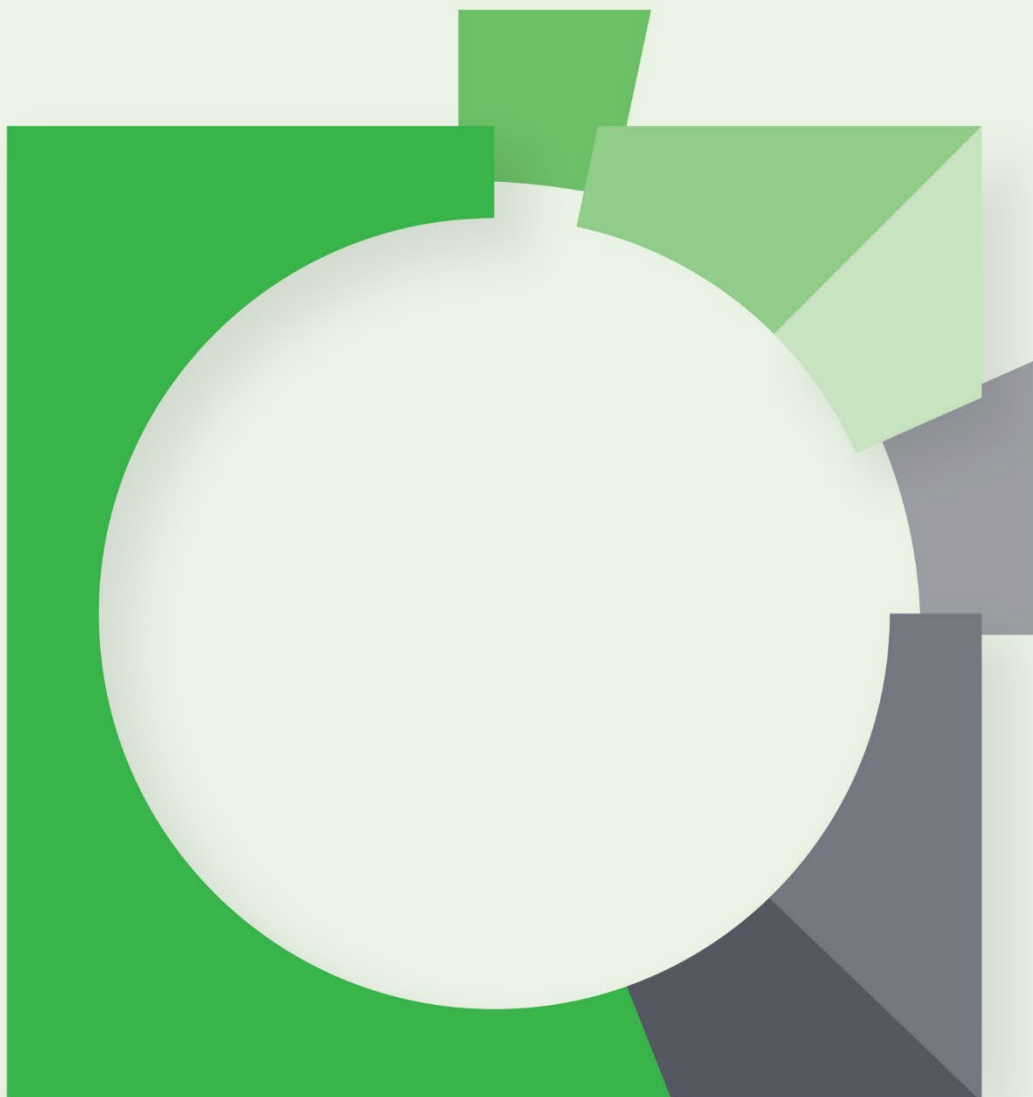# 2023 Monitoring Submission to the Specialist Education Accreditation Committee

## Royal Australasian College of Physicians

# Contents

## Monitoring submissions by accredited specialist medical colleges

Once the AMC has accredited programs and their providers, under the *Health Practitioner Regulation National Law* it must monitor the program and provider to ensure that they continue to meet the accreditation standards.

The AMC seeks submissions from accredited specialist medical colleges to satisfy this monitoring requirement. Monitoring submissions ensure that the AMC is informed of developments within individual colleges and of responses to recommendations and conditions in colleges' accreditation reports.

## Monitoring submission procedures

The Specialist Education Accreditation Committee considers monitoring submissions in the following way:

- AMC staff seek commentary on the submissions from an experienced AMC reviewer.

- AMC staff may ask the college to clarify information in the submission at the request of the reviewer.

- The Specialist Education Accreditation Committee's, Progress Monitoring Sub Committee, considers the monitoring submission and the commentaries on them.

- The Sub Committee reports to the Specialist Education Accreditation Committee on its findings in relation to each college. Any matters that may affect the accreditation status of a college are reported in full to the Committee for a decision.

- The Committee needs to decide if, on the information available, it is substantially satisfied that the program(s) and the provider continue to meet the accreditation standards. It takes account of both the submission overall and the provider's response to any conditions on accreditation.

- The Committee makes one of the following decisions:

    1  the submission indicates that the program and provider continue to meet (or substantially meet) the accreditation standards, or

    2  further information is necessary to make a decision, or

    3  the provider and program may be at risk of not satisfying the accreditation standards.

- After the Committee has made its decision, AMC staff send the AMC's findings and feedback on the monitoring submission to the provider including:

    o  Whether standards are met, substantially met or not met

    o  Conditions which are satisfied and do not need to be addressed again.

    o  Any questions concerning the submission or supplementary information required

    o  Any issues that the provider should address in the next report.

- If the Committee considers that the provider may be at risk of not satisfying the approved accreditation standards, then the issue is referred to the AMC Directors, as per the *AMC Unsatisfactory Progress Procedures*. Providers are also advised if any major changes require assessment via correspondence and/or site visit.

In preparing the monitoring submission, Australasian colleges are required to apply the New Zealand specific criteria in addition to the AMC standards. The Medical Council of New Zealand *Aotearoa New Zealand specific standards for assessment and accreditation of recertification programmes* can be found on the Council's website here. The monitoring submission is also provided to the Medical Council of New Zealand to be considered by its Education Committee. The Medical Council of New Zealand will separately advise the College of the outcomes of the Education Committee's consideration.

The *Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs by the Australian Medical Council 2015* are available on the AMC's website here.

The *Procedures for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs by the Australian Medical Council 2022* are available on the AMC's website here.

## Monitoring COVID-19 developments in 2023

In 2023, the AMC will continue to monitor the changes made by education providers to their training and education programs in response to prolonged disruptions caused by the COVID-19 pandemic. The College is asked provide updates on any developments and changes made in each of the standards.

## Continuing Professional Development

The *Registration standard: Continuing professional development (CPD)* will take effect on 1 January 2023.

The AMC is the accreditation authority for CPD homes and has developed criteria and procedures for accrediting and monitoring CPD homes.

Standard 9 has been removed from the *Standards for Assessment and Accreditation of Specialist Medical Programs and Continuing Development Programs* following the transition of specialist medical colleges to CPD homes. A separate monitoring submission will be provided to colleges for reporting on CPD homes criteria.

Further information on CPD homes can be found here.

## Guidance on how to provide the requested information

# Section A: Reporting against the standards and accreditation conditions

The following should be addressed for each standard:

1. Significant developments undertaken or planned since the last report and requests for additional information from the AMC response to the 2022 monitoring submission (if applicable)

2. College activity towards satisfying AMC conditions or otherwise addressing the accreditation standards are rated as 'substantially met'

3. Statistics and annual update requests

Please append documents, such as policy or discussion papers as evidence of changes or plans described.

## 1.     Summary of significant developments

This section gives the AMC information on the continuing evolution of the College's programs and assists the AMC to determine if these programs are continuing to meet the approved accreditation standards.

Please provide a summary of significant developments completed or planned and resources under each standard.

* Provide a brief summary of the developments, including the rationale.

* Indicate if the college's development plans, as described at the time of the most recent AMC assessment have changed over the monitoring period.

* For colleges with multiple training programs, please indicate which training programs are covered by the planned or implemented developments. If policy and process varies from program to program, please ensure that significant variations are explained.

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant, please report on such matters in this section of the submission.

The AMC may have requested the College provide an update on a development reported in the College's 2022 submission. If so, it will be included in this section.

## 2.     Addressing accreditation conditions

The AMC Accreditation Report on the College's programs includes a series of commendations, quality improvement recommendations, and conditions on the accreditation. The AMC sets conditions when a program and provider substantially meet the accreditation standards but do not fully meet the all the requirements. Conditions are intended to lead to the program meeting the standard in "a reasonable time[1]".

Please provide a summary update of the College's responses to the AMC accreditation conditions in the last AMC Accreditation Report. If you are unsure of the meaning of a condition, please review the relevant section of the AMC accreditation report. AMC staff can organise advice to a college on specific conditions, if necessary.

* The AMC has included each condition on the accreditation which **must** be addressed in this submission.

  Please explicitly address each of these conditions individually providing: a summary of the action(s) taken to address the condition, and details of the outcome(s) of that action. Where applicable, include a summary outlining the reasons for a particular course of action, along with any available evidence that the college considers demonstrates that the action(s) have or are likely to satisfy the accreditation standard.

* For colleges with multiple training programs, please indicate which training programs are covered by each college response. If policy and process vary from program to program, please explain significant variations. AMC conditions and recommendations that apply to multiple training programs should be addressed for each such program.

* If the College believes it will **not be able to address a condition in the timeframe detailed in the accreditation report, please outline the reasons why and indicate**

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[1] Section 48 Health Practitioner Regulation National Law

**when it is likely be addressed or what other arrangements are in place to meet the related standard/s that are currently 'substantially met'**.

- The AMC also set conditions relating to the standards to be addressed in subsequent monitoring submissions. The College is not required to satisfy them until the date shown below but is asked to **report on progress against these, including any challenges in meeting timeframes or alternative options being considered for meeting the relevant standards**.

When assessing the education provider's response against a condition, the AMC reviewer will be looking for the following:

1. What work the education provider has undertaken in the monitoring period to address the condition.

2. Does the information provided satisfy the condition, or otherwise address the standard/s that are substantially met.

3. If the condition is not satisfied and the relevant standard/s have not otherwise been met, what else does the education provider need to do and/ or provide in order to close the condition.

# 3.    Statistics and annual updates

Please provide annual data and/or an annual update under the relevant accreditation standard on:

**Standard 1**

- The number of appeals heard by the college and the outcome of those appeals, for each of the key assessments/progress decisions
- Costs associated with the College's reconsideration, review and appeals processes
- The College's requirements for Cultural Safety training for its senior leadership team and college committee members
- Any changes to College Governance Chart or Conflict of Interest

**Standard 4**

- Current procedure numbers required in the training program, and any impacts or disruptions to trainees achieving the targets

**Standard 5**

- Each summative assessment activity (e.g., Part 1 and Part 2 exams) and the number and percentage of candidates sitting and passing each time they were held
- Combined summative assessment data showing the number and percentage of Indigenous trainees and Specialist International Medical Graduates sitting and passing each time they were held
- Examination contingency planning

**Standard 6**

- Evaluations undertaken, the main issues arising from trainee evaluations and supervisor evaluations and the college's response to them
- Evidence of actions stemming from MTS results

**Standard 7**

- The number of trainees entering each college training program, including basic and advanced training
- The number of trainees who completed training in each program
- The number of trainees withdrawing from each program
- The number of trainees undertaking each college training program
- Any changes to the selection into training policy/procedure
- Costs and requirements of training and policies to support trainees in fee distress

**Standard 8**

- A summary of accreditation activities including sites visited, sites / posts accredited, at risk of losing accreditation or not accredited.

**Standard 9**

- The numbers of applicants and outcomes for Specialist IMG assessment processes for the last 12 months, broken up according to the phases of the specialist international medical graduate assessment process

The data should reflect both Australian and New Zealand activity for bi-national training programs.

## Section B: Reporting on Quality Improvement Recommendations

Quality Improvement Recommendations are included in the AMC Accreditation Report. These are suggestions for the education provider to consider (not conditions on accreditation), and the AMC is interested in how the College considers these, and what, if any, action occurs as a result.

Updates on Quality Improvement Recommendations are requested **only at the three, six and nine-year mark of a college's accreditation cycle**. This is intended to reduce the reporting requirement for colleges and help focus on activity towards addressing conditions and standards that are substantially met or not met.

This section is therefore OPTIONAL for colleges at different years of their accreditation cycle.

Earlier reporting on Quality Improvement Recommendations is at the College's discretion.

## Further Information

Please contact Katie Khan via email at specaccred@amc.org.au if you have any questions about the submission.

## Guidance on format and submitting to the AMC

The AMC appreciates a focused approach to the information colleges provide in their monitoring submissions. As a guide, a report of no more than approximately of 30-50 pages overall is preferred. Lengthy reports on all the changes in the training programs are not required.

The monitoring submission is a standalone document with a separate, indexed folder of the appendices sent by email to the AMC. We ask that the submission is provided to the AMC using the template provided below. **Please do not submit a separately formatted document**.

*Formatting guidelines*

- Number appendices according to the relevant standard. For example: Appendices 1.1 and 1.2 are the first two appendices for Standard 1
- Provide an electronic link to the appendices if an appendix and the relevant page/s is referred to in the submission.
- Provide any spreadsheets as 'protected' Excel/Access sheets to improve readability.
- Please ensure that both the submission and the collated appendices are 'searchable' by use of the 'find' function

# Monitoring Submission

This submission is due **Monday 3 April 2023**

## College Details

### Please correct or update these details if necessary:
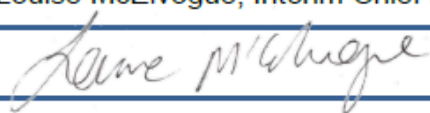
| | |
|---|---|
| **College Name** | Royal Australasian College of Physicians |
| **Address** | 145 Macquarie Street, Sydney NSW 2000 |
| **Date of last AMC accreditation decision** | 2020 (via accreditation extension submission) |
| **Periodic submissions since last AMC assessment** | 2021, 2022 |
| **Next accreditation decision due** | 31 March 2025 |

### To be completed by the College:

| | |
|---|---|
| **Officer at College to contact concerning the report** | Inam Haq |
| **Phone number** | +61 (02) 9256 5444 |
| **Email** | inam.haq@racp.edu.au |

## Verify submission

The information presented to the AMC is complete, and it represents an accurate response to the relevant requirements.

| | |
|---|---|
| **Verified by** | Louise McElvogue, Interim Chief Executive Officer |
| **Signature** | *[signature]* |
| **Date** | 3 April 2023 |

(Chief Executive Officer/executive officer responsible for the program)

## Summary of 2022 Findings

| Standard | 2022 Findings | No. of Conditions remaining |
|---|---|---|
| **Overall** | **Substantially Met** | **4** |
| 1. The context of education and training | Met | 0 |
| 2. The outcomes of specialist training and education | Substantially Met | 1 |
| 3. The specialist medical training and education framework | Not Met | 1 |
| 4. Teaching and learning methods | Substantially Met | 1 |
| 5. Assessment of learning | Substantially Met | 1 |
| 6. Monitoring and evaluation | Met | 0 |
| 7. Issues relating to trainees | Met | 0 |
| 8. Implementing the training program – delivery of educational resources | Met | 0 |
| 9. Assessment of specialist international medical graduates | Met | 0 |

## Section A: Reporting against the standards and accreditation conditions

## Standard 1: The context of training and education

Areas covered by this standard: governance of the college; program management; reconsideration, review and appeals processes; educational expertise and exchange; educational resources; interaction with the health sector; continuous renewal.

### 1 Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 1.

| | | |
|---|---|---|
| Has there been any significant developments made against this standard?<br><br>Please include updates on any developments made in response to COVID-19 in this section.<br><br>*If yes, please describe below.* | ☒ Yes | ☐ No change |

**New Board appointments**

In November 2022, two Board Appointments came into effect. Professor Pooshan Navathe, FAFOEM, FRACMA, joined the Board as an Appointed Director, bringing expertise in executive leadership in medicine and medical education. Professor Vin Massaro, FAICD, joined as Appointed Director and Honorary Treasurer, bringing expertise in higher education leadership and management and experience from senior roles such as past Chief Executive Officer of the Royal Australasian College of Surgeons.

**Executive leadership transitions**

As previously advised by the RACP, a number of key staffing changes have occurred since our 2022 Monitoring Submission.

Ms Louise McElvogue was appointed CEO in December 2022 for a six-month period to replace Mr Peter McIntyre, who stepped down after three years in the role. The Board has recently agreed to extend Ms McElvogue's contract until 2024 to ensure stability in College leadership. Professor Inam Haq joined as the Executive General Manager (EGM) of Education, Learning and Assessment (ELA) in January 2023.

Ms McElvogue is a digital technology and strategy expert. She has substantial global experience driving business change, addressing organisational complexities, working with stakeholders and management on culture, governance and change. Her health experience includes as board member of Healthdirect and a member of its Clinical Guidance Advisory Group. These capabilities position her well to lead progress on our current priorities.

Professor Haq is a practising rheumatologist and brings over 20 years' experience in medical and health education in Australia and the United Kingdom and is a Fellow of the RACP and the Royal College of Physicians (London). He was Associate Dean Education at Sydney University Faculty of Medicine and Health until December 2022 where he led major organisational and curriculum change in medicine and allied health, implemented large scale education technology solutions and is a member of the AMC's Medical Schools Accreditation Committee.

The Board is working closely with the new CEO, EGM ELA and the executive team on strategies and actions to lead change across the College, focussed on priorities in education and technology.

The Board has started a formal process for CEO recruitment which will continue throughout 2023. The AMC will be kept informed of any developments.

**Organisational planning**

Our progress continues to be guided by our 2022-2026 strategic plan. Our 2023 Operational Plan (see Appendix 1.1) outlines the priority projects and core business-as-usual activities under the strategic plan's four focus areas: Sustainable College, Member Experience and Belonging, Physician and Practice of the Future as well as Equitable and Healthier Communities. Further details regarding specific strategic and operational priorities are provided below.

**Implementing Indigenous strategic priorities**

Under the leadership of the RACP's Aboriginal and Torres Strait Islander Health Committee and Māori Health Committee, we continue to pursue a cross-college reform process to strengthen our commitment to equity for Indigenous peoples in Australia and Aotearoa New Zealand, as outlined in our Indigenous Strategic Framework for 2018-2028. This is also a commitment in our Reconciliation Action Plan. Over the course of the next year, we are reviewing our Indigenous Strategic Framework to make sure it is fit for purpose for the second half of the decade-long timeframe it covers.

Our work towards Indigenous recognition and reform of the College's Constitution has progressed, with the aim of meaningful alterations to promote and advance the role of Indigenous people within the College and eventually within the broader health system. A proposal for Constitutional change led by our Indigenous committees, with input from Indigenous legal counsel in Australia and Aotearoa New Zealand, will be considered by members at the Annual General Meeting in May 2023.

The cultural load on Indigenous members can be significant; we are working to expand access to appropriate cultural knowledge, skills, and expertise to guide our work. The College has longstanding ties to important organisations in Australia with which we partner on education, policy development and advocacy. The National Aboriginal and Torres Strait Islander Community Controlled Health Organisation has a representative on the Aboriginal and Torres Strait Islander Health Committee, as does the Australian Indigenous Doctors' Association (AIDA). We sponsored AIDA's 2022 conference and ran a well-regarded workshop on addressing burnout using the 'River of Life' methodology, attended by the RACP President, RACP trainees and Chair of the Medical Board of Australia. In Aotearoa New Zealand the relationship with Te Ora continues and we contribute to sponsoring the annual Te Ora conference. We continue to be a major sponsor of LIME: Leaders in Indigenous Medical Education and the LIME Network conference.

**A focus on education and training**

The Board, with the CEO and EGM ELA, has identified education and training as the immediate priority for the College in 2023. Translating this mandate, Professor Haq's vision for his work as EGM of ELA is to deliver a high-quality education and training ecosystem built on contemporary technology, process and governance solutions, prioritising member needs and experience, with a focus on member and staff wellbeing, equity and consistency in timely decision-making.

In the first half of 2023 priority areas of work will be improving trainee experiences and digital investment. To achieve this, we are focusing on the following interrelated streams within education:

- **Governance.** A review of education and training committee structure and functions (see detailed update below)
- **Technology.** Development of a strategy for fit-for-purpose education technology architecture (see update provided in Standard 3)
- **Training enquiries.** Fast-tracking communications and process improvements to ensure timely and efficient management of training questions and roadblocks (see update provided in Standard 7)

- **New curriculum development and implementation.** Scaling up and speeding up Advanced Training curricula renewal (see update provided in Standard 3)

As outlined in this Monitoring Submission, while we are making progress in some areas, we acknowledge our progress against some Standards and Conditions of Accreditation has not met expected timelines. Multiple contextual factors such as staff turnover, issues in risk reporting and project management, governance structures and internal processes have contributed to the delay. These are being addressed by an aligned Board, CEO, EGM ELA and executive through strategies and actions outlined in this report. We appreciate our collaborative relationship with the AMC which has been enhanced through personal engagement by the President, EGM ELA, and CEO. This has provided a forum where challenges and issues can be raised openly and transparently with the AMC. This important and valuable relationship will continue as part of improving communication with AMC and reinforcing College Values.

### Optimising education governance

In February 2023, the Board approved terms of reference for a working group, co-chaired by the RACP President and EGM ELA, to undertake a review of education committee structure and function (Appendix 1.2). The purpose of the review is to develop and implement a contemporary governance and reporting structure that aligns with College values, prioritises effective decision-making, timely communication and contributes to a high-quality member experience.

The review will occur throughout the first half of 2023, with implementation in the latter half of 2023 and 2024. Working group members were appointed following an Expression of Interest process, with the working group's first meeting scheduled for 13 April 2023. In parallel, we are mapping our current committee structures and reporting lines to identify any gaps, duplication or ambiguities in committee functions to be addressed as part of the review.

### New RACP-wide policy framework

A new organisation-wide Policy Framework was established following the RACP's voluntary compliance agreement with the Australian Charities and Not-for-Profits Commission.

The fourteen education policies under the remit of the College Education Committee (CEC) were reviewed to assess compliance with the new Framework. Seven policies received administrative updates, primarily to convert them to the new template. Four policies were updated with changed policy provisions. The remaining three education policies will be updated throughout 2023. Table 1 summarises the status and changes made to the education policies.

**Table 1: Summary of status and changes to education policies**

| Status | Policy | Outcome |
|---|---|---|
| Administrative updates only | Special Consideration for Assessment | Minor updates to restructure policy into new template |
| | Recognition of Prior Learning | |
| | Participation in Preparatory Courses for Assessment | |
| | Academic Integrity | |
| | Educational Leadership and Supervision | |
| | Post-Fellowship Specialty Recognition | |
| | Training Provider Accreditation | |
| Revised policy provisions | Flexible Training | Revised policy – see Standard 7 for details |
| | Progression through Training | Revised policy to align with revised Flexible Training policy – see Standard 7 for details |

| Status | Policy | Outcome |
|--------|--------|---------|
| | Continuing Professional Development (CPD) Mandatory Participation | Revised policy to align to requirements for new CPD Homes – update will be provided in RACP's next CPD Home Monitoring Submission |
| | Assessment | New principle added to policy – see Standard 5 for details |
| No updates in 2022 | Training Support | Revision in progress |
| | Selection Into Training | Revision in progress– see Standard 7 |
| | OTP Assessment | Scheduled for review in 2024 |

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Requests for additional information from the AMC response to the 2022 monitoring submission:

- The College is asked to comment on how recent governance and organisational changes impact and influence College activities such as the curriculum renewal and support for First Nations and Māori trainees. Additionally, the AMC is interested in understanding how these internal roles will engage with external communities and organisations.
- The College is asked to provide an update on staff turnover.
- Does the College have plans to mandate Cultural Safety modules for its staff and committee members?

*Please provide comment below.*

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**Impacts and influence of recent governance and organisational changes**

As we seek to continuously improve our organisational and governance structures through activities like the educational governance review and appointments to new senior positions, we are appraising and improving alignment and productive collaboration between the Board, executive leadership, our various committees and the wider sector stakeholders.

