



2021

Progress Report to the Australian Medical Council and
Te Kaunihera Rata o Aotearoa Medical Council of
New Zealand



RACP
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College details

Name:	The Royal Australasian College of Physicians (RACP)
Address:	145 Macquarie Street, Sydney NSW 2000
Date of last AMC accreditation decision:	2015 (2014 reaccreditation assessment)
Reports since last AMC assessment:	2015, 2016, 2017, 2018 (with mini visit), 2019, 2020
Date programs accredited to:	March 2025
This report due:	15 September 2021
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The RACP trains, educates, and advocates on behalf of physicians and trainee physicians across Australia and Aotearoa New Zealand.

The College represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, infectious diseases, neurology, oncology, public health medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients.

The College offers 61 training pathways. These lead to the award of one of seven qualifications that align with 45 specialist titles recognised by the Medical Board of Australia and allow for registration in nine vocational scopes with the Medical Council of New Zealand.

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Summary of 2020 AMC findings

Standard	2020 Findings	No. of Conditions remaining
Overall	Substantially Met	6
1. The context of education and training	Substantially Met	Nil
2. The outcomes of specialist training and education	Substantially Met	1
3. The specialist medical training and education framework	Substantially Met	1
4. Teaching and learning methods	Substantially Met	2
5. Assessment of learning	Substantially Met	2
6. Monitoring and evaluation	Met	Nil
7. Issues relating to trainees	Met	Nil
8. Implementing the training program – delivery of educational resources	Met	Nil
9. Continuing professional development, further training and remediation	Met	Nil
10. Assessment of specialist international medical graduates	Met	Nil

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
2020 AMC assessment:	Standard Substantially Met
Conditions open:	Nil

1. Analysis of strengths, challenges and significant developments

Significant developments since the last accreditation assessment

Progressing against our governance goals

The College has made strong progress against the recommendations of the Effective Governance review, as detailed in the requested update below.

Consultation continues with members on the case for change to the College's Constitution via the Constitution Review Project. So far this year, all members were invited to provide feedback on the [RACP Constitution and Governance Review](#) consultation paper, with almost 500 members providing feedback. The College's two Indigenous Committees continue to work with Aboriginal and Māori legal advisers on the development of proposals for Indigenous perspectives.

We have welcomed two new College Board Directors since the last report. Following an election process to replacing outgoing Member Directors who had finished their terms, Dr Sharmila Ramessur Chandran and Prof Catherine Cole were appointed as Member Directors. The Board approved the appointment of Dr Stephen Inns to the position of Aotearoa New Zealand President-Elect.

The Board has approved the establishment of three new Board Committees to guide our areas of strategic development:

- Member Diversity Advisory Group- to develop and oversee the implementation of a comprehensive Membership Diversity Plan to advance the diversity, equity, and inclusion of the RACP membership in all College activities
- Member Health and Wellbeing Committee- to represent the views and promote the health and wellbeing of physicians and trainees, including the ongoing management and implementation of the Physician Health and Wellbeing Strategy and associated activities
- Information Technology and Cyber Security Committee.

Strategic planning for now and the future

The College's [Strategic Plan for 2021](#) focusses on adapting and strengthening operations and delivery to enhance member training, development, safety and advocacy in a COVID-19 world.

Development of a 3-to-5-year Strategic Plan is underway. A 2022 Operational Plan will also be developed to set out our priority projects and core business-as-usual activities that will enable the delivery of the strategic goals and objectives in the 3-to-5-year Strategic Plan.

Strengthening our people and culture

At the end of 2020, our staff and Members identified and refined an agreed set of common values which define how we interact. These values have now been launched with staff and planning is underway to launch these with Members and embed these in the work we do.

We are accountable	We collaborate	We Indigenise and decolonise	We lead the way	We are respectful
We act with integrity, taking responsibility for actions and outcomes.	We share information, foster participation, and build relationships for common goals	We partner, resource and embed Indigenous knowledge and ways to accelerate culturally safe change, to achieve equitable Indigenous futures.	We reflect, adapt and learn in delivering best practice.	We value diversity and recognise each other's needs and contributions.

Responding to COVID-19

The pandemic continues to pose both challenges and opportunities for our staff and Members. The College's response remains guided by our COVID-19 Expert Reference Group; our COVID-19 Training and Accreditation Advisory Group and our COVID-19 Examinations Advisory Group.

The continued pandemic-related disruptions have presented ongoing opportunities for innovation and increased appetite for exploring change, which are detailed in latter sections of this report. Staff and Members continue to collaborate effectively in virtual formats, supported by investments in our information technologies.

Interactions with the health sector

We continue to actively collaborate with the health sector, in particular this year regarding our shared challenge of addressing the impacts that COVID-19 has had on junior doctors. We have done this by:

- sharing results of our Physician Training Survey with hospital, health service and jurisdictional leaders (see Standard 6 for further detail)
- enhanced liaison with health service leadership regarding accreditation and training program delivery, including meet-the-Board sessions and meetings with RACP senior leadership
- regular meetings and consultation with health services regarding examination delivery and contingency planning.

We have also collaborated with a range of stakeholders regarding proposals related to medical education, regulation and workforce planning such as the National Medical Workforce Strategy, membership of the National Medical Workforce Reform Advisory Committee, the National Framework for Prevocational Medical Training and the Department of Health's project on How Accreditation Practices Impact Building a Non-GP Rural Specialist Medical Workforce.

Contributing to the Disability Royal Commission

The RACP contributed to the Australian [Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability](#) through policy submissions and through Public hearing 10: *Education and training of health professionals in relation to people with cognitive disability* which commenced in December 2020. The College provided evidence during the hearing via two expert witnesses: Dr Jacqueline Small FRACP, President-Elect of the College and A/Prof Mitra Guha AM FRACP, Chair of the College Education Committee.

The College is proactively working to address the inequity in healthcare experiences and outcomes for people with disability through its education, training, professional development and advocacy work and has collaborated with key stakeholders to develop seven high-level principles for informing our work in this regard.

Improving gender equity in medicine

In response to the growing interest from and awareness of members regarding the impact of gender inequity on the physician workforce and patient care, the College Board established a Gender Equity in Medicine Working Group (GEMWG) to identify the role and actions to be undertaken by the College within gender equity and make recommendations to the Board.

The GEMWG commenced its body of work at its inaugural meeting on September 2020 and is progressing the following:

- development of gender equity principles
- recommendations for inclusive gender identifiers in data collection
- partnership on the Advancing Women in Healthcare Leadership program
- review of College policies and resources to enable improved gender equity.

Amplifying consumer voices

The College's [Consumer Advisory Group](#) (CAG) has developed a new [Work Plan for 2020-2021](#), which continues its work to implement the RACP Framework for Improving Patient Centred Care and Consumer Engagement into College work.

The CAG continues to advocate for consumer engagement across the College. An audit has recently been undertaken of College bodies that have consumer representation. Although not broad, this is increasing. Consumer representation exists on key bodies such as the College Education Committee and the COVID-19 Expert Reference Group.

The Board has approved the establishment of a Consumer Representative Reference Group to support not only the work of the CAG, but also the broader group of consumer representatives on College bodies. An expression of interest process will soon commence to engage consumers not on CAG, as well as those who may have indicated an interest to join College bodies.

Continuing progress against Indigenous strategic priorities

The College's Aboriginal and Torres Strait Islander Health Committee and Māori Health Committee continue to guide the College's progress against the [Indigenous Strategic Framework](#), including the following activities:

- commenced development of an Indigenous data governance framework

- embedding of cultural safety into organisational practices such as incorporation of te reo and tikanga Māori into committee meetings and communication to Members in Aotearoa; Welcome and Acknowledgement of Country protocols updated; inaugural Māori Whanaungatanga event (celebration for Māori new Fellows)
- embedding of Cultural Safety and Health Equity into education and assessment programs, including the CPD program and OTP assessment process
- continued collaboration with key Indigenous peak bodies AIDA and Te ORA, including sponsorship of the AIDA 2021 Roadshow and annual College self-assessment for the AIDA Specialist Trainees in the Medical Workforce project – Growing the number of Aboriginal and Torres Strait Islander Specialists
- enhanced capacity to support Indigenous projects including a new Project Lead for Growing the Indigenous Physician Workforce and an Education, Learning and Assessment Cultural Advisor, A/Prof Wendy Edmondson.

A workshop will be held in Quarter 3 of 2021 with members of the two Health Committees to review the College's Selection into Training Policy to explore how it can be updated to better support selection of increased numbers of Indigenous physician trainees (refer to [Standard 7](#) for more details).

Update Required Against Standard 1

2020 AMC Commentary

Please comment on the outcomes of the College's governance review.

The College has made strong progress against the recommendations of its Board and Governance Review, undertaken by independent expert Effective Governance as part of the College's Voluntary Compliance Agreement with the Australian Charities and Not-for-profits Commission (ACNC).

In December 2020, Effective Governance completed its role, and the College was assessed as having the governance framework and secretariat competencies to implement the balance of the recommendations with quarterly progress reporting to the ACNC. As at June 2021, 97 per cent of Effective Governance's 179 Board and Governance review recommendations have been implemented. The balance of remaining recommendations relate to the Constitutional Review which is due in May 2022.

2. Addressing accreditation conditions

There are no open conditions remaining.

3. Statistics and annual updates

Please see [Appendix 2](#) for statistics and annual updates.

Evaluation of requests and outcomes of the reconsiderations and reviews conducted in 2020 under our Reconsideration, Review and Appeals Process by law identified the following outcomes:

- The volume of requests for reconsideration is reduced approximately 25% and was likely due to the effects of a number of interim program changes made to manage the impact of the pandemic on training.
- At the point where original decisions are made (ie prior to application of the Reconsideration, Review and Appeals Process), in the interest of transparency and fairness, committees consider deferring a decision pending receipt of requested additional information from the applicant. This may cause some delay in decision-making but reduces the need for use of the Reconsideration, Review and Appeals Process.
- Two thirds (64%) of applicants are notified of their reconsideration, review or appeal outcome in less than 12 weeks. Timeframes for determining outcomes were impacted in 2020 due to increased Member and staff workloads related to the COVID-19 pandemic.
- Analysis has shown that when a committee varies its original decision, it is usually the result of consideration of additional information submitted by the applicant. A minority of variations from original decisions occur when the applicant demonstrates exceptional circumstances.
- Outcomes of reviews may include suggested improvements regarding processes and guidelines provided to training committees. These are communicated to the original decision-making group and other relevant stakeholders and addressed. For example, the outcomes of a review regarding a site accreditation decision identified that:
 - recommendations made in the accreditation site visit report be clearly communicated within the accreditation decision letter to the training setting and [the College should] ensure individual training settings are provided with an understanding of the decision and what would be required to meet any deficient criteria.

Table 1: College Governance Chart and Conflict of Interest Changes (2020-2021*)

Policy/Procedure	Description of change(s)
List of College Bodies that report to the Board	See A1.1
Board Conflicts of Interest	Updated 18 June 2021

* Covers period since last progress report, i.e. 1 August 2020 to 31 August 2021

Standard 2

The outcomes of specialist training and education

Areas covered by this standard:	educational purpose of the education provider; and program and graduate outcomes
2020 AMC assessment:	Standard Substantially Met
Conditions open:	Condition 34

1. Analysis of strengths, challenges and significant developments

Significant developments since the last accreditation assessment

There has been no significant change to our educational purpose.

Updating our Cultural Competence domain

We are currently undertaking the update of the Cultural Competence domain in the Professional Practice Framework. The outcomes of this work will inform the development of the common standard for both Basic and Advanced Training (see [Condition 34](#)).

Best practice in medical education resources

Our Curricula Renewal project aims to place more emphasis on competency in training, align the training programs with the RACP curricula frameworks and models, update and rationalise existing curricula content and training requirements.

To achieve these aims, the new curricula will embed key features of contemporary medical education, including competency based medical education, programmatic assessment and self-directed learning. As part of this work, we have [published](#) three 'at a glance' information sheets on our design principles and best practice evidence in medical education that is underpinning our work on renewing all RACP curricula:

- [Competency-based medical education at a glance](#)
- [Programmatic assessment at a glance](#)
- [Self-directed learning at a glance](#)

2. Addressing accreditation conditions

Condition 34

Due 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)

2020 AMC Commentary

The College is yet to determine the competencies associated with the Cultural Competence Domain of the Professional Practice Framework. It reported that further stakeholder consultation will occur with both the Māori Health Committee and the Aboriginal and Torres Strait Islander Health Committee. The College has acknowledged the importance of this to help ensure that these core competencies are strength based and led by First Nations' people.

The Professional Practice Framework (PPF) is embedded throughout the RACP curricula model (Figure 1).

Figure 1: RACP curricula model

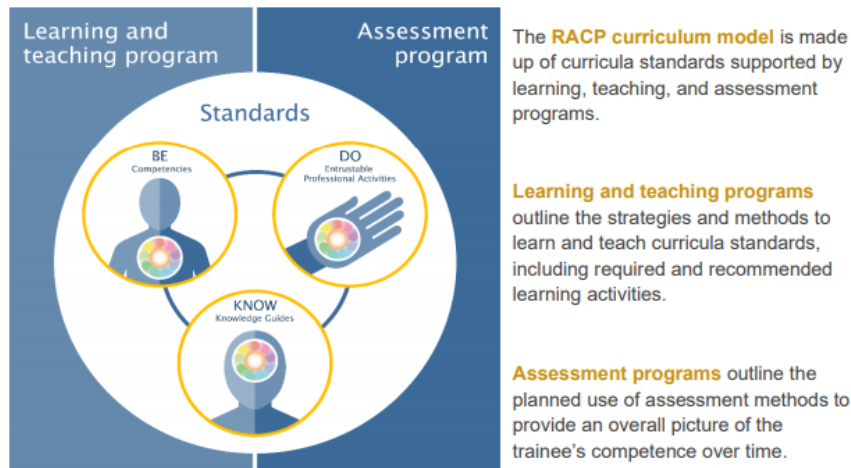


Figure 1: RACP curriculum model

The **curricula standards** outline the educational objectives of the training program and the standard against which trainees' abilities are measured.



- **Competencies** in 10 domains of professional practice
- Outline the expected professional behaviours, values and practices of trainees.



- **Entrustable Professional Activities (EPAs)**
- Outline the essential work tasks trainees need to be able to perform in the workplace.



- **Knowledge guides**
- Outline the expected baseline knowledge of trainees.

The [common curricula standards](#) for Advanced Training programs, approved by the College Education Committee on 28 February 2020, include competencies for each domain of professional practice, underpinning the professional standard for each domain. The common curricula standards also include 13 EPAs for use across all or most Advanced Training programs. Each EPA has identified behaviours aligned with the domains of the Professional Practice Framework.

The common curricula standards for Advanced Training directly align to graduate outcomes and the purpose of Advanced Training, which is to develop a workforce of physicians who:

- have received breadth and depth of focused specialist training, and experience with a wide variety of health problems and contexts
- are prepared for and committed to independent expert practice, lifelong learning, and continuous improvement
- provide safe, quality health care that meets the needs of the communities of Australia and Aotearoa New Zealand.

Reviewing the Cultural Competence domain

We are currently progressing a review of the Cultural Competence domain in the Professional Practice Framework with the Aboriginal and Torres Strait Islander Health Committee and Māori Health Committee. The review aims to update and contemporise the Professional Standard in alignment with developments related to cultural safety and will be undertaken in collaboration with the Leaders in Indigenous Medical Education (LIME) Network.

A workshop facilitated by LIME is planned for late 2021. The workshop will include our Strategic Partners from the RACP's Aboriginal and Torres Strait Islander Health Committee and Māori Health Committee, representatives of the Curriculum Advisory Group and experts in the field selected by LIME. The workshop will directly inform our review and development of the domain and further align with RACP initiatives and activities relating to cultural safety and health equity. A consultation draft will then be agreed for further review with the Health Committees and other relevant stakeholders.

Once the review of the Professional Standard for Cultural Competence is complete, work on the common standards for Advanced Training curricula will be undertaken to ensure the Cultural Competence components align and are appropriately embedded.

We anticipate that this Condition will be met by 2023, noting that progressive implementation will occur amongst Advanced Training specialties as their respective curricula are reviewed and implemented.

3. Statistics and annual updates

Please see [Appendix 2](#) for statistics and annual updates.

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
2020 AMC assessment:	Standard Substantially Met
Conditions open:	Condition 6(ii)

1. Analysis of strengths, challenges and significant developments

Significant developments since the last accreditation assessment

Implementation of new Basic Training programs

Implementation of the new Basic Training programs commenced at the beginning of the second training rotation in 2021. Nine early adopter settings with 108 first year (Foundation phase) Basic Trainees are taking part in this (see below for complete update).

Advanced Training learning, teaching and assessment programs

In 2021, we finalised and released the [common learning, teaching and assessment programs](#) for Advanced Training curricula, which will form the baseline for learning, teaching and assessment that will apply to all Advanced Training programs. Specialty groups will be able to tailor programs by adding in specialty-specific elements. These programs build on the design of the new Basic Training programs to facilitate trainees' increasing degree of independent responsibility and extend these into the Advanced Training phases of training, providing alignment across the continuum of physician training.

The new Advanced Training programs will be structured in three phases and will establish clear checkpoints for trainee progression and completion decisions. The updated structure (Figure 2) now identifies points for progression decisions made at the end of each of the three phases of training. Continuous assessment of learning goals drawn from curriculum standards will be supported throughout, with training requirements that must be met by all trainees. The frequency of Learning Captures and Observation Captures are being monitored as part of the new Basic Training programs and may be revised upon evaluation of early adopter settings throughout 2021.

The Advanced Training Curriculum Review Groups in Wave 1 (see [Condition 6\(ii\)](#)) are now in the Develop phase of the review.

Figure 2: Advanced Training LTA structure



- | | |
|--|--|
| <p>1 Specialty foundation</p> | <ul style="list-style-type: none"> • Orient trainees and confirm their readiness to progress in the Advanced Training program |
| <p>2 Specialty consolidation</p> | <ul style="list-style-type: none"> • Continue trainees' professional development in the specialty and support progress towards the learning goals |
| <p>3 Transition to Fellowship</p> | <ul style="list-style-type: none"> • Confirm trainees' achievement of the curriculum standards, completion of Advanced Training, and admission to Fellowship • Support trainees' transition to unsupervised practice |

- An **entry decision** is made before entry into the program
- A **progress decision**, based on competence, is made at the end of each phase of training.
- A **completion decision**, based on competence, is made at the end of the training program, resulting in eligibility for admission to Fellowship

Update Required Against Standard 3
2020 AMC Commentary
 Please comment on what consultations have been undertaken in regards to the Advanced Training Program curriculum renewal.

Draft products of the Advanced Training Curricula Renewal project underwent extensive consultation. All documents were publicly available on the RACP website for all members, medical education organisations, healthcare consumers and communities to access. A detailed breakdown of consultation activities and feedback can be found in the [Consultation report: Common standards for Advanced Training curricula](#) and the [Consultation report: Common Learning, Teaching and Assessment programs for Advanced Training Curricula](#) on our website.

Consultation on the common curricula standards

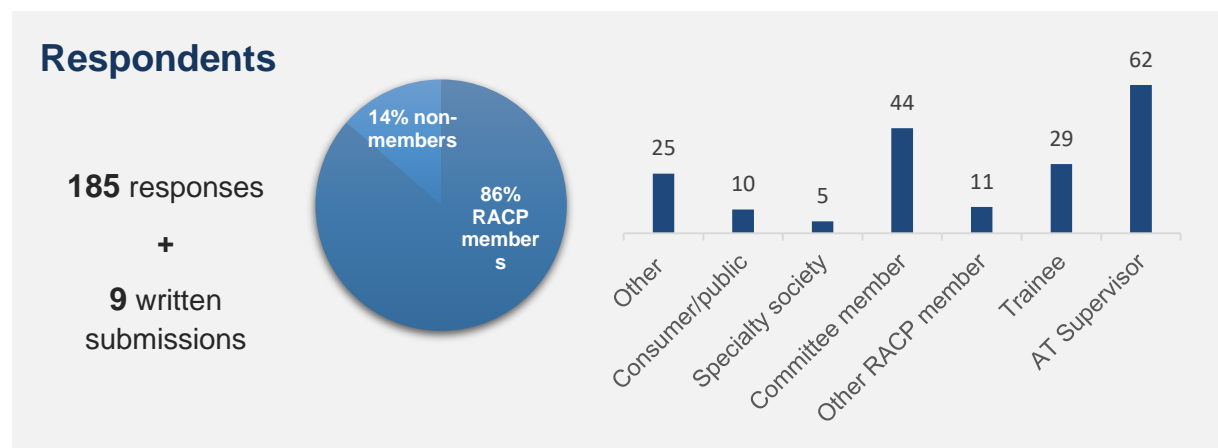
Following a robust development and internal validation process with Advanced Training committees, the common curricula standards were consulted on for a five-week period, between 30 September to 4 November in 2019. We actively targeted healthcare consumer representatives and trainees for this

consultation, along with supervisors, specialty societies and other postgraduate medical colleges (see Table 2). 185 responses were received via Survey Monkey and 9 written submissions were also received (see Figure 3) on the proposed Competencies and Entrustable Professional Activities (EPAs).

Table 2: Targeted stakeholder groups and consultation promotion for common curricula standards and common learning teaching and assessment programs 2019

Common curricula standards
Targeted stakeholders invited to participate in the consultation
All RACP members, including: <ul style="list-style-type: none"> • Trainees • Supervisors • Heads of Departments • Members of involved and consulted committees, including: <ul style="list-style-type: none"> ○ Training committees for Divisional, Faculty and Chapter Advanced Training programs ○ Advanced Training sub-committees ○ Division Education Committees ○ Assessment committees ○ Trainees' committees
Accredited training sites and settings
Medical colleges with membership of the Council of Presidents of Medical Colleges
College-affiliated specialty societies
Postgraduate medical councils (including the Medical Council of New Zealand)
Health jurisdictions in Australia and Aotearoa New Zealand
Individuals who completed the 2018 current state evaluation survey
Health consumer representatives
How we promoted the consultation
RACP website content including a tile on the RACP homepage and social media (Facebook and LinkedIn)
RACP Member ebulletins and RACP President's Message
Direct email and reminder to external stakeholders
Briefs and reminders to involved and consulted RACP committees

Figure 3: Breakdown of consultation respondents on the Advanced Training common curricula 2019



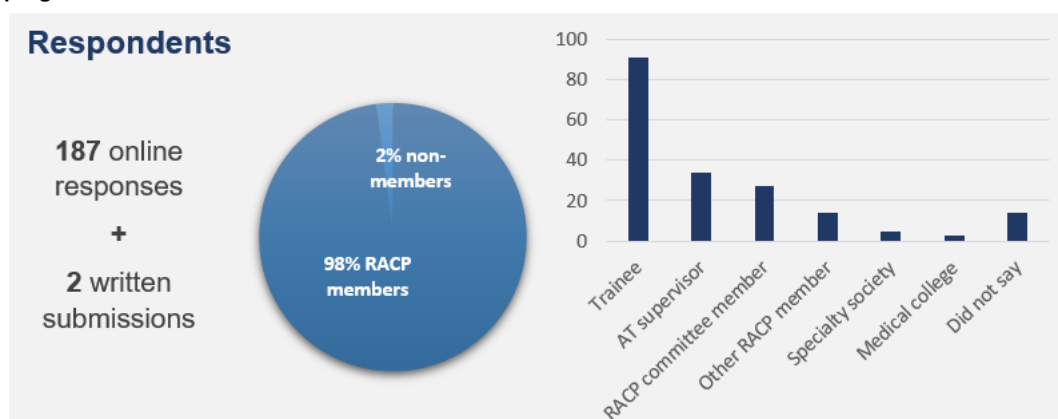
Consultation on the common learning, teaching and assessment (LTA) programs

The draft LTA programs were consulted on for a seven-week period in 2020. Again, this was a public consultation on the College website. Key target stakeholders were trainees, supervisors, RACP committees, specialty societies and other postgraduate medical colleges (see Table 3). The majority of respondents to this consultation were trainees (52%) (see Figure 4). We received a total of 187 responses online and two written submissions.

Table 3: Targeted stakeholder groups and consultation promotion for common learning teaching and assessment programs 2020

Common learning, teaching and assessment programs	
Targeted stakeholders invited to participate in the consultation	
All RACP members, including: <ul style="list-style-type: none"> • Trainees • Supervisors • Heads of Departments • Members of involved and consulted committees, including: <ul style="list-style-type: none"> ○ Training committees for Divisional, Faculty and Chapter Advanced Training programs ○ Advanced Training sub-committees ○ Division Education Committees ○ Assessment committees ○ Trainees' committees 	
Associated medical colleges	
College-affiliated specialty societies	
Postgraduate medical councils (including the Medical Council of New Zealand)	
How we promoted the consultation	
RACP website content including a tile on the RACP homepage and social media (Facebook and LinkedIn)	
RACP Member ebulletins and RACP President's Message	
Direct email and reminder to external stakeholders	
Briefs and reminders to involved and consulted RACP committees	

Figure 4: Breakdown of consultation respondents on the Advanced Training Learning Teaching and Assessment programs 2020



Current state evaluation

The 'Plan' stage of specialty development involved writing six scoping papers, one for each of the specialties in wave 1, that assessed the state of the current training programs. The scoping papers draw on stakeholder feedback, including trainee feedback, from a range of sources including the Physician Training Survey, the Preparedness for Independent Practice Evaluation (PIPE) study and a COVID-19 pulse survey.

Update Required Against Standard 3

2020 AMC Commentary

Please comment on the implementation of the Basic Training Program.

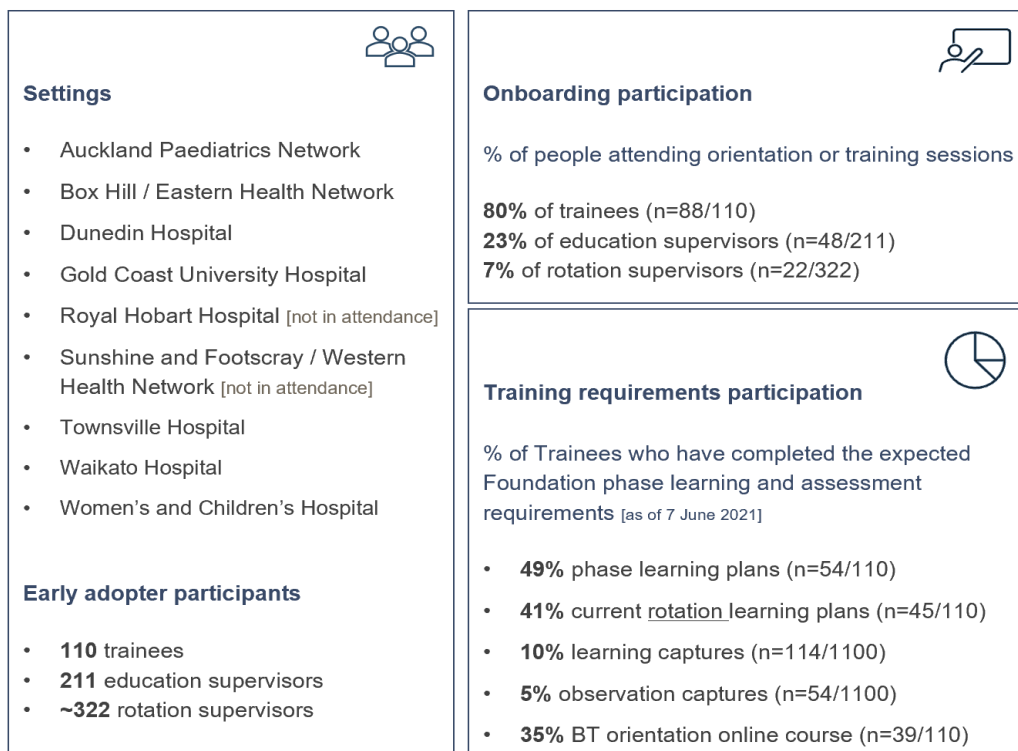
Following approval by the College Education Committee (CEC) implementation of the new Basic Training programs started at the beginning of the second training rotation in 2021 for 9 early adopter settings (Table 4) with 108 first year (Foundation phase) Basic Trainees. Both trainees and supervisors gained access to all the new online learning and assessment tools housed in Tracc, the programs' supporting technology.

Table 4: Early adopter settings 2021

Lead setting	Affiliated training settings
Box Hill Hospital (AIM)	Angliss Hospital Epworth Eastern Private Hospital Maroondah Hospital Peter James Centre Wantima Health
Dunedin Hospital (PCH)	N/A
Gold Coast University Hospital (AIM)	Innisfail Hospital Robina Hospital
Royal Hobart Hospital (PCH)	Launceston General Hospital North West Regional Hospital
Starship Children's Hospital (PCH)	Kidz First Children's Hospital, Middlemore Waitakere Hospital Whangarei Hospital
Sunshine and Footscray Hospitals (AIM)	Williamstown Hospital
Townsville University Hospital (AIM)	N/A
Waikato Hospital (AIM)	N/A
Women's and Children's Hospital, Adelaide (PCH)	Flinders Medical Centre

An audit was completed on 7 June 2021 to capture a snapshot (Figure 5) of early adopter engagement in onboarding and training activities, and trainee progress against the new training requirements.

Figure 5: Early adopter engagement snapshot June 2021



Initial feedback from early adopter sites and participants has been generally positive with the new program viewed as an improvement and RACP support helpful in the transition to the new program. As is to be expected, challenges have also arisen, for example, the need for further engagement of trainees and supervisors, identifying and onboarding rotation supervisors, and issues with the useability of Tracc.

Adaptations to implementation

Contingency plans, approved by the CEC in November 2020 to be held in readiness in case of local disruptions impacting settings' ability to deliver the new programs, were enacted. Waikato Hospital has enacted a contingency plan in response to disruptions caused by a cyber-attack impacting all online hospital systems. As a result, trainees at Waikato Hospital will have their Observation Capture requirements reduced from nine to 6 in 2021. We continue to provide ongoing support to the training setting and early adopters at Waikato Hospital and monitor their progress.

2021 early adopter settings were offered the option to enact a contingency plan if Tracc useability issues and the timeline to resolves these issues would impede their program rollout. 5 settings (~36% of users) elected to temporarily switch to the use of electronic or paper-based assessment forms pending the release of further enhancements to Tracc, and 4 settings (~64% of users) opted to continue using Tracc. Forms are collated by RACP staff and data is input into Tracc in readiness for the setting to resume use of Tracc as planned.

Update Required Against Standard 3

2020 AMC Commentary

Please comment on how the College is supporting its early adopter sites.

We are actively supporting early adopters and the early adopter sites in a variety of ways to ensure a successful onboarding of the new program. We have designed a number of resources to provide wrap-around support and streamline the adoption process for both trainees and supervisors transitioning to the new program.

Basic Training Handbooks

The new Basic Training handbooks outline the training program requirements for Basic Trainees in Adult Medicine and Paediatrics & Child Health at early adopter training settings. This resource provides a central hub of information and access to all relevant learning, teaching and assessment documents to support a seamless transition to the new program.

Tracc software

The Tracc software platform was released in early 2021 and is currently being used by early adopters to support implementation of the new Basic Training programs. Further enhancements to the platform based on feedback from early adopters are due to be released later this year. A suite of user guides has been developed to support implementation of the platform.

Basic Training Learning and Assessment Interim Guide

The new Basic Training Learning and Assessment Guide (A3.1) provides information about the approach to learning and assessment in the new Basic Training programs, including information for trainees and supervisors on how they can:

- use the learning goals and curricula standards to guide learning and professional development
- use the Basic Training assessment tools in the workplace
- complete progress reports for each training rotation and phase of training.

The Interim guide provides detailed support and is a working document that will be updated or adjusted based on feedback from early adopter sites.

Progress Review Panel Guide

We have developed a Progress Review Panel Guide (A3.2) which outlines the processes and considerations for training settings implementing Progress Review Panels in the new Basic Training programs. A Progress Review Panel is a locally based panel made up of Basic Training supervisors and other representatives involved in the Basic Training program at a training network or setting. The Progress Review Panel regularly meet to review trainees' progress and make evidence-based progression decisions for each trainee.

The guide is comprehensive and is designed to include flexible and practical guidelines and information for settings to adapt to their needs. It includes information on setting up a Progress Review Panel, how to undertake decisions on trainee progress and governance and appeals structures and processes.

Additional support to early adopter sites

In addition to these resources, we are currently running dedicated training workshops for supervisors and orientation courses for trainees at early adopter sites. Early adopter sites also have dedicated College staff support and detailed contingency plans to ensure trainees are not disadvantaged by changes to implementation schedules.

Basic Training Implementation Forum

We ran a forum with early adopter leads on 11 June 2021 to share feedback on the onboarding process and experiences with the new Basic Training program. Initial impressions and experiences from the new program included:

- the new program is still viewed as having great potential to better monitor trainees' progress
- the support from the RACP team has been helpful in managing challenges with the rollout.

Settings have experienced some challenges with the rollout, including:

- The need for better engagement of trainees and supervisors in understanding their roles and responsibilities in the rollout. The RACP team will support this by refining training activities and materials to have short, role-specific information available.
- Identifying and onboarding rotation supervisors is an ongoing process, and will require monitoring and updating during the. The RACP team will clarify the work involved in this for future settings so that they are aware of the requirements upfront.
- The Tracc system in use is the initial functional release and therefore is missing a number of features that will make it more usable. The RACP team are working with the vendor to schedule further releases of features that will address usability issues, and these are expected to largely be resolved by the end of the training year.

The progress of the rollout and feedback from early adopters will continue to be monitored and reported to the CEC. A second forum will be held in early September as a further check-in with setting leads.

Assessments in the new curriculum

We acknowledge the trainee concern regarding the increase in the assessments as part of the new Basic Training program. Early adopter leads (DPEs) opted in to rolling out the new Basic Training programs, understanding the increase in assessments. As of 23 April, trainees and supervisors are just starting to use the new assessment tools. Their feedback on the usability of these and impacts on their workload will be incorporated into evaluation reports on the new BT program throughout 2021. Early adopter leads have the option of triggering contingency plans and reducing assessment requirements in 2021 if/when they feel that is necessary.

2. Addressing accreditation conditions

Condition 6(ii)

Due 2023

In relation to the Advanced Training curricula, implement the revised Advanced Training curricula (Standard 3.2)

2020 AMC Commentary

The College has advised that they will begin detailed implementation planning for renewing the 38 advanced training curricula once program specific curricula development has commenced.

Given the volume of work required as part of the development and implementation process the College has acknowledged that they do not expect that this condition will be met by 2023. The Advanced Training Curricula Renewal Program-Specific Review Plan, predicts the first group of Advanced Training programs will implement their revised curricula in 2023.

As per our previously communicated phased approach to Advanced Training curriculum review, six Curriculum Review Groups have been formed through expressions of interest processes. Onboarding workshops have been held for all six of groups in “wave 1”:

- [cardiology](#)
- [paediatric cardiology](#)
- [gastroenterology](#)
- [geriatric medicine](#)
- [nephrology](#)
- [general rehabilitation medicine](#)

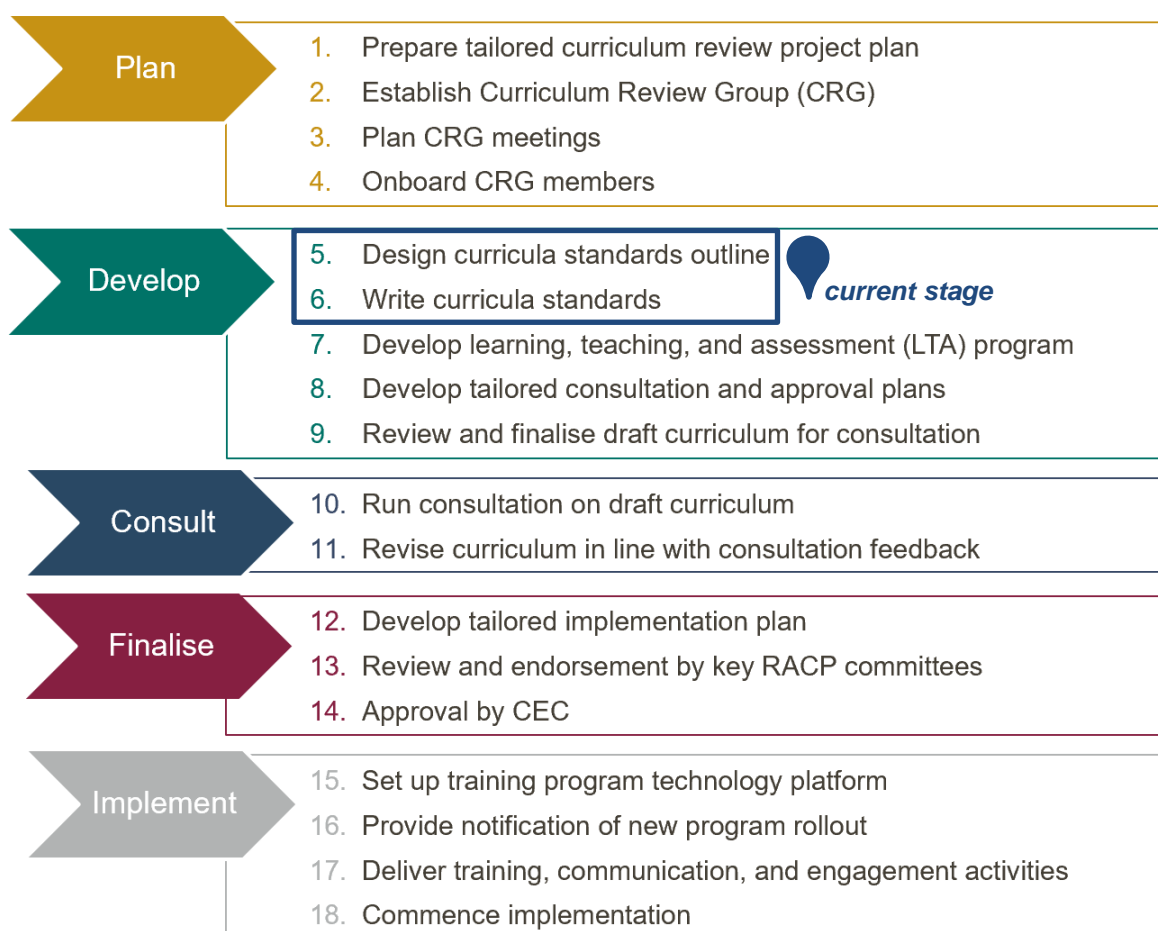


Development of the specialty- specific phase will occur in a five-stage process: (1) plan, (2) develop, (3) consult, (4) finalise, and (5) implement. All six groups are now in the develop stage (see detailed development process below, Figure 6) and wave 1 is running to schedule.

The other 32 specialties will be developed in subsequent waves, which will be planned in more detail once wave 1 is further advanced and learnings from development taken onboard.

Implementation planning will begin once the draft curricula have been through consultation. The earliest possible implementation for the wave 1 programs is 2023, as indicated in the Specialty Development Plan that the CEC approved in April 2020.

Figure 6: Five-stage development process



3. Statistics and annual updates

Please see [Appendix 2](#) for statistics and annual updates

Standard 4

Teaching and learning

Areas covered by this standard:	practice-based training, teaching and learning approaches and methods, practical and theoretical instruction, increasing degree of independent trainee responsibility
2020 AMC assessment:	Standard Substantially Met
Conditions open:	Condition 9, Condition 32

1. Analysis of strengths, challenges and significant developments

Significant developments since the last accreditation assessment

College Learning Series update

Since February 2018, the RACP has uploaded over 450 lectures as part of the Education Renewal Program. All lectures are available on the College Learning Series (CLS) website. The recorded lectures are regularly clinically reviewed, mapped to the Basic Training curriculum and made available to all RACP members. Since establishment in February 2018, the number of members (trainees and Fellows) enrolled in the CLS has continued to increase and is currently at 10,800 members.

Our new annual program of lectures for Paediatrics and Child Health is being delivered for the first time in 2021, with the first lectures going live from 2 July 2021. The lecture list contains 78 topics that are spread across all specialties. A supplementary 24 lectures are also planned for delivery between March and June 2022, and it is anticipated that a complete list of 102 Paediatrics and Child Health lectures will be accessible on the CLS site by 30 June 2022.

In September 2020, the CLS Committee (Paediatrics and Child Health) was established to oversee this new program. The Committee includes Fellows from Aotearoa New Zealand and all Australian states and territories (except the ACT), as well as trainee representatives and ex-officio members of other relevant College committees. The formation of the new Committee means the Paediatrics and Child Health governance structure now reflects the same successful structure as the Adult Medicine series.

2. Addressing accreditation conditions

Condition 9

Due 2019

As part of the curriculum review, develop and implement a structured approach to ensure the trainee's increasing degree of independence is systematically evaluated.

2020 AMC Commentary

In the new Basic Training program, the College has determined that trainees will be evaluated against 10 key learning goals. The training is broken down into various phases with trainees to achieve an expected standard within each learning goal. The standard gradually increases as trainee's progress through each phase of training. Specifically, progression criteria include:

1. foundation phase to consolidation phase,
2. consolidation phase to completion phase,
3. completion phase to advanced training.

Trainees' progress in achieving the required level of independence will be evaluated by their supervisor throughout each phase of basic training, and by a progress review panel at the completion of each phase of training.

This condition was due to be met in 2019. While the College has developed an approach to address the condition, it is yet to be implemented. The AMC looks forward to hearing about the implementation.

The new Basic Training programs identify the expected standards trainees need to achieve in all of their learning goals, including the eight Basic Training Entrustable Professional Activities (EPAs), by the end of each phase of training, gradually increasing trainees' independence and ability to work without direct supervision.

The introduction of local Progress Review Panels (PRP) (A3.2) provides a mechanism for the systematic review of trainees' progression and increasing independence. The PRP reviews evidence of trainees' progress, performance, and abilities in the Basic Training program and makes evidence-based progress decisions for each trainee. These regular reviews of trainees' progress facilitates a developmental approach, supporting trainee learning and increasing independence over time throughout each phase of the Basic Training program.

The new Basic Training programs are being implemented with nine lead early adopter training settings. Stakeholder experiences with the new program will be evaluated in stages, annually, with a view to exploring the fidelity and integrity of the implementation of the new program, including how trainees' increasing independence is assessed throughout the program.

The Advanced Training curricula renewal project will build on this approach in Basic Training and as part of the continuum of trainees' increasingly unsupervised practice. The RACP developed a set of common competencies and EPAs for use across the range of Advanced Training programs. These will be used in conjunction with program-specific EPAs and knowledge guides to define the learning goals for Advanced Trainees.

A common learning, teaching, and assessment program, to be used as the baseline LTA requirements for AT programs, was approved by the CEC in February 2021. Development is underway of detailed program-specific curricula templates for Advanced Training programs; these will be refined throughout the wave 1 specialty development process. (See [Condition 6\(ii\)](#))

Condition 32

Due 2020

Articulate in partnership with the Specialty Societies, the role of College oversight in advanced training subspecialty training. (Standard 4.1.3)

2020 AMC Commentary

The College is continuing to develop the “collaboration schedules” that define the relationship with the 51 specialty societies with respect to advanced training. As of February 2020, nine schedules have been completed with eight in their final stages. The College has advised that some of the schedule development has been delayed as a result of the COVID-19 pandemic. Importantly, the College has clearly demonstrated a collaborative approach with the specialty societies in the delivery of the Advanced Training programs.

Model of Collaboration Relationships

COVID-19 delayed work on the Model of Collaboration process through 2020; however, work has recommenced on reconnecting with affiliated specialty societies. A further two collaboration schedules are in the final stages of review before completion, while relevant Division and Chapter Presidents will shortly be sending out personalised invitations to specialty societies that have not yet finalised their schedule. Attached to the invitations will be a pre-populated draft schedule for the specialty societies to use as a starting point. The Division Presidents are committed to increasing engagement with the specialty societies and will be seeking meetings with their counterparts.

We continue to engage the specialty societies with our Joint Forum program. The Joint Forum program is offered to societies as part of the business operations section of the Model of Collaboration schedule. Previously it has been available to the Australian adult medicine and paediatric specialty societies. From July this year we have expanded the invitation to include all 51 College-affiliated societies. We are currently holding 4-5 per year via Zoom, with a variety of topic addressed, often lead by the interests of the societies.

Working with Specialty Societies on Advanced Training curricula renewal

We continue to work closely with Specialty Societies as part of the development of the new Advanced Training curricula. Specialty Societies from Australia and Aotearoa New Zealand continue to be engaged as content experts, specifically the specialties involved in wave 1 of development which include; cardiology, paediatric cardiology, gastroenterology, geriatric medicine, nephrology and general rehabilitation medicine. Six Curriculum Review Groups have been formed through expressions of interest processes and onboarding workshops have been held for all six groups (see [Condition 6\(ii\)](#)). The other 32 specialties will be developed in subsequent waves, in close collaboration with the relevant Specialty Society.

2021 Specialty Society Webinar Program

Invitations to the 2021 Specialty Society Webinar Program have been sent to specialty societies, with applications closing on 28 April. Following the success of the 2020 program, which saw an increase in the number of webinars offered, there are 51 webinars being offered in 2021.

3. Statistics and annual updates

Please see [Appendix 2](#) for statistics and annual updates

Standard 5

Assessment of learning

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

2020 AMC assessment: Standard Substantially Met

Conditions open: Condition 11, Condition 12

1. Analysis of strengths, challenges and significant developments

Significant developments since the last accreditation assessment

We continue our work through curricula renewal towards implementing programmatic approaches to assessment, as discussed in preceding standards and [Condition 11](#) and [12](#).

The pandemic presented substantial and evolving challenges especially to the delivery of examinations throughout 2020 and 2021, requiring notable and sustained efforts of many trainees, Fellows and staff. In the midst of this disruption, we have been presented with unprecedented opportunities for innovation and collaboration and although the circumstances were unfortunate, feedback from examiners and candidates generally indicates that the College's adaptations were appropriate and provided a reasonable pathway to progress in training. As discussed in [Standard 7](#), the College has worked to improve its communication and engagement with trainees regarding examination delivery.

Update on examinations delivery

The College had to postpone the majority of 2020 examinations and some in 2021 due to the impact of COVID-19, as outlined in Table 5. As we previously reported, the 2020 Divisional Clinical Examinations were delivered in a modular format, whereby short cases and long cases were delivered separately.

In February 2021, the College Education Committee approved a [2+2 Short Case format](#) for use as an emergency measure to enable significantly COVID-19 impacted exam sites to deliver the Short Case component of the 2020 DCE. In the 2+2 Short Case format all candidates undertake two Short Cases initially. The Score Combination Grid (without the aggregate score requirement) is applied to the

candidate's Long Case band and initial two Short Case scores to determine if their exam outcome can be determined. If yes, the candidate's exam is complete. If no, the candidate is asked back for two further Short Cases to determine their exam result. This format is designed to reduce the overall number of Short Cases required (in the 2020 DCE for Adult Medicine in Australia only 28% of candidates needed a further two Short Cases). External Psychometric company, Australian Council for Educational Research, confirmed this model led to at most a 3% higher pass rate (when applied to the Australian Adult Medicine 2019 exam data set). Later analysis based on the 2020 Adult Medicine exam data set confirmed the model. The 2+2 Short Case format is an emergency measure as it allows clinical exams to be offered in situations where hospitals do not have the capacity to run all four Short Cases. For the 2020 DCE 18 Adult Medicine exam sites (largely in Victoria and New South Wales) needed to use this delivery format. For the 2021 DCE some exam sites will again need to use the 2+2 Short Case format due to COVID-19 impacts. The preferred format continues to be four Short Cases.

Table 5: Approach to delivery of 2020 and 2021 examinations

Exam	2020	2021
Basic Training		
Divisional Written Examinations		
Adult Medicine	Delivered in February 2020 as planned	Delivered in February 2021 as planned
Paediatrics and Child Health	Delivered in February 2020 as planned	Delivered in February 2021 as planned
Divisional Clinical Examinations		
Adult Medicine	AoNZ- Long Cases delivered November 2020. Short cases delivered February 2021. AUS- Long Cases delivered via teleconference November 2020- March 2021. Short Cases delivered face-to-face March- May 2021.	AoNZ – traditional format exam (face-to-face Long and Short Cases on the same day) delivered as scheduled June 2021 AUS - Delivery commenced July 2021 as scheduled. Traditional format delivery in QLD, SA, TAS, NT, and WA, and modular format delivery (teleconference Long Cases and face-to-face locally delivered Short Cases) in VIC, NSW, and ACT due to COVID-19 impacts
Paediatrics and Child Health	AoNZ- traditional format exam delivered Oct-Nov 2020 AUS- Long Cases delivered via videoconference December 2020- March 2021. Short Cases delivered face-to-face March- April 2021.	AoNZ – traditional format exam delivered as scheduled May 2021 AUS – Delivery to commence in modular format from 1 September 2021. Short Case delivery in NSW and ACT postponed to mid-October due to COVID-19 impacts
Australasian Chapter of Sexual Health Medicine		
Exit Examination	Delivered in August 2020 via videoconference platform. This was the first RACP exam to be delivered virtually and was successful.	Scheduled to be delivered on 27 August 2021 via videoconference platform.

Table 5: Approach to delivery of 2020 and 2021 examinations (continued)

Exam	2020	2021
Australasian Faculty of Rehabilitation Medicine		
Written Examinations		
Module 1 Assessment	Postponed from May 2020 to May 2021.	Delivered in May 2021 via Computer Based Testing. This was the first RACP exam to be delivered via CBT successfully.
Fellowship Written Examination - Multiple Choice Exam	Postponed from May 2020 to February 2021.	Delivered as scheduled in February 2021 for both 2020 and 2021 cohorts. Exam held face to face at exam venues across Australia and Aotearoa New Zealand.
Fellowship Written Examination - Modified Essay Question exam	Postponed from May 2020 to February 2021.	Delivered as scheduled in February 2021 for both 2020 and 2021 cohorts. Exam held face to face at exam venues across Australia and Aotearoa New Zealand.
Fellowship Written Examination (Paediatrics) - Multiple Choice Examination	Postponed from May 2020 to February 2021.	Delivered as scheduled in February 2021 for both 2020 and 2021 cohorts. Exam held face to face at exam venues across Australia and Aotearoa New Zealand.
Fellowship Written Examination (Paediatrics) - Short Answer Question Examination	Postponed from May 2020 to February 2021.	Delivered as scheduled in February 2021 for both 2020 and 2021 cohorts. Exam held face to face at exam venues across Australia and Aotearoa New Zealand.
Clinical and Practical Examinations		
Module 2 Assessment	Postponed from June 2020 to June 2021.	Delivered as scheduled in June 2021. Candidates attended 3 hospitals across Australia and Aotearoa New Zealand. Victorian candidates unable to attend due to Melbourne lockdown. Victorian candidates rescheduled to October 2021.
Fellowship Clinical Examination - General Rehabilitation	Postponed from August 2020 to May 2021.	Delivered as scheduled in May 2021. 75 candidates sat across 3 hospitals. 6 candidates sat via videoconference platform.
Fellowship Clinical Examination (Paediatrics)	Postponed from September 2020 to May 2021.	Delivered as scheduled in May 2021. Exam delivered virtually for 2 candidates.
Australasian Faculty of Public Health Medicine		
Oral Examination	Postponed from October 2020 to March 2021.	2020 cohort sat virtually in March 2021. 2021 cohort planned to be delivered in October 2021.

Table 5: Approach to delivery of 2020 and 2021 examinations (continued)

Exam	2020	2021
Australasian Faculty of Occupational and Environmental Medicine		
Written Examinations		
AFOEM Stage A Written Examination	Postponed from September 2020 to September 2021.	Due to be delivered in exam venues across Australia and Aotearoa New Zealand on 11 – 12 September 2021.
AFOEM Stage B Written Examination	Postponed from September 2020 to September 2021.	Due to be delivered in exam venues across Australia and Aotearoa New Zealand on 11 – 12 September 2021.
Clinical and Practical Examinations		
AFOEM Stage B Practical Examination	Postponed from November 2020 to November 2021.	Due to be delivered in November 2021 for both 2020 and 2021 cohorts. The exam will be delivered using a hybrid model, candidates will attend the hospital face to face for 1 station and via videoconference platform for stations 2 and 3.

Update on exams contingency plans 2021

Comprehensive Risk Management Plans are in place to manage any situations impacting the delivery of exams. This includes COVID-19 impacts.

1. Situation Management Plans guide the management of external events impacting exam delivery and are complemented by a Crisis Communications Plan.
2. Contingency Plans have been developed as part of the overall Risk Management approach for all exams. These plans are published on the website and focus on deferring exam delivery or implementing an alternative form of delivery.
3. Implementation of a dedicated Divisional Clinical Examination Support model is in place with College staff and external suppliers providing support on all exam days. Support includes:
 - a. an internal Help Desk providing general support for the Digital Scoresheet and assistance with technology queries and issues.
 - b. A comprehensive suite of support resources for examiners, candidates, and hospitals.

All exams have been reviewed to ensure the model minimises the need for travel by any participants.

Transition to a digital examination scoring system

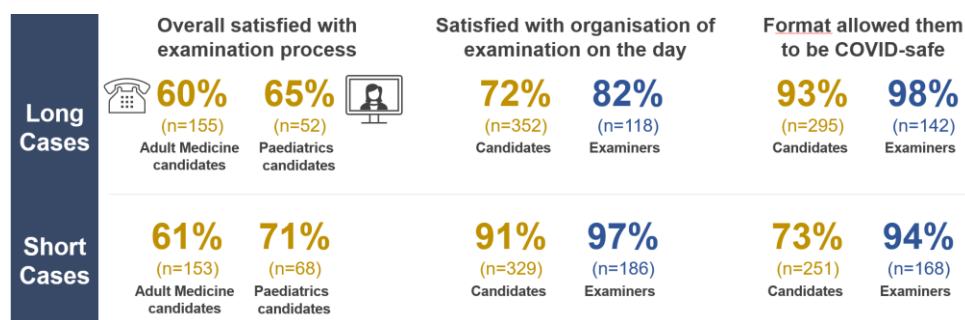
Delivery of the examinations virtually supported the transition to a digital examination scoresheet system. Feedback from examiners suggested that the implementation of the new Digital Scoresheet System was a success, with examiners preferring the digital marking system, commenting that digital scoring improved data security and improved legibility of feedback provided to candidates.

Feedback from candidates and examiners

This year we continued to run the Post Exam Candidate and Examiner Surveys for all examinations. We adapted these to also gauge the impacts that COVID-19 and associated changes had on preparation and satisfaction with examination experience.

In terms of the 2020 Divisional Clinical Examination (DCE) Long Cases, there was variation in the volumes of Adult Medicine (65%) and Paediatrics and Child Health (46%) candidates who felt their preparation was negatively impacted by COVID-19. Higher proportions of DCE Short Case candidates reported their preparation was negatively impacted by COVID-19, with Adult Medicine candidates (83%) more commonly reporting negative impacts than Paediatrics and Child Health candidates (72%). Overall satisfaction with the examination process, organisation of the examination on the day and COVID-safety was broadly positive (Figure 7).

Figure 7: Post-Exam Candidates and Examiner Survey Divisional Clinical Examination summary results



Computer Based Testing

The Australasian Faculty of Rehabilitation Medicine (AFRM) Module 1 Assessment was successfully delivered by computer-based testing (CBT) on 18 May 2021. 74 candidates sat the examination at 11 locations across Aotearoa New Zealand and Australia.

We have received positive feedback from the candidates on the computer-based platform, with 92% agreeing that they were satisfied with the experience and that computer-based testing is a positive development for the College.

Work towards the planned October 2021 delivery of the Divisional Written Examination using CBT is on track with testing activities scheduled for June to August. This includes a full end-to-end mock exam planned for August in Christchurch, Brisbane and Sydney.

Contingency plans include a paper-based backup exam in the unlikely event there is a technical issue. We have also developed several COVID-safe measures and contingency plans in case the pandemic impacts exam day. Details of all our contingency and backup plans are provided well in advance of exam day and [published on our website](#).

Review of Australasian Faculty of Rehabilitation Medicine (AFRM) Fellowship Clinical Examination

The AFRM Fellowship Clinical Examination was delivered on 1 May 2021 to the combined 2020 and 2021 cohorts. This exam is traditionally delivered at a single hospital site over a single day, with trainees and examