RACP Strategic Plan 2019 - 2021

RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

00

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01

Introduction from the President

Our profession and our College face a future of accelerating and profound change.

Externally, rapid advances in medical knowledge, shifts in patterns of disease and new technologies are affecting everything from basic clinical procedures to fundamental medical ethics.

New regulatory frameworks are emerging requiring alignment of our Continuing Professional Development framework to competency-based learning.

Within the RACP patterns of growth in our membership are also changing, as is the commercial environment we find ourselves in. All education is increasingly online and digital, and medical education is no exception.

Members are demanding more of the RACP and want an enhanced sense of membership.

We need to change what we offer, and how we deliver it. As well as education and membership, that change needs to embrace policy and advocacy, new models of care, member and staff wellbeing, and research.

This strategy outlines the next steps this Board will begin to implement to do so.

We're starting a major new IT infrastructure build, aiming to deliver mobile, digital education and CPD to trainees and Fellows in the workplace, supported by existing and future multimedia resources.

" We'll be delivering education and CPD to an extra 940 members every year, with the membership predicted to hit 35,000 in a decade. To put that in perspective, when I became a Fellow in 1982 there were around 3,000 members."

Today, our Fellows and trainees increasingly expect real-time, online service from their College. We're beginning the upgrade of our backend IT, telephony and web-based systems to ensure members can easily access the support they need.

As part of this change we will upskill our staff as well as employ new staff with different skills. But member numbers may not always continue to dramatically increase. While trainee numbers are increasing because of the Australian Government decision to open new medical schools in the early 2000s; there are practical limits on positions Australian and New Zealand healthcare systems can absorb. If member subscriptions plateau, we need to anticipate new ways of supporting the College.

Each day we add to our many thousand of hours of video and audio education resources, and decades of written educational knowledge. That wealth of material is valuable intellectual property.

In an increasingly competitive tertiary sector, we need to start considering other ways our vast education resources may generate commercial returns.

All of these initiatives will ensure our College remains relevant and evolves over the long term with our changing member base.

Our members are already practising medicine in an era of increased use of artificial intelligence, expanded knowledge of genetics and epigenetics, increased patient lifespans and increased questioning of long-assumed concepts of medical knowledge.

In coming years we need to ensure the RACP is there at every step of the way to support them.

On the following pages we outline the fundamental measures and initiatives we will put in place to continue that journey.

Associate Professor Mark Lane

President, RACP

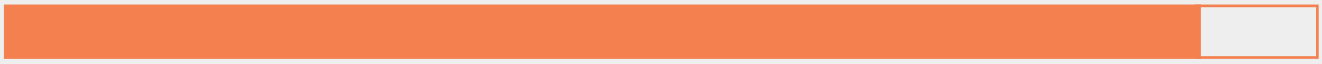
02

RACP Member Overview

62.7%
Fellows

32.2%
Trainees

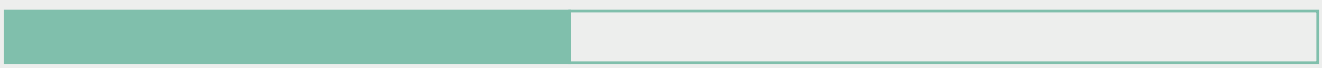
0.6% | 159
Honorary Fellows



17,267
Fellows

91% | 15,677
Active

9% | 1,590
Retired



8,265
Trainees

43% | 3,553
Advanced Trainees

57% | 4,712
Basic Trainees

Since January 2018, this report validates members' financial status as defined in the RACP constitution. In this report, 18 Fellows and 97 trainees are excluded from RACP Members counting.