Specifically, our progress with curriculum renewal is being empowered by new executive leadership with Professor Haq who has significant curriculum expertise. As outlined in our update against Standard 3, under this leadership, we are implementing a new model for accelerating the renewal of remaining Advanced Training curricula and developing a new education technology strategy to support implementation of our programs. These developments place us in a strong position to expedite implementation of our contemporary training programs and maintain an emphasis on high-quality training outcomes and experiences. Further, the Board's identification of education as the priority focus area in 2023 is ensuring aligned focus across key committees, executive leadership and resourcing. The education governance review that is being conducted as part of that focus area will examine opportunities for enhancing key stakeholder engagement across the spectrum of education activity, including specialty societies.

Through our key Indigenous leads and committees, we continue to provide and expand our support for Aboriginal, Torres Strait Islander and Māori members and First Nations health outcomes. Associate Professor Wendy Edmondson is the College's Marnu Wiru (Knowledge Holder). Wendy works across the College to ensure Aboriginal and Torres Strait Islander priorities are considered at every level of the organisation with a particular focus on cultural safety, education initiatives and curriculum. Wendy is a key touchstone for Aboriginal and Torres Strait Islander members during their training journey. Lee Bradfield, our Manager, Indigenous Strategy has a key advocacy role which includes strengthening partnerships with Indigenous partner organisations including AIDA. Our Māori Kaitohutohu Ahurea | Cultural Advisor, Veronica Thompson, leads Māori strategy, advocacy and partnerships and provides enhanced support for Māori members in Aotearoa. In February 2023, Veronica took up a role at another

organisation; the Māori Health Committee has recently reviewed the role and is progressing to recruitment.

Each of these three roles work closely with the Aboriginal and Torres Strait Islander Health Committee and Māori Health Committee and are supported by dedicated staff across the organisation to ensure that the College's new organisational value "We Indigenise and Decolonise" is progressed in all areas of business. Embedding this value is a significant and deep-reaching undertaking and we recognise we have much yet to learn and achieve on this journey. As outlined above in our update regarding the Indigenous strategic priorities, we are grateful for our ongoing collaboration with peak representative bodies, drawing on their expertise, influence and community connections. We are working with Te Kaunihera o Ngā Kāreti Rata of Aotearoa | the Council of Medical Colleges, New Zealand and Te ORA to implement the recently launched Cultural Safety Training Plan for Vocational Medicine in Aotearoa, as further discussed in Standard 2.

**Update on staff turnover**

The RACP's total employee turnover for the 2022 calendar year was 17.8%. Like many organisations, the RACP was challenged last year by an active labour market where talent began to move freely at unparalleled levels. This resulted in a fast-paced labour market with low unemployment combined with high levels of opportunity. These market conditions may have contributed to turnover increasing 4-5% against pre-COVID-19 results. Pleasingly, we are witnessing staff turnover declining as the labour market starts to level out in 2023.

**Mandating Cultural Safety modules for staff and committee members**

As outlined in the RACP Strategic Plan and Indigenous Strategic Framework (ISF), advancement of Indigenous health and education is core business of the College. Fostering a culturally safe and competent College is a critical enabler for progressing that objective. As such, there are a range of cultural capability training requirements that are mandatory for RACP staff and members. These include:

- for staff: completion of online training via the NSW Public Service Commission's cultural capability training package, *Everyone's Business*. At the end of 2022, 60% of RACP staff have completed this package inclusive of the associated assessment, and a high proportion who have completed the learning course but not yet finalised the assessment. The Board and senior leadership team have been charged with achieving 90% by the end of 2023.
- for all RACP trainees and Overseas Trained Physicians: completion of the RACP's online cultural safety training *The Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety Training.* This course supports the provision of culturally competent (AoNZ) and culturally safe, best practice medicine for Aboriginal, Torres Strait Islander and Māori patients through reflection on the physician's own cultural values and recognition of their influence on professional practice. So far, 2060 individuals have participated in this course.

We are working towards having specific cultural safety training requirements in effect from 2024 for staff and committee members, as reported on page 11, and exploring early adopter uptake in 2023.

The cultural safety education of our members and staff, including those on RACP committees is further supported through the provision of a number of resources relating to cultural safety and issues of health equity.

We were delighted to receive advice in March 2023 that the College was successful in an application for Commonwealth Flexible Approach to Training in Expanded Settings (FATES) funding to develop and deliver resources to support the culturally safe supervision of Aboriginal and Torres Strait Islander trainees. Further details are provided in Standard 8.

In 2022, Aotearoa-office and senior RACP staff participated in a course delivered by Associate Professor Peter Adds, Head of School, Te Kawa a Maui | School of Māori Studies at Te Herenga Waka | Victoria

University of Wellington. The course covered the historical context of Te Tiriti o Waitangi | The Treaty of Waitangi, how the treaty has impacted on AoNZ history and society, the treaty negotiation process and grievances, the modern context of the treaty, Māori development and Crowne relations. The Board is scheduled to complete the same course in 2023.

The MyCPD Framework has been modified for 2023 to strongly encourage Fellows to undertake CPD activities relating to cultural safety and issues of health equity to support culturally safe practice.

The Aboriginal, Torres Strait islander and Māori Cultural Safety Curated Collection has been designed to support trainees and physicians in Australia and Aotearoa New Zealand to provide more effective, meaningful, culturally safe care for Indigenous patients, their families, whānau and communities. The Collection presents a detailed library of resources that can help physicians understand and implement culturally safe practices in their workplace.

The Medical Specialist Access Framework was developed by the Aboriginal and Torres Strait Islander Health Committee. It provides a guide for health sector stakeholders to promote and support equitable access to specialist care for Australia's Indigenous peoples.

Online courses on *Specialist Care for Aboriginal & Torres Strait Islander People* (Figure 1) as well as *Genomics for Aboriginal & Torres Islander People online course* are also available to all RACP members.

**Figure 1: Learning outcomes of the Specialist Care course**
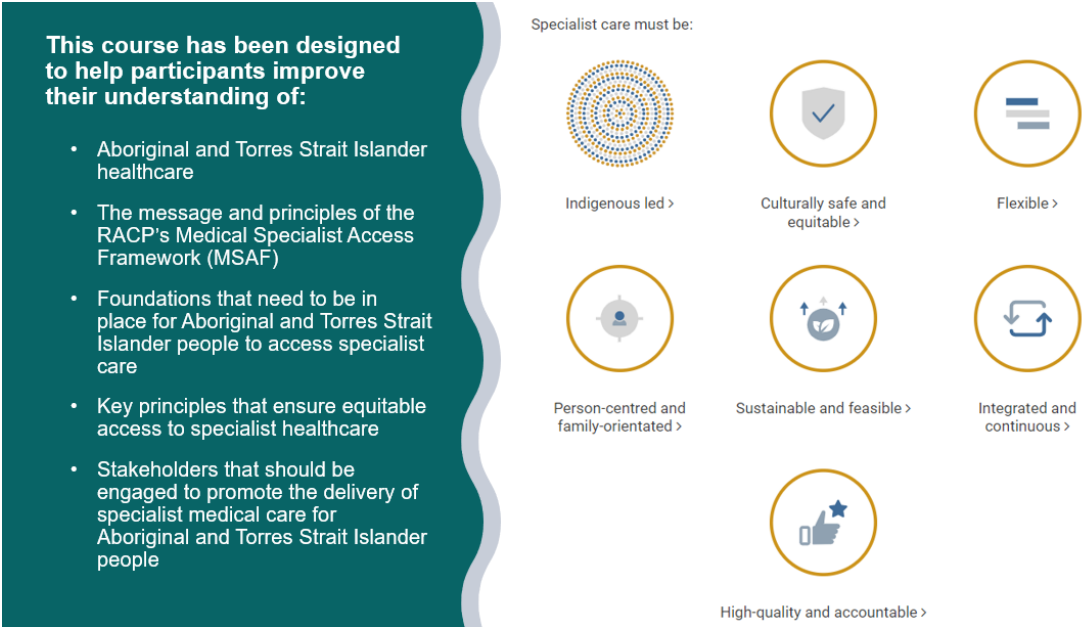


Our continued partnership with AIDA is supporting the RACP to continue to build our cultural safety capability. In 2023, this will include further opportunities for our staff and supervisors to attend training to support culturally safe supervision and address racism.

There is a recognition that further resources, guidance and partnerships will need to be developed to continue to improve committee members' awareness of the importance of cultural safety and culturally safe practice to support health equity. A specific update regarding the development of the College's cultural safety training requirements for its senior leadership team, staff, and committee members is provided on page 11, in response to the AMC's query regarding these activities.

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program.  If relevant, please report on such matters in this section of the report.

| Has the College made any significant changes affecting the delivery of the program? changes to training resources such as administrative/technical staff and educational expertise. Please include updates on any changes made in response to COVID-19 in this section. *If yes, please describe below the changes and the potential impact on continuing to meet these standards.* | ☒ Yes *(staffing and governance changes as outlined above)* | ☐ No change |
|---|---|---|

## 2 Activity against conditions

Nil remain.

## 3 Statistics and annual updates

Please provide data in the tables below showing:

- the number of reconsiderations, reviews, and appeals that were heard in 2022, the subject of the reconsideration, review or appeal (e.g. selection, assessment, training time, specialist international medical graduate assessment) and the outcome (number upheld, number dismissed).
- Please comment on the outcomes of its processes for evaluating the reconsideration, reviews and appeals to identify system issues.

**Table 2: Requests for reconsiderations in 2022**

| Subject | Outcome | | Total |
|---|---|---|---|
| | Decision affirmed (Request not granted) | Decision varied (Partial/full request granted) | |
| **Accreditation and training programs** | | | |
| Approval/certification of training | 22 | 22 | **44** |
| Assessment – Research Project | 0 | 0 | **0** |
| Recognition of Prior Learning | 2 | 3 | **5** |
| Site Accreditation | 2 | 6 | **8** |
| **Total accreditation and training decisions** | **26** | **31** | **57** |
| **Overseas trained physicians (OTP)** | | | |
| **Total OTP decisions (interim assessments)** | **7** | **6** | **13** |
| **Total decisions** | 33 | 37 | 60 |

**Table 3: Requests for Review in 2022**

| Subject | Outcome | | Total |
|---|---|---|---|
| | **Decision affirmed (Request not granted)** | **Decision varied (Partial/full request granted)** | |
| **Accreditation and training programs** | | | |
| Approval/certification of training | 2 | 1 | **3** |
| Assessment – Research Project | 0 | 1 | **1** |
| Recognition of Prior Learning | 0 | 1 | **1** |
| Site Accreditation | 0 | 0 | **0** |
| **Total accreditation and training decisions** | **2** | **3** | **5** |
| **Overseas trained physicians (OTP)** | | | |
| **Total OTP decisions (interim assessments)** | **0** | **0** | **0** |
| **Total decisions** | **2** | **3** | **5** |

**Table 4: Requests for appeal in 2022**

| Subject | Outcome | | Total |
|---|---|---|---|
| | **Decision affirmed (Request not granted)** | **Decision varied (Partial/full request granted)** | |
| **Accreditation and training programs** | | | |
| Approval/certification of training | 1 | 0 | **1** |
| Assessment – Research Project | 0 | 0 | **0** |
| Recognition of Prior Learning | 0 | 0 | **0** |
| Site Accreditation | 0 | 0 | **0** |
| **Total accreditation and training decisions** | **1** | **0** | **1** |
| **Overseas trained physicians (OTP)** | | | |
| **Total OTP decisions (interim assessments)** | **0** | **0** | **0** |
| **Total decisions** | **1** | **0** | **1** |

**Evaluation of RRA requests and outcomes**

Evaluation of requests and outcomes of the reconsiderations and reviews conducted in 2022 under our Reconsideration, Review and Appeals Process By-law identified the following outcomes:

- The number of reconsiderations reported above is significantly less than those reported to the AMC in September 2022, which related to RRA activities for 2021. This difference may be attributed to the variation in the time of reporting across the two years. Certification decisions for

2022 will not be finalised until mid-2023, so reconsideration and review applications for 2022 decisions may still be received into late 2023.

- Analysis indicates that committees varied original decisions in 2022 equally due to consideration of additional information submitted by the applicant or a re-evaluation of existing information or policies.
- Approximately 52% of applicants are notified of their reconsideration, review or appeal outcome in less than 12 weeks. Timeframes for determining outcomes were impacted in 2022 due to increased member and staff workloads related to the COVID-19 pandemic; and prolonged staff shortages due to COVID-19 and vacancies.
- Committees may defer a decision pending submission of additional information in the interest of transparency and fairness, despite any delay it may cause.
- In 2022, all review decisions included suggested process improvements and guidelines to training committees. Process improvement suggestions emerging from 2022 review decisions included: activities to improving the clarity of the rationales provided for original decisions and timeliness of decisions. These suggestions have been acted upon, with relevant policy and guidelines provided and reinforced with committees.

Please confirm the costs associated with the College's reconsideration, review and appeals processes **for 2023**, and describe how the College ensures that these costs are transparent and communicated to trainees. Please also include in the comment how the College ensures costs are not prohibitive for trainees and if the College has any processes to ensure duty of care for health and wellbeing at this time. Please include a link to where this information is provided on the College's website.

In terms of supporting trainee's health and wellbeing during the RRA processes, all original decision letters and reconsideration decision letters include written guidance regarding the RACP Support Program.

Details regarding the RRA process, including the by-law, application forms and FAQs are available on the RACP website here: https://www.racp.edu.au/about/board-and-governance/by-laws.

RRA process-related fees are available on the RACP website here: https://www.racp.edu.au/become-a-physician/fees.

**Table 5: Costs of the reconsideration, review and appeals processes (2023)**

| College response |
|---|
| The RACP Board approves all fees, including those for reconsideration, review and appeals processes, on an annual basis. The fees are based on the guiding pricing principals of equality and cost of the service provided, although requests for reconsideration do not incur a fee. For 2023 the College has not increased fees. The fees are the same as what was charged in 2022. |

| Changes to cost associated with reconsideration, reviews and appeals for 2023 | Rationale for changes |
|---|---|
| Changes to fees made ☐<br><br>No changes made ☒ | |

Please describe if there are any changes to College's requirements for Cultural Safety training for its senior leadership team, staff, and college committee members **in 2023** (i.e. training is mandated, training not required, how long is the course, how often must it be undertaken), and describe if the College is considering any changes to its requirements around Cultural Safety training in the next 12 months.

| College response |
|---|
| There are planned changes to the College's requirements for Cultural Safety training for staff, including the senior leadership team and college committee members. These changes are to ensure a cultural safety training program that: |

- aligns with and supports carriage of the RACP's organisational value 'We Indigenise and Decolonise'
- supports the RACP's commitment to Priority 4 of the Indigenous Strategic Framework to 'Foster a culturally safe and competent College'.

The current cultural capability training requirements for staff, senior leadership and committee members were outlined above.

In 2023, we will continue the development of a cultural safety training program customised for multiple stakeholders in Aotearoa New Zealand and Australia and associated participation requirements. Development of the program commenced in 2022 and we anticipate that this will be ready for implementation from 2024, with some early adopter uptake in 2023.

In development of the program we are considering the core competencies relevant to specific levels of leadership and roles and also recognise that all members/staff are starting their cultural safety training journey with varying levels of understanding and that training needs to start at a fundamental cultural awareness level before moving into the more complex area of cultural safety. The program design aims to recognise cultural safety as a continuum from cultural awareness / understanding to cultural safety.

Work on the customised cultural safety program is being led by a working group with representatives from the College's senior Indigenous team members. This work is under the strategic direction of the College's Indigenous Health Committees. Indigenous leadership, agency and decision-making in the development of a customised cultural safety program is critical.

Key staff including the CEO will be attending the AIDA Cultural Safety workshop in 2023.

If the College has made any changes to the following documents **for 2023** please describe the changes in the table below and attach or provide a website link to the updated documentation to this submission.

| Policy / Procedure | Description of changes |
|---|---|
| **College Governance Chart**<br><br>Revised document attached ☒<br><br>No changes made ☐ | The revised College Governance Chart has been included as an attachment – see Appendix 1.3. Changes to the chart since the last reporting period are outlined below:<br><br>• The IT and Cyber Security Committee concluded mid 2022 as per the terms of its by-law. This area is now directly governed by the Board.<br>• The Physician Health and Wellbeing Reference Group and International Strategy Reference Group concluded in 2021 as they had completed the purposes for which they were established. |
| **Conflict of Interest**<br><br>Revised document attached ☐<br><br>No changes made ☒ | |

## Standard 2: The outcomes of specialist training and education

Areas covered by this standard: educational purpose of the educational provider; program and graduate outcomes

### 1      Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 2.

| | | |
|---|---|---|
| Has there been any significant developments made against this standard?<br><br>Please include updates on any developments made in response to COVID-19 in this section. *If yes, please describe below.* | ☒ Yes | ☐ No change |

**The RACP Professional Practice Framework**

Our Professional Practice Framework (PPF) continues to provide a comprehensive foundation for physician education across the continuum of practice. The Professional Standards contained in the Framework are public statements of what the communities of Australia and Aotearoa New Zealand can expect of physicians. The Standards form the basis of the new RACP curriculum model but are also broad statements about the expected competencies to be maintained throughout expert professional practice and hence underpin the RACP's MyCPD Program.

Since the new Cultural Safety standard was approved in July 2022, we have made pleasing progress with development of related content, as outlined in our update against Condition 34 below.

**New curricula standards for six Advanced Training programs**

Six Advanced Training curricula have been renewed and are ready for implementation from 2024. Renewed program and graduate outcomes for each of these specialties are specified as new curricula standards and are built upon the Professional Practice Framework. A comprehensive update on these six new curricula is provided in Standards 3 and 4. In Standards 3 and 4 we also provide details of how we will be revising the standards for the remaining 32 Advanced Training curricula which will be implemented from 2025 onwards.

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant, please report on such matters in this section of the report.

| | | |
|---|---|---|
| Has the College made any significant changes affecting the delivery of the program? i.e. changes to statement of graduate outcomes for training programs.<br><br>Please include updates on any changes made in response to COVID-19 in this section.<br><br>*If yes, please describe below the changes and the potential impact on continuing to meet these standards.* | ☒ Yes<br><br>*(as outlined above, program and graduate outcomes for six AT programs have been revised)* | ☐ No change |

## 2      Activity against conditions

The numbering of conditions matches that used in the AMC Accreditation Report.

Please address each of these conditions individually.

| Condition 34 – new in 2019 | | | | To be met by: **2023** |
|---|---|---|---|---|
| Ensure the standards and strategies of the Professional Practice Framework are incorporated into the renewal of Advanced Training Curricula to enable the definition of consistent and clear graduate outcomes across all specialties aligned to community need (Standard 2.3.1) | | | | |
| Finding | Unsatisfactory | Not progressing | Progressing | Satisfied |
|  |  |  | X |  |
| 2022 AMC commentary | | | | |

The Professional Practice Framework is planned to apply across all Advanced Training Curricula. Previous monitoring submissions identified emerging consistency within curricula, however the Cultural Safety professional standard was not yet defined. With this standard revised, several activities can now be progressed. The framework is not yet incorporated into the curricula as the renewal of a majority has not yet commenced. The College notes that the earliest possible implementation for Wave 1 curricula is 2024, with Wave 2 due to commence in 2023. Options for alternative development methodologies to accelerate the timeframe for the latter are being explored.

The AMC noted the Colleges update on its progress in October. This included:

- Feb 2020 - common curricula standards for Advanced Training programs approved, and included competencies for each domain of the Professional Practice Framework

- 2021-2022- Wave 1 Advanced Training Curricula Renewal (ATCR) progressing, using common curricula standards. Note wave 1 includes six specialities (adult cardiology, paediatric cardiology, gastroenterology, geriatric medicine, nephrology and rehabilitation medicine). The remaining 32 specialities are in subsequent waves (submission notes these will be planned in more detail once Wave 1 is more advanced).

- July 2022- Revised Cultural Safety professional standard approved for the Professional Practice Framework

In the College's April 2023 Submission, please provide an update on the ATCR Wave 1 and the planning for Waves 2+, comment on progress updating the existing content in the new Basic and Advanced Training curricula standards to ensure that it aligns to the new Cultural safety professional standard, and progress on creating new content for Cultural safety for the common competencies for Advanced Training

**Progress with new Cultural Safety Professional Standard**

Our work to align curricula content to the new [Cultural Safety Professional Standard](#) is progressing well. The content focuses on cultural awareness/competency[2] for Basic Training and cultural safety for Advanced Training. So far, the following work has been completed:

- new Basic and Advanced Training curricula standards addressing cultural safety have been reviewed and updates to the content have been drafted
- new cultural safety content has also been drafted for the common competencies for both Basic and Advanced Training

---

[2] The RACP refers to cultural awareness in Australia but in Aotearoa, the equivalent term is 'cultural competence'.

- the new Cultural Safety Professional Standard has been mapped against the revised Basic and Advanced Training competencies to show the progress we intend to see from cultural awareness in Basic Training and cultural safety in Advanced Training
- identification that a number of the behaviours in the existing Advanced Training content adequately reflect a degree of cultural safety.

The updates to the Basic and Advanced Training curricula standards and common competencies are being carried out in tandem with the development of guidance under the cultural safety domain of the RACP Professional Practice Framework. The purpose of the guide is to outline the professional attributes and behaviours that the College expects to see in RACP members in terms of cultural safety. Similar to the curricula standards and common competency updates, the guide recognises cultural competence/awareness as both the starting point of the learning journey as well as foundational to scaffolded learning to cultural safety.

Over 2023, there are a range of activities planned to support the approval of the updates to the curricula standards, common competencies and knowledge guide. This includes consultation on the proposed updates to the cultural safety content with Indigenous stakeholders, both internal and external to the College and relevant committees. This will involve reviewing the Te Kaunihera o Ngā Kāreti Rata of Aotearoa | the Council of Medical Colleges, New Zealand and Te ORA's 'Cultural safety within vocational medical training report' and the Cultural Safety Training Plan for Vocational Medicine in Aotearoa to ensure updates to the curricula and competencies are aligned.

Additional upcoming activities include refining and further updates to content following consultation as well as seeking final approval of curricula content by the College Education Committee, which we anticipate requesting in the second half of 2023.

**Advanced Training Curricula Renewal**

Updates regarding Advanced Training Curricula Renewal are provided above and in Standards 3 and 4.

## Standard 3: The specialist medical training and education framework

Areas covered by this standard: curriculum framework; curriculum content; continuum of training, education and practice; curriculum structure.

### 1        Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 3.

| | | |
|---|---|---|
| Has there been any significant developments made against this standard?<br><br>Please include updates on any developments made in response to COVID-19 in this section.<br><br>*If yes, please describe below.* | ☒ Yes | ☐ No change |

**Basic Training Curricula Renewal**

The new BT program is now in its third year of implementation at early adopter training settings / networks across Australia and Aotearoa New Zealand with 258 trainees across 9 settings on the new program in 2023.

In late 2022, Queensland Paediatric Network and Waikato Hospital formally notified the RACP of their intent to withdraw from the Early Adopter implementation pathway due to delays in development of Tracc, the new program's enabling technology, and associated ongoing impacts to user experience. Queensland has transitioned all existing trainees under the new program to the Physician Readiness for Expert Practice (PREP) program and Waikato Hospital have transitioned existing trainees to the PREP program on an opt in basis.

Full rollout of the new BT program was scheduled to begin with first year Basic Trainees at all settings in 2024. Training program and training setting readiness remain on track for this target. However, significant delays in the readiness of the enabling technology have affected our ability to progress to full implementation of the new program and the RACP made the decision on March 30, 2023, to send a Notice of Termination of Master Agreement to the vendor for Tracc (BPACNZ).

The implementation schedule for BT has been reviewed as have our contingency plans so that trainee assessment data is protected, and there is no impact on trainee progression. A full situation management and communications plan has been developed and will be implemented.

Due to the issues with readiness of the enabling technology, in March 2023 we made the difficult decision to move full rollout to begin with first year Basic Trainees at all settings in 2025, with contingency options for expanding rollout for mid-2024 being actively progressed. This timeline may be brought forward if suitable replacement technology solution(s) are able to be implemented earlier. This work is being managed as part of the overarching education technology strategy conducted by KPMG, which is further described below.

Our contingency plans have been developed in line with the following principles:

**Protect trainees**. Trainees must not be disadvantaged by the rollout of the new training programs and will not be penalised for any shortfalls in the RACP or local settings' ability to implement the program.
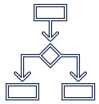
**Streamline contingency enactment**. In recognition that training settings may be disrupted at any point during the rollout of the new programs due to COVID-19, a flexible and streamlined process is needed to fast-track approval of temporary amended training requirements and communicate changes as soon as possible to impacted trainees and supervisors.

**Respect local advice**. Local Directors of Physician Education (DPEs) and other training setting leads are the experts in understanding their local capacity constraints and what is / is not feasible in their training setting.

**Maintain baseline standard**. The new Basic Training programs are designed to generate, and base important progression decisions on, lots of day-to-day assessment feedback. The required number of work-based assessments should be upheld where possible with an option to temporarily lower the number of required assessments to match the PREP programs if necessary.

Contingency plans developed to be held in reserve prior to full implementation commencing include:

- **Contingency plan (reduced settings)** - held in reserve in case of partial completeness of supporting technology and implementation readiness criteria. Contingency plan will amend the schedule to allow a selected number of settings to implement to ensure appropriate support is provided for onboarding and training operations support.
- **Contingency plan (defer implementation)** - held in reserve in case it is determined that implementation of the new Basic Training programs cannot go ahead as planned. Contingency plan will amend the schedule to defer the rollout of the new programs and/or amend the scope.
- **Contingency plan (reduced/revised program scope using existing technology)** - held in reserve in case it is determined that implementation of the new Basic Training programs cannot go ahead as planned. Contingency plan will amend the scope of the rollout of the new programs to be supported by existing technology.

The delays have been challenging for all involved and we acknowledge that we are significantly behind schedule with implementation. The CEO and EGM ELA agreed with the Board in March that the termination of the BPACNZ contract will allow the College to focus on alternative solutions that can be implemented as quickly and safely as possible. Management is looking at replacement solutions as part of the broader education technology strategy and business case, discussed further below, which will be presented to the Board in the first half of 2023.

Regular project reporting to the Board on progress in education technology renewal and revised BT program implementation will highlight any current or emerging risks as early as possible and these will be communicated to the AMC in a timely manner.

**A comprehensive strategy for our education technology**

Education technology is a critical enabler for implementing our current and new programs and improving our services to trainees and Fellows. We recognise the need for an overarching strategy to deliver a fit-for-purpose, integrated and sustainable education technology platform. The College's new CEO and EGM ELA bring experience implementing technology programmes in education and healthcare and track records in agile development against critical timelines.

KPMG has been engaged throughout 2022 and 2023 to determine potential business process, technology and solution architecture to meet our education and training functional requirements. A final report from KPMG is expected in April 2023. In multiple workshops we have mapped high level functional and non-functional requirements for our technology related to training and accreditation. Our next steps are to:

1. identify vendors and systems that could satisfy these requirements

2. develop architecture options that could provide an integrated education and training technology platform, examine how potential integration may be undertaken and the current systems that could be replaced
3. evaluate potential architecture options
4. identify an indicative timeline for delivery of an integrated education and training technology platform.

A detailed business case and project plan are in development for Board approval. The management and the Board understand this is a critical undertaking to enable improvement to our service delivery and program implementation and appreciate there may be a need for an agile and accelerated approach to implementation. We look forward to keeping the AMC informed about our progress.

**Advanced Training Curricula Renewal**

The Advanced Training Curricula Renewal (ATCR) project has already delivered common curricula content and will complete Wave 1 specialty curricula reviews for six Advanced Training (AT) programs by April 2023 in readiness for 2024 implementation as summarised in Table 6 below.

**Table 6: status of Wave 1 ATCR, as of 23 March 2023**

| Cardiology – Adult Medicine | Cardiology – Paediatrics and Child Health | Gastroenter-ology | Geriatric medicine | Nephrology | Rehabilitation medicine (adult) |
|---|---|---|---|---|---|
| Curriculum submitted for ATC approval. Division Education Committees (DECs) and Curriculum Advisory Group (CAG) endorsement of final draft pending, due **31 March.** Final CEC approval decision expected **14 April** | Curriculum submitted for ATC approval. DECs and CAG endorsement of final draft pending, due **31 March.** Final CEC approval decision expected **14 April** | Curriculum submitted for ATC approval. DECs and CAG endorsement of final draft pending, due **31 March.** Final CEC approval decision expected **14 April** | Curriculum approved by ATC. DECs and CAG endorsement of final draft pending, due **31 March.** Final CEC approval decision expected **14 April** | Curriculum approved by ATC. DECs and CAG endorsement of final draft pending, due **31 March.** Final CEC approval decision expected **14 April** | Curriculum approved by FEC and endorsed by AFRM Council. CAG endorsement pending, due **31 March.** Final CEC approval decision expected **14 April** |

An *At a glance* document provides a high-level overview of each revised curriculum. Each revised curriculum is aligned to the common curricula content and comprised of:

- Curriculum standards – outline what trainees need to learn and the standard against which trainees' abilities are measured. The curriculum standards are summarised as learning goals. Learning goals can be common to all or some specialties or can be specialty specific. Specialty-specific Knowledge Guides provide detailed guidance on the important topics and concepts trainees need to understand to become experts in the specialty.

- Specialty program handbook – outlines how trainees are able to demonstrate their learning through the learning, teaching and assessment program. Learning and assessment activities are linked to the learning goals contained in the curriculum standards.

Examples of each document are provided in Appendix 3.1 to 3.4 and versions of these for each of the six revised curricula can be provided to the AMC upon request.

Consultation regarding each draft curriculum was conducted in accordance with a specialty-specific consultation plan, which included consultation with all RACP members, relevant specialty societies, other colleges and consumer organisations. Consultation results varied by specialty. Consultation reports summarising the quantitative and qualitative feedback were used by Curricula Review Groups to inform refinements to the final draft curricula. An example of a consultation summary report is provided in Appendix 3.5.

The revised curricula have been submitted to key RACP committees (e.g. relevant Advanced Training Committees, Division Education Committees and Curriculum Advisory Group) for review and endorsement and subsequently submitted to the CEC for approval in April 2023.

Implementation planning for the revised Wave 1 AT curricula is underway and being undertaken in parallel with the work to develop a strategy for education technology architecture. We are exploring a range of implementation options, being mindful of the need to implement the new curricula as soon as possible and ensuring that implementation is well supported. In the event that enabling technology is not ready to support full rollout in 2024, we are identifying contingency implementation plans.

We have an approved and resourced plan to expedite the renewal of the remaining 32 specialties included in Wave 2 and 3 of ATCR. Further detail regarding that work is provided in the update against Condition 6(ii).

 The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant, please report on such matters in this section of the report.

| Has the College made any significant changes affecting the delivery of the program? I.e. changes to the curriculum framework. Please include updates on any changes made in response to COVID-19 in this section. *If yes, please describe below the changes and the potential impact on continuing to meet these standards.* | ☒ Yes *(as outlined above)* | ☐ No change |
|---|---|---|

Updates are provided above and in relation to Condition 6 (ii).

## 2      Activity against conditions

The numbering of conditions matches that used in the AMC Accreditation Report.

Please address each of these conditions individually.

| Condition 6 (ii) | | | | To be met by: **2023** *(Previously due to be met by 2020)* |
|---|---|---|---|---|
| In relation to the advanced training curricula: ii.   Implement the revised advanced training curricula. (Standard 3.2) | | | | |
| Finding | Unsatisfactory | Not progressing | Progressing | Satisfied |
| | | X | | |
| 2022 AMC commentary | | | | |
| Progress against this condition has been slow. Implementation of the revised AT curricula will not occur by 2023 as the 32 specialties, not included in Wave 1, are not yet underway, and Wave 1 is now scheduled for implementation in 2024. Additional information from the College was provided. The College reported the Advanced Training   Common   curricula   standards   and   Common   learning,   teaching   and | | | | |

assessment programs have been developed. All six specialties in Wave 1 are now in the Develop phase, with three of these specialties preparing for consultation in Q4 2022.

The AMC note the lack of progress to address this condition.

A range of development models for Waves 2+ of AT curricula renewal is being explored by the College. An update on the development of Wave 2+ approaches, timelines and resourcing are required in April 2023.

We have now confirmed our plan to accelerate the renewal of the 32 remaining specialties in Waves 2+ of ATCR. Through this Board-approved and resourced plan, we are working towards staggered implementation in three waves across three years, with all renewed programs implemented from 2026. We acknowledge that the College will not satisfy this Condition by the AMC's deadline at the end of 2023. We now have a robust and expedient model for completion in the stated timeframe, which will be resourced appropriately to ensure delivery. Progress will be reported regularly (via the relevant Project Control Group, aligning with College Project Management Framework) to the College Education Committee and Board and any major risks or issues will be communicated in a timely and transparent manner to the AMC and relevant College Bodies so that mitigation/contingency measures can be implemented quickly.

The confirmed approach divides the remaining 32 curricula into two waves of 16: Wave 2 and Wave 3. Specialist contractors (e.g., Fellows) will be engaged to draft specialty curriculum content and provided with an honorarium at the end of the process. Content will be refined by committee review groups; consulted upon with members and consumer groups; and finalised in line with existing governance arrangements.

Similar to Wave 1, execution of the specialty-specific Advanced Training Curricula Renewal process will involve five development stages for the 32 AT specialty curricula (Figure 2).

**Figure 2: development process for individual specialty curricula**
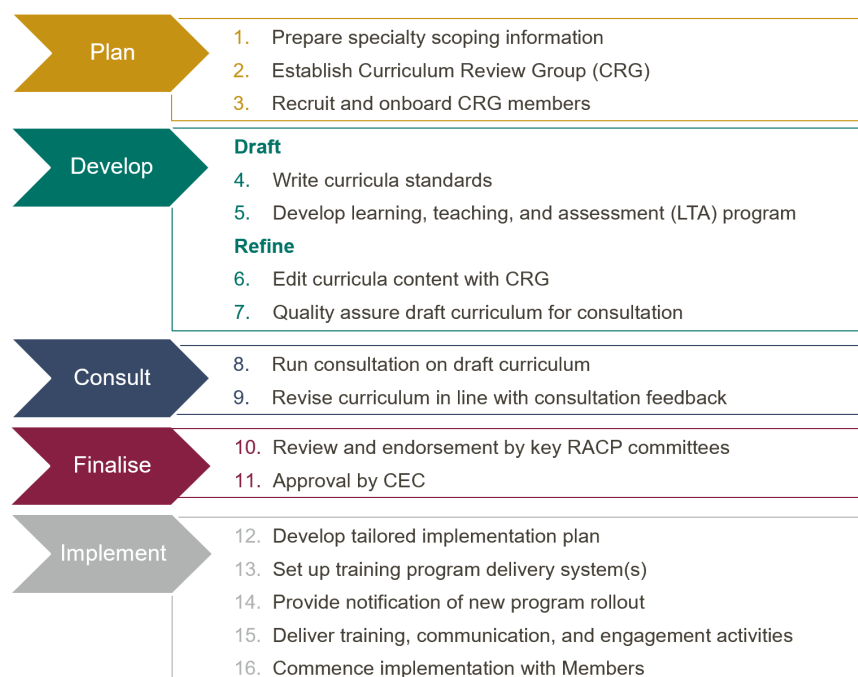


Implementation is dependent on enabling technology. Work on that is being expediently progressed in parallel to ATCR (refer to the update above regarding our work to develop a comprehensive strategy for education technology).

Figure 3 illustrates the staged rollout of renewed curricula for specialties in Wave 1, 2, and 3, with first-year Advanced Trainees. We are commencing implementation of Wave 1 curricula in 2024, with Waves

2 and 3 following in 2025 and 2026 respectively. From 2027, we will achieve full implementation with all training settings delivering the new programs to all Advanced Trainees.

**Figure 3: Wave 1 to 3 implementation schedule**

| Phase of training | 2024<br>Feb 2024 – Jan 2025 | 2025<br>Feb 2025 – Jan 2026 | 2026<br>Feb 2026 – Jan 2027 | 2027<br>Feb 2027 – Jan 2028 |
|---|---|---|---|---|
| SPECIALTY FOUNDATION (AT1) | **NEW PROGRAM**<br>Wave 1 specialties [n=6]<br><br>**PREP PROGRAM**<br>All other specialties | **NEW PROGRAM**<br>Wave 1 + Wave 2 specialties [n=22]<br><br>**PREP PROGRAM**<br>All other specialties | **NEW PROGRAM**<br>Wave 1 + Wave 2 + Wave 3 specialties [n=38] | **NEW PROGRAM**<br>All specialties |
| SPECIALTY CONSOLIDATION (AT2) | **PREP PROGRAM**<br>All specialties | **NEW PROGRAM**<br>Wave 1 specialties [n=6]<br><br>**PREP PROGRAM**<br>All other specialties | **NEW PROGRAM**<br>Wave 1 + Wave 2 specialties [n=22]<br><br>**PREP PROGRAM**<br>All other specialties* | **NEW PROGRAM**<br>All specialties |
| TRANSITION TO FELLOWSHIP (AT3) | **PREP PROGRAM**<br>All specialties | **PREP PROGRAM**<br>All specialties | **NEW PROGRAM**<br>Wave 1 specialties [n=6]<br><br>**PREP PROGRAM**<br>All other specialties* | **NEW PROGRAM**<br>All specialties<br><br>*Legacy PREP trainees will be transitioned to new programs from 2027. |

The bulk of the ATCR work will be delivered by existing teams in ELA, with additional project team members recruited to expand capacity. For each program, one specialist contractor (e.g., Fellows or academics) with subject matter expertise will be engaged in the *develop- draft* stages to draft curricula content over a one-to-two month period.

AT committees will soon be invited to formally express interest in participating in Wave 2. The EGM ELA and Chair of the College Education Committee will confirm participating specialties. In the meantime, our project team members are preparing to commence work on Wave 2.

While the RACP is responsible for establishing curricula frameworks and standards, specialty societies have a valuable role in ensuring that curricula content reflects contemporary, evidence-based practice. As with Wave 1, we will continue to involve relevant specialty societies throughout Waves 2 and 3 of ATCR. Specialty society contributions will continue to occur through a range of mechanisms including:

- **formalised representation on Curriculum Review Groups** (CRGs)- terms of reference specify that each CRG must have at least one member who is a member of the specialty society. For example, in Wave 1, the specialty society presidents were members of the CRGs for Nephrology and Geriatric Medicine.
- **formalised representation on Advanced Training/Faculty Education Committees-** these committees must approve the curriculum before it is submitted to other committees for approval
- **consultation with specialty societies-** societies' governing bodies and broader memberships are invited to provide feedback on the draft curriculum content
- the work of **individuals** who are concurrently members of the RACP and the specialty society.

**Interim COVID-19 training program requirements**

In mid-2020, in response to the impacts of the COVID-19 pandemic, the College Education Committee (CEC) developed the Education and training principles and implemented Changes to requirements to ensure progression through training during the pandemic. The CEC also delegated authority to training committees to review, approve and implement specialty-specific interim changes to training requirements that were impacted by COVID-19. These changes first applied to the 2020 training year and were reviewed for the 2021 and 2022 training years.

Whilst trainees were expected to complete all 2022 training program requirements where possible, there were 19 out of 37 specialties with specialty-specific interim changes applicable to the 2022 training year. Trainees who were unable to complete training program requirements due to COVID-19 were required to review the education and training changes and interim requirements listed in their training program handbook and advise the training committee overseeing their training as soon as possible. Distinct from this approach, however, was the decision regarding waiver of Advanced Training Research Project requirements, which is outlined in Standard 5.

During 2022, the CEC noted a decline in the impacts of COVID-19 on training and a transition back to training as usual. In December 2022, the CEC determined that all specialty-specific interim changes would cease at the end of the 2022 training year. The [Education and training principles](#) and [Changes to requirements](#) continue to be published on the RACP website. In future years, trainees can apply for flexible training arrangements via the College's Special Consideration for Assessment process on a case-by-case basis. Training Committees will be directed to refer to the principles and interim changes to guide decision making on individual trainee circumstances considered through special consideration.

## Standard 4: Teaching and learning approach and methods

Areas covered by this standard: teaching and learning approach; teaching and learning methods.

### 1       Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 4.

| | | |
|---|---|---|
| Has there been any significant developments made against this standard?<br><br>Please include updates on any developments made in response to COVID-19 in this section.<br><br>*If yes, please describe below.* | ☒ Yes | ☐ No change |

**New Advanced Training learning, teaching and assessment programs**

A significant achievement has been the development of six new Advanced Training learning, teaching and assessment (LTA) programs through Wave 1 of ATCR. Each new LTA program is outlined in the respective specialty Program Handbook. These programs follow the Advanced Training Common LTA framework, incorporating regular feedback on performance for trainees and a structured competency-based approach for progression in training.

The new LTA programs include:

- Learning goals, drawn from the curriculum standards
- Entry, progression and completion criteria
- Learning program, inclusive of training requirements such as professional experiences, procedural requirements (as applicable) and learning courses
- Teaching program, inclusive of supervision requirements
- Assessment program, inclusive of assessment methods such as learning plans, learning captures, observation captures, progress reports, logbooks, and research projects.

The learning and assessment activities are linked to the learning goals to ensure that these activities align with the curricula standards and trainees are able to demonstrate learning across the breadth of the curriculum. The learning goals articulate what trainees need to be, do and know, and are assessed throughout training on a five-point scale. A sample of learning goals and associated progression and completion criteria for each phase of training and examples of learning and assessment program requirements are provided overpage in Figures 4 and 5 respectively.

In preparation for implementation of the new programs in 2024, we are developing two new learning courses:
- Induction to Advanced Training
- Health Policy, Systems and Advocacy resource.

These courses are being developed in conjunction with member subject matter experts and will be self-paced online courses modelled off other successful RACP learning courses.

**Figure 4: Sample of draft learning goals and progression and completion criteria for Cardiology - Adult Medicine**

| | Learning goals | Progression criteria | | Completion criteria |
| --- | --- | --- | --- | --- |
| | | **Specialty foundation**<br>*By the end of this phase, trainees will:* | **Specialty consolidation**<br>*By the end of this phase, trainees will:* | **Transition to Fellowship**<br>*By the end of training, trainees will:* |
| **Be** | 1. Professional behaviours | **Level 4**<br>need to work on behaviour in **one or two domains** of professional practice | **Level 5**<br>consistently behave in line with **all ten domains** of professional practice | **Level 5**<br>consistently behave in line with **all ten domains** of professional practice |
| **Do (work tasks)** | 5. **Clinical assessment and management:** Clinically assess and manage the ongoing care of patients | **Level 2**<br>be able to be present and observe | **Level 4**<br>be able to act with direct supervision at a distance | **Level 5**<br>be able to provide supervision |
| | 6. **Management of transitions in care:** Manage the transition of patient care between health care professionals, providers, and contexts | **Level 2**<br>be able to be present and observe | **Level 4**<br>be able to act with direct supervision at a distance | **Level 5**<br>be able to provide supervision |
| **Know (Knowledge Guides)** | 14. Coronary artery disease | **Level 3**<br>know how to apply the knowledge in this Knowledge Guide to patient care (*knows how*) | **Level 4**<br>frequently show they can apply the knowledge in this Knowledge Guide to patient care (*shows how*) | **Level 5**<br>consistently apply sound knowledge in this Knowledge Guide to patient care (*does*) |
| | 15. Conditions affecting the circulation | **Level 3**<br>know how to apply the knowledge in this Knowledge Guide to patient care (*knows how*) | **Level 4**<br>frequently show they can apply the knowledge in this Knowledge Guide to patient care (*shows how*) | **Level 5**<br>consistently apply sound knowledge in this Knowledge Guide to patient care (*does*) |

**Figure 5: Examples of draft Learning and Assessment program requirements for Cardiology - Adult Medicine**

**Learning program requirements**

| What do I need to do? | When do I need to do it? |
| --- | --- |
| *Clinical experience* | |
| Complete at least 36 months of relevant professional experience in approved rotations in at least two different training settings. | In any sequence over the course of training |
| *Location of training* | |
| • Complete training in at least two different accredited training settings.<br>• Complete at least 24 months of training in accredited training settings in Australia and/or Aotearoa New Zealand. | In any sequence over the course of training |
| *Experiential training* | |
| • **Cardiothoracic Surgical Training (CTS)** 2 x quarantined full weeks' attachment to a cardiothoracic surgical unit at a minimum. CTS Training can be completed through a 1-week attachment across 2 years of training. Variations can be made to suit staffing requirements of individual cardiology and surgical units. Trainees based in Aotearoa New Zealand can complete the requirement during their CTS rotation.<br>• **Electrophysiology Training** can be achieved by a single dedicated attachment to an EP unit for at least 3 weeks or through a series of attachments, such as one session or day, over a training period.<br>• **Dedicated Transthoracic echocardiogram (TTE) training time**<br>• **Experience in rural/remote contexts** 2 x half-day rural/remote and/or Indigenous health outreach clinics over the course of Advanced Training, ideally face-to-face but telehealth accepted where face-to-face is unavailable. | In any sequence over the course of training |
| *Learning courses* | |
| • RACP **Induction to Advanced Training** self-paced online resource* | Once within the first six months of Advanced Training |
| • RACP **Health Policy, Systems and Advocacy** self-paced online resource* | Once, recommended completion before the Transition to Fellowship phase |
| • RACP **Supervisor Professional Development Program** (SPDP) | Once over the course of training |

*Resource to be developed.

**Assessment program requirements**

| What do I need to do? | When do I need to do it? |
| --- | --- |
| | *Per phase of training (i.e., each year)* |
| 1 Learning plan | At the start of each phase of training, and reviewed every six months (minimum), or every three months if the trainee has three-month rotations or is on the Training Support pathway. |
| 12 Learning captures, across the range of learning goals | Minimum one per month |
| 4 Observation captures, across the range of learning goals | Minimum one every three months |
| 2 Progress report | Minimum of one every six months, or one every three months if the trainee changes rotations or is on a Training Support pathway.<br>(Note: final progress report for each phase includes end-of-phase review) |
| | *Once over the course of training (if passed)* |
| 1 Research project proposal | Submitted during the Specialty foundation phase |
| 1 Research project | Submitted for marking before the start of the Transition to Fellowship phase. |
| 1 Logbook that demonstrates completion of the minimum procedural requirements | To be maintained over the course of training, and submitted by 15 October during the Transition to Fellowship phase. |
| 1 Cardiothoracic Surgery (CTS) Progress report | Once over the course of training, due 15 October in the final year of training. |

The RACP has set these as the minimum assessment requirements, though more work-based assessments are encouraged.

**Expansion and increased uptake of the College Learning Series**

The College Learning Series (CLS) continues to deliver a comprehensive online lecture program with more than 450 recorded lectures available online. The first annual program for Paediatrics and Child Health (PCH) commenced on 30 June 2021. Supplementary lectures were added to the series in 2022, bringing the total to 106 lectures. The first calendar year program for PCH launched on 3 February 2023, and 9 of the scheduled 140 lectures are now live (on 17 February).

The 2022 Adult Medicine program delivered a set of 149 lectures. The 2023 program commenced on 20 January, and 15 of the planned 147 lectures are now live (at 17 February). The selection of introductory lectures for first year basic trainees has expanded from 20 to 21 in 2023. Hot Topics lectures for the 2023 series are still being finalised.

The CLS has produced three dedicated COVID-19 lectures to date:

- 2021 AMD series
  - Hot topics for infectious diseases: COVID-19 (3-part lecture)
- 2022 AMD series
  - Coronavirus clinical features; and
  - COVID-19 Vaccination and therapeutics.

The 2023 AMD series will amalgamate the two COVID-19 lectures from the 2022 series. The 2023 PCH series has its first lecture on Paediatric COVID scheduled for release in November.

Member enrolment in the CLS continues to increase, with 90% of Adult Medicine basic trainees, 92% of Advanced Trainees and 31% of Fellows enrolled in the CLS. The College now has its first lecture viewing statistics. 64% of Adult Medicine basic trainees viewed at least one lecture in 2022, and that group watched 23 lectures on average that year.

PCH basic trainee enrolment has increased from 31% in March 2022 to 57% in February 2023. Twenty-three per-cent of Advanced Trainees and 30% of Fellows are also enrolled. In 2021, 43 basic trainees had watched at least one CLS lecture. This rose to 339 in 2022 (30% of the cohort). The average number of lectures watched for this group in 2022 is 18.

In April 2022, the RACP began adding pop-up surveys at the end of its 2021 and 2022 lecture videos to provide a more comprehensive and responsive review process for content, and better feedback for lecturers. At 17 February 2023, 59 viewers had responded to the following four statements (Table 7). Of the respondents, 85% were basic trainees, 92% were from Adult Medicine and the geographic distribution was evenly split across all Australian states and Aotearoa New Zealand.

**Table 7: Survey responses from CLS viewers**

| Extent to which the lecture viewed: | Average star rating out of 5 |
|---|---|
| Covered what you [the viewer] need to know about the topic | 4.5 |
| Was pitched at the right level of training (not too advanced, not too basic) | 4.3 |
| Was well presented | 4.5 |
| Had good quality audio/video | 4.5 |

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant, please report on such matters in this section of the report.

| Has the College made any significant changes affecting the delivery of the program? i.e. changes to teaching and learning approaches | ☒ Yes *(as outlined above, six* | ☐ No change |
|---|---|---|

| Please include updates on any changes made in response to COVID-19 in this section. *If yes, please describe below the changes and the potential impact on continuing to meet these standards.* | *AT programs have revised their LTA programs)* | |
|---|---|---|

## 2  Activity against conditions

The numbering of conditions matches that used in the AMC Accreditation Report.

Please address each of these conditions individually.

| Condition 32 – new in 2019 | | | | To be met by: **2020** |
|---|---|---|---|---|
| Articulate, in partnership with the Specialty Societies, the role of College oversight in advanced training subspecialty training. (Standard 4.2.3) | | | | |
| Note: *This condition was upgraded from a recommendation (JJ) following the 2018 follow up visit (Recommendation JJ – Clarify, in partnership with the speciality societies, the role of College oversight in post fellowship subspecialty training.)* | | | | |
| Finding | Unsatisfactory | Not progressing | Progressing | Satisfied |
| | | X | | |
| 2022 AMC commentary | | | | |
| There are 51 specialty societies who have been involved in a regular Joint Forum Program since 2021.<br><br>With only 11 schedules completed and the remainder under discussion, progress addressing this condition has been slow. The College reports it is committed to building partnerships and relationships with specialty societies and a number of engagement opportunities are planned for the coming months. In April 2023, an update on the progress of specialty society collaboration schedules is required. | | | | |

With new leadership, we are reinvigorating discussions with specialty societies about how we can best work together across a range of shared interests, ranging from policy and advocacy initiatives, to training and education.

The recently commenced education governance review will examine the structure and function of Advanced Training Committees (ATCs), with consideration given to committee composition and reporting pathways. As the accredited education provider, the RACP will remain the primary body that governs physician training programs. However, we recognise we share common memberships with specialty societies and there are numerous benefits to be realised for all parties from productive education-related relationships. Many ATCs have existing positions for specialty society representatives, and we consult regularly with specialty societies on matters related to training and education. Through the education governance review, we will appraise the impact of these measures and consider further opportunities to improve collaboration with specialty societies.

Specifically, in relation to Advanced Training curricula renewal, we are working closely with specialty societies to ensure that curricula content reflects contemporary evidence-based practice. We have provided an update on how we are collaborating with specialty societies on this work in response to Condition 6(ii).

In addition to quarterly information-sharing fora for RACP and specialty society staff, in March 2023, the RACP President hosted a one day, face to face forum with presidents of specialty societies. This was an

opportunity to seek specialty society perspectives about preferred ways of working with the RACP and priority shared interests.

The agenda included discussion on the following topics:

1. Pre-Fellowship education and training: actions underway to improve education and training, including the educational governance review, Advanced Training curricula renewal and service delivery improvement initiatives.

2. Continuing professional development: new CPD Framework and Strategy, and opportunities to collaborate to improve member experiences for CPD

3. Workforce: issues identified by societies and work the RACP is undertaking

4. Advocacy priorities: College Policy and Advocacy Strategy and alignment with societies' priorities

5. Building on our relationships: navigating the College, improving communication, other opportunities to work together.

In advance of the forum, specialty societies provided perspectives for each of the agenda topics via a survey. Throughout the forum, specialty societies:

- indicated support for streamlining governance and improving service delivery and communication with trainees
- advocated for the RACP to consider enhanced support for research in training and fostering clinician researchers
- called for more integrated consideration of workforce and training matters, including provisions for enhanced support for early career physicians.

Forum participants identified how RACP and specialty society communication could be improved and agreed to convene the forum each year to provide opportunity to connect and collaborate.

We will use the forum discussions to help us refining our model of collaboration between the RACP and specialty societies in education and training.

## 3    Statistics and annual updates

Can the College please provide comment in the table below showing:

Any impacts or disruptions to trainees achieving the targets. If there have been impacts, please comment on what the College is doing to ensure trainees are meeting training requirements.

**Table 8: 2023 training program impacts or disruptions**

| Training program | Impacts or disruptions achieving targets and how the College is ensuring trainees are meeting training requirements |
|---|---|
| All Advanced Training Programs | Advanced Trainee Research Project requirements were affected by COVID and marker availability. An update has been provided in Standard 7 about our response to this. |
| All College training programs | Trainees across all programs potentially have some degree of impact on achieving targets. We are employing our Special Consideration policy for an individualised approach to addressing these impacts from the 2023 training year on, as discussed in the update under Standard 3 above. |

## Standard 5: Assessment of learning

Areas covered by this standard: assessment approach; assessment methods; performance feedback; assessment quality.

### 1 Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 5.

| | | |
|---|---|---|
| Has there been any significant developments made against this standard?<br><br>Please include updates on any developments made in response to COVID-19 in this section.<br><br>*If yes, please describe below.* | ☒ Yes | ☐ No change |

**Assessments in renewed Advanced Training programs**

An update regarding the assessment programs in the renewed Advanced Training curricula has been provided in Standard 3, in conjunction with the update regarding the new Learning, Teaching and Assessment programs.

**Delivery of examinations**

Table 9 summarises our approaches to examination delivery across 2022 and 2023.

**Table 9: Approach to delivery of 2022 and 2023 examinations**

| Examination | 2022 | 2023 |
|---|---|---|
| **Basic Training** | | |
| **Divisional Written Examinations** | | |
| Adult Medicine | Delivered in February, 762 candidates, computer-based exam<br>Delivered in March, 222 candidates, paper-based exam<br>Delivered in October, 86 candidates, paper-based exam | Delivered in February and March (Auckland), 752 candidates, paper-based exam<br>October 2023, paper-based exam |
| Paediatrics and Child Health | Delivered in February, 225 candidates, computer-based exam<br>Delivered in March, 60 candidates, paper-based exam<br>Delivered in October, 22 candidates, paper-based exam | Delivered in February and March, 205 candidates, paper-based exam<br>October 2023, paper-based exam |
| **Divisional Clinical Examinations** | | |
| Adult Medicine | Face- to- Face traditional exam for all candidates except those in Western Australia who sat the modular exam due to COVID restrictions.<br>Total of 933 candidates<br>AU: 3 June to 17 September<br>AoNZ: 2 to 11 September | Face to Face short and long case assessment<br>AU: 9 June to 25 June<br>AoNZ: 16 June to 18 June |

| Examination | 2022 | 2023 |
|---|---|---|
| Paediatrics and Child Health | Face to Face – some delay of examination in Western Australia due to COVID restrictions, 257 candidates<br>AU: 13 May to 12 June 2022 & 3-6 September 2022<br>AoNZ 28 to 30 October 2022 | Face to Face short and long case assessment<br>AU: 19 May to 4 June 2023<br>AoNZ: 26 May to 28 May 2023 |
| **Australasian Chapter of Sexual Health Medicine** | | |
| **Exit Examination** | Video-delivery of examination in August. Examiners meeting in Sydney and candidates meeting via videoconference, 19 candidates | 21 July 2023, format to be confirmed |
| **Australasian Faculty of Rehabilitation Medicine** | | |
| **Written Examinations** | | |
| Module 1 Assessment | Delivered in July, 59 candidates, paper-based exam | Paper-based exam, 11 July 2023 |
| Fellowship Written Examination - Multiple Choice Exam | Delivered in March, 35 candidates, paper-based exam | Paper-based exam, 1 March 2023 |
| Fellowship Written Examination - Modified Essay Question exam | Delivered in March, 41 candidates, paper-based exam | Paper-based exam, 1 March 2023 |
| Fellowship Written Examination (Paediatrics) - Multiple Choice Examination | Delivered in March, 3 candidates, paper-based exam | Paper-based exam, 1 March 2023 |
| Fellowship Written Examination (Paediatrics) - Short Answer Question Examination | Delivered in March, 3 candidates, paper-based exam | Paper-based exam, 1 March 2023 |
| **Clinical and Practical Examinations** | | |
| Module 2 Assessment | Delivered in August, 56 candidates, face-to-face OSCE | Face-to-face OSCE, 27 August 2023 |
| Fellowship Clinical Examination - General Rehabilitation | Delivered in May, 67 candidates, face-to-face OSCE | Face-to-face OSCE, 13 May 2023 |
| Fellowship Clinical Examination (Paediatrics) | Delivered in June, 2 candidates, face-to-face OSCE | Face-to-face OSCE, 25 June 2023 |
| **Australasian Faculty of Public Health Medicine** | | |
| Oral Examination | Delivered in October, 26 candidates, video-delivery of examination with examiners meeting in Sydney and candidates meeting via videoconference. | Face-to-face oral examination, 17-18 October 2023 |
| **Australasian Faculty of Occupational and Environmental Medicine** | | |
| **Written Examinations** | | |
| AFOEM Stage A Written Examination | Delivered in September, 15 candidates, paper-based exam | COVID safe written MCQ examination, 9 September 2023 |
| AFOEM Stage B Written Examination | Delivered in September, 17 candidates, paper-based exam | COVID safe written Short-answer examination, 9-10 September 2023 |
| **Clinical and Practical Examinations** | | |
| AFOEM Stage B Practical Examination | Delivered in November, 14 candidates, face-to-face OSCE | Face-to-face OSCE, 18-19 October 2023 |

**Table 10: Summary of summative assessment activities (Australia and Aotearoa New Zealand) in 2022**

| Examination | Passing Candidates | Total Candidates | Pass Rate |
|---|---|---|---|
| Adult Medicine Divisional Clinical | 767 | 1037 | 73.9% |
| Adult Medicine Divisional Written (February CBT, March PBT and October PBT sittings) | 834 | 1188 | 70.2% |
| Paediatrics & Child Health Divisional Clinical | 210 | 292 | 71.9% |
| Paediatrics & Child Health Divisional Written (February CBT, March PBT and October PBT sittings) | 258 | 346 | 74.6% |
| Occupational and Environmental Medicine Written (Stage A) | 15 | 15 | 100.0% |
| Occupational and Environmental Medicine Written (Stage B) | 12 | 17 | 70.6% |
| Occupational and Environmental Medicine Practical (Stage B) | 6 | 14 | 42.9% |
| Public Health Medicine Oral Examination | 21 | 26 | 80.8% |
| Rehabilitation Medicine Clinical (Fellowship Clinical General) | 40 | 67 | 59.7% |
| Rehabilitation Medicine Clinical (Fellowship Clinical Paediatrics) | 2 | 2 | 100.0% |
| Rehabilitation Medicine Clinical (Module 2 OSCE) | 38 | 56 | 67.9% |
| Rehabilitation Medicine Written (Module 1 MCQ) | 44 | 59 | 74.6% |
| Rehabilitation Medicine Fellowship Written MCQ (General) | 33 | 35 | 94.3% |
| Rehabilitation Medicine Fellowship Written MCQ (Paediatrics) | 3 | 3 | 100.0% |
| Rehabilitation Medicine Written Modified Essay Questions (General) | 30 | 41 | 73.2% |
| Rehabilitation Medicine Written Short-Answer (Paediatrics) | 3 | 3 | 100.0% |
| Sexual Health Medicine Exit Assessment | 9 | 12 | 75.0% |

## Approach to Divisional Clinical Examinations (DCE) in 2023

In 2023, for all cohorts, we are planning to continue to deliver the DCE using the traditional approach employed prior to 2020.

From 2023 onwards, we are bringing forward the Adult Medicine DCE examination window from mid-July to instead commence in early June. This decision was made in 2019, although implementation was delayed for several years due to COVID-19 impacts. We notified stakeholders of this change throughout September and October 2022.

The rationale for moving the date is twofold: to ensure examination outcomes are finalised in time for Advanced Trainee recruitment and to avoid the peak winter-related strain on health services. This change addresses Quality Improvement Recommendation MM.

Contingency plans are developed and summarised for candidates on the AMD DCE webpage and PCH DCE webpage. If one or more hospitals or regions can't go ahead with an exam on its planned date, due to COVID-19 disruptions, the exam will be rescheduled as soon as possible. Those in unaffected areas can still take their exam. Impacted candidates may be reallocated to other local available exam sites. All hospitals hosting the DCE will have their own COVID-19 management plans in place as per regional health regulations. The College will continue to monitor the COVID-19 situation throughout the examination window.

## Monitoring and evaluation of examination experiences

All examinations are subject to continuous monitoring and evaluation. Prior to the examination, all examination material is vetted through technical editing, psychometric review, and review by several Fellows including review by a working group, assessment committee and external reviewers as appropriate.

During the examination, several examinations have Quality Assurance examiners to ensure that the examination is implemented as planned and that recommendations can be made for future examinations.

Post-examination surveys are also sent to all candidates and examiners. Reports from these surveys are reviewed by assessment committees to consider if improvements are required for the next year's examinations. A summary of these results is provided in Standard 6. Psychometric reports are also developed to provide performance evaluation as well as advice for examination improvement.

**Updated Assessment policy**

The RACP's Assessment Policy sets out the principles that define how assessments and assessment programs are planned, implemented, evaluated and governed. The College Assessment Committee reviewed the policy in mid-2022 and as part of that review considered lessons learned from assessment practice throughout the COVID-19 pandemic. A new principle was developed for the policy and approved by the College Education Committee in December 2023:

*"Responsiveness to challenging external factors - Assessment processes are adapted in response to challenging circumstances, while ensuring that the robustness of assessment is optimised."*

This new principle affirms our commitment to continued flexibility in response to contextual influences (such as changes made throughout the COVID-19 pandemic and provision of additional testing locations during flooding) whilst optimising the robustness of assessment.

The updated Assessment policy is available on the RACP website.

| Has the College postponed or changed the format of any examinations since the last monitoring submission? <br><br> *If yes, please describe below:* <br> • *plans and policies for organising the logistics and resources for these examinations* <br> • *any impacts to trainees progression through training program* | ☒ Yes | ☐ No |
|---|---|---|

**Deferral of the Auckland Divisional Written Examination due to flooding**

The Divisional Written Examination (DWE) was planned to be conducted as a paper-based examination in 2023. It was successfully delivered on Monday 13 February for 699 candidates across 18 examination venues.

Due to Cyclone Gabrielle, the Adult Medicine and Paediatrics and Child Health DWEs at the Auckland venue were postponed. The decision panel was convened and, to ensure the safety of candidates and examination staff, on Sunday 12 February determined to activate the Contingency Plan. The exam was rescheduled to Tuesday 7 March 2023.

We undertook a range of communications and support activities regarding this decision, recognising that this was a difficult outcome for affected candidates. We hosted a webinar with affected candidates the day we announced the decision. We introduced provisions to allow Auckland candidates to claim an additional ten days of study leave as an allowable absence from training without reducing their certifiable training time in 2023. Additionally, Auckland candidates who were not successful in passing the examination will have this attempt at the examination waived, meaning it will not reduce their allowable examination attempts.

On Tuesday 7 March the DWE was delivered successfully in Auckland to 53 candidates (9 PCH and 44 AM). Results for the Auckland candidates will be released on the originally scheduled date, Thursday 16 March, concurrently with the results for those who sat on 13 February.

**Other changes to examination formats**

For the DWEs, we have increased the number of items used for psychometric anchoring from 20 to 50 out of 170 items. This change was made in alignment with international best practice, advice from the RACP psychometrician and advice from external psychometric consultants from ACER that increasing the number of anchor items would increase the quality of data used for setting the pass mark.

The AFOEM Stage B examination has incorporated Professional Qualities assessments in the OSCE component. This change was introduced to ensure that the examination is better mapped to curricula.

Formal blueprints have been created for AFRM General and Paediatrics Written Examinations. These have been reviewed by several groups and are now posted on the RACP website.

| Has there been any other prolonged impacts of the COVID-19 pandemic on examinations and trainee progression<br><br>*If yes, please describe below.* | ☒ Yes | ☐ No |
|---|---|---|

**2022 Advanced Training research requirement waiver**

As previously reported to the AMC, in the second half of 2022, feedback from trainees, trainee representative groups and a range of committees highlighted that research opportunities had decreased, ethics approvals were delayed and supervisor support for research had been reduced in some instances. Marker availability also continued to be impacted.

These concerns and the resultant effects on training progression, workforce and wellbeing, led to the CEC's decision to waive research requirements in 2022, as was done on a case-by-case basis in 2020 and 2021. The 2022 research requirement waiver applied to research requirements for Advanced Trainees in their final year in 2022 including the Advanced Training Research Project and specialty-specific research requirements in Divisions, Chapters and Faculties.

We recognise this decision was not an ideal outcome for some training committees. We have been working with these groups on improving current and future approaches in terms of decision-making, communication and research requirements.

Trainees received personalised communications to explain how the research requirement waiver applied to their unique circumstances and Fellowship processing was expedited for those who had completed all other training requirements. Over 700 research requirement waivers were issued to support the progression of final year trainees in Australia and Aotearoa New Zealand in 2022. In 2023, Advanced Trainees are expected to satisfactorily complete all training program requirements, including research requirements.

> Requests for additional information from the AMC response to the 2022 monitoring submission:
>
> • Comment on actions arising from KPMG's report/recommendations following their review of the failings of the February 2022 examination.
>
> *Please provide comment below.*

In response to the issues encountered with the computer-based delivery of the Divisional Written Examination in February 2022, the College contracted KPMG to undertake an investigation. The College received the KPMG Report in October 2022.

The KPMG Report ([Appendix 5.1](#)) set out eight recommendations to be considered prior to the College planning a future move to computer-based testing for examinations:

1. Request Contractor A to:
    a. Undertake a comprehensive technical investigation to determine the reasons for the high and prolonged server CPU utilisation experienced during the DWEs
    b. Define a comprehensive testing plan that accurately models server CPU usage in a live exam scenario
    c. Ensure that server CPU resource allocations are set with a sufficient margin of comfort when conducting any future exams
2. Undertake a detailed assessment of the merits and drawbacks of online CBT vs offline CBT
3. Supplement the expertise of the RACP Project Team with additional technical expertise to mitigate key person risk
4. Require an increased level of specialist technical support with working knowledge of the software on the day of the exam
5. Require the vendor to develop a post-exam checklist to assist with preventing data loss
6. Require the vendor to provide "hands on" training of the software to invigilators, so they are familiar with its functionality
7. Establish more effective two-way communication channels for managing major incidents
8. Improve communication around the Observer role.

We have accepted the recommendations of the KPMG report and will ensure these are considered prior to any future computer-based examination delivery. At this stage, the RACP will not be delivering any computer-based examinations and anticipates a more comprehensive review of assessment prior to offering any future computer-based examinations.

We are exploring our priorities related to examination design, delivery, quality assurance and quality improvement and look forward to discussing these with the AMC in future. Through this work we will examine the future of CBT at the RACP.

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant, please report on such matters in this section of the report.

| | | |
|---|---|---|
| Has the College made any significant changes affecting the delivery of the program? i.e. changes to assessment methods.<br><br>Please include updates on any changes made in response to COVID-19 in this section.<br><br><br>*If yes, please describe below the changes and the potential impact on continuing to meet the standards.* | ⊠ Yes | ⊠ No change |

## 2    Activity against conditions

The numbering of conditions matches that used in the AMC Accreditation Report.

Please address each of these conditions individually.

| Condition 12 | | | | To be met by: **2022** |
| | | | | *(Previously due to be met by 2020)* |

As part of the advanced training curricula review, ensure that the summative assessments apply reliable and valid methodologies and are aligned to all advanced training curricula. (Standard 5.1 and 5.4)

| Finding | Unsatisfactory | Not progressing | Progressing | Satisfied |
|---|---|---|---|---|
| | | | X | |

| 2022 AMC commentary |
|---|

The current written/online and clinical examinations are well established and considered reliable and validated. However, as the curricular renewal has progressed slowly, and currently involves only 6 specialties, the alignment of summative assessments to all AT curricula is not demonstrated.

The AMC notes Advanced Training Curricula common learning, teaching and assessment programs have been developed and approved. Three Wave 1 specialties are in the process of developing their learning, teaching and assessment programs, and three Wave 1 specialties are preparing to consult on their new curricula.

The curricular framework of PPF, EPAs and knowledge is sound, as commented on under Standard 3.

This condition is now overdue, and the College must continue to provide further updates and work on progressing the curriculum reviews. See plans under condition 6ii.

The AMC looks forward to seeing the agreed Advanced Training Curricula Renewal development approach for Waves 2+ in the next monitoring submission.

Detailed updates regarding ATCR have been provided under Standards 3 and 4. We believe we will be able to satisfy this condition for the six new Advanced Training Learning, teaching and assessment programs that are ready for implementation from 2024. Learning, teaching and assessment programs for remaining AT curricula will be revised following the same approach as that used for Wave 1 specialties and will be ready for implementation from 2025.

## 3    Statistics and annual updates

- Please provide data **for 2022** in the table showing each summative assessment activity (e.g. Part 1 and Part 2 exams) and the number and percentage of trainees who passed at their first, second, third and subsequent attempts.

**Table 11: Summative assessment results (2022)[1-3]**

| Assessment Activity | 1st attempt | | | 2nd attempt | | | 3rd attempt | | |
|---|---|---|---|---|---|---|---|---|---|
| | No. sitting | No. passed | % passed | No. sitting | No. passed | % passed | No. sitting | No. passed | % passed |
| DWE Adult Medicine - FEB | 690 | 539 | 78.1% | 52 | 12 | 23.1% | | | 25.0% |
| DWE Adult Medicine - MARCH | 160 | 105 | 65.6% | 46 | 30 | 65.2% | 16 | 13 | 81.3% |
| DWE Adult Medicine - OCT | 73 | 33 | 45.2% | | | 36.4% | | | 0.0% |
| DWE Paediatrics & Child Health - FEB | 218 | 169 | 77.5% | | | 0.0% | | | 0.0% |

| Assessment Activity | 1st attempt | | | 2nd attempt | | | 3rd attempt | | |
|---|---|---|---|---|---|---|---|---|---|
| | No. sitting | No. passed | % passed | No. sitting | No. passed | % passed | No. sitting | No. passed | % passed |
| DWE Paediatrics & Child Health - MARCH | 50 | 35 | 70.0% | | | 62.5% | | | 0.0% |
| DWE Paediatrics & Child Health - OCT | 20 | 17 | 85.0% | | | 100% | | | 100% |
| DCE Adult Medicine | 827 | 625 | 75.6% | 89 | 57 | 64.0% | | | 29.4% |
| DCE Paediatrics & Child Health | 235 | 171 | 72.8% | 19 | 13 | 68.4% | | | 33.3% |
| AChSHM Exit Exam | | | 80.0% | | | 33.3% | | | 0 |
| AFRM FWE MCQ Gen | 30 | 28 | 93.3% | | | 100% | | | 100% |
| AFRM FWE MEQ Gen | 28 | 22 | 78.6% | | | 70.0% | | | 33.3% |
| AFRM FWE MCQ Paeds | | | 100% | | | - | | | - |
| AFRM FWE SAE Paeds | | | 100% | | | - | | | - |
| AFRM FCE Gen | 52 | 31 | 59.6% | | | 100% | | | 45.5% |
| AFRM FCE Paeds | | | 100% | | | - | | | 0 |
| AFRM Mod 1 | 55 | 42 | 76.4% | | | 100% | | | 100% |
| AFRM Mod 2 | 54 | 36 | 66.7% | | | 100% | | | - |
| AFPHM Oral Exam | 25 | 21 | 84.0% | | | 0.0% | | | - |
| AFOEM Stage A Written | 11 | 11 | 100% | | | 100% | | | 100% |
| AFOEM Stage B Written | 12 | 11 | 91.7% | | | 25.0% | | | - |
| AFOEM Stage B Clinical | | | 40.0% | | | 66.7% | | | 0.0% |

[1] Exam is considered sat if a candidate attended the assessment.

[2] Delivery of the Clinical Examinations for both the Adult Medicine and Paediatrics & Child Health Divisions was altered to accommodate pandemic health directives. Delays in exam delivery and higher than typical withdrawal of exam applications may have influenced pass rates.

[3] 3rd or greater attempt category includes a small number of candidates who have sat the assessment four or more times.

- Please provide details on the College's examination contingency plans for **2023** and how these are communicated to trainees.

| College response |
| --- |
| Contingency plans are developed for each examination, considering each examination's model, context and associated risks. These are developed in alignment with our overall risk management framework. Contingency plans are enacted and monitored by the management team. Contingency plans are reviewed in advance of each examination to ensure that situation management plans address emerging issues. Decision panels, comprised of senior management and members of relevant education and assessment committees, are convened as required to determine responses to significant threats or adverse events. <br><br> Contingency plans are communicated to examination stakeholders using the RACP website (see here and here for examples) and in outgoing examination related communications. All significant communications collateral is reviewed by a member of the College Trainees' Committee for tone, clarity and content improvements. |

# Standard 6: Monitoring and evaluation

Areas covered by this standard: program monitoring; evaluation; feedback, reporting and action.

## 1 Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 6.

| | | |
|---|---|---|
| Has there been any significant developments made against this standard? | ☐ Yes | ☒ No change |
| Please include updates on any developments made in response to COVID-19 in this section. | | |
| *If yes, please describe below.* | | |

**New Basic Training program evaluation**

The second cycle of the evaluation of the New Basic Training program will be conducted in quarter two of 2023, following the completion of progression decisions from 2022 training year. The evaluation will follow a similar approach to that used in 2022, with an additional focus in this evaluation cycle on the implementation of Progress Review Panels for monitoring trainee progress.

**2023 New Fellow Survey**

The 2023 New Fellow Survey (NFS) will launch in March. The NFS is an annual cross-sectional survey administered by the RACP that enables the evaluation of the short-term graduate outcomes of RACP training programs. It also explores member experiences of the transition from trainee to specialist physician and opportunities for improved training and support.

The survey instrument has been updated following its initial launch in 2021, including:

- inclusion of final wording for the Cultural Safety professional standard
- inclusion of new questions regarding Advanced Training research projects.

Dissemination of results are planned for mid-2023. A longitudinal dataset will be created from results of the 2021 and 2023 surveys, making it possible to explore changes over time and provide specialty-specific reports using aggregated data across multiple years while maintaining our reporting threshold of five responses.

**Results of the 2022 Physician Training Survey**

From August to November 2022, trainees in Aotearoa New Zealand and educators/supervisors across both countries were invited to complete a shortened version of the RACP's Physician Training Survey (PTS). Trainees in Australia were encouraged to complete the Medical Board of Australia's Medical Training Survey rather than the PTS.

Eighteen percent of eligible trainees (n=203) and 13% of eligible educators (n=803) responded to the PTS. The survey results point towards a challenging year for both trainees and educators. A summary of the results is provided in Appendix 6.1.

Results suggest that service provision took priority over training to a greater extent than in previous years, although high quality clinical and educational supervision were maintained. While the majority of educators remained satisfied with their overall supervisory experience, trainees in Aotearoa New Zealand reported a marked drop in their overall satisfaction with training. Significant increases in

workload, burnout and adverse impacts of COVID-19 were reported by both trainees and educators, and high rates of bullying, harassment, and/or discrimination were highlighted again.

Results of the Physician Training Survey are generally consistent with the results of the Medical Training Survey, as reported below. While some of the concerning findings may be attributed to the ongoing impacts of COVID-19, the results of both surveys signal persistent systemic issues that require a sector-wide response.

We are sharing these results with a broad range of stakeholders via publication of the 2022 PTS Summary Report on the RACP website and through our interactive reporting dashboard which includes customised views for Directors of Physician/Paediatric Education (DPEs), Network DPEs, training setting and health service executives, jurisdictional representatives, and RACP committees.

We are using survey results to:

- **Inform systemic change** through the development and monitoring of strategic approaches to improve physician training and the culture of medicine. For example, we used results to initiate the Safe Training Environments action plan (see update on our response to rates of bullying, harassment and discrimination on page 39). We use results to inform and monitor our new Physician Health and Wellbeing Strategy (see page 44). And we are using results to inform our Educational Renewal program, inclusive of Accreditation Renewal and support for supervisor professional development.
- **Strengthen training programs** through provision of training-program specific data to RACP training, education, and accreditation committees. Where response rates allow, data is used by training committees and accreditation teams to explore and address program and local level strengths and areas for improvement. For example, results summaries are included in Accreditation Team packs.
- **Drive local improvements** to training by providing setting-specific results to DPEs and setting executives via the interactive reporting dashboard. For example, DPEs are encouraged to use results to advocate for suitable resourcing to support local delivery of quality physician training.
- **Identify settings with results that indicate potential concerns** and ask the training setting to respond to the feedback. For example, for safety, wellbeing and workload related survey questions, we identify settings that score one standard deviation below the mean setting score. We discuss these results with the DPE and then escalate the results to the setting's executive for a response, advocating with the DPE for support to address the concerns. We do a similar process with the Medical Training Survey results, as outlined below.

**Evaluation of the Supervisor Professional Development Program (SPDP)**

We are preparing for a program evaluation of our SPDP. The evaluation will focus on program content, implementation and outcomes. Within these areas the evaluation will consider the relevance of course content to supervisor functions, whether program delivery meets the learning needs for supervision of trainees and the evidence that supervisors can apply program learnings in practice.

A related project will review the governance framework for the SPDP to ensure the program is embedded in both the professional development and education and training functions of the College. Data collection for the evaluation is expected to commence in quarter three of 2023 and recommendations for improvement considered in early 2024.

> Requests for additional information from the AMC response to the 2022 monitoring submission:
>
> - The College is asked to comment on how it will address the trainee's regarding BDSH concerns from the 2021 MTS data.
> - Please provide completion rates for college run surveys.
>
> *Please provide comment below.*

**Completion rates for college run surveys**

Survey completion rates have been integrated into updates throughout this report as applicable.

**Addressing concerns regarding bullying, harassment and discrimination**

As previously reported to the AMC, in November 2021, the RACP convened the Safe Training Environments Summit in response to concerns from members regarding concerningly high rates of bullying, harassment and discrimination (BHD) in training environments. These concerns remained evident in the 2021 MTS data when it was released in February 2022.

Throughout 2022, a consultant undertook a broad environmental scan to support the development of an action plan to progress the five recommendations from the summit. In conjunction with this work, in early 2023 the RACP Board considered and consulted with peak bodies on legal advice to assist in assessing how the College can make a meaningful contribution to the elimination of BHD for trainees in their workplace. The Board will review the feedback on the legal advice in April and determine next steps.

The action plan will be updated following the Board's determinations in response to the legal advice and then launched in 2023.

As that work progresses, we continue to act on localised reports of BHD through our Management of Concerns process for the Physician Training Survey and MTS (see update regarding response to MTS findings below) and our new Monitoring a Training Provider guide (further described in Standard 8).

From 1 August 2023, our first stage of credentialling requirements for supervisors will be enforced. As these requirements are further implemented in alignment with accreditation cycles, all supervisors will be required to complete our SPDP2 course, which focusses on learning environments and culture, including the hidden curriculum, tribalism and the need for effective role modelling. Further details on supervisor development requirements are provided in Standard 8.

In addition to reviewing our Creating a Safe Workplace online course which covers bullying, harassment and discrimination, we are developing a new course called Optimising Your Workplace Culture. This new course will cover bullying, harassment and discrimination and healthy/safe workplaces in more detail. The learning objectives for the new course are:

- Define and describe the concept of a healthy and safe workplace, workplace culture, bullying, harassment, and discrimination.
- Understand the impact and importance of the workplace environment on quality and safety, psychological safety, learning and physician wellbeing.
- Identify the factors that contribute to a healthy workplace and recognise challenging work environments, workplace behaviours, attitudes, procedures, and standards.
- Evaluate, reflect, and appraise physicians' own workplace, behaviours, and individual and collective responsibilities in creating and maintaining a healthy and safe workplace.
- Apply short and long-term strategies to build, improve and/or maintain a healthy and safe workplace and address bullying, discrimination, and harassment.
- Access a repository of support materials/services and information on where to go for help.

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant, please report on such matters in this section of the report.

| Has the College made any significant changes affecting the delivery of the program? i.e. changes to processes for monitoring and evaluation of curriculum content, teaching and learning activities, assessment, and program outcomes. | ☐ Yes | ☒ No change |
|---|---|---|

| Please include updates on any changes made in response to COVID-19 in this section.<br><br>*If yes, please describe below the changes and the potential impact on continuing to meet these standards.* | | |
| --- | --- | --- |

## 2 Activity against conditions

Nil remain.

## 3 Statistics and annual updates

Please provide data **for 2022** in the table below showing:

- A summary of evaluations undertaken

- The main issues arising from evaluations and the college's response to them, including how the College reports back to stakeholders.

**Table 13: Summary of College evaluations undertaken**

| Evaluation activity | Issues arising | College response to issues |
| --- | --- | --- |
| Physician Training Survey | Detailed update provided in Standard 6, section 1 | |
| Accreditation Renewal Evaluation (2021-2022) | Accreditors, committee members involved in accreditation, and Training Providers that underwent an accreditation review under the renewed accreditation program were invited to complete a survey on their perspectives of the new program's implementation.<br><br>Results showed that while there was general acceptance of the new program, stakeholders experienced challenges with the time-consuming nature of the new program forms, perceived vagueness of some of the standards and requirements, and a lack of understanding of the rationale behind program changes. | An action plan was developed in response to these findings.<br><br>To clarify the rationale behind program changes, the evaluation team will be producing a program theory diagram which concisely describes how the program is intended to operate and the rationale for the changes introduced. This resource will be integrated into program participant's training materials.<br><br>The College will continue to collect feedback on participant experiences via surveys throughout 2023. The survey instruments have been amended to collect additional feedback about which standards and requirements participants find challenging to interpret so that these can be clarified in training sessions.<br><br>The new program forms have been revised and additional resources have been developed to ensure program participants are clear on which parts of the form they are responsible for.<br><br>A review of accreditation standards is scheduled for 2024. |

| Evaluation activity | Issues arising | College response to issues |
|---|---|---|
| Post-examination feedback surveys of candidates and examiners (routinely run monitoring and evaluation activities of examination delivery) | We continue to conduct routine post-examination surveys of candidates and examiners to capture their experiences across Divisions, Faculties and Chapters in 2022. The surveys are tailored to and adapted in line with examination-specific contexts. Key results are summarised below.<br><br>While no surveys have yet been analysed for 2023, overall, candidate survey feedback in 2022 highlighted some commonalities across examinations relating to low or mixed satisfaction with College communication prior to most assessments, continued impact of COVID-19 on learning opportunities and preparation as well as mixed satisfaction with the alignment of the examination content with the curriculum objectives and day-to-day training. This contrasts the 2022 examiner feedback which mostly reported high satisfaction with College communication prior to assessments and high agreement that assessments reflect curriculum and training objectives.<br><br>Feedback across 2022 Faculty and Chapter examinations indicated mixed candidate and examiner satisfaction with hybrid or full videoconference delivery models in light of COVID-19. Respondents further reported mixed preference for virtual assessment deliveries in the future. In terms of written assessments, preference for computer-based delivery was mixed. | The results of each post-examination survey are analysed quantitatively and qualitatively, compared to findings from previous years (where appropriate) and reported to key College staff and committees. The findings have provided valuable insights informing strategic decisions and quality improvement efforts.<br><br>Overall, bettering College communication in terms of adequacy and timeliness to increase member satisfaction is a College priority. We have provided an update on our overarching approach to improving communication in Standard 8 and continue to work closely with the College Trainees' Committee on significant communications related to examinations as outlined in Standard 5. With the new Basic Training program being implemented and Advanced Training curricula renewal in progress, constructive alignment between assessments, curriculum objectives and training experiences is being explored. Implementation of improved communication and constructive alignment will be monitored through future post-examination surveys.<br><br>Candidate and examiner feedback about the DCEs affirmed continuation of our local-level approach to contingency planning for examination delivery in light of COVID-19. This also informed a strategic reassessment and update of our Assessment Policy.<br><br>The specific insights gained about the Faculty and Chapter examinations informed decisions regarding the delivery format of future assessments. For example, the Australasian Faculty of Public Health Medicine Oral Examination will be held in person in October 2023 after two years of hybrid delivery, based on candidate and examiner preference for this format. |

- The Medical Training Survey (MTS) was developed by the Medical Board of Australia (the Board) and Australian Health Practitioner Regulation Agency (Ahpra).
  The AMC has previously signalled to colleges that it will look at how the results of the MTS can be used in accreditation and monitoring processes. In this section the AMC is asking the College to comment on how it has used, or plans to use the results.

  Can the College please provide evidence on actions taken based on MTS results, including:

  o Developments and changes made by the College as a result of the MTS

  o How the College is reflecting on its performance in the MTS, including in relation to feedback from Aboriginal and Torres Strait Islander Trainees and Specialist International Medical Graduates

  o Future directions and planning based on the results

**Table 14: Actions taken in response to the Medical Training Survey**

| | College response |
|---|---|
| Developments and changes made by the College as a result of the MTS? | Since 2021, the College has used the Medical Training Survey results in conjunction with results from our own Physician Training Survey in its Management of Concerns process. This process identifies training settings with potential concerns surrounding trainee wellbeing, workload, and/or patient/doctor safety.<br><br>Through a collaborative and supportive process, the College raised concerning survey results with training settings and asked setting executives to provide a written response outlining actions to address the concerns. The concerns and executive responses are provided to RACP committees that carry out accreditation functions and are provided to accreditors for pre-reading ahead of accreditation reviews. This process will continue throughout 2023 using the results of the 2022 MTS.<br><br>The concerningly high rates of bullying harassment and discrimination evidenced in the MTS results were discussed at the Safe Training Environments Summit in November 2021. As reported in the update above, work is currently underway to take forward the recommendations from the summit.<br><br>MTS results were also used to inform development of the College's new Member Health and Wellbeing Strategic Plan, which is being rolled out shortly and is discussed in Standard 7. |
| How is the College reflecting on its performance in the MTS? | Following each iteration of the MTS, the College prepares a report highlighting key areas of success and areas for improvement. The report places a particular focus on areas in which RACP trainee responses are significantly lower than the national response and identifies current and potential new initiatives in these areas. This report is shared with key education and training committees as well as the Board, College Trainees' Committee and the Member Health and Wellbeing Committee. The report also identifies actions already underway that could contribute to addressing the findings and committee members are asked to identify areas where enhanced, expedited or new initiatives are required. |

| What are the future directions and planning of the College based on MTS results? | Following release of the 2022 MTS results in February 2023, we are in the midst of our consultation process on the results and our response. These results are similar to results from previous years and we are continuing to progress our actions in response to previous surveys including communication, workload, wellbeing, culture and trainee support. |
|---|---|
| | The College has also discussed with the MTS team potential additions to the survey instrument and reporting dashboard that would enable RACP trainee results to be broken down by training level (Basic Training/Advanced Training and specialty). This change would enable the RACP to further leverage the robust MTS data for program-specific quality improvement initiatives and accreditation assessments. |

# Standard 7: Issues relating to trainees

Areas covered by this standard: admission policy and selection; trainee participation in education provider governance; communication with trainees; trainee wellbeing; resolution of training problems and disputes.

## 1    Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 7.

| | | |
|---|---|---|
| Has there been any significant developments made against this standard?<br><br>Please include updates on any developments made in response to COVID-19 in this section.<br><br>*If yes, please describe below.* | ☒ Yes | ☐ No change |

**Supporting Member Health and Wellbeing**

The Member Health and Wellbeing Committee (MHWC) was established in 2021 to promote wellbeing and increase awareness of wellbeing issues for physicians and trainee physicians. In 2022, under the guidance of the MHWC, the 2019-2021 Physician Health and Wellbeing Strategy was evaluated.

Evaluation of the previous strategy was used to develop key focus areas for the new Member Health and Wellbeing Strategic Plan 2023-2026 (the Strategy). The Strategy sets the direction and priority areas to achieve the vision that all RACP members flourish and achieve their full potential in all aspects of life. The Strategy was approved by the College Board in December 2022 and launched in March 2023.

The focus areas, goals and priorities of the Strategy are summarised in Figure 6 below.

**Figure 6: Extract from Member Health and Wellbeing Strategic Plan 2023-2026**



There is a strong correlation between wellbeing and diversity and inclusion, and hence collaborative partnerships are being established with other College bodies, including the Membership Diversity Advisory Group, Gender Equity in Medicine Committee, Aboriginal and Torres Strait Islander Health Committee, and Māori Health Committee to assist with promoting and advocating for safe, inclusive and equitable physician working environments.

**Improving flexible training**

In late 2022, the RACP made significant changes to the Flexible Training and Progression through Training policies to improve flexibility, equity, wellbeing and inclusion in training, while ensuring a focus on educational outcomes is maintained. The revision of the policies, due in 2023, was expedited in response to the 2021 Gender Equity in Medicine report, which highlighted policy barriers, such as caps on leave from training, to achieving gender equity in training. In addition to considering these policies from a gender equity lens, the review also considered the policies from a broader equity, wellbeing and inclusion lens and identified that the policies could impede people with health and wellbeing issues from participating in training.

Following consultation with members including key committees and trainees, the CEC approved four primary changes to the Flexible Training policy:
1. removal of the 24-month cap on Interrupted Training, taken due to parental leave, that can be excluded from accruing towards the time limit to complete training
2. periods of Interrupted Training taken due to certified medical leave are now excluded from accruing towards the time limit to complete training
3. the standard minimum full-time equivalent (FTE) considered eligible for part-time training has been reduced from 0.4FTE to 0.2FTE
4. introduction of 'return to training plan' concept, required for trainees who interrupt training for 24 continuous months or more.

To ensure alignment between policies, associated amendments to the Progression Through Training policy were approved by the CEC, effective from the 2023 training year. The two key amendments are:
1. time limits to complete training do not include approved full-time parental leave and medical leave
2. irrespective of whether certification decisions are made in units of weeks or months, training periods undertaken will be recognised in one-week increments.

The updated Flexible Training and Progression Through Training policies came into effect on 1 January 2023 and are available on the RACP website.

We have completed our initial phase of implementation activity, communicating these changes to all members along with FAQs. We are hosting a webinar for trainees in April within which flexible training will be a topic and we are developing additional resources to support trainees, training settings, supervisors and committees to apply these changes.

Additionally, other groups are aligning their initiatives with these changes. For example, the RACP Research Grants Advisory Committee recently agreed to align grant processes with the standards established in the revised Flexible Training Policy. Grant recipients are eligible to receive their grant funds provided they retain a minimum 0.2FTE at their respective research institution, whereas this threshold was previously set at 0.6FTE.

**Enhanced support via our Training Support Pathway**

The Training Support Unit provides assistance to trainees through the Training Support Pathway as well as reporting on trainee progression to training committees. The Training Support Pathway has been available to trainees since 2012. From 2018 onwards, there has been an increase in the total number of trainees that have engaged with Training Support, with a significant jump in trainees requiring support in 2020 (Table 15).

The most common reason for referral to the Training Support Pathway from 2020 to 2022 were difficulties in the area of Medical Expertise (34%), followed by Professional Qualities (24%) and Clinical Process (22%) (Figure 7).

**Table 15: training support cases from 2018 to 2022**

| Year | Average Number of Supported Trainees | Average % Increase p.a. |
|------|--------------------------------------|-------------------------|
| 2018 | 98 | - |
| 2019 | 131 | 34% |
| 2020 | 193 | 47% |
| 2021 | 254 | 32% |
| 2022 | 319 | 26% |

**Figure 7: Reason for referral from 2020 to 2022 \***
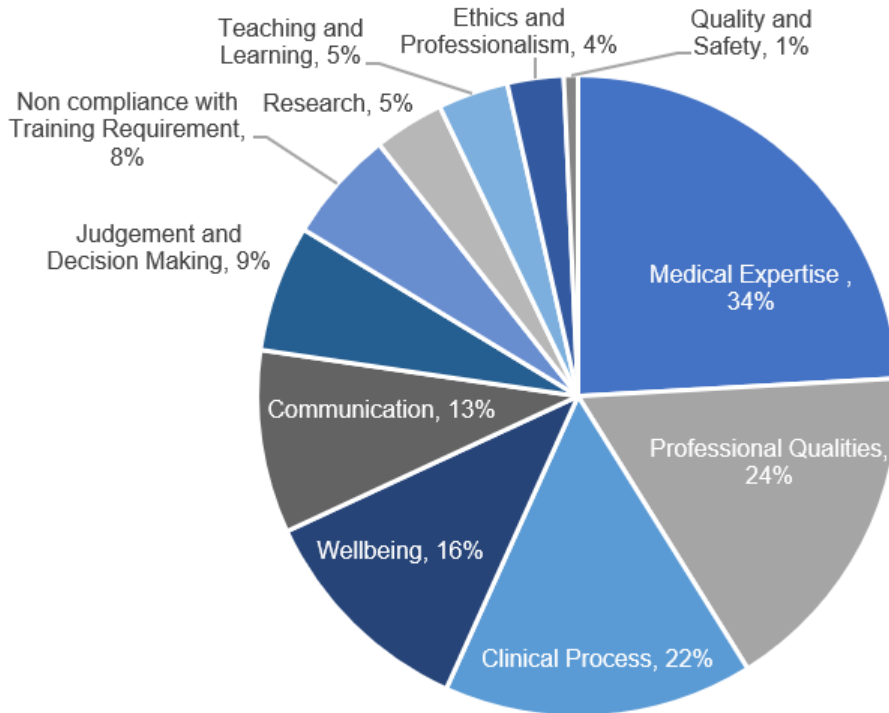


*Percent equals greater than 100% as trainees can be referred for multiple reasons

A Comprehensive Review of Training (CRT) is the final stage of the Training Support Pathway. A referral is made for a CRT when the relevant training committee believe that all support options in previous stages of the pathway have been exhausted.

When a trainee is referred for a CRT, the training committee can make a decision to withdraw the trainee from their training program if they believe that the trainee is not suitable for physician training. If the decision is made not to withdraw a trainee, the training committee is able to monitor the trainee's progress for a further 12 months. At the conclusion of the 12-month monitoring period, the training committee must decide whether the trainee is suitable for ongoing training or whether they should be withdrawn.

Prior to 2021, the College had only one CRT referral. This trainee was referred to CRT but withdrew from the training program before the CRT process was carried out. During the 2021 training year, two referrals to CRT were made. One of these CRTs resulted in the trainee being withdrawn from training. During the 2022 training year, an additional three CRT referrals were made. Of these three referrals, one withdrew from training at the commencement of the CRT process, one failed their final allowable attempt at the Divisional Clinical Exam and was withdrawn from training prior to the CRT process commencing, and one is using the Reconsideration, Review and Appeal By-Law to appeal the decision to commence CRT. No CRT referrals have been made so far in 2023.

