainees may result in inequitable academic support	Professional /Policy, Selection, training delivery	Geographical boundary can drive training opportunities and workforce distribution	Effectiveness: Equity of access to training support to succeed in College program assessments	**R6 – Equity, Inclusion & Navigation Support:** Embed equity metrics and introduce Navigator Roles to support applicants in under-served regions.
5: Training pathways. **5A:** Lack of coordinated subspecialty pathways; desire for more flexible and navigable training models.	Processes /Subsystems /Integration	Some specialty training programs lack pathway or coordination	Subspecialty access vs. fragmentation	Accreditation, Selection, Professional/ Policy	Boundary gaps between subspecialties and general training	Effectiveness: Integration and navigability of subspecialty pathways	**R6 – Equity, Inclusion & Navigation Support:** Introduce Navigator Roles to guide applicants. **R2 – Data & Insights:** Map and track subspecialty entry routes.

Stakeholder Themes	Component	Discovery Phase Insight	Resulting Tension	Subsystems Involved	Boundary Issues	Evaluation Focus	Related Recommendation
5B: lack of coordination of final AT year roles	Inputs/ Boundaries	Some jurisdictions coordinate these roles in AT, fragmented one-year posts elsewhere	Centralisation vs Local autonomy	Accreditation/Selection/ Recruitment	Boundaries operate differently in different contexts.	Efficiency and effectiveness: coherence of process and opportunity to complete training,	**R6 – Equity, Inclusion & Navigation Support:** Introduce Navigator Roles to guide applicants
6: Accreditation of training **6A**: Unclear boundaries between employment and training roles.	Inputs/ Boundaries	Jurisdictions must fill service roles even when candidates are not selected through formal processes.	Selection integrity vs. workforce demand	Recruitment, Selection, Professional/ Policy	Blurred boundary between employment and training	Effectiveness: Alignment of workforce need and goals of training, and selection into training.	**R3 – Governance & Roles:** Clarify responsibilities through MOUs. **R5 – Recruitment Timing & Processes:** Coordinate governance of offers and appointments.
6B: Accredited posts remain unfilled due to a lack of funding; a call for College advocacy in workforce planning.	Inputs/ Training positions	Training pathways may be shaped by hospital budgets rather than by strategic workforce needs or by training accreditation.	Training goals vs. funding models	Recruitment, Professional/ Policy, Accreditation	Boundary between financial and educational priorities	Efficiency and effectiveness: Alignment of funding models to support training and strategic workforce needs	**R4 – Accreditation for Quality Assurance:** Integrate funding data with accreditation records and advocate for strategic alignment.
6C: Rigid accreditation rules exclude capable sites; need for reform to enable more training posts.	Inputs/ Training positions	Rigid standards exclude viable training sites or positions	Accreditation flexibility vs. training access	Accreditation, Professional/ Policy	Boundary rigidity in accreditation criteria	Effectiveness: Flexibility of accreditation standards to support diverse training contexts	**R4 – Accreditation for Quality Assurance:** Enable context-appropriate criteria while maintaining standards.
7: Role of RPL; need for standardised recognition of prior experience	Processes/ Feedback	RPL not granted for doctors in service roles	Structured training pathway vs recognition of accessible experience	Accreditation, Selection, Professional/ Policy	Rigid boundary around formal recognition	Effectiveness: Criteria for validation of learning outside structured pathways	**R2 – Data & Insights Program:** Standardise RPL criteria and reporting. **R1 – Quality Framework:** Embed clear principles for recognition and fairness.
CROSS CUTTING THEMES							
Balancing fairness with flexibility; need for clearer equity frameworks in	Values/ Boundaries	Inconsistent or unclear integration of equity principles into selection frameworks.	Equity vs. merit-based selection	Selection, Professional/ Policy (inc. strategic goals)	Boundary between equity goals and merit frameworks	Effectiveness Systematic integration of equity principles	**R6 – Equity, Inclusion & Navigation Support:** Embed equity metrics and guidelines within selection criteria. **R1 –**

Stakeholder Themes	Component	Discovery Phase Insight	Resulting Tension	Subsystems Involved	Boundary Issues	Evaluation Focus	Related Recommendation
selection.						into selection frameworks.	**Quality Framework:** Define how fairness and flexibility co-exist in standards.
Need for better tracking of selection outcomes and trainee progression; concern about lack of data visibility.	Feedback/ Information	Lack of deliberate data collection on selection processes, accessibility and consistency of selection data.	Information access vs. transparency	Selection, Professional/ Policy	Boundary between data ownership and usability	Efficiency and effectiveness: Accessibility and consistency of selection data	**R2 – Data & Insights Program:** Develop shared dashboards and reporting mechanisms. **R3 – Governance:** Define data stewardship responsibilities.

Stakeholder themes

Theme 1: Selection tools, processes and predictive validity

Perspectives of program selectors, directors and supervisors

Focus group discussions revealed varied perspectives on the value and effectiveness of selection tools—such as CV scoring, interviews, referee reports, and written statements—in predicting success in training and clinical practice. A key focus was the relationship between the tools used and the outcomes they are intended to predict.

Across jurisdictions and specialties, selectors reported using structured scoring frameworks to combine multiple inputs into ranked candidate lists. These frameworks typically include weighted components such as clinical experience, written responses, referee reports, and interview performance. While these tools are designed to promote fairness and transparency, some participants expressed uncertainty about their ability to predict long-term capability, professional maturity, or successful progression through training.

Importantly, this uncertainty is not universal. Some selectors view referee reports and interviews as authentic reflections of observed behaviours, particularly in assessing professionalism and interpersonal skills that are otherwise difficult to measure. Others questioned whether these tools, especially when used in combination, offer meaningful discrimination between candidates or correlate with future performance.

Contextual pressures further shape this tension. In competitive specialties selection tools, including performance in BT examinations, act as fine filters to distinguish between similarly qualified candidates. The precision of such increments based on the complex interplay of expectations and experience in BT is worth exploring. Conversely, in programs with workforce shortages or broader entry criteria, selection tools may be used more flexibly or pragmatically to ensure service coverage.

Perspectives of trainee representatives

Trainee focus group discussions acknowledged that current selection tools, e.g. CVs, interviews, and referee reports, can assess basic competencies but questioned their ability to predict long-term success. Many felt that informal practices, such as required pre-interview meetings, ‘pre-meets’ with department heads, encourage questioning of family planning or other potential requirements for flexible training that would not be permitted in the formal recruitment process, undermining the fairness and validity of selection decisions.

Additionally, trainees observed that the role of selection panels and their composition varied widely across programs. Some were legally constituted and transparent, while others operated informally. Trainees called for clearer governance and oversight, including the involvement of non-clinical personnel to ensure defensible processes.

Trainees expressed a desire for clearer criteria for selection and progression and more comprehensive feedback on unsuccessful application attempts. The absence of standardised frameworks and feedback mechanisms contributed to uncertainty and perceptions of arbitrariness.

Boundary tensions

- **Process vs Outcome**: Structured tools may create procedural rigour, but without clear evidence of predictive validity, they risk being performative.
- **Confidence vs Capability**: Selectors may feel confident in their decisions, yet remain uncertain about whether those decisions lead to capable, adaptable trainees
- **Transparency vs Trust**: Trainees often report confusion about how selection decisions are made, especially regarding weighting and fairness, which can erode trust and fuel perceptions of bias.
- **Contextual variation**: Although similar tools are used across programs, their value and application vary depending on local workforce needs, competition, and service demands

These tensions reveal how **boundary misalignments**, especially between process and outcome expectations, may undermine certainty and trust in the effectiveness of selection into Advanced Training.

Theme 2: Decentralised selection burden

Perspectives of program selectors, directors and supervisors

In decentralised selection models, notably for training programs and jurisdictions where recruitment is managed independently by multiple health services, trainees can experience a significant burden during the selection process. While program selectors and recruiters may tolerate or even prefer local autonomy, trainees are often required to submit multiple applications and attend several interviews within short timeframes for a single training program across different centres.

For program selectors and recruiters, staggered recruitment timelines increase the likelihood of late withdrawals if a trainee receives an offer in a preferred location or program at a later date as discussed in “Theme 3: Recruitment timing and offer coordination.”

The lack of a centralised or coordinated system means:

- Trainees must navigate fragmented processes with little guidance.
- Interviews are repeated across sites, often with overlapping content.

Perspectives of trainee representatives

Trainees described the burden of preparing multiple tailored applications for decentralised systems. The lack of a unified application process was seen as inefficient and stressful, particularly for those applying across multiple networks or specialties.

Boundary tensions

- **Selection vs. Recruitment-** Health services interview for their own needs, not for coordinated application of training program selection criteria, leading to duplicated effort for trainees and potentially inconsistent outcomes.
- **Information vs. Operational-** Trainees lack visibility into how decisions are made

across sites and must manage multiple applications without central guidance.

- **Temporal vs. Equity-** Compressed interview timelines disadvantage trainees with limited flexibility or competing commitments

Implications for system efficiency and effectiveness

- **Efficiency-** Decentralised systems create duplicated effort for trainees and selectors, increasing administrative burden and reducing process coherence.
- **Effectiveness-** Fragmentation undermines fairness and transparency and limits the system's ability to support trainees through structured, navigable pathways.

Theme 3: Recruitment timing and offer coordination

Perspectives of program selectors, directors and supervisors

As outlined in the Discovery Phase reports, the timing of selection into most training programs is shaped by jurisdictional annual recruitment campaign schedules. These asynchronous timelines affect recruitment and selection across the entire physician training continuum. In particular, misaligned timing of training position offers creates a cascade of inefficiencies—disrupting workforce planning, trainee progression, and equitable access to training opportunities across Australia and Aotearoa New Zealand.

Conversely, when AT programs align recruitment within a single campaign timeframe, careful coordination is needed to manage offer timing across specialties and avoid unintended disruptions.

Two case studies are presented to illustrate the significant impacts of recruitment campaign timing on selection and entry into training programs.

Case study #1: How workforce recruitment structures impact time to offer

Smaller jurisdictions like the Northern Territory and Tasmania face structural challenges that delay recruitment timelines. Without centralised systems (e.g., PMCV Match in Victoria), these regions rely on manual processes, multi-year contracts, and late funding confirmations. Offers can't be made until resignations and renewals are finalised, making early advertising impractical.

Tasmania's campaign often stretches into September, leaving it exposed to late withdrawals when applicants accept earlier offers from larger jurisdictions. At the AT level, calendar mismatches between states (e.g., Victoria vs. WA or Tasmania) trigger cascading withdrawals and reallocation. Smaller programs, like Geriatrics and Respiratory Medicine, are especially vulnerable.

To manage this, informal strategies like buffer lists and conservative ranking of interstate applicants have emerged. However, these are reactive workarounds, not systemic fixes, and create dilemmas for panels weighing the risk of late-stage withdrawals.

Case Study #2: Coordinating inter-specialty offers in a centralised process: Queensland General Medicine

Queensland's centralised AT recruitment system uses General Medicine as a coordinating anchor across internal medicine subspecialties. To avoid cascading withdrawals, General Medicine delays offers until specialties like Infectious Diseases complete their selections—ensuring accepted candidates are committed.

This sequencing relies on close communication between panels, active reserve list management, and rapid reallocation. Supported by Queensland Health funding, the system enables shared candidate data and central oversight. While it stabilises recruitment and reduces attrition, it also increases administrative workload and extends timelines.

From a SET perspective, this is an adaptive boundary management strategy—trading short-term efficiency for long-term workforce stability and fair placement.

Despite adaptations, the absence of a harmonised national recruitment calendar or shared data infrastructure perpetuates inefficiency across the system. Fragmentation that begins at Basic Training entry reverberates through Advanced Training selection, compounding waste, duplication, and inequity throughout the training continuum.

Perspectives of trainee representatives

Trainees described recruitment as fragmented and inconsistent, with timelines varying widely across jurisdictions and specialties. The lack of synchronisation creates uncertainty and disadvantages those without insider knowledge or mentorship. Jurisdictions with centralised recruitment models (e.g., WA, Victoria) were praised for their clarity and fairness.

Boundary tensions

- **Temporal vs. Selection:** Misaligned recruitment cycles lead to overlapping offers, late withdrawals, and disrupted selection outcomes.
- **Recruitment vs. Governance:** Lack of national coordination results in fragmented processes and inconsistent timing across jurisdictions.
- **Progression vs. Workforce Planning:** Trainees may miss out on fellowships or third-year roles due to timing mismatches, despite being eligible and available.

Implications for system efficiency and effectiveness

- **Efficiency:** Staggered recruitment cycles create duplicated effort, late-stage disruptions, and underutilised training capacity.
- **Effectiveness:** Lack of harmonisation undermines fairness, transparency, and the system's ability to support coherent, timely progression through training.

Theme 4: Equity and access monitoring

Perspectives of program selectors, directors and supervisors

Highly sought-after training opportunities in both BT and AT, especially subspecialty AT positions, can create competitive, difficult-to-access training ecosystems. These are typically located in large metropolitan quaternary hospitals. These programs tend to have a reputation for high performance in RACP exams, strong academic support, broad rotations opportunities, and visibility to AT selectors.

Additionally, in some AT specialties, academic excellence and research experience in BT are explicitly prioritised as indicators of future capability. This is seen as fair and aligned with the demands of those specialties, particularly in subspecialty or research-intensive fields. However, this emphasis compounds existing inequities: trainees in regional or lower-resourced BT sites may lack access to research opportunities, mentorship, and visibility, despite having equivalent potential.

Competition for AT selection is perceived to begin early, often at the point of entry into BT. Trainees who secure BT positions in high-profile sites gain early visibility to AT supervisors, particularly in high-demand specialties. This proximity enables informal networking, access to subspecialty rotations, and opportunities to demonstrate capability directly to future selectors. Trainees perceive that success in AT selection is influenced not only by performance but by "who you know", reinforcing the strategic importance of BT site selection.

This creates a cascading effect:

- Trainees strategically seek BT placements at high-profile sites to improve AT selection chances
- Regional BT sites struggle to attract and retain trainees
- Trainees outside metro ecosystems face reduced access to mentorship, visibility, and subspecialty rotations
- Workforce distribution is skewed, with underserved areas left without a sustainable training pipeline
- Selection processes unintentionally reinforce structural inequities, despite aiming to identify merit and readiness.

Perspectives of trainee representatives

Structural inequities were a dominant theme. Geographic location, specialty visibility, and informal networks were cited as barriers to access. Trainees in regional areas or less competitive specialties felt disadvantaged in accessing opportunities and building professional networks. Trainees described a "hidden curriculum" where success depended on insider knowledge. Calls for clearer communication, standardised criteria, and defensible processes were consistent across specialties. Trainees agreed that opportunities start to become 'streamed' as early as allocation to hospital clinical rotations in medical school.

Trainees also highlighted the need for flexible training models that accommodate part-time work, parenting, and changing career goals, and reflected the changing demographics of trainee

cohorts as described in **Stakeholder recommendation 2: Flexibility in training models.** Support for diverse pathways and life circumstances was seen as essential for retention and equity.

Boundary tensions

- **Geographical vs Equity:** Training opportunities are concentrated in high-demand metro sites, while equity goals aim to ensure fair access across regions.
- **Information vs Professional:** Informal visibility and networking influence selection, while professional standards (e.g. academic excellence) are described as unevenly accessible.
- **Temporal vs Equity**: Early exposure to AT supervisors in BT may influence future selection, but equity principles require fair access regardless of timing or location.

These tensions reveal how boundary misalignments, especially between equity goals and entrenched structural advantages, may undermine the fairness and effectiveness of selection into Advanced Training.

Theme 5: Training pathway navigation

5A: Lack of defined training pathways and desire for more flexible and navigable training models

Perspectives of program selectors, directors and supervisors

In some AT specialties, particularly smaller or highly competitive ones like Infectious Diseases, Immunology/Allergy, Sexual Health Medicine and Public Health Medicine, trainees face fragmented, uncoordinated pathways that require them to piece together their training through a series of independently secured roles. There is no selection into a training program per se, rather a collection of certified work experiences. Focus group participants regularly describe this experience as a “choose-your-own-adventure” journey, often driven by opportunistic employment (e.g. parental leave cover) rather than strategic career planning. Although providing verbatim quotes from focus groups has been deliberately avoided in this report, the following is highly representative of the structure of several programs, so has been included:

> ***“It’s like a choose-your-own-adventure book, but you don’t know what the options are until you’ve missed them. Having someone who knows the map would make a huge difference."***

This fragmentation contributes to:

- uncertainty about how to progress.
- inconsistent exposure to required competencies.
- difficulty accessing mentorship or diversity in training experiences.
- risk of not meeting curriculum expectations, leading to risk of not being able to Fellow in desired specialty.

Across trainee and training program representative groups in focus groups, all expressed, in some way, a desire for more navigable models, including clearer guidance, structured pathways, and support roles (e.g., navigators) to help trainees plan their journey. These situations exemplify one of the Selection into Training Policy elements, 'continuity', and demonstrates how structural barriers/opportunity to complete a training program are distinct from performance issues preventing training completion.

Perspectives of trainee representatives

Trainees reported difficulty navigating fragmented subspecialty pathways, often relying on mentors or informal advice. The lack of clear guidance and structured progression plans led to feelings of being "trapped" or uncertain about future options, and in some cases needing to rely on generalist training to successfully Fellow more competitive training positions in smaller specialties could not be accessed. Progression through training was often ad hoc, especially in decentralised training models (which includes some contexts in BT as well as AT). Trainees reported that securing successive roles was challenging, and lack of structured pathways led to delays and attrition.

Boundary tensions

- **Progression vs. Recruitment:** Trainees may secure roles based on availability rather than curriculum alignment, leading to uneven training experiences.
- **Selection vs. Structure:** Lack of formal selection into subspecialty pathways creates ambiguity about who is in training and how progression is monitored *(NB. New curricula training management platform expected to resolve this ambiguity).*
- **Geography vs Structure:** In some programs local service design drives the structure of the training role, e.g. Addiction Medicine may be psychiatry or medicine focus depending on jurisdiction.
- **Information vs. Support:** Trainees lack access to clear guidance or mentorship, making it difficult to plan and navigate their training journey.
- **Equity vs. Flexibility:** Those without insider knowledge or informal networks struggle to access desirable rotations or complete training efficiently.

Implications for system efficiency and effectiveness

- **Efficiency:** Fragmented subspecialty pathways may lead to duplicated effort, missed opportunities, and delays in training completion.
- **Effectiveness:** The absence of coordinated models undermines the system's ability to ensure consistent, curriculum-aligned training and equitable access to progression.

5B: Lack of coordination of final AT year roles

Perspectives of program selectors, directors and supervisors

In numerous AT programs, completion requires trainees to independently secure competitive, single-year fellowship or third-year registrar roles rather than progressing through a structured, multi-year program. In Victoria and New South Wales, these posts are often hospital-based,

self-funded or partially service-funded, and lack coordinated oversight or matching mechanisms, requiring trainees to reapply annually for short-term appointments. By contrast, Queensland and South Australia maintain coordinated statewide or network-based models (e.g., Neonatal–Perinatal Medicine) that provide multi-year continuity and clearer linkage to curriculum completion. The resulting variability can lead to inequitable access, multiple selection attempts by trainees, discontinuous training experiences and the risk of inability to complete required training components.

Boundary tensions

- **Accreditation vs Employment:** Training posts must meet RACP accreditation requirements, yet employment contracts are negotiated outside College governance.
- **Centralisation vs Local autonomy:** Multi-year coordinated models in some states contrast with fragmented one-year posts elsewhere, creating inconsistent trainee experiences.

Implications for system efficiency and effectiveness

- **Efficiency impact:** Fragmented, repeated selection cycles waste administrative and trainee effort.
- **Effectiveness impact:** Inequitable access to fellowship continuity weakens the system's ability to produce specialists in a timely and representative way.

Theme 6: Accredited posts and funding gaps

6A: Unclear boundaries between employment and training roles

Perspectives of program selectors, directors and supervisors

This theme illustrates the challenges with the interface between selection into training and workforce recruitment, as described by several programs. While the impact varies by program structure, a consistent tension exists between selecting candidates capable of completing training and meeting immediate service needs.

Focus group participants described scenarios where specialty training selection occurs before or during recruitment into structured multi-year pathways. High demand means non-selected candidates often take on general roles, reapply later, and seek recognition of prior learning for that experience.

In some jurisdictions, selectors hesitate to appoint candidates who don't meet professional standards, especially when contracts are long-term (e.g., three years). Concerns about resource-intensive remediation and uncertain outcomes lead to dilemmas as to whether to leave accredited positions vacant or indicate that recruitment to the position will not be accredited towards training time.

While these decisions aim to protect training quality, they create a cascade of inefficiencies across subsystems, particularly where goals of selection, recruitment, and accreditation conflict.

Boundary tensions

- **Selection vs Employment**- The separation between selection (based on training readiness) and employment (based on workforce need) creates a dilemma when selectors must choose between filling a workforce-critical role and maintaining training standards.
- **Standards vs Workforce**- The need to uphold professional and educational standards can conflict with the imperative to fill service roles, especially in under-resourced areas.
- **Remediation vs Resource**- The lack of capacity for effective remediation (e.g., time, supervision, tools) increases the perceived risk of appointing candidates who may struggle, leading to conservative selection decisions.
- **Accreditation vs Funding**- When positions are accredited but unfunded or left vacant due to selection concerns, services may resort to employing non-trainee doctors in service roles, which do not contribute to the training pipeline. This also sets up potential tensions between selection and recruitment via application to recognise time in unaccredited roles as recognition of prior learning in some cases. This scenario is described in Theme 6.

These scenarios suggest a need for more flexible, supportive, and risk-mitigated approaches to selection and employment that can uphold standards while meeting workforce needs.

Case study #3

Focus group participants reported that trainees who were not selected through the formal selection process are sometimes employed in accredited positions (or into roles that have equivalent duties and learning opportunities).

Table 3: Subsystem Interactions at Boundaries- tensions observed

Subsystem	Purpose / Function	Boundary Tendency	Effect on the System
Selection subsystem (College or joint governance panels)	Selects for educational readiness via assessment of professional competences, safeguards fairness, transparency.	**Rigid boundary enforcement** - only formally selected trainees can be recognised.	Maintains integrity of process but excludes legitimate learning from recognition.
Recruitment subsystem (hospital or jurisdictional employer)	Meets workforce and service delivery needs.	**Expansive boundary drift** - appoints capable doctors to fill roles, regardless of selection status.	Can generate learning and service delivery benefits but bypasses formal entry gate.

6B: Accredited posts go unfilled due to lack of funding

Perspectives of program selectors, directors and supervisors

Accredited training posts in specialties like Palliative Medicine are often left unfilled due to lack of funding, despite workforce need and RACP accreditation. In Aotearoa New Zealand, Palliative Medicine training is highly sought after, yet there is a severe workforce shortage. Consequently, trainees often wait years for a funded position, and local services must independently cobble together funding. Even when accreditation is granted, funding from health departments or jurisdictions is not guaranteed, creating a disconnect between training capacity and workforce planning.

This tension can be further complicated when part-time trainees occupy positions over extended periods. While part-time training supports flexibility and retention, it can slow throughput and limit opportunities for new entrants—particularly in high-demand specialties. The result is a bottleneck in training progression, even when accredited capacity technically exists.

Perspectives of trainee representatives

Availability of training positions was closely tied to funding and workforce needs. Trainees noted that some specialties had more positions than applicants, while others were highly competitive. The mismatch between workforce demand and training capacity was seen as a systemic issue requiring College advocacy.

Boundary tensions

- **Funding vs Accreditation:** Posts are accredited but not funded, creating a mismatch between training capacity and employment.
- **Governance:** No apparent central body to coordinate funding and allocation across areas of need.

Implications for system efficiency and effectiveness

- **Efficiency** is undermined by the inability to utilise accredited posts due to funding gaps, resulting in wasted training capacity and delayed workforce replenishment.
- **Effectiveness** is compromised when trainees cannot access training despite meeting eligibility, and when workforce needs (e.g. palliative care shortages) are not met due to systemic misalignment.

6C: Current training post accreditation criteria may limit access to training opportunities.

Across several specialties, stakeholders described cases where rigid accreditation criteria prevented the recognition of otherwise suitable regional or peripheral hospital positions as accredited training positions/time. These situations often involved hospitals delivering comparable clinical experience and supervision capacity to metropolitan centres but failing to meet one or more formal accreditation standards, commonly due to structural or workforce limitations (e.g., lack of specialty onsite consultant coverage, low patient throughput, or absence of academic affiliation). This concern is also reflected in RPL and trainee focus group feedback.

Boundary tensions

Accreditation vs Professional/Policy: Accreditation criteria reflect professional expectations designed for metropolitan tertiary centres, limiting recognition of alternate supervision or service models.

Accreditation vs Governance: No shared mechanism exists between College, jurisdictions, and employers to negotiate flexible accreditation for regional sites**.**

Implications for system efficiency and effectiveness

Efficiency: Misalignment wastes potential training capacity and increases administrative duplication.

Effectiveness: Restrictive standards reduce equitable access, limit workforce adaptability, and constrain exposure to diverse practice contexts.

Theme 7: Recognition of prior learning- need for standardised access

Perspectives of program selectors, directors and supervisors

Recognition of Prior Learning (RPL) is intended to acknowledge legitimate learning and experience gained outside formal training pathways. However, perspectives from focus group participants suggest that, in reality, RPL operates as a complex, often highly contested and challenging concept to navigate for all stakeholders in RACP training programs.

Focus group participants described scenarios where trainees who have worked in service roles, often performing registrar-level duties under supervision, frequently find that their experience is not recognised. This is especially true when their roles were not prospectively approved or occurred outside the structured sequence of training. For these trainees, the denial of RPL feels unjust, particularly when their duties mirrored those of formally enrolled peers.

In AT programs with tightly structured sequential pathways, such as Neurology, Gastroenterology, and Rehabilitation Medicine, there is concern that recognising experience gained outside the formal pathway undermines the integrity of training. Focus group participants reported that in these program designs, sequencing of training experience is important and supported by appropriate supervision, with assessment designed per component of training. RPL in these scenarios is perceived as a “back door” into training, bypassing competitive selection and so compromising standards.

All focus group participants expressed a level of ambiguity in RACP guidance. Stakeholders involved in selection committees report that they lack clear criteria for approving or denying RPL, especially under new curriculum systems that rely on formal learning capture through training management portals.

Perspectives of trainee representatives

While not explicitly named as RPL, trainees highlighted the challenges of gaining recognition for non-core roles and informal training experiences. The lack of standardised criteria for validating prior experience contributes to inequity and confusion.

Boundary tensions

- **Selection vs. Recruitment**: Tension between recognition of clinical experience associated with formal program selection or employment alone.
- **Accreditation vs. Timing**: Tension between training/work experience and when this occurs in a training program trajectory.
- **Professional vs. Information**: Tension between stakeholders wishing to uphold standards but do not feel they have sufficient guidance from RACP to make trustworthy assessments of RPL.
- **Equity vs. Structure**: Support for diverse pathways could compromise curriculum design integrity.

Implications for system efficiency and effectiveness

- **Efficiency** is impacted as uncertainty around RPL criteria and inconsistent recognition practices reduce system efficiency by creating administrative burden, duplicated effort, and delays in decision-making.
- **Effectiveness is impacted** if lack of clarity and equity in RPL fails to recognise legitimate learning, or results in misalignment of recognition of training/work experience with strategic training goals.

Recommendations emerging from focus groups

At the end of each focus group, participants were asked what role the RACP should play in supporting selection and entry into training. The aim was to understand stakeholder views on how the RACP could use its strategic influence and to surface any concerns needing attention.

Responses varied. Some saw limited scope for direct College involvement, while others identified clear opportunities which are described below. These themes align with findings from the Discovery Phase and broader focus group analysis and are framed below using SET evaluation criteria of efficiency, effectiveness, and relevant subsystems.

Stakeholder recommendation 1: Better data and transparency

In terms of SET, data access supports feedback loops and system learning, enabling continuous improvement. Relatedly, it was observed that many focus group participants attended with the aim of understanding how other programs or jurisdictions managed the entry into training process, particularly dealing with some of the issues that have been described in this report. There is a clear desire for greater information to support processes.

Subsystems

- Selection: uses data to refine criteria.
- Accreditation: uses data to assess training quality.

Boundaries

- Information: Data sharing between College and jurisdictions.

- Feedback: Mechanisms for using data to improve.

Impact

- Efficiency: Reduces duplication and improves targeting of interventions.
- Effectiveness: Enables evidence-based decision-making.

Stakeholder recommendation 2: Flexibility in training models

In terms of SET, **f**lexibility supports system adaptability, a key SET principle for long-term sustainability. Stakeholders frequently cited that the 'trainee profile' has changed over time. Trainees, on average, tend to be older than previous generations (due to changes in access to primary medical degrees), and thus more likely to have carer responsibilities and more likely to be female. These factors make trainees more likely to seek local, part-time training. Clarity in planning the full progression plan for part-time training is required, so that continuity of development can be maintained and supervisors have clarity about trainee intentions. The challenges in delivering flexible training are perceived to have an upstream impact at the point of application, with trainees reporting instances in which those involved in selection have questioned trainees about their life plans in informal meetings to screen out applicants who may seek leave or flexible training if appointed.

Subsystems

- Training progression: manages part-time and non-linear pathways.
- Selection: assesses suitability for flexible roles.

Boundaries

- Equity: ensures access to training across a range of life experiences.
- Control: who approves flexible arrangements.
- Temporal: when decisions are made about part time training (rules vary about when this should be indicated - with application or post-offer).

Impact

- Efficiency: retains trainees who might otherwise exit.
- Effectiveness: supports diverse workforce participation.

Stakeholder recommendation 3: Provide navigation support for complex training pathways

In terms of SET, subsystem-level guidance could support continuity of training in the absence of structured pathways, improving alignment between individual progression goals and system goals.

In specialties where training pathways are necessarily fragmented or self-directed due to the nature of the profession, stakeholders suggested that the RACP could support a 'navigator' role - someone who understands the available pathways and can guide trainees through planning their training journey.

Subsystems

- Training progression: supports trainees to plan and sequence their pathway when each stage requires new independent selection/recruitment success.
- Recruitment: in the absence of selection into a training pathway, recruitment is the only entry.

Boundaries

- Information: navigator role accesses, shares and interprets information from within different subsystems information boundaries.
- Temporal: navigator helps trainees manage differing and potentially uncoordinated recruitment timelines, as well as timing constraints.

Impact

- Efficiency: enhances system efficiency by reducing uncertainty and stress.
- Effectiveness: increases likelihood trainees will complete training in chosen program. Strengthens system adaptability by helping trainees navigate boundaries and transitions

Summary of stakeholder experiences and recommendations

These suggestions reflect a strong desire from some stakeholders for the College to play a more strategic role in selection and entry into training programs without taking direct control of selection and recruitment activities. Suggested activities address key subsystems, boundaries, and feedback mechanisms, and are designed to enhance both the efficiency (in terms of resource use and coordination) and effectiveness (in terms of validity, fairness, and outcomes) of the selection process.

By framing these supports within SET, the RACP can better understand the interdependencies and leverage points within the training system, enabling strategic improvements that are responsive to stakeholder needs and cope with system complexity.

Analysis through lens of Selection into Training Policy

This section examines how the RACP's draft Selection into Training (SiT) Policy aligns with SET principles and interacts with subsystem boundaries and strategic goals, based on findings from the Discovery Phase. Appendix 3 provides definitions of the boundaries.

Tables 4-7 present a framework that maps key boundaries and strategic goals across selection, recruitment, and accreditation subsystems. It links policy criteria with observed behaviours and evaluation questions, helping operationalise SET principles within the SiT Policy.

While the framework is designed to guide future evaluation of system efficiency and effectiveness, a key finding is that the necessary data is not yet available. Inconsistent,

inaccessible, and fragmented data across jurisdictions and specialties limits the ability to draw reliable conclusions.

Rather than supporting full evaluation now, the matrix is most useful for identifying the data needed to enable meaningful analysis. These include:

- **Selection data**: Interview questions, scoring rubrics, panel composition, outcomes
- **Recruitment data**: Job descriptions, classifications, campaign timelines, offer and acceptance rates
- **Accreditation data**: Accredited settings, site visit reports, supervisor feedback
- **Strategic alignment data**: Trainee demographics, Indigenous pathway outcomes, BT–AT transition tracking

The matrix serves as a planning tool for future monitoring and evaluation. It highlights the need to build robust data infrastructure and feedback loops to support continuous improvement and strategic oversight of physician training selection

Table 4. Selection Subsystem

Boundary	Policy criteria	Observed behaviour (Discovery Reports)	Evaluation focus	Data required
Professional	Selection criteria must reflect RACP Professional Practice Framework.	Panels assess motivation, professionalism, and cultural safety.	Are assessments consistent and aligned with professional standards?	Interview questions, scoring rubrics, panel composition, selection criteria documents
Governance	Selection panels must include RACP Fellows and follow College processes.	Variation in panel composition across jurisdictions.	Are governance structures supporting consistent application of policy?	Panel membership (roles included) records, governance documentation
Temporal	Selection occurs at defined entry points and aligns with registration.	BT follows annual cycles; AT varies by specialty.	Is timing coordinated to support fair and efficient selection?	Selection round dates, application-to-offer timelines

Table 5. Recruitment Subsystem

Boundary	Policy criteria	Observed behaviour (Discovery Reports)	Evaluation focus	Data required
Employment	Recruitment must align with selection outcomes and occur in accredited settings.	Employment often precedes selection (e.g. NZ AT).	Are employment decisions supporting valid training entry?	Job descriptions, employment classification data, number of trainees in accredited roles

Social Accountability	Recruitment should reflect community diversity and health needs.	Affirmative pathways and rural programs in QLD, VIC, NT.	Are recruitment practices advancing equity and workforce diversity?	Demographic data (Indigenous status, rural origin), use of equity pathways
Temporal	Recruitment cycles must align with selection and registration.	Timing mismatches in AT specialties.	Are recruitment timelines coordinated with selection processes?	Recruitment campaign timelines, offer acceptance/decline rates

Table 6. Accreditation Subsystem

Boundary	Policy criteria	Observed behaviour (Discovery Reports)	Evaluation focus	Data required
Accreditation–Selection	Only accredited settings may host trainees.	Retrospective approvals (e.g. RPL in AT).	Are selection decisions consistently made within accredited boundaries?	List of accredited settings/posts, RPL approval records
Governance	Accreditation monitored by RACP and must comply with policy.	Accreditation varies in granularity across BT and AT.	Is accreditation supporting consistent and quality training environments?	Accreditation review outcomes, site visit reports, supervisor feedback
Continuity	Accreditation supports longitudinal progression.	Fragmentation in AT subspecialty pathways.	Is accreditation enabling smooth transitions across training stages?	Trainee progression data, transitions between BT and AT, attrition rates

Table 7. Policy Strategic Goals Alignment

Strategic Goal	Policy Criteria	Subsystem behaviour required	Evaluation Focus	Data Required
Professional Practice	Assess readiness for safe, competent practice.	Selection panels apply Professional Practice Framework.	Are selected candidates demonstrating readiness for training?	Performance outcomes, supervisor assessments, training completion rates
Indigenous Equity	Prioritise Indigenous applicants; ensure culturally safe processes.	Affirmative pathways, targeted positions, mentorship.	Are Indigenous applicants supported and prioritised effectively?	Number of Indigenous applicants/trainees, outcomes of targeted pathways, feedback from Indigenous trainees

Strategic Goal	Policy Criteria	Subsystem behaviour required	Evaluation Focus	Data Required
Social Accountability	Reflect community diversity in workforce.	Recruitment and selection consider geography, ethnicity, SES, gender, rural origin.	Is the physician workforce becoming more representative?	Demographic distribution of trainees, community health needs alignment, workforce deployment data
Continuity	Support transitions between training stages.	Accreditation and selection aligned across BT and AT.	Are trainees supported to progress without unnecessary barriers?	Data on BT to AT transitions, support systems, navigation feedback

Cross-cutting evaluation themes considered through policy lens

This analysis explores how key themes emerging from stakeholder feedback align with the RACP's SiT Policy. Each theme reflects tensions within the training system and highlights areas where policy criteria intersect with subsystem boundaries, efficiency, and effectiveness.

Theme 1: Data visibility and feedback loops

The SiT Policy supports transparency and accountability under RACP governance standards. However, current systems lack the data infrastructure to deliver on this intent.

Tensions: No centralised data on selection outcomes or trainee progression; limited feedback mechanisms.

Impact:

- Efficiency: Limits targeted interventions and adaptive improvement.
- Effectiveness: Undermines strategic planning and transparency.

Theme 2: Selection tools and predictive validity

Selection criteria are expected to reflect the Professional Practice Framework. Yet, stakeholders raised concerns about the reliability of commonly used tools.

Tensions: Uncertainty about predictive validity of CVs, interviews, and referee reports; informal practices erode trust.

Impact:

- Efficiency: Increased workload without clear outcome correlation.
- Effectiveness: Risks performative processes and reduced fairness.

Theme 3: Recruitment timing and offer coordination

The policy calls for alignment between recruitment cycles, selection, and registration timelines. In practice, timing mismatches are common.

Tensions: Asynchronous cycles across jurisdictions and specialties; cascading offer withdrawals.

Impact:

- Efficiency: Late-stage disruptions and underutilised capacity.
- Effectiveness: Fragmented progression and reduced fairness.

Theme 4: Equity and access monitoring

The policy supports recruitment and selection that reflect community diversity and health needs, aligned with Social Accountability and Indigenous Equity goals.

Tensions: Geographic maldistribution; informal visibility advantages; inequitable access to high-profile sites.

Impact:

- Efficiency: Regional sites struggle to attract trainees.
- Effectiveness: Equity goals compromised; skewed workforce distribution.

Theme 5: Subspecialty pathway fragmentation and continuity

Accreditation is intended to support longitudinal progression across Basic and Advanced Training, in line with the College's continuity goals.

Tensions: Lack of coordinated subspecialty pathways; competitive third-year roles; fragmented progression.

Impact:

- Efficiency: Delays and duplicated effort.
- Effectiveness: Risk of incomplete training and attrition.

Theme 6: RPL and system adaptability

Policy requires accreditation and selection decisions to uphold standards while recognising legitimate experience.

Tensions: Inconsistent RPL decisions; lack of standardised criteria; exclusion of legitimate experience.

Impact:

- Efficiency: Administrative burden and delays.
- Effectiveness: Undermines fairness and strategic training goals.

Theme 7: Governance fragmentation and role clarity

Selection panels must include RACP Fellows and follow College processes, but governance structures vary.

Tensions: Distributed authority and inconsistent policy application.

Impact:

- Efficiency: Duplication of effort and unclear accountability
- Effectiveness: Inconsistent standards and variable candidate experiences.

Theme 8: System adaptability to trainee diversity

The policy promotes flexible models to support the needs of a diverse trainee cohort, but implementation is uneven.

Tensions: Rigid structures limit flexibility for needs of diverse trainee cohort.

Impact:

- Efficiency: Loss of potential trainees due to inflexible systems.
- Effectiveness: Reduced inclusivity and responsiveness to workforce demographics.

Conclusions

This evaluation reveals a functioning but fragmented training system: one that produces capable trainees but does so through a complex, labour-intensive network of interdependent subsystems. Efficiency is often constrained by duplication, misaligned timelines, and decentralised governance. Effectiveness is limited by data gaps, inconsistent standards, and uneven coordination across jurisdictions and specialties.

Key tensions arise at entry into Basic Training (BT), particularly around local PGY eligibility rules, decentralised selection models, and unequal access to influential stakeholders and high-profile opportunities in Advanced Training (AT). Maldistribution of training opportunities, often linked to geographic distance from metropolitan centres, affects both BT and AT programs.

Centralised models offer greater transparency, continuity, and strategic oversight, but require strong coordination and adequate funding. Decentralised models provide flexibility, yet are more vulnerable to fragmentation and inequity. The structure and governance of AT systems significantly influence trainee outcomes, workforce distribution, and progression continuity.

Applying Systems Evaluation Theory (SET), three core insights emerge:

1. **Training entry is a system of subsystems** - each with its own boundaries. Improvement requires cross-boundary coordination, not isolated reform.
2. **Feedback enables system learning** - robust data capture and exchange are essential for adaptation.
3. **Boundaries are modifiable levers** - aligning professional, temporal, and governance boundaries offers the greatest potential for gains in efficiency and fairness.

These insights will guide the Response Phase, which will focus on developing measurable actions to support continuous improvement, strategic alignment, and quality assurance across the training continuum.

Recommendations

These recommendations use a Systems Evaluation Theory (SET) lens to address inefficiencies and gaps in effectiveness across the selection system. They respond to cross-cutting themes and stakeholder concerns by targeting subsystem interactions and boundary tensions.

Each recommendation aims to strengthen governance, improve transparency, enhance equity, and support adaptability across selection, recruitment, and accreditation processes. The sequence of implementation will be important, with Recommendation 1, focused on data and information systems, acting as a critical enabler for all others.

These recommendations are proposed for further design and refinement during the Response Phase, in collaboration with stakeholders. They assume the RACP will continue its role as system steward and standard setter for selection into training.

1. **Develop a Selection Quality Framework**
   Create a binational framework defining principles, standards, and indicators for fairness, transparency, and validity in selection. Provides a unifying structure linking policy, accreditation, and local practice.
2. **Establish a Selection Data and Insights program**
   Build shared infrastructure integrating selection, recruitment, and progression data to enable transparency, benchmarking, and continuous system learning.
   Improved visibility of outcomes will enable evidence-based decision-making, feedback to selectors, and system learning across programs.
3. **Clarify governance and roles**
   Define College, jurisdictional, and specialty responsibilities through formal agreements (e.g. MOUs). Clearer authority lines will reduce duplication, streamline accountability, and support consistent implementation of standards.
4. **Leverage accreditation for quality assurance**
   Embed selection-related quality indicators and data reporting within accreditation processes. This positions accreditation as a continuous improvement mechanism rather than a compliance exercise, strengthening oversight and learning.
5. **Collaborate to harmonise recruitment timing and processes**
   Work with jurisdictions to harmonise recruitment calendars and streamline application steps. Aligned timing will reduce cascading withdrawals, administrative burden, and inequity between applicants in different states or specialties.

6

Advance equity and inclusion

Operationalise equity goals through systematic monitoring and targeted initiatives. Consider a Navigator Role to assist applicants navigating complex or inequitable specialty entry and program pathways and provide structured feedback to the College. Operationalise equity goals through systematic monitoring and targeted initiatives for Indigenous, rural, and underrepresented populations in training programs. Collaborate with employer systems to strengthen opportunities for flexible (e.g., part-time) training opportunities.
Embed equity metrics across programs to monitor access and fairness and ensure accountability.

7

Implement operational improvements

Enhance efficiency and effectiveness, supporting selection panels in the design of tools and processes that align with RACP entry criteria and Professional Practice Framework. For example, standardised scoring rubrics, ‘item banks’ for RACP targeted attributes, shared digital platforms. These could help reduce administrative load, improve reliability, and strengthen stakeholder confidence in outcomes, as well as support the longitudinal evaluation of the predictive validity of selection decisions.

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Appendices

Appendix 1: Models of selection and recruitment

Given the reported benefits for efficiency and effectiveness of selection when processes are centralised, the SET framework was used to classify selection and recruitment practices into models based on their degree of centralisation and to identify contexts where increased centralisation may be beneficial, and contexts where this would be inappropriate. The models described range from highly centralised systems—such as statewide or national selection panels—to decentralised, service-led recruitment processes.

Comparison of models of selection in AT and BT

Table 1A summarises the models of selection described in the AT Discovery Phase report, and how BT systems align with those models. A centralisation scale has been added to describe the degree of coordination and oversight in each model.

Table A1. Comparison of models of selection used in BT and AT

Centralisation Level	Model Type	Basic Training	Advanced Training
High	Nationally Coordinated Specialty Model	Not applicable – BT is jurisdictionally managed, no national specialty coordination.	Neurology (ANZAN), NZ AT programs – centralised eligibility, scoring, and oversight.
High	Statewide or Network-Based Model	QLD Adult Medicine & Paediatrics; NSW BPT Networks – centralised applications and panels.	QLD General Medicine, Paediatrics, NPM, Cardiology, SA General Medicine – centralised panels, coordinated allocation, VIC paediatrics.
Medium	Health Service–Led Model	VIC Adult Medicine & Paediatrics; WA BT – separate applications to each hospital.	NSW subspecialties, VIC non-PMCV specialties – local hospital recruitment.
Medium	Interface/Match Model	VIC BT via PMCV Match – same structure and function.	PMCV ATSM Match – central CV/referee system, local interviews, algorithmic matching.
Low	Small-Scale or Single-Centre Model	TAS BT; NT BT – informal, direct recruitment by health services.	Immunology & Allergy, Sexual Health Medicine – informal, direct applications.
Low	Sequential Employment-Then-Training	WA BT, NZ BT – same structure; training registration follows employment.	WA AT, NZ AT – employment precedes training registration.
High	Joint College Selection Model	Not applicable – BT does not involve joint college governance.	Haematology (RACP–RCPA) – shared panels, dual eligibility.

Equity and diversity initiatives are present in some jurisdictions, including formal affirmative action pathways and rural training streams. However, these are inconsistently applied, and flexible training options are more commonly available in Advanced Training than in Basic Training. The Discovery Phase also highlighted a lack of consistent, accessible data across jurisdictions, limiting the ability to evaluate outcomes and identify systemic improvements.

Appendix 2: Components of the RACP training system, per System Evaluation Theory

Table A2 describes the RACP Training System, according to System Evaluation Theory components.

Table A2: Components of the RACP training system

Component	Definition	Conceptual Application in the RACP Training System
Purpose	The reason the system exists; what it is designed to achieve.	To develop physicians through structured, accredited training pathways.
Inputs	The resources, conditions, and elements required for the system to operate.	Trainees, supervisors, curricula, accredited settings, governance structures including RACP education policies, jurisdictional support and funding for positions.
Processes	The activities and interactions that transform inputs into outputs.	**Subsystems:** Selection into training and/or recruitment to positions, supervision, learning activities, assessment, accreditation, and program administration.
Outputs	The immediate products or results generated by system processes.	Trained physicians, assessment completions, accredited posts filled, and progression outcomes.
Boundaries	The limits that define what is inside or outside the system.	The interface between College educational functions and jurisdictional employment systems.
Feedback Loops	The mechanisms through which information about performance is used to adjust or improve the system.	Accreditation review processes, training evaluation, stakeholder consultation, and data reporting. Use of funding for positions.
System Efficiency	The degree to which the system uses resources effectively to achieve its goals with minimal waste.	Relationship between accreditation capacity, available posts, and jurisdictional recruitment processes.
System Effectiveness	The extent to which the system achieves its intended purpose or outcomes.	High validity of selection outcomes (e.g. fair, alignment of candidate and program selection goals), Alignment of training outcomes with curriculum standards, workforce needs, and College policy.
Emergent Properties	New patterns or behaviours that arise from interactions within the system and cannot be explained by individual parts alone.	Variation in training pathways, competition for posts, and distributional trends across jurisdictions.

Appendix 3: Selection into Training Policy subsystem interactions at boundaries

This overview describes how the Selection into Training Policy shapes the behaviours and interactions of the selection, recruitment, and accreditation subsystems across key boundaries, incorporating strategic goals from the policy.

Professional boundary

Definition: The expectations of professional readiness, competence, and alignment with the RACP Professional Practice Framework.

- Selection Subsystem: The policy requires panels to assess candidates against the Professional Practice Framework, including communication, ethics, and cultural safety. This ensures that selection decisions reflect professional standards.
- Recruitment Subsystem: Job descriptions and employment decisions must support professional development and readiness for training.
- Accreditation Subsystem: Accredited settings must provide the scope and supervision necessary to develop professional competencies.
- Strategic Goal Alignment: Supports the goal of professional practice by ensuring candidates are selected and trained in environments that foster safe and competent practice.

Employment boundary

Definition: The interface between employment structures and access to training.

- Selection Subsystem: Selection must occur in conjunction with recruitment, ensuring that candidates are chosen for roles that meet training eligibility.
- Recruitment Subsystem: The policy mandates collaboration between selection and recruitment, requiring transparency and equity in job advertising and appointment.
- Accreditation Subsystem: Only accredited roles are valid for training enrolment, reinforcing the employment boundary.
- Strategic Goal Alignment: Supports Indigenous equity and social accountability by requiring identified positions and inclusive recruitment practices.

Accreditation boundary

Definition: The requirement that training occurs only in RACP-accredited settings.

- Selection Subsystem: Selection decisions must be made with reference to accredited posts to ensure training quality.
- Recruitment Subsystem: Recruitment must fill accredited roles; employment in non-accredited settings requires retrospective approval.
- Accreditation Subsystem: Accreditation reviews assess supervision, infrastructure, and cultural safety.

- Strategic Goal Alignment: Ensures continuity and quality across training stages, supporting progression and equity.

Temporal boundary

Definition: The timing of recruitment, selection, and training registration.

- Selection Subsystem: The policy defines entry points and requires alignment with registration timelines.
- Recruitment Subsystem: Recruitment campaigns must be timed to support selection and enrolment.
- Accreditation Subsystem: Accreditation cycles influence when posts are available and suitable for training.
- Strategic Goal Alignment: Supports continuity by enabling smooth transitions between BT and AT and reducing delays.

Governance boundary

Definition: The distribution of authority across the College, specialty groups, and health services.

- Selection Subsystem: Panels must include RACP Fellows and follow College-defined processes.
- Recruitment Subsystem: Health services must collaborate with training providers to ensure policy compliance.
- Accreditation Subsystem: Accreditation is governed by the College and must reflect policy standards.
- Strategic Goal Alignment: Supports all strategic goals by ensuring consistent oversight, accountability, and quality assurance.