83.3%
Australia

12%
New Zealand

4.4% | 1,131
Overseas

0.3% | 78
Unknown

66.4% | **14,207**
Fellows

33.5% | **7,162**
Trainees

0.1% | **29**
Honorary Fellows

65% | **2,003**
Fellows

34.8% | **1,074**
Trainees

0.2% | **7**
Honorary Fellows

Dr Amy Waters FRACP,
Palliative Medicine specialist, St George Public Hospital (NSW)

03

Our Service Principles

The RACP strives to deliver members with a consistent, high level of service when they interact with us, so they view their experience with our College as helpful, easily accessible and enjoyable.

These service standards have been prepared to support this aim and display the application of the RACP service principles.

These service standards are used by all employees and workers of the RACP and apply to all phone and email channels of communication.

We are collaborative

We are collaborative with members in how we design, implement and improve our services.

We are relevant

We aim to offer services and experiences that are relevant to the changing needs of our members.

We are human

We support our members individually and collectively in the moments that matter most to them.

We are transparent

We provide clarity to members about what our role is and we are accountable for the products and services we provide.

We are proactive

We are responsive to the changing circumstances of our members and reach out to members in a way that suits them.

04

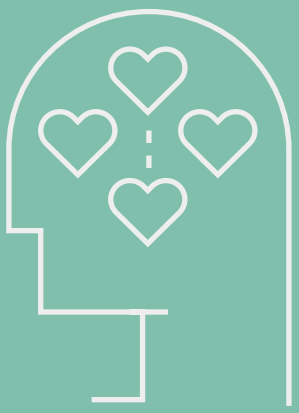
Our Role

Educate

Through the RACP, **specialists** work **together** to **educate and train** the next generation of specialists to deliver quality care.

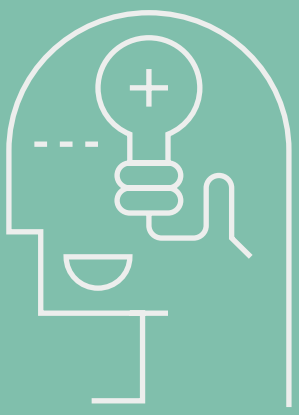
Advocate

Through the RACP **specialists** come **together** to develop and **advocate** for policies that promote the interests of our profession, our patients and our communities.



Innovate

Through the RACP **specialists** collaborate **together** to lead **innovation** in the delivery of specialist medicine in a constantly changing world.



05

What we Value

“ ....none [of the work of the RACP] is possible without the enormous contribution of Fellows and trainees to the life and work of the College, and the professional support of the staff of the College. We are united in our commitment to ensure a safe, positive, healthy and respectful culture for all people who are involved in College activities, whether they be Fellows, trainees or staff. ”

We intend to achieve outcomes in the following areas:

- Respectful, inclusive engagement with trainees and Fellows
- Ensuring the ongoing credibility of the College in healthcare policy and advocacy
- Continuous improvement of structures and processes to optimize member engagement
- Effective and sustainable operations and internal processes
- Monitoring, evaluating and reporting on performance.

Associate Professor Mark Lane
President

Professor John Wilson
President-Elect

Dr Jeff Brown
President New Zealand

Professor Niki Ellis
Member Director

Professor Paul Komesaroff
Member Director

Dr Jacqueline Small
Member Director

Dr Alice Grey
Member Director, Trainee Physician.

Tony Tenaglia
Community Director & Honorary Treasurer

RACP Board Statement of Strategic Intent 30 July 2018

06

Aboriginal and Torres Strait Islander Statement

Associate Professor Noel Hayman FRACP, Inala Indigenous Health Service, Brisbane, Chair Aboriginal and Torres Strait Islander Health Committee

“ To us health is so much more than simply not being sick. It’s about getting a balance between physical, mental, emotional, cultural and spiritual health. Health and healing are interwoven, which means that one can’t be separated from the other. ”

Dr Tamara Mackean

Former Chair, RACP Aboriginal and Torres Strait Islander Health Committee (2012 – 2018)

Aboriginal and Torres Strait Islander peoples are the First Peoples of Australia and have been for millennia prior to the arrival of European peoples. At the time of first contact, there were between 300,000 to 950,000 First Peoples, and approximately 260 distinct language groups and 500 dialects. First People’s societies are founded on highly developed and complex social, cultural and spiritual beliefs with ecosystems created by ‘Dreaming’ energy and creation ancestors who travelled across the land to create living and non-living entities. To First Peoples the land is both deeply symbolic and spiritual, and inextricably linked to First People’s collective and individual identity.

Excerpt from RACP Indigenous Strategic Framework 2018 – 2028.

07

Māori Statement

Dr Sandra Hotu FRACP, Respiratory Medicine, Auckland City Hospital (New Zealand)

The Treaty of Waitangi

The World Health Organization identifies health as a human right. In Aotearoa/New Zealand the health of Māori is also a right guaranteed by Te Tiriti o Waitangi, The Treaty of Waitangi. Te Tiriti o Waitangi was signed on 6 February 1840 by representatives of the British Crown and various Māori leaders from the North Island of New Zealand. The Treaty principles are enacted through the *NZ Public Health and Disability Act 2000*, and implemented through the Ministry of Health's Māori Health Strategy, He Korowai Oranga.

Its underpinning principles are:

- Partnership involves working together with iwi, hapū, whānau and Māori communities to develop strategies for Māori health gain and appropriate health and disability services
- Participation requires Māori to be involved at all levels of the health and disability sector, including in decision-making, planning, development and delivery of health and disability services
- Protection involves the Government working to ensure Māori have at least the same level of health as non-Māori, and safeguarding Māori cultural concepts, values and practices

The RACP supports the moral and ethical responsibilities enshrined in Te Tiriti o Waitangi, and is committed to incorporating them into this Framework and its ongoing work.

Excerpt from RACP Indigenous Strategic Framework 2018 – 2028.

Dr Angela Graves FRACP ,
General & Acute Care Medicine/ Nephrology specialist,
Rockingham General Hospital (WA)

08
Six Goals

1.
Experience

We will improve members' experience and offer an enhanced sense of membership.

2.
Education & Professional Development

We will enable our physicians with the knowledge, skills and behaviours needed for the future

3.
Career & Workforce

We will improve our understanding of the physician workforce

4.
Research & Leadership

We will be a respected supporter of physician researchers and their work

5.
Advocacy & Influence

We will advocate for healthier communities

6.
Effective & Sustainable

We will be an effective and modern college

Goal 1

Experience

We will improve members' experience

As one of the most respected and diverse medical Colleges in Australia and New Zealand, we will continue to enhance our members' experience when interacting with their College, and deliver value.

Actions Year 1:

1. Introduce "RACP 101" to clarify roles, services and products, and demystify the College for members
2. One phone and email address and expand contact centre hours
3. Establish and implement the RACP Bullying, Discrimination and Harassment Policy to protect trainees, Fellows and staff
4. Enhance connection between members by piloting online communities
5. Replace the Advanced Trainee Selection & Matching system

Actions Years 2 and 3:

1. Use member insights and business intelligence to better tailor products and services to members.
2. Improve College website with navigation and content members want in places they want it
3. Tailor support to achieve member goals
4. Simplify process to join College committees and participate in College business
5. Add flexibility to ways members connect - such as rural and remote, and international special interest groups

Dr Adrian Lee FRACP, Medical Oncology, Royal North Shore Hospital (NSW)

What members say they want

Quality

Members want to practise at the highest possible standard, with their ultimate goal being the improvement of the health of the whole community. They strive for quality and improved competence in their roles as trainees, supervisors, Fellows, leaders, managers or teachers.

Transparency

Members want to feel they belong to a caring community which reflects their beliefs and values, and which provides them with opportunities to develop skills, extend their thinking and participate in discourse.

Belonging

Members have a need to feel like they are part of a community that stands for the things they believe in and provides them with opportunities to develop their skills, push their thinking and contribute to discourse.

Support

Members have a foundational need to access support on an individual level to assist them to carry out the role of being a good trainee or physician. The kind of support needed often takes the form of assistance to navigate the complexities, processes and stresses which surround their core medical responsibilities.

Goal 2

Education & Professional Development

We will enable our physicians with the knowledge, skills and behaviours needed for the future

The College enables physicians and the health system by providing high quality training and assessment programs to ensure our physicians are future ready.

Actions Year 1:

1. Introduce technology to support the Basic Training curricula and Training Provider accreditation
2. Increase health and wellbeing support for trainees, supervisors and Fellows
3. Implement the new marking system for the Divisional Clinical Examination (CLEAR)
4. Incorporate Indigenous health content into training curricula and begin implementation of framework to increase number of Indigenous physicians
5. Align our Continuing Professional Development framework to competency based learning and new regulatory frameworks

Actions Years 2 and 3:

1. Meet AMC standards to maintain accreditation of our training and education programs
2. Commence implementation of our new Basic Training Program
3. Commence implementation of our new Training Provider accreditation system
4. Investigate future transition to computer-based testing for the Divisional Written Examination
5. Progress renewal of our Advanced Training curricula

Dr James Cush FRACP, General Paediatrics, Royal Darwin Hospital (NT)

Physician health and wellbeing

The RACP is determined to take an active role with our sector partners to shape a healthier work culture for doctors and all health sector professionals, which will also benefit the health and safety of patients.

Leadership

We are stepping up to lead cultural change and to work with our partners to promote safe and healthy workplaces and healthy behaviours. We encourage action to identify workplace hazards and to minimise the risks to the health and wellbeing of all health professionals.

Education

Doctors' health and wellbeing is incorporated into the RACP's professional standards, curricula and Continuing Professional Development programs. We have developed eLearning modules on self-care and safe learning environments and will share more resources with our partners.

Standards and Accreditation

Doctors' health and wellbeing will be included in the new Accreditation Standards and we will work with training providers to ensure the standards are understood and achieved.

Advocacy

We will advance the importance of doctors' health and the changes required to legislation to make a positive impact on the profession, patients and the community.

Adding Value

We will provide value through: supporting all members to achieve better health during their career; sponsoring active research and pilots to improve the health system, environment and physician health; and provide opportunities to connect with other physicians.

RACP Health of Doctors Position Statement

Goal 3

Career & Workforce

We will improve our understanding of the physician workforce to provide relevant information on careers for members and contribute authoritatively to national workforce policy

The healthcare sector is changing. We will ensure we understand future as well as current workforce needs, and provide resources to support physicians throughout their careers.

Actions Year 1:

1. Update member workforce dataset
2. Develop career focused member information
3. Provide mechanisms for documenting evidence of professional competence; develop resources for professional development
4. Be able to provide information on request to government and regulatory agencies.

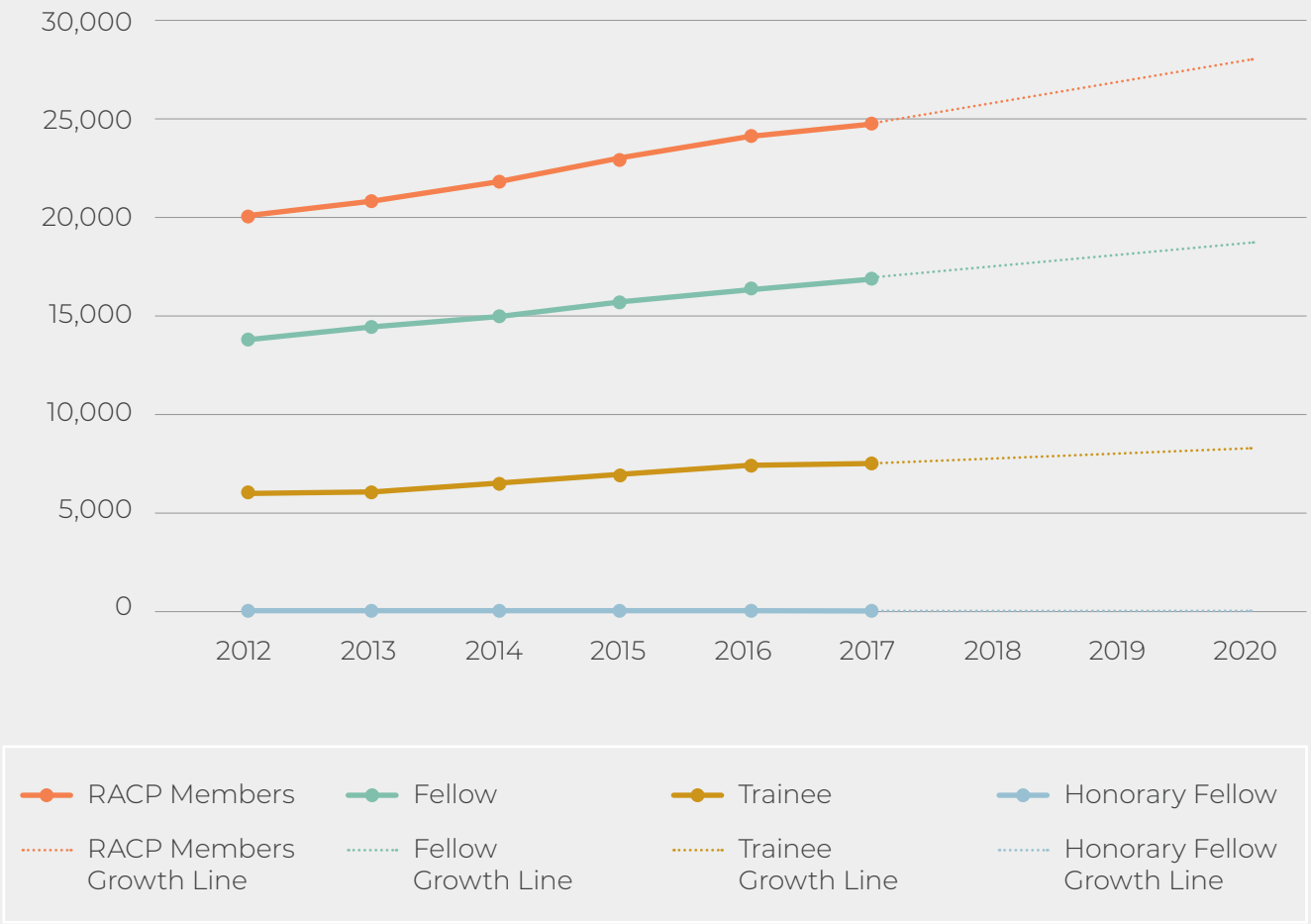
Actions Years 2 and 3:

1. Tailor career advice information by specialty
2. College workforce database seen as valuable by the health sector
3. Be able to validate College database against external data sets including Census information

Growth in Numbers

RACP Total Members at End of Year (2012 to 2020)

							Predicted Numbers		
Year	2012	2013	2014	2015	2016	2017	2018	2019	2020
RACP Members	19,803	20,539	21,510	22,740	23,784	24,423	25,856	26,897	27,938



In the last five years, the RACP member population has grown approximately 5 per cent per year (approximately 1,000 members each year). In 2017, member growth was reported as lower due to the exclusion of non-financial members in the report.

Goal 4

Research & Leadership

We will be a respected supporter of physician researchers and their work

The College supports the development of clinician scientists through the entry and establishment career phases.

Actions Year 1:

1. Provide further research and education opportunities and recognise excellence through improved use of Foundation funds
2. Build recognition as a leading contributor to research policy
3. Build influence and impact through strategic partnerships to support key physician cohorts
4. Pilot options to increase the Foundation corpus

Actions Years 2 and 3:

1. Strengthen the RACP Foundation to increase available untied funds
2. Expand career establishment phase support program for emerging clinician scientists
3. Expand collaborative funding program with NHMRC, explore equivalent program with NZ HRC

Dr Alice Grey, Member Director, Trainee Physician, and her supervisor Head of Immunology Department Professor Connie Katelaris FRACP, Campbelltown Hospital (NSW)

Goal 5

Advocacy & Influence

We will advocate for healthier communities

We will strengthen and measure the impact of our advocacy for the health of communities.

Actions Year 1:

1. Enable and support members to advocate and drive change to improve the health of our communities
2. Advocate on Indigenous health matters
3. Implement model of enhanced delegation of policy and advocacy
4. Further develop relationships with Government in support of College advocacy priorities through the production of Australian election statement
5. Deliver media and social media training to approved Fellows, enabling them to speak on behalf of the College on key issues of importance to the College membership
6. Increase the College's international capability

Actions Years 2 and 3:

1. Enable greater engagement of members in policy and advocacy using innovative models of development
2. Advocate on Indigenous health matters
3. Deliver more media and social media training to approved senior Fellows
4. Continue to support all members being active in advocacy, to drive change to improve the health of our communities
5. Continue to develop relationships with Government in support of College advocacy priorities

Case study – Silicosis

We have been instrumental in highlighting a significant public health emergency and ensuring action at the most senior levels of Australia's Federal and State Governments.

An alarmingly large cluster of stone-masons who were cutting stone benchtops to size in Queensland have been identified as suffering from accelerated silicosis.

Inhalation of crystalline silica dust has left them with crippling scarring and inflammation of the lungs in as little as three years.

Our Australasian Faculty of Occupational and Environmental Medicine (AFOEM) and the Thoracic Society of Australia and New Zealand colleagues worked with Australia's ABC to air a hard-hitting story which led 7:30 – the nation's leading nightly current affairs TV program.

The response was immediate – the issue was elevated to the Council of Australian Government Health Ministers meeting two days later – a very rare occurrence.

Following that meeting Federal Health Minister Greg Hunt announced work would commence on the creation of a national dust disease register and Safework Australia would be asked to review silica dust exposure standards.

These announcements followed behind-the-scenes briefings with regulators and policy makers at both Commonwealth and State levels over the preceding two weeks, in the lead up to the airing of the report on the ABC's 7:30 program.

Goal 6

Effective & Sustainable

We will be an effective and sustainable College

We respect our history and will continue to build a stronger College

Actions Year 1:

1. Establish the Governance Committee of the Board
2. Develop a College digital strategy that delivers smooth and valuable digital experiences and products to our members
3. Train staff in cultural safety to support the College in delivering its Indigenous Strategic Framework
4. Investigate strategies to diversify College income

Actions Years 2 and 3:

1. Modernise College IT infrastructure to improve security, reliability and make critical member and business activities easier
2. Strengthen the health and culture of our College; supporting the retention of member and staff talent in key College roles, to engage members and deliver effectively on strategic priorities
3. Improve our data management capability, to improve member and business information and insights
4. Implement strategies to diversify College income
5. Conduct RACP efficiency review, continue performance monitoring and continuous improvement

RACP Summary Balance Sheet

The College is financially robust and continues to be debt free, with minimal long-term liabilities. This is testimony to prudent management in the past.

A common question is why there has been an increase in both current assets and liabilities. Substantially this is a timing issue. The College receives monies and holds them until they are disbursed. For example, in the case of STP, funds received from the Commonwealth Government prior to December are not fully distributed to training sites until their progress reports have been submitted and reviewed. This results in funds received prior to December being reported as both an asset, being cash we hold, and a liability recognising the obligation to pay those funds out in January/February.

		2012	2013	2014	2015	2016	2017
Total Current Assets	**$**	5,435,000	6,263,000	14,414,000	16,984,000	21,715,000	23,706,000
Total Non-Current Assets	**$**	35,085,000	38,382,000	43,270,000	46,327,000	48,256,000	47,834,000
Total Assets	**$**	**40,520,000**	**44,645,000**	**57,684,000**	**63,311,000**	**69,971,000**	**71,540,000**
Total Current Liabilities	**$**	5,705,000	6,930,000	14,777,000	15,957,000	19,666,000	21,993,000
Total Non-Current Liabilities	**$**	266,000	345,000	443,000	568,000	740,000	901,000
Total Liabilities	**$**	**5,971,000**	**7,275,000**	**15,220,000**	**16,524,000**	**20,406,000**	**22,894,000**
Net Assets	**$**	**34,549,000**	**37,370,000**	**42,464,000**	**46,787,000**	**49,565,000**	**48,646,000**

Infrastructure priorities

College IT infrastructure

Approximately 80 to 90 per cent of servers and storage are five years old or more, and in need of replacement

Recommended replacement cycle for PCs

Best practice at three years age

Average age of College PC fleet

Four years; many machines much older

College operating system

Windows 7 – now 10 years old

Windows 7 support due to expire

December 2019

College invoicing system

Currently paper-based, scanned invoices

College staff management systems

Paper-based, scanned forms, digitisation scheduled for early 2019

Online forums of communities of practice, for members

Working party developing a pilot for 2019

Mobile, digital education platform for trainees required under AMC accreditation terms

Sign off for development subject to Board approval in 2019

Number of member meetings organised annually

4,000+

College meeting diary system

End-of-life, unsupported by vendor

09

Our Achievements

58
Countries in which members practise

450+
30 accredited each year

Accredited training sites in Australia and New Zealand

5167
Training supervisors in Australia and New Zealand

70
Media releases issued per year, on average

63
Training pathways

11,000+
Members enrolled

10 million people
Peak online audience reached through media activity

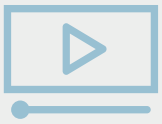
1,000+
annually

Supervisors enrolled in training

40+
eLearning courses

500,000
Downloads of over
40
Pomegranate Podcasts

2,300+
Views of
25
Continuous Professional Development Curated Collections



Followers on Social Media:

- **Facebook:** 4,343
- **Twitter:** 5,576
- **LinkedIn:** 3,971
- **Youtube:** 410
- **Instagram:** 1,331

10

Our Specialties

Basic Training	Advanced Training	Qualification
Adult Internal Medicine OR Paediatrics & Child Health	**Division Training Programs** · Adolescent & Young Adult Medicine · Cardiology · Clinical Genetics · Clinical Haematology · Clinical Immunology & Allergy · Clinical Pharmacology · Community Child Health · Dermatology (NZ only) · Endocrinology · Gastroenterology · General & Acute Care Medicine · General Paediatrics · Geriatric Medicine · Infectious Diseases · Medical Oncology · Neonatal/Perinatal Medicine · Nephrology · Neurology · Nuclear Medicine · Palliative Medicine · Respiratory Medicine · Rheumatology · Sleep Medicine	FRACP
	Joint Training Programs · Paediatric Rehabilitation Medicine	FRACP and FAFRM
	· Endocrinology & Chemical Pathology · Haematology · Immunology & Allergy · Infectious Diseases & Microbiology	FRACP and FRCPA
	· Paediatric Emergency Medicine	FRACP and/or FACEM
	Chapter Training Programs · Addiction Medicine	FAChAM
	· Palliative Medicine	FAChPM
	· Sexual Health Medicine	FAChSHM
	Faculty Training Programs · Rehabilitation Medicine	FAFRM
	· Occupational & Environmental Medicine	FAFOEM
	· Public Health Medicine	FAFPHM

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