**Advanced Training Research Projects**

An update regarding the 2022 Advanced Training Research Project requirement waiver is provided in Standard 5. In 2023, Advanced Trainees are expected to satisfactorily complete all training program requirements, including research requirements. The CEC have identified several research project-related optimisation initiatives which will discussed with Advanced Training Committees and trainees throughout 2023 with next steps determined based on the efficacy of these.

**Trainee enquiry response and resolution initiative**

We are taking a systematic approach to improving our training program enquiry handling. We receive large volumes of complex training enquiries. For example, our Advanced Training team received 100,000 emails in the first six months of 2022. We recognise we need to improve our response timelines and communications and have commenced a staged program of process improvements, information sharing, technology add-in, training and resourcing.

In Quarter 4 2022, the focus area of this work was to explore how the RACP can deliver enhanced support when trainees come looking for information. Two initiatives were piloted from this work:

1. *1:1 support online session* – a link was provided for trainees to book a time to meet with an RACP Training Services team member, including in extended hours. RACP team members prepared for the meeting, including getting the answers the trainee was waiting for. This booking system approach was utilised for Advanced Training Research Project enquiries.

2. *Better email workshop* – This workshop sought to leverage the ISBAR (Introduction/ Identification, Situation, Background, Assessment and Recommendation/ Request) Framework to coach RACP Training Services team members in writing clearer email responses ensuring they understand the needs of trainees (curated, useful, timely, authoritative, change, transparency). It is intended that the better email workshop will be run as part of onboarding new Training Services team members and will be offered more broadly across the College.

In 2023, our focus is to:

1. develop a consistent approach to the resolution and response to enquiries
2. adopt a consistent method for logging and recording training enquiries
3. report on enquiry response and resolution data as part of continuous improvement.

Thus far in 2023, we have commenced work to integrate our email system with our customer relationship management system, to support streamlined contact log management. This will enable us to maintain centralised contact records for each member, develop a consolidated view of enquiry management and provide us with critical business intelligence to improve the quality and efficiency of our services.

Furthermore, we anticipate that recommendations emerging from the Education Governance Review will identify opportunities to streamline and expedite decision-making, facilitating more timely resolution of enquiries.

**Replacing manual processes to improve training operations**

After identifying high-volume manual business processes, we identified that the efficiency of Advanced Training Supervisor Report processes could be improved. Throughout 2022 and 2023, we designed and delivered process improvements using our existing technology. All Advanced Training Supervisor Reports are now able to be completed and submitted online through an automated workflow, replacing the previous paper-based solution. An added benefit of this automated workflow is the ability to track progress and implement data validation checks, improving our business intelligence and data quality.

Further work in this regard will be considered via the wider education technology strategy.

**Advancing Gender Equity in Medicine**

The Gender Equity in Medicine Committee (GEMC) was formed in late 2022 and held its inaugural meeting on 7 December 2022. The purpose of the GEMC is to progress and implement the six recommendations of the [Gender Equity in Medicine Working Group Report](#) (GEMWG Report), approved by the Board on 17 December 2021:

1. Gender equity in medicine as a College strategic priority
2. Improve gender representation and equity on College bodies and College leadership
3. Advocate for gender equity in medicine
4. Support gender equity in medicine through College policies
5. Support gender equity in medicine activity through partnership in the Advancing Women in Healthcare Leadership Program
6. Establish a gender equity in medicine College body to oversee the implementation of the GEMWG's recommendations and drive member engagement on this issue.

The College Education Committee (CEC) reviewed the Report in 2022 and resolved to identify and expedite activities to align the College's education policies with the College's GEM principles, prioritising the Flexible Training Policy. So far, the CEC has reviewed two education policies from a gender equity perspective and gender equity will be a key consideration in all scheduled policy reviews.

The GEMC held a face-to-face strategy day meeting in late March 2023 to develop an implementation action plan as per the recommendations set out in the GEMWG Report.

We were pleased to host an inaugural face to face International Women's Day event in March 2023, which brought together over 40 physicians to network, discuss and celebrate this year's International Women's Day. The 2-hour breakfast event included a panel discussion supporting this year's theme, 'embrace equity', delving into topics that connect women, those who identify as women, and allies. The open platform was an opportunity for all to share experiences, challenges, strategies and learn from each other. The event received positive feedback from participants.

**Continued growth of the RACP Online Community**

We launched the [RACP Online Community](#) (ROC) to all RACP members on 30 September 2021. A range of ROC communities have since been established for different member profiles, including trainees and educators. At 15 February 2023, the ROC has been accessed by 7895 users representing 28 percent of all members. Weekly digest emails are sent to all College members, with an open rate of 57 percent. Digests include discussion and announcement information from the communities in which members belong. The ROC continues to be a vital voice for the RACP membership.

**Cessation of the Advanced Trainee Selection and Matching Service**

The 2022 ATSM service was successfully delivered by [the Postgraduate Medical Council of Victoria (PMCV)](#). The 2022 ATSM service had 752 applicants for 366 positions. 17 matches were run in 2022, resulting in 366 successful applicant-position matches. The aggregated results have been published on the [College website](#).

All ATSM stakeholders were notified in early 2022 that the ATSM service will no longer be provided by the College from 2023. PMCV has been in contact with interested Specialty Groups to work directly with them should they wish to continue to use the matching service from 2023 onwards.

> Requests for additional information from the AMC response to the 2022 monitoring submission:
>
> - Please comment on the utility of the Situational Judgement Test and the evaluations.

- The College is asked to clarify the reasons for First Nations and Māori trainees withdrawing from its training programs, and how the College supports these doctors throughout their training.
- Please provide specific data about withdrawal initiated by trainees, compared with progression and performance issues being responsible for trainees leaving the program.

*Please provide comment below.*

**Pilot of a Situational Judgement Test (SJT)**

The College has collaborated with Basic Paediatric Physician Networks and settings across five jurisdictions in Australia to pilot the use of an SJT in the context of selection into Basic Training. The College procured an external vendor to design and implement the assessment in consultation with specialised College Working Groups that included consumer, Indigenous and trainee representation. Between June and August 2022, 278 (75%) applicants to first-year Paediatrics and Child Health Basic Training programs voluntarily completed one of three forms of the SJT.

Evaluation work is underway as per the evaluation plan shared with the AMC in 2022 and will be reported to the AMC upon conclusion in mid-2023. Key training and education committees of the College will consider and contribute to the evaluation findings and recommendations of the evaluation in quarter two of 2023.

**Reasons for First Nations and Māori trainees withdrawing from training programs and College supports**

In 2022, [redacted] Aboriginal, Torres Strait Islander and Māori trainees withdrew from an RACP training program. [redacted] trainees withdrew to change medical specialties (for example, to commence general practice training or transfer to a different RACP Advanced Training program). The remaining withdrawing trainees did not advise the RACP of the reasons for their withdrawal from training. These withdrawal reasons and proportions are broadly comparable to those of trainees who have not identified as an Indigenous person. We will continue to work internally and with AIDA and Te ORA to ensure Aboriginal, Torres Strait Islander and Māori trainees have accessible and safe pathways for communicating their reasons for withdrawing from training and ensuring that we address any emerging barriers.

The College has a range of initiatives in place to support our Aboriginal, Torres Strait Islander and Māori trainees across their training journey:

- Fee Reimbursement Initiative to cover the cover the cost of annual training and/or first-attempt examinations for Basic and Advanced Training for eligible trainees
- RACP Indigenous Scholarships & prizes, which support trainees and medical graduates on their physician training pathways.
- coaching program for Māori and Pasifika Basic Trainees to provide one-on-one support for exam preparation, wellbeing and performance
- welcome activities for new Indigenous trainees. In 2022, this included a virtual event and in 2023 will include a practical equipment grant, together with an induction/welcome letter
- the new Deadly Doctors group on the RACP Online community (ROC) to support engagement with our Aboriginal and / or Torres Strait Islander members and provide the latest information on relevant resources and upcoming events.
- networking and professional development opportunities, including attendance at conferences such as the AIDA annual conference
- recurrent major sponsorship of LIME: Leaders in Indigenous Medical Education and LIME Network conference.

We also participate in AIDA's biennial self-assessment program for colleges, reporting our progress against minimum and best practice standards aimed at attracting, recruiting and retaining Aboriginal and Torres Strait Islander specialist trainees.

Tailored and culturally appropriate support options are also being developed and delivered through the AIDA Specialist Training Support Program (STSP). The RACP is one of 11 non-GP specialist medical colleges working with AIDA on the STSP, which is aimed at supporting the growth of the Aboriginal and Torres Strait Islander physician workforce. The most recent initiatives available under the STSP to support trainees include:

- trainee workshop in March 2023 and webinars on CV writing and job interview preparation
- webinars for supervisors to support culturally safe supervision
- option to receive one-on-one culturally appropriate support.

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant, please report on such matters in this section of the report.

| | | |
|---|---|---|
| Has the College made any significant changes affecting the delivery of the program? i.e. changes to trainee selection procedures or the college's role in selection.<br><br>Please include updates on any changes made in response to COVID-19 in this section.<br><br>*If yes, please describe below the changes and the potential impact on continuing to meet these standards.* | ☐ Yes | ☒ No change |

**Selection into Training policy review**

A scheduled review of our Selection into Training policy commenced in 2022. The review is an opportunity to consider how the policy can support progress against the RACP's strategic goals to Indigenous equity, gender equity, and the goals of the Australian National Medical Workforce Strategy and Te Pae Tata | Interim New Zealand Health Plan. In scope for the review is a new policy and implementation and monitoring plan. Out of scope for the review are changes to governance of selection decisions, specialty-specific selection criteria and development of selection methods.

During the initial evaluation phase of the policy review, we gathered feedback through a series of targeted focus groups. The focus groups included Basic and Advanced Training Committee members, Directors of Physician and Paediatrics Education and Advanced Training supervisors. A broad range of specialties were represented from across Australia and Aotearoa New Zealand, including rural and regional areas.

Feedback was also provided in writing, and two pulse surveys (2019 and 2021) were conducted to gather trainee feedback about their experiences of selection. In-depth consultation and co-design with the RACP's Indigenous advisors have also been undertaken.

A draft revised policy has been prepared and is currently under consultation with the RACP's education committees and other key internal stakeholder groups. The draft policy will be updated based on feedback from the first consultation phase, and a wider consultation with groups external to the RACP will subsequently occur prior to approval of the revised policy by the Division Education Committees and College Education Committee (CEC).

If the CEC approves the policy in mid-2023, the updated policy may be in effect from 2024. A suite of supporting resources will be provided as part of the roll-out.

## 2    Activity against conditions

Nil remain.

## 3    Statistics and annual updates

Please provide data in the tables below showing:

- The number of trainees, including Aboriginal and Torres Strait Islander, Māori, and Pasifika trainees entering the training program, including basic and advanced training **in 2023**, and the number of applicants from these cohorts who applied and were unsuccessful.

- The number of trainees, including Aboriginal and Torres Strait Islander, Māori, and Pasifika trainees who completed training (attained Fellowship) in each program **in 2022**

- The number of trainees, including Aboriginal and Torres Strait Islander, Māori, and Pasifika trainees who exited the training program **in 2022** (does not include those trainees who withdrew to take an extended leave of absence)
- The number and gender of trainees undertaking each college training program **in 2023**

Where available, data in response to the above requests has been provided in [Appendix 1 in Tables A7.1 to A7.6](#).

Data related to the number of trainees commencing and registered in training in 2023 will not be available until May 2023, as applications for training are due 31 March and approval processes for proposed training plans occur throughout April. We will provide the AMC with a supplementary report containing that data in May 2023.

Recruitment and selection are linked processes conducted by the employing health service/accredited training provider. The RACP does not collect data from employing health services regarding the number of candidates who applied for accredited training positions and hence is not able to report on the number of unsuccessful applicants for any cohort.

- Can the College please comment in the table below:
    - o how it ensures that costs and requirements associated with its specialist medical program/s (e.g. examinations, pre-examination workshops, college membership) are transparent and communicated to trainees. Please also include in the comment how the College ensures its costs associated with training and education meet the outcomes of the National Registration and Accreditation Scheme[3], and are not prohibitive for potential trainees.
    - o if the College has made any changes to its policies to support trainees in fee distress. Please include links to where this information is available on the College's website.
    - o If there has been any changes to fees for this year, please comment on the rationale for the change, and how changes were communicated to trainees.

| College response |
|---|
| The RACP Board approves the fees on an annual basis. The fees are based on the guiding pricing principals of equality, cost of the service provided plus a small margin which also promotes the qualification standard. The College did not change the fee amounts for 2023 and has not charged interruption to training fees to trainees since 2020 due to COVID-19. For 2023, the Training fee was not increased. Fees are communicated to trainees via our website and emails. |

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[3]A guiding principle of the National Law requires that fees that are to be paid under the scheme be reasonable, having regard to the efficient and effective operation of the scheme. Section 4 Health Practitioner Regulation National Law.

| Has there been any changes to the policies to support trainees in fee distress for 2023? | Comments |
|---|---|
| Yes ☐<br><br>No ☒ | No changes to policies to support trainees in fee distress have been made in 2023. |
| **Changes to College fees made for 2023** | **Rationale for changes** |
| Changes to fees made ☐<br><br>No changes made ☒ | The College adjusts it fees every calendar year which is also the College's financial year. Fees are reviewed at the time of setting budgets for the following year. The fees for 2023 were not increased. |

- If the College has made any changes to the following documents for 2023, can the changes be described in the table below and the updated documentation attached to this submission.

| Policy / Procedure | Description of changes |
|---|---|
| **Selection into training** | no change |

Please note: do not fill in the above table and provide documentation if the College has previously supplied the current documentation to the AMC and **did not** make any changes to the above documentation for 2023.

# Standard 8: Implementing the program – delivery of education and accreditation of training sites

Areas covered by this standard: supervisory and educational roles and training sites and posts

## 1    Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 8.

| | | |
|---|---|---|
| Has there been any significant developments made against this standard affecting the delivery of the program? i.e. changes to arrangements for monitoring the quality of clinical training.<br><br>Please include updates on any developments made in response to COVID-19 in this section.<br><br>*If yes, please describe below.* | ☒ Yes | ☐ No change |

**A revised approach to monitoring the quality of physician training through trainee and educator feedback**

The College has implemented a change to one of the mechanisms it uses to monitor the quality of workplace training. In past years, the College has administered its biennial Physician Training Survey to trainees and educators across Australia and Aotearoa New Zealand. As of 2022 the College has implemented a revised approach that involves administering the Physician Training Survey to trainees in Aotearoa New Zealand and educators across both countries while leveraging the Medical Board of Australia's well-established Medical Training Survey to collect feedback from trainees in Australia.

Given that the Physician Training Survey and Medical Training Survey cover similar topics, this revised approach was introduced to eliminate survey duplication and reduce survey fatigue while still collecting key data to inform accreditation decisions, strategic action, and foster local training improvements. A detailed update on the Physician Training and Medical Training Surveys has been provided under Standard 6.

**Supervisor Professional Development Program**

Rollout of our Supervisor Professional Development Program (SPDP) continues. All Directors of Physician/Paediatric Education (DPEs), Training Program Directors, Advanced Training (AT) Supervisors and Education Supervisors must have completed SPDP 3 by the 31 July 2023 to be credentialled as an Approved/Provisionally Approved Supervisor. In August 2022, the CEC approved an extension of the deadline from 31 March 2023 to 31 July 2023 to align with rotation end dates in Australia and Aotearoa New Zealand, to mitigate any mid-rotation adverse compliance impacts on trainees.

From 1 August 2023, only Approved/Provisionally Approved Supervisors are eligible to supervise trainees within RACP physician training programs. Supervisors who haven't met the supervisor training requirements will not be eligible to hold training supervisory roles and formally supervise RACP trainees.

SPDP workshops are being delivered across all regions via a range of delivery formats (see Table 16) to suit members' different schedules and preferred methods of learning.

Table 17 outlines the SPDP participation activities required to be completed for members to be credentialled as an RACP Approved Supervisor, along with current compliance rates.

**Table 16: SPDP workshops and attendance from September 2022 to February 2023**

| Delivery format | Conducted (Sept 2022 to Feb 2023) | | Upcoming workshops |
| --- | --- | --- | --- |
| | Number of workshops | Attendance | (March - December 2023) |
| **Face to Face** | 36 | 452 | 13 |
| **Virtual (via Zoom)** | 79 | 1401 | 36 |
| **Online** | 3 | 501 | 6 |
| **Total** | 118 | 2354 | 55 |

**Table 17: SPDP compulsory participation activities**

| Workshop | Completion requirement | Compliance rates (as of February 2023) |
| --- | --- | --- |
| SPDP 1 | To be completed in alignment with next accreditation review for setting/specialty. | **78%** |
| SPDP 2 | To be completed in alignment with next accreditation review for setting/specialty. | **73%** |
| SPDP 3 | To be completed by 31 July 2023. Supervisors are credentialled as Provisionally Approved Supervisors once they have completed SPDP 3. | 77% |
| Completed SPDP 1, 2 and 3. | Supervisors are credentialled as Approved Supervisors once they have completed SPDP 1, 2 and 3. | **62%** |

Supervisors are being supported to complete their SPDP. On 2 February 2023, an individualised dashboard tile on MyRACP was launched. Supervisors can now access their supervisor status and link to register for outstanding workshops via MyRACP.

Supervisors are individually contacted each quarter to advise of their current status, prompt them to register, and remind them of the requirements and completion deadlines. Training settings, committees, and educational leaders are provided regular updates on the status and progress of their supervisors. SPDP is also promoted in various RACP communication channels including the President's Message, RACP Online Community (ROC), and social media platforms.

Training settings with low SPDP compliance rates are closely monitored and this information is used to prompt collaboration with DPEs and other educational leaders to plan local workshops.

A list of eligible supervisors is being developed to ensure that RACP trainees have information available to choose an eligible supervisor during the registration process from 1 August 2023.

As outlined in Standard 6, an evaluation of the SPDP will be undertaken in 2023 to assess the current state of the content, delivery, and governance of the program. The findings of this evaluation will be used to inform recommendations about the future of the program.

**Resources to support culturally safe supervision**

In March 2023, we received notification from the Department of Health and Aged Care that we were successful in our application for Flexible Approach to Training in Expanded Settings (FATES) funding to develop and deliver a suite of resources targeted at specialist medical college supervisors of Aboriginal and/or Torres Strait Islander trainees to support culturally safe supervision.

The development of resources will be undertaken in consultation with the RACP Aboriginal and Torres Strait Islander Health Committee, our Aboriginal and Torres Strait Islander members and key external stakeholders. Resources will utilise a range of media and address a number of topics aimed at supporting culturally safe supervision.

Detailed project planning will shortly commence. Throughout the one-year funding cycle, we will:
- Establish and progress working group(s) to develop the required resources.
- Develop the fundamental resources in consultation with stakeholders through:
    - researching and scoping of the most appropriate and any recommended forms of media for the resources
    - developing program content for associated resource materials
    - filming, producing, and editing media resources as required.
    - recruiting experts and/or speakers for inclusion in associated resource materials.
    - building and implementing a schedule to offer live webinars and record the live events to provide to add to the suite of resources.
    - curating necessary resources, tools, and frameworks for inclusion in the suite.
- Distribute developed resources for review, feedback and editing.
- Seek final approval of developed resources for use.
- Build and launch the culturally safe supervision suite of resources online learning program.

**Accreditation Renewal Program**

We are continuing our implementation of Phase 2 of the Accreditation Renewal program which incorporates:

- the introduction of network accreditation
- the development of tools and processes to support the reporting and monitoring stages of the accreditation cycle.

The Monitoring a Training Provider document was finalised in September 2022 and articulates how the College monitors training providers across the four-year accreditation cycle, including managing a potential breach of the Training Provider Standards and any change of circumstance which may impact on the delivery of Basic Training.

The managing a potential breach of the Training Provider Standards process allows the College to respond to concerns raised regarding training providers from sources such as trainees, DPEs, supervisors and media reports. Training providers that do not demonstrate satisfactory action in response to Physician Training Survey and Medical Training Survey data as part of the managing a concerning response process will be referred to the Training Accreditation Services team for management under the potential breach process.

In addition, an Active Management process is under development to provide transparency on the detailed process the College undertakes when concerns of non-compliance with the standards are founded. Through this, we will continue our current approach to informing the AMC of any settings at-risk of breaching Training Provider Standards and expand this communication to proactively occur at key stages in the management process.

The 2023 Basic Training accreditation schedule, incorporating the introduction of network accreditation, has been finalised. Network accreditation will be implemented via an initial rollout in mid-to-late 2023 covering three Adult Internal Medicine (AIM) NSW Health and Education and Training Institute (HETI) networks:

- Royal Prince Alfred
- Nepean
- Liverpool.

A further initial rollout incorporating Paediatrics and Child Health (PCH) HETI networks will be undertaken in early 2024 in alignment with the accreditation schedule.

Settings within the initial rollout networks have been notified and will receive additional training and support from the Training Accreditation Services team ahead of their reviews.

Initial rollout settings will be asked to complete an evaluation, the findings of which will be used to inform the full rollout of network accreditation across 2024. Engagement with other jurisdictions is underway to ensure alignment with the RACP Network Principles ahead of the full rollout of network accreditation across Australia and Aotearoa New Zealand.

In response to feedback from Phase 1 implementation regarding the need for clearly defined roles and responsibilities during the accreditation process, a responsibility matrix has been developed. The responsibility matrix highlights where within the network the responsibility for compliance with each Training Provider Standard and Basic Training Accreditation Requirement lies and the accreditation self-assessment forms have been split for completion based on responsibility.

Focus has turned to the training and support of key stakeholders with a series of tools, resources and training sessions underway for settings undergoing accreditation under the new program. These include:

- four e-modules for on-demand training have been developed and are under consultation: Capacity to Train, Multi-campus Settings, Accreditor Onboarding and New Accreditation Program
- a webinar held in late February providing training and guidance to settings undergoing network accreditation
- a face-to-face Calibration Day planned for June 2023 for Basic Training accreditors in AIM and PCH.

We are in the initial phase of scoping a review of the Training Provider Standards to be conducted in 2024. The Standards were released in 2018 and are now due for a routine review, which will also be an opportunity to ensure alignment with the RACP's strategic objectives and changing contexts of healthcare and education.

**Capacity to Train Guidance**

The Capacity to Train Guidance has been implemented with training and support being provided to key stakeholders. Recommendations will be placed on Training Providers not meeting capacity requirements across the first accreditation cycle of implementation. The implementation of the Capacity to Train guidance will then be evaluated through the overarching accreditation renewal evaluation plan with findings used to inform further refinements to the guidance.

**Publication of accreditation findings 'Executive Summaries'**

From late 2023, we will publish an 'executive summary' of accreditation findings on the College website, as part of Phase 2 of the Accreditation Renewal program. The executive summary will allow the College to share information in relation to the quality of training and will detail the training setting, program and network accreditation status along with any recommendations or conditions made against the Training Provider Standards and the Basic Training Accreditation Requirements. We are currently finalising the template for the executive summary. This activity relates to Quality Improvement Recommendation NN under Standard 6.1.

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant, please report on such matters in this section of the report.

| Has the College made any significant changes affecting the delivery of the program? | ☒ Yes *(as described above, the* | ☐ No change |
|---|---|---|

| | Please include updates on any changes made in response to COVID-19 in this section.<br><br>*If yes, please describe below the changes and the potential impact on continuing to meet these standards.* | *deadline for compliance with SPDP participation requirements has been extended)* | |
|---|---|---|---|

## 2 Activity against conditions

Nil remain.

## 3 Statistics and annual updates

- Please provide data in the tables below showing a summary of accreditation activities in **2022** including sites visited, sites / posts accredited, at risk of losing accreditation, and not accredited.

**Table 18: Training sites assessed and visited (2022[1-7])**

| | ACT | QLD | NSW | NT | SA | TAS | VIC | WA | NZ | O/S | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Basic Training** | | | | | | | | | | | |
| New sites accredited | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 1 | 1 | **0** | **5** |
| Reaccredited sites accredited | 0 | 17 | 7 | 2 | 11 | 4 | 22 | 8 | 8 | **0** | **79** |
| New sites not accredited | | | | | | | | | | | |
| Reaccredited sites not accredited | | | | | | | | | | | |
| Sites at risk of losing accreditation[6] | | | | | | | | | | | |
| **Total sites assessed** | | | | | | | | | | | |
| **Sites visited[5]** | **0** | **14** | **4** | **1** | **4** | **3** | **9** | **5** | **4** | **0** | **44** |
| **Advanced Training[3,4]** | | | | | | | | | | | |
| New sites accredited | 4 | 6 | 7 | 2 | 2 | 1 | 11 | 4 | 6 | **4** | **47** |
| Reaccredited sites accredited | 10 | 83 | 144 | 12 | 35 | 15 | 111 | 42 | 65 | **6** | **523** |
| New sites not accredited | | | | | | | | | | | |
| Reaccredited sites not accredited | | | | | | | | | | | |
| Sites at risk of losing accreditation[6] | | | | | | | | | | | |
| **Total sites assessed** | | | | | | | | | | | |
| **Sites visited[5]** | **5** | **21** | **36** | **1** | **8** | **5** | **36** | **9** | **39** | **0** | **160** |

[1]All accreditation decisions granted effective from 2022

[2]Sites are counted once per training program accreditation activity. For example, if a site was accredited for Basic Training, Paediatrics and Child Health and for Basic Training, Adult Medicine, it would be counted twice. Similarly, sites are counted once for each Advanced

Training program accreditation activity, so one site may be counted multiple times if accreditation for multiple Advanced Training programs were undertaken in 2022.

[3]Includes physical and virtual accreditation visits.

[4]'Sites at risk of losing accreditation', for AMC reporting purposes, are defined as settings with conditional accreditation that have been advised that they will lose accreditation should they not address the conditions. RACP processes provide training settings with 6-12 months to remediate and comply with the stated conditions.

[5]Secondment Settings in Basic Training are not routinely visited and are accredited on the recommendation of the Director of Physician/Paediatric Education (DPE). The following Advanced Training programs do not routinely conduct physical site visits as part of the reaccreditation cycle. Instead, these are predominantly a combination of paper-based and virtual site visits:

- Infectious Diseases
- Adolescent and Young Adult Medicine
- Community Child Health

- Cardiology
- General and Acute Care Medicine
- Occupational and Environmental Medicine

- Palliative Medicine (Advanced Training and Clinical Diploma)
- Public Health Medicine
- Rehabilitation Medicine

[6]Does not include accreditation decisions for Nuclear Medicine, Neurology and Paediatric Emergency Medicine, which are accredited by the relevant specialty society or associated medical college.

[7]Does not include accreditation of laboratory sites, which are accredited by the Royal College of Pathologists of Australasia.

Please provide a brief outline in the table below on how the College ensures that training sites are Culturally Safe in its accreditation activities.

Please also comment on what roles Aboriginal and Torres Strait Islander, Māori, and Pasifika doctors' fulfil in accreditation of training sites. The AMC is also interested to know if the College is considering including or revising roles for Indigenous doctors in the future?

| College response |
| --- |
| Currently, the College assesses the cultural safety of training providers through the following criteria: |

*2.3: The Setting has a learning environment and culture which values, supports, and delivers equitable physician training.*

*2.4 The Setting provides a safe, respectful learning environment and addresses any behaviour that undermines self and/or professional confidence as soon as it is evident.*

Through compliance with these criteria the training provider is expected to demonstrate that the learning environment is culturally safe, delivering health care services that meet the social, cultural, and linguistic needs of the patient. Accreditation reviews focus on the behaviours, attitudes, policies and training in place to enable the setting and staff to work effectively in cross cultural situations.

We use data from pre-accreditation surveys, the Medical Training Survey and Physician Training Survey to monitor the cultural safety of training environments and inform our accreditation activities.

As mentioned in the update above, we are in the initial phase of scoping a review of the Training Provider Accreditation Standards, which will be conducted in 2024. We acknowledge that the current Standards need to be reviewed to examine how they can better ensure cultural safety in training environments and support progress with the priorities outlined in our Indigenous Strategic Framework.

We recognise the value that Indigenous doctors can and do bring to accreditation functions. We also recognise the significant cultural loading this relatively small cohort experiences. We have commenced initial work to explore the roles of Aboriginal, Torres Strait Islander and Māori doctors on our accreditation committees, as members of accreditation teams and in our broader program of accreditation renewal.

# Standard 9: Assessment of specialist international medical graduates

Areas covered by this standard: assessment framework; assessment methods; assessment decision; communication with specialist international medical graduate applicants.

## 1    Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 9.

| | | |
|---|---|---|
| Has there been any significant developments made against this standard? | ☐ Yes | ☒ No change |
| Please include updates on any developments made in response to COVID-19 in this section. | | |
| *If yes, please describe below.* | | |

**Integration of supervised practice reports with the Advanced Training Supervisor's Reports**

The Advanced Training Supervisor's Reports (ATSRs) project aimed to allow access to a scalable digital platform transforming manual and paper challenges into easy and efficient digital flows for our advanced trainees and respective supervisors. In early 2022, a small cohort of OTPs completing top-up training trialled the online platform. Following positive feedback from OTPs and Supervisors, it was extended to all OTPs undergoing top-up training. OTPs and supervisors now submit top-up training supervision reports via a secure, online portal.

**Cultural competence, cultural safety and issues of health equity within the assessment of OTPs**

We continue our work supporting a focus on cultural safety and issues of health equity across Australia and Aotearoa New Zealand. In Aotearoa New Zealand, we have reviewed and updated the OTP application form, interview report and assessment requirements to include specific content and questions on cultural safety and issues of health equity as well as making the RACP Aboriginal, Torres Strait Islander and Māori Cultural Safety Curated Collection available for all applicants. In Australia, we have reviewed the OTP Orientation Program, with the support of our Indigenous strategic partners, to ensure the course appropriately prioritises learnings on cultural safety and issues of health equity. Previous applicants that have gone through the OTP process also provided their input and advice for future applicants. The updated course was released in the second half of 2022 and communicated to all OTPs through the OTP ROC group. This course is an open resource, publicly available on the [RACP website](#) and used as a reference by other medical colleges.

**Number of Overseas Trained Physician applications**

We continue to assess a large number of applications from OTPs seeking the opportunity to practice in Australia or Aotearoa New Zealand. The RACP received 274 applications from OTPs in more than 30 countries, with assessment across 29 different specialties, and provided a total of 275 assessment decisions and recommendations in 2022. This included:

- 198 interim assessment decisions on the comparability of OTPs with Australian trained physicians
- 77 recommendations (including preliminary and interview advice applications) to the MCNZ on the equivalence of OTP applicants with Aotearoa New Zealand trained physicians.

There has been a 28% decrease in requests for reconsiderations and reviews in Australia and 62% decrease in re-evaluations requests in Aotearoa New Zealand.

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant, please report on such matters in this section of the report.

| Has the College made any significant changes affecting the delivery of the program? I.e. changes to processes for assessing overseas-trained specialists. Please include updates on any changes made in response to COVID-19 in this section. *If yes, please describe below the changes and the potential impact on continuing to meet these standards.* | ☐ Yes | ☒ No change |
|---|---|---|

## 2    Activity against conditions

Nil remain.

## 3    Statistics and annual updates

Please provide data showing:

- the numbers of applicants and outcomes for Specialist IMG assessment processes **for 2022**, broken up according to the phases of the specialist international medical graduate assessment process (e.g. paper-based assessment, interview, supervision, examination). If a binational college, please provide separate NZ and Australian figures. Please provide separate area of need and Specialist IMG figures.

If required please adjust the tables to suit the College's training and education programs.

**Table 19: Specialist international medical graduate assessments, Australia (2022)[1-3]**

| Stage of SIMG assessment[1] | Specialist assessments[2] |
|---|---|
| Interim (initial) assessments | |
| Not comparable | 16 |
| Partially comparable | 42 |
| Substantially comparable | 140 |
| Total interim assessment decisions | 198 |
| Ongoing assessments | |
| OTPs in top up training | 31 |
| OTPs under peer review | 132 |
| Total ongoing assessments | 163 |
| Final assessments | |
| Total final assessments (completions)[3] | 102 |

[1]The figures shown under each stage of SIMG assessment are independent of each other. Figures show assessment decisions and ongoing assessment activities that occurred at any point in 2022.

[2]If an Overseas Trained Physician is being assessed in more than one specialty, each specialty is counted separately.

[3]Recommended for specialist recognition

**Table 20: New Applicants undertaking Specialist International Medical Graduate Assessment, Australia and Aotearoa New Zealand (2022)**

| Number of new applicants since last progress report: | |
|---|---|
| Australia | 197 |
| Aotearoa New Zealand | 77 |
| **Total** | **274** |

**Table 21: Specialist international medical graduate area of need assessments, Australia (2022)**

| Area of need assessments | Total |
|---|---|
| Suitable | 0 |
| Not suitable | 0 |
| **Total Area of need decisions** | **0** |

**Table 22: SIMG Assessment, Aotearoa New Zealand (2022)[1-2]**

| Stage of SIMG assessment[1] | Specialist assessments[2] |
|---|---|
| **Interview advice** | |
| Equivalent | 8 |
| As satisfactory as | 4 |
| Not equivalent nor as satisfactory as | 32 |
| **Total interview advice decisions** | **44** |
| | |
| Equivalent | 5 |
| As satisfactory as | 15 |
| Not equivalent nor as satisfactory as | 0 |
| Unable to make a decision (interview required) | 13 |
| **Total preliminary advice decisions** | **33** |

[1]The figures shown under each stage of SIMG assessment are independent of each other. Figures show assessment decisions and ongoing assessment activities that occurred at any point in 2022.

[2]If an SIMG is being assessed in more than one specialty, each specialty is counted separately.

## Section B: Reporting on Quality Improvement Recommendations

The College's accreditation report contains Quality Improvement Recommendations. These are suggestions for the education provider to consider (not conditions on accreditation), and the AMC is interested in how the College considers these, and what, if any, action occurs as a result.

Please provide a brief summary update of the College's response to the Quality Improvement Recommendations. The AMC is asking the College to report on activities in years three, six and nine of the accreditation cycle.

The College is in **YEAR 9** of its accreditation cycle, please provide an update on work related to your Quality Improvement Recommendations. If the College will not be considering the Recommendation, please briefly comment on the reasons for this.

| Quality Improvement Recommendation | Has the College undertaken any activities against this recommendation? *If yes, please describe below* | If no activities have occurred, will the College be considering this recommendation in the future? *If yes, please indicate below when the College is likely to consider the recommendation* *If no, please comment below on why the College has decided not to adopt the recommendation* |
|---|---|---|
| **Standard 1: The context of training and education** | | |
| Nil remain. | ☐ Yes  ☐ No | ☐ Yes  ☐ No |
| **Standard 2: The outcomes of specialist training and education** | | |
| Nil remain. | ☐ Yes  ☐ No | ☐ Yes  ☐ No |
| **Standard 3: The specialist medical training and education framework** | | |
| HH  Clarify in partnership with key stakeholders the linkages between the first two years of postgraduate experience and College training programs. (Standard 3.5) | ☒ Yes  ☐ No | ☐ Yes  ☐ No |
| **Standard 4: Teaching and learning approach and methods** | | |
| ZZ  Demonstrate that the College articulates its learning model clearly for trainees and supervisors and demonstrate alignment of trainee experience and curricula to that model. (Standard 4.2.1, 4.2.2 and 4.2.3) | ☒ Yes  ☐ No | ☐ Yes  ☐ No |

| Standard 5: Assessment of learning | | |
|---|---|---|
| MM  Adopt recommendations from the external review on assessment regarding: timing of the clinical examination; conducting the written examination twice a year. (Standard 5.3) | ☒ Yes    ☐ No | ☐ Yes    ☐ No |
| **Standard 6: Monitoring and evaluation** | | |
| NN  Share information about the quality of training by uploading training site accreditation reports to the College's website. (Standard 6.1) | ☒ Yes    ☐ No | ☐ Yes    ☐ No |
| **Standard 7: Issues relating to trainees** | | |
| Nil remain. | ☐ Yes    ☐ No | ☐ Yes    ☐ No |
| **Standard 8: Implementing the program – delivery of education and accreditation of training sites** | | |
| Nil remain. | ☐ Yes    ☐ No | ☐ Yes    ☐ No |
| **Standard 9: Continuing professional development, further training and remediation** | | |
| Nil remain. | ☐ Yes    ☐ No | ☐ Yes    ☐ No |
| **Standard 10: Assessment of specialist international medical graduates** | | |
| Nil remain. | ☐ Yes    ☐ No | ☐ Yes    ☐ No |

## Reporting on Quality Improvement Recommendations

**Standard 3: The specialist medical training and education framework**

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

The RACP has actively contributed to the AMC's review of the National Framework for Prevocational (PGY1 & PGY2) Medical Training to optimise alignment with Basic Physician Training. We have done this through submissions and meetings. Additionally, Professor Nicholas Glasgow, one of the leads working on the review of the Framework was also a member of the RACP's Curriculum Advisory Group until late 2022, further strengthening communication and alignment across the two programs.

The four Entrustable Professional Activities in the Framework have been developed using the RACP's Basic Physician Training Curricula EPA structure and content. This will provide doctors-in-training an aligned continuum of learning across prevocational medical training and physician training.

We continue to regularly collaborate with various postgraduate training councils on shared matters. For example, we participate in quarterly meetings with the Health Education and Training Institute Basic Physician Training Networks to discuss program development and implementation, accreditation and supervision matters.

**Standard 4: Teaching and learning approach and methods**

ZZ     Demonstrate that the College articulates its learning model clearly for trainees and supervisors and demonstrate alignment of trainee experience and curricula to that model. (Standard 4.2.1, 4.2.2 and 4.2.3)

As outlined in Standards 3 and 4, our new Learning, teaching and assessment programs in Basic and Advanced Training comprehensively articulate our learning model. The curriculum standards outline what trainees need to 'learn' (be, do and know) and bring this together in the form of learning goals. These learning goals are then linked to learning, teaching and assessment activities in the program handbooks, clearly articulating what trainees need to achieve in order to progress in training. Experiential requirements in the new learning, teaching and assessment programs have been evaluated and updated in alignment with revised curricula standards. Remaining Advanced Training programs will be revised following this same model.

**Standard 5: Assessment of learning**

MM     Adopt recommendations from the external review on assessment regarding: timing of the clinical examination; conducting the written examination twice a year. (Standard 5.3)

From 2022, we now conduct our Divisional Written Examination two times each year: in February and in October. An additional mid-year round of examination eligibility checks will be conducted from 2023 onwards to identify candidates who were not eligible for the February DWE but have since become eligible for the October DWE.

We have also changed the timing of the Adult Medicine Divisional Clinical Examinations to avoid the height of the winter strain on health services. As reported in Standard 5, the examination window has now been moved earlier to commence in June.

**Standard 6: Monitoring and evaluation**

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

As discussed in Standard 8, commencing in 2023, we will be publishing Accreditation Executive Summaries on our website.

## Appendix 1 – attachments and annual statistical data

## Attachment list (provided separately to this report)

### Standard 1. The context of training and education

A1.1    2023 RACP Operational Plan

A1.2    Education Committees Governance Review TOR

A1.3    List of College Bodies that report to the Board

### Standard 2. The outcomes of specialist training and education

N/A

### Standard 3. The specialist medical training and education framework

A3.1    Draft Geriatric Medicine Curriculum Standards

A3.2    Draft Geriatric Medicine Handbook

A3.3    Draft Rehabilitation Medicine (Adult) Curriculum Standards

A3.4    Draft Rehabilitation Medicine (Adult) Handbook

A3.5    Geriatric Medicine Curriculum Consultation at a glance

### Standard 4. Teaching and learning

N/A

### Standard 5. Assessment of learning

A5.1    KPMG report - Investigation into the Divisional Written Examinations held on 14 February 2022

### Standard 6. Monitoring and evaluation

A6.1    2022 Physician Training Survey Member Summary Report

### Standard 7. Issues relating to trainees

N/A

### Standard 8. Implementing the program – delivery of education and accreditation of training sites

N/A

### Standard 9. Assessment of specialist international medical graduates (SIMG)

N/A

# Annual Statistical Data

**Table A7.1: New trainees in training programs by state (2023)[1-6]**

| Program | ACT | NSW | NT | QLD | SA | TAS | VIC | WA | AoNZ | Other | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Basic Training** | | | | | | | | | | | |
| Adult Internal Medicine – AMD | | | | | | | | | | | |
| Paediatrics and Child Health – PCHD | | | | | | | | | | | |
| **Advanced Training - Divisional programs** | | | | | | | | | | | |
| Cardiology - AMD | | | | | | | | | | | |
| Cardiology - PCHD | | | | | | | | | | | |
| Clinical Genetics - AMD | | | | | | | | | | | |
| Clinical Genetics - PCHD | | | | | | | | | | | |
| Clinical Haematology - AMD | | | | | | | | | | | |
| Clinical Haematology - PCHD | | | | | | | | | | | |
| Clinical Immunology/Allergy - AMD | | | | | | | | | | | |
| Clinical Immunology/Allergy - PCHD | | | | | | | | | | | |
| Clinical Pharmacology - AMD | | | | | | | | | | | |
| Clinical Pharmacology - PCHD | | | | | | | | | | | |
| Community Child Health - PCHD | | | | | | | | | | | |
| Dermatology - AMD | | | | | | | | | | | |
| Dermatology - PCHD | | | | | | | | | | | |
| Endocrinology - AMD | | | | | | | | | | | |
| Endocrinology - PCHD | | | | | | | | | | | |
| Gastroenterology - AMD | | | | | | | | | | | |
| Gastroenterology - PCHD | | | | | | | | | | | |
| General & Acute Care Medicine - AMD | | | | | | | | | | | |
| General Paediatrics - PCHD | | | | | | | | | | | |
| Geriatric Medicine - AMD | | | | | | | | | | | |
| Infectious Diseases - AMD | | | | | | | | | | | |
| Infectious Diseases - PCHD | | | | | | | | | | | |

Not available until May 2023

| Program | ACT | NSW | NT | QLD | SA | TAS | VIC | WA | AoNZ | Other | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Medical Oncology - AMD | | | | | | | | | | | |
| Medical Oncology - PCHD | | | | | | | | | | | |
| Neonatal/Perinatal Medicine - PCHD | | | | | | | | | | | |
| Nephrology - AMD | | | | | | | | | | | |
| Nephrology - PCHD | | | | | | | | | | | |
| Neurology - AMD | | | | | | | | | | | |
| Neurology - PCHD | | | | | | | | | | | |
| Nuclear Medicine - AMD | | | | | | | | | | | |
| Nuclear Medicine - PCHD | | | | | | | | | | | |
| Paediatric Emergency Medicine (ACEM stream) - PCHD | | | | | | | | | | | |
| Paediatric Emergency Medicine (RACP stream) - PCHD | | | | | | | | | | | |
| Palliative Medicine - AMD | | | | | | | | | | | |
| Palliative Medicine - PCHD | | | | | | | | | | | |
| Respiratory Medicine - AMD | | | | | | | | | | | |
| Respiratory Medicine - PCHD | | | | | | | | | | | |
| Rheumatology - AMD | | | | | | | | | | | |
| Rheumatology - PCHD | | | | | | | | | | | |
| Sleep Medicine - AMD | | | | | | | | | | | |
| Sleep Medicine - PCHD | | | | | | | | | | | |

**Advanced Training - Joint programs**

| Program | ACT | NSW | NT | QLD | SA | TAS | VIC | WA | AoNZ | Other | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Endocrinology /Chemical Pathology - AMD | | | | | | | | | | | |
| Endocrinology/ Chemical Pathology - PCHD | | | | | | | | | | | |
| Haematology - AMD | | | | | | | | | | | |
| Haematology - PCHD | | | | | | | | | | | |
| Immunology/Allergy - AMD | | | | | | | | | | | |
| Immunology/Allergy - PCHD | | | | | | | | | | | |
| Infectious Diseases/ Microbiology - AMD | | | | | | | | | | | |
| Infectious Diseases/ Microbiology - PCHD | | | | | | | | | | | |

**Advanced Training - Chapter programs**

Not available until May 2023

| Program | ACT | NSW | NT | QLD | SA | TAS | VIC | WA | AoNZ | Other | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Addiction Medicine | | | | | | | | | | | |
| Palliative Medicine | | | | | | | | | | | |
| Sexual Health Medicine | | | | | | | | | | | |
| **Advanced Training - Faculty programs** | | | | | | | | | | | |
| Occupational and Environmental Medicine | | | | | | | | | | | |
| Paediatric Rehabilitation Medicine | | | | | | | | | | | |
| Public Health Medicine | | | | | | | | | | | |
| Rehabilitation Medicine | | | | | | | | | | | |
| **Advanced Training - Non-Fellowship programs** | | | | | | | | | | | |
| Adolescent & Young Adult Medicine – AMD | | | | | | | | | | | |
| Adolescent & Young Adult Medicine – PCHD | | | | | | | | | | | |
| Nuclear Medicine (RANZCR pathway) | | | | | | | | | | | |
| **Other** | | | | | | | | | | | |
| Clinical Diploma of Palliative Medicine | | | | | | | | | | | |
| Nuclear Medicine Positron Emission Tomography training | | | | | | | | | | | |
| **Total training program commencements** | | | | | | | | | | | |
| **Number of new trainees** | | | | | | | | | | | |
| **First Nations commencements** | | | | | | | | | | | |
| Aboriginal and Torres Strait Islander trainees | | | | | | | | | | | |
| Māori trainees | | | | | | | | | | | |
| Pasifika trainees | | | | | | | | | | | |

[1]Dual trainees are counted under each program they entered. The total training program commencements are therefore greater than the number of unique trainees commencing.

[2]AMD - Adult Medicine Division

[3]PCHD - Paediatrics and Child Health Division

[4]Dual trainees who commenced a training program and later in the year commenced a second training program in a different location will be counted as a unique entry under each location.

[5]Disclosing Aboriginal, Torres Strait Islander or Māori identification to the RACP is optional.

[6]The RACP does not currently invite Members to identify as Pasifika. Work is in progress to support Members to self-identify as Pasifika in RACP systems.

**Table A7.2: Trainees who completed training programs by state (2022)[1-7]**

| Program | ACT | NSW | NT | QLD | SA | TAS | VIC | WA | AoNZ | Other | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Basic Training** | | | | | | | | | | | |
| Adult Internal Medicine - AMD | 14 | 178 | 9 | 124 | 42 | 6 | 212 | 57 | 65 | | **707** |
| Paediatrics and Child Health - PCHD | 3 | 114 | 1 | 48 | 15 | 2 | 42 | 22 | 19 | | **266** |
| **Advanced Training - Divisional programs** | | | | | | | | | | | |
| Cardiology - AMD | 2 | 11 | | 11 | 5 | 1 | 7 | 1 | 7 | | 45 |
| Cardiology - PCHD | | | | | | | 1 | | | 1 | 2 |
| Clinical Genetics - AMD | | 3 | | 1 | | | | | | | 4 |
| Clinical Genetics - PCHD | | 2 | | | 1 | | 1 | 1 | | | 5 |
| Clinical Haematology - AMD | | | | | | | 2 | | 2 | | 4 |
| Clinical Haematology - PCHD | | | | | | | | | | | |
| Clinical Immunology/Allergy - AMD | | 1 | | 1 | | | 2 | | | | 4 |
| Clinical Immunology/Allergy - PCHD | | 2 | | | | | 3 | | | | 5 |
| Clinical Pharmacology - AMD | | 1 | | 2 | 1 | | 1 | | | 1 | 6 |
| Clinical Pharmacology - PCHD | | | | | | | 2 | | | | 2 |
| Community Child Health - PCHD | | 2 | | 4 | 1 | | 2 | 4 | 2 | | 15 |
| Dermatology - AMD | | | | | | | | | | 2 | 2 |
| Dermatology - PCHD | | | | | | | | | 1 | | 1 |
| Endocrinology - AMD | 1 | 12 | | 9 | 2 | | 12 | 1 | | | 37 |
| Endocrinology - PCHD | | 1 | | | | | | | | | 1 |
| Gastroenterology - AMD | | 25 | | 15 | 9 | | 20 | 4 | 7 | 3 | 83 |
| Gastroenterology - PCHD | | 2 | | | | | 3 | 1 | | | 6 |
| General & Acute Care Medicine - AMD | 2 | 21 | 6 | 30 | 9 | 2 | 53 | 12 | 41 | | 176 |
| General Paediatrics - PCHD | 2 | 47 | 4 | 23 | 8 | 3 | 34 | 9 | 26 | | 156 |
| Geriatric Medicine - AMD | 1 | 21 | | 18 | 6 | | 40 | 7 | 16 | | 109 |
| Infectious Diseases - AMD | 1 | 6 | 3 | 3 | | | 8 | | 5 | | 26 |
| Infectious Diseases - PCHD | | 1 | | | | | 2 | | 1 | 2 | 6 |
| Medical Oncology - AMD | 1 | 21 | | 4 | 3 | | 14 | 8 | 6 | 1 | 58 |

| Program | ACT | NSW | NT | QLD | SA | TAS | VIC | WA | AoNZ | Other | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Medical Oncology - PCHD | | 5 | | 1 | | | | 1 | | 2 | 9 |
| Neonatal/Perinatal Medicine - PCHD | | 2 | | 3 | 1 | | 6 | 3 | 1 | | 16 |
| Nephrology - AMD | | 17 | | 6 | 3 | 1 | 8 | 4 | 10 | 1 | 50 |
| Nephrology - PCHD | | 1 | | | | | | | 1 | | 2 |
| Neurology - AMD | 2 | 17 | | 5 | 3 | 3 | 20 | 2 | 4 | | 56 |
| Neurology - PCHD | | 1 | | | | | 1 | 1 | | | 3 |
| Nuclear Medicine - AMD | | | | | | | | 1 | | | 1 |
| Nuclear Medicine - PCHD | | | | | | | | | | | |
| Paediatric Emergency Medicine (ACEM stream) - PCHD | | | | | | | | | | | |
| Paediatric Emergency Medicine (RACP stream) - PCHD | | | | | | | | | 1 | | 1 |
| Palliative Medicine - AMD | | 7 | | 4 | | 1 | 4 | 3 | 2 | | 21 |
| Palliative Medicine - PCHD | | 1 | | | 1 | | 1 | | | | 3 |
| Respiratory Medicine - AMD | 1 | 20 | | 8 | 3 | | 12 | 3 | 8 | | 55 |
| Respiratory Medicine - PCHD | | 2 | | 2 | 1 | | 2 | 1 | | | 8 |
| Rheumatology - AMD | | 2 | | 4 | | | 3 | | 4 | | 13 |
| Rheumatology - PCHD | | 1 | | 1 | 1 | | | | | | 3 |
| Sleep Medicine - AMD | 2 | 11 | | 6 | 3 | | 13 | 1 | 2 | | 38 |
| Sleep Medicine - PCHD | | 2 | | 3 | | | | 1 | | | 6 |
| **Advanced Training - Joint programs** | | | | | | | | | | | |
| Endocrinology/ Chemical Pathology - AMD | | | | 1 | | | | | | | 1 |
| Endocrinology/ Chemical Pathology - PCHD | | | | | | | | | | | |
| Haematology - AMD | | 7 | | 3 | 4 | 2 | 20 | 4 | 6 | 3 | 49 |
| Haematology - PCHD | | 1 | | | | | 1 | 1 | | | 3 |
| Immunology/Allergy - AMD | 1 | 1 | | | | | 2 | | | | 4 |
| Immunology/Allergy - PCHD | | | | | | | | | | | |
| Infectious Diseases/ Microbiology - AMD | | 2 | 1 | 3 | | | | | | | 6 |
| Infectious Diseases/ Microbiology - PCHD | | | | | | | | | | | |

| Program | ACT | NSW | NT | QLD | SA | TAS | VIC | WA | AoNZ | Other | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Advanced Training - Chapter programs** | | | | | | | | | | | |
| Addiction Medicine | 1 | 8 | | | 1 | | 3 | | | | 13 |
| Palliative Medicine | | 2 | | 4 | 2 | | 2 | 1 | 2 | | 13 |
| Sexual Health Medicine | | 2 | | 1 | | | 1 | | | 1 | 5 |
| **Advanced Training - Faculty programs** | | | | | | | | | | | |
| Occupational and Environmental Medicine | | 2 | | 2 | | | 2 | 2 | 2 | | 10 |
| Paediatric Rehabilitation Medicine | | 1 | | | | | 1 | | | | 2 |
| Public Health Medicine | | 4 | 1 | | 3 | | 7 | 2 | 1 | | 18 |
| Rehabilitation Medicine | | 9 | | 7 | 5 | | 7 | 2 | | 1 | 31 |
| **Advanced Training - Non-Fellowship programs** | | | | | | | | | | | |
| Adolescent & Young Adult Medicine – AMD | | | | | | | | | | | |
| Adolescent & Young Adult Medicine – PCHD | | 1 | | | | | | 1 | | | 2 |
| Nuclear Medicine (RANZCR pathway) | | 5 | | 1 | | | 2 | 2 | | | **10** |
| **Other** | | | | | | | | | | | |
| Clinical Diploma of Palliative Medicine | | 8 | 2 | 10 | 5 | 1 | 17 | 4 | 18 | | **65** |
| **Total training program completions** | 34 | 608 | 27 | 367 | 138 | 22 | 594 | 165 | 260 | 18 | **2233** |
| **Number of trainees who completed** | 33 | 583 | 25 | 349 | 136 | 22 | 565 | 161 | 240 | 18 | **2128** |

[1]Advanced Training figures reflect the number of trainees who were admitted to Fellowship of the relevant Division, Faculty or Chapter in 2022 and post-Fellowship training program completions. Training program requirements may have been completed the year prior.
[2]Dual trainees are counted under each program they completed. The total number of training program completions is greater than the number of unique trainees who completed.
[3]AMD - Adult Medicine Division
[4]PCHD - Paediatrics and Child Health Division
[5]Dual trainees who completed a training program and later in the year completed a second training program in a different location will be counted as a unique entry under each location.
[6]Disclosing Aboriginal, Torres Strait Islander or Māori identification to the RACP is optional.
[7]The RACP does not currently invite Members, including trainees, to identify as Pasifika. Work is in progress to support Members to self-identify as Pasifika in RACP systems.

**Table A7.3: Trainees registered in training programs by state (2023)[1-8]**

| Program | ACT | NSW | NT | QLD | SA | TAS | VIC | WA | AoNZ | Other | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Basic Training** | | | | | | | | | | | |
| Adult Internal Medicine - AMD | | | | | | | | | | | |
| Paediatrics and Child Health - PCHD | | | | | | | | | | | |
| **Advanced Training - Divisional programs** | | | | | | | | | | | |
| Cardiology - AMD | | | | | | | | | | | |
| Cardiology - PCHD | | | | | | | | | | | |
| Clinical Genetics - AMD | | | | | | | | | | | |
| Clinical Genetics - PCHD | | | | | | | | | | | |
| Clinical Haematology - AMD | | | | | | | | | | | |
| Clinical Haematology - PCHD | | | | | | | | | | | |
| Clinical Immunology/Allergy - AMD | | | | | | | | | | | |
| Clinical Immunology/Allergy - PCHD | | | | | | | | | | | |
| Clinical Pharmacology - AMD | | | | | | | | | | | |
| Clinical Pharmacology - PCHD | | | | | | | | | | | |
| Community Child Health - PCHD | | | | | | | | | | | |
| Dermatology - AMD | | | | | | | | | | | |
| Dermatology - PCHD | | | | | | | | | | | |
| Endocrinology - AMD | | | | | | | | | | | |
| Endocrinology - PCHD | | | | | | | | | | | |
| Gastroenterology - AMD | | | | | | | | | | | |
| Gastroenterology - PCHD | | | | | | | | | | | |
| General & Acute Care Medicine - AMD | | | | | | | | | | | |
| General Paediatrics - PCHD | | | | | | | | | | | |
| Geriatric Medicine - AMD | | | | | | | | | | | |
| Infectious Diseases - AMD | | | | | | | | | | | |
| Infectious Diseases - PCHD | | | | | | | | | | | |
| Medical Oncology - AMD | | | | | | | | | | | |

Not available until May 2023

| Program | ACT | NSW | NT | QLD | SA | TAS | VIC | WA | AoNZ | Other | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Medical Oncology - PCHD | | | | | | | | | | | |
| Neonatal/Perinatal Medicine - PCHD | | | | | | | | | | | |
| Nephrology - AMD | | | | | | | | | | | |
| Nephrology - PCHD | | | | | | | | | | | |
| Neurology - AMD | | | | | | | | | | | |
| Neurology - PCHD | | | | | | | | | | | |
| Nuclear Medicine - AMD | | | | | | | | | | | |
| Nuclear Medicine - PCHD | | | | | | | | | | | |
| Paediatric Emergency Medicine (ACEM stream) - PCHD | | | | | | | | | | | |
| Paediatric Emergency Medicine (RACP stream) - PCHD | | | | | | | | | | | |
| Palliative Medicine - AMD | | | | | | | | | | | |
| Palliative Medicine - PCHD | | | | | | | | | | | |
| Respiratory Medicine - AMD | | | | | | | | | | | |
| Respiratory Medicine - PCHD | | | | | | | | | | | |
| Rheumatology - AMD | | | | | | | | | | | |
| Rheumatology - PCHD | | | | | | | | | | | |
| Sleep Medicine - AMD | | | | | | | | | | | |
| Sleep Medicine - PCHD | | | | | | | | | | | |
| **Advanced Training - Joint programs** | | | | | | | | | | | |
| Endocrinology/ Chemical Pathology - AMD | | | | | | | | | | | |
| Endocrinology/ Chemical Pathology - PCHD | | | | | | | | | | | |
| Haematology - AMD | | | | | | | | | | | |
| Haematology - PCHD | | | | | | | | | | | |
| Immunology/Allergy - AMD | | | | | | | | | | | |
| Immunology/Allergy - PCHD | | | | | | | | | | | |
| Infectious Diseases/ Microbiology - AMD | | | | | | | | | | | |
| Infectious Diseases/ Microbiology - PCHD | | | | | | | | | | | |
| **Advanced Training - Chapter programs** | | | | | | | | | | | |

Not available until May 2023

| Program | ACT | NSW | NT | QLD | SA | TAS | VIC | WA | AoNZ | Other | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Addiction Medicine | | | | | | | | | | | |
| Palliative Medicine | | | | | | | | | | | |
| Sexual Health Medicine | | | | | | | | | | | |
| **Advanced Training - Faculty programs** | | | | | | | | | | | |
| Occupational and Environmental Medicine | | | | | | | | | | | |
| Paediatric Rehabilitation Medicine | | | | | | | | | | | |
| Public Health Medicine | | | | | | | | | | | |
| Rehabilitation Medicine | | | | | | | | | | | |
| **Advanced Training - Non-Fellowship programs** | | | | | | | | | | | |
| Adolescent & Young Adult Medicine – AMD | | | | | | | | | | | |
| Adolescent & Young Adult Medicine – PCHD | | | | | | | | | | | |
| Nuclear Medicine (RANZCR pathway) | | | | | | | | | | | |
| **Other** | | | | | | | | | | | |
| Clinical Diploma of Palliative Medicine | | | | | | | | | | | |
| Nuclear Medicine Positron Emission Tomography training | | | | | | | | | | | |
| **Total training program registrations** | | | | | | | | | | | |
| **Number of trainees registered** | | | | | | | | | | | |
| **First Nations registrations** | | | | | | | | | | | |
| Aboriginal and Torres Strait Islander trainees | | | | | | | | | | | |
| Māori trainees | | | | | | | | | | | |
| Pasifika trainees | - | - | - | - | - | - | - | - | - | - | - |

[1]This includes trainees registered for any part of the year including interruptions to training.
[2]Trainees who progressed from Basic Training to Advanced Training during 2022 are counted under both.
[3] Dual trainees are counted under each program they were registered for. The total number of training program registrations is greater than the number of unique trainees who were registered.
[4]AMD - Adult Medicine Division
[5]PCHD - Paediatrics and Child Health Division
[6]If a trainee undertakes training rotations in more than one location, they will be counted as a unique entry under each location.
[7]Disclosing Aboriginal, Torres Strait Islander or Māori identification to the RACP is optional.
[8]The RACP does not currently invite Members, including trainees, to identify as Pasifika. Work is in progress to support Members to self-identify as Pasifika in RACP systems.

**Table A7.4: Trainees who exited programs (2022)[1-4]**

| Program | ACT | NSW | NT | QLD | SA | TAS | VIC | WA | AoNZ | Other | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Basic Training** | | | | | | | | | | | |
| Adult Internal Medicine - AMD | | | | | | | | | | | 262 |
| Paediatrics and Child Health - PCHD | | | | | | | | | | | 37 |
| **Advanced Training - Divisional programs** | | | | | | | | | | | |
| Cardiology - AMD | | | | | | | | | | | |
| Cardiology - PCHD | | | | | | | | | | | |
| Community Child Health - PCHD | | | | | | | | | | | |
| Endocrinology - AMD | | | | | | | | | | | |
| Gastroenterology - AMD | | | | | | | | | | | |
| General & Acute Care Medicine - AMD | | | | | | | | | | | |
| General Paediatrics - PCHD | | | | | | | | | | | |
| Geriatric Medicine - AMD | | | | | | | | | | | |
| Infectious Diseases - AMD | | | | | | | | | | | |
| Medical Oncology - AMD | | | | | | | | | | | |
| Medical Oncology - PCHD | | | | | | | | | | | |
| Neonatal/Perinatal Medicine - PCHD | | | | | | | | | | | |
| Nephrology - AMD | | | | | | | | | | | |
| Neurology - AMD | | | | | | | | | | | |
| Neurology - PCHD | | | | | | | | | | | |
| Paediatric Emergency Medicine (RACP stream) - PCHD | | | | | | | | | | | |
| Palliative Medicine - AMD | | | | | | | | | | | |
| Palliative Medicine - PCHD | | | | | | | | | | | |
| Respiratory Medicine - AMD | | | | | | | | | | | |
| Rheumatology - AMD | | | | | | | | | | | |
| Sleep Medicine - PCHD | | | | | | | | | | | |
| **Advanced Training – Joint programs** | | | | | | | | | | | |
| Immunology/Allergy – AMD | | | | | | | | | | | |
| Immunology/Allergy - PCHD | | | | | | | | | | | |

| Program | ACT | NSW | NT | QLD | SA | TAS | VIC | WA | AoNZ | Other | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Infectious Diseases/ Microbiology - AMD | | | | | | | | | | | |
| **Advanced Training - Chapter programs** | | | | | | | | | | | |
| Addiction Medicine | | | | | | | | | | | |
| Palliative Medicine | | | | | | | | | | | |
| **Advanced Training – Faculty programs** | | | | | | | | | | | |
| Occupational and Environmental Medicine | | | | | | | | | | | |
| Paediatric Rehabilitation Medicine | | | | | | | | | | | |
| Public Health Medicine | | | | | | | | | | | |
| Rehabilitation Medicine | | | | | | | | | | | |
| **Other** | | | | | | | | | | | |
| Clinical Diploma of Palliative Medicine | | | | | | | | | | | |
| **Total exits** | | | | | | | | | | | **442** |
| **Total trainees who exited a program** | | | | | | | | | | | **440** |

[1]Withdrawals include trainees who voluntarily withdrew from training and also trainees who were exited from the program due to progression or performance issues.

[2]Trainees who discontinued one program to transfer to another have been counted as exiting the original program.

[3]Disclosing Aboriginal, Torres Strait Islander or Māori identification to the RACP is optional.

[4]The RACP does not currently invite Members, including trainees, to identify as Pasifika. Work is in progress to support Members to self-identify as Pasifika in RACP systems.

**Table A7.5: Trainee data by sex (2022/2023)[1-8]**

| Program | Trainees commenced 2023 | | | | Trainees completed 2022[3] | | | | Trainees registered 2023[4,5] | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Female | Male | Not stated | Total | Female | Male | Not stated | Total | Female | Male | Not stated | Total |
| **Basic Training** | | | | | | | | | | | | |
| Adult Internal Medicine – AMD | | | | **1082** | 367 | 340 | | **707** | | | | |
| Paediatrics and Child Health – PCHD | | | | **289** | 201 | 65 | | **266** | | | | |
| **Advanced Training - Divisional programs** | | | | | | | | | | | | |
| Cardiology - AMD | | | | | 13 | 32 | | 45 | | | | |
| Cardiology - PCHD | | | | | 1 | 1 | | 2 | | | | |
| Clinical Genetics - AMD | | | | | 3 | 1 | | 4 | | | | |
| Clinical Genetics - PCHD | | | | | 3 | 2 | | 5 | | | | |
| Clinical Haematology - AMD | | | | | 2 | 2 | | 4 | | | | |
| Clinical Haematology - PCHD | | | | | | | | | | | | |
| Clinical Immunology/Allergy - AMD | | | | | 3 | 1 | | 4 | | | | |
| Clinical Immunology/Allergy - PCHD | | | | | 4 | 1 | | 5 | | | | |
| Clinical Pharmacology - AMD | | | | | 2 | 4 | | 6 | | | | |
| Clinical Pharmacology - PCHD | | | | | 2 | | | 2 | | | | |
| Community Child Health - PCHD | | | | | 15 | | | 15 | | | | |
| Dermatology - AMD | | | | | 1 | 1 | | 2 | | | | |
| Dermatology - PCHD | | | | | 1 | | | 1 | | | | |
| Endocrinology - AMD | | | | | 26 | 11 | | 37 | | | | |

Not available until May 2023

| Program | Trainees commenced 2023 | | | | Trainees completed 2022[3] | | | | Trainees registered 2023[4,5] | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Female | Male | Not stated | Total | Female | Male | Not stated | Total | Female | Male | Not stated | Total |
| Endocrinology - PCHD | | | | | | 1 | | 1 | | | | |
| Gastroenterology - AMD | | | | | 36 | 47 | | 83 | | | | |
| Gastroenterology - PCHD | | | | | 6 | | | 6 | | | | |
| General & Acute Care Medicine - AMD | | | | | 77 | 99 | | 176 | | | | |
| General Paediatrics - PCHD | | | | | 123 | 33 | | 156 | | | | |
| Geriatric Medicine - AMD | | | | | 54 | 55 | | 109 | | | | |
| Infectious Diseases - AMD | | | | | 11 | 15 | | 26 | | | | |
| Infectious Diseases - PCHD | | | | | 6 | | | 6 | | | | |
| Medical Oncology - AMD | | | | | 34 | 24 | | 58 | | | | |
| Medical Oncology - PCHD | | | | | 9 | | | 9 | | | | |
| Neonatal/Perinatal Medicine - PCHD | | | | | 12 | 4 | | 16 | | | | |
| Nephrology - AMD | | | | | 28 | 22 | | 50 | | | | |
| Nephrology - PCHD | | | | | 2 | | | 2 | | | | |
| Neurology - AMD | | | | | 28 | 28 | | 56 | | | | |
| Neurology - PCHD | | | | | 2 | 1 | | 3 | | | | |
| Nuclear Medicine - AMD | | | | | | 1 | | 1 | | | | |
| Nuclear Medicine - PCHD | | | | | | | | | | | | |
| Paediatric Emergency Medicine (ACEM stream) - PCHD | | | | | | | | | | | | |

Not available until May 2023 (Trainees commenced 2023)

Not available until May 2023 (Trainees registered 2023)

| Program | Trainees commenced 2023 | | | | Trainees completed 2022[3] | | | | Trainees registered 2023[4,5] | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Female | Male | Not stated | Total | Female | Male | Not stated | Total | Female | Male | Not stated | Total |
| Paediatric Emergency Medicine (RACP stream) - PCHD | | | | | 1 | | | **1** | | | | |
| Palliative Medicine - AMD | | | | | 16 | 5 | | 21 | | | | |
| Palliative Medicine - PCHD | | | | | 3 | | | 3 | | | | |
| Respiratory Medicine - AMD | | | | | 22 | 33 | | 55 | | | | |
| Respiratory Medicine - PCHD | | | | | 5 | 3 | | 8 | | | | |
| Rheumatology - AMD | | | | | 8 | 5 | | 13 | | | | |
| Rheumatology - PCHD | | | | | 3 | | | 3 | | | | |
| Sleep Medicine - AMD | | | | | 13 | 25 | | 38 | | | | |
| Sleep Medicine - PCHD | | | | | 2 | 4 | | 6 | | | | |
| **Advanced Training - Joint programs** | | | | | | | | | | | | |
| Endocrinology/ Chemical Pathology - AMD | | | | | 1 | | | **1** | | | | |
| Endocrinology/ Chemical Pathology - PCHD | | | | | | | | | | | | |
| Haematology - AMD | | | | | 31 | 18 | | **49** | | | | |
| Haematology - PCHD | | | | | 2 | 1 | | **3** | | | | |
| Immunology/Allergy - AMD | | | | | 3 | 1 | | **4** | | | | |
| Immunology/Allergy - PCHD | | | | | | | | | | | | |
| Infectious Diseases/Microbiology - AMD | | | | | 4 | 2 | | **6** | | | | |
| Infectious Diseases/Microbiology - PCHD | | | | | | | | | | | | |

Not available until May 2023

| Program | Trainees commenced 2023 | | | | Trainees completed 2022[3] | | | | Trainees registered 2023[4,5] | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Female | Male | Not stated | Total | Female | Male | Not stated | Total | Female | Male | Not stated | Total |
| **Advanced Training - Chapter programs** | | | | | | | | | | | | |
| Addiction Medicine | | | | | 6 | 7 | | **13** | | | | |
| Palliative Medicine | | | | | 12 | 1 | | **13** | | | | |
| Sexual Health Medicine | | | | | 3 | 2 | | **5** | | | | |
| **Advanced Training - Faculty programs** | | | | | | | | | | | | |
| Occupational and Environmental Medicine | | | | | 3 | 7 | | 10 | | | | |
| Paediatric Rehabilitation Medicine | | | | | 2 | | | 2 | | | | |
| Public Health Medicine | | | | | 17 | 1 | | 18 | | | | |
| Rehabilitation Medicine | | | | | 17 | 14 | | 31 | | | | |
| **Advanced Training - Non-Fellowship programs** | | | | | | | | | | | | |
| Adolescent & Young Adult Medicine – AMD | | | | | | | | | | | | |
| Adolescent & Young Adult Medicine – PCHD | | | | | 1 | 1 | | **2** | | | | |
| Nuclear Medicine (RANZCR pathway) | | | | | | | | | | | | |
| **Other** | | | | | | | | | | | | |
| Clinical Diploma of Palliative Medicine | | | | | 39 | 26 | | **65** | | | | |
| Nuclear Medicine Positron Emission Tomography training | | | | | | | | | | | | |
| **Total** | | | | | **1286** | **947** | | **2233** | | | | |
| **Number of trainees** | | | | | **1237** | **891** | | **2128** | | | | |

Not available until May 2023

[1]Disclosing gender and sex to the RACP is optional. At present, only trainees in our new BT program are able to choose 'unspecified' or leave gender unstated when selecting their gender in the Tracc system. The RACP's other administrative systems currently contain data about Members' biological sex, it does not yet ask Members, including trainees, to provide the gender they identify with. Work is in progress across RACP systems to support Members to indicate the gender they identify with.

[2]Dual trainees are counted under each program they commenced/completed/registered in. The total training program commencements/completions/registrations are therefore greater than the number of unique trainees commencing.

[3]Advanced Training completion figures reflect the number of trainees who were admitted to Fellowship of the relevant Division, Faculty or Chapter in 2022 and additional post-Fellowship training program completions. Training program requirements may have been completed the year prior.

[4]Registration includes trainees registered for any part of the year including partial interruptions to training. Trainees who interrupted their training for the full year are excluded from these figures.

[5]Trainees who progressed from Basic Training to Advanced Training during 2022 are counted as registered under both.

[6]AMD - Adult Medicine Division

[7]PCHD - Paediatrics and Child Health Division

[8]Dual trainees who commenced/completed/registered in a training program and later in the year commenced/completed/registered in a second training program in a different location will be counted as a unique entry under each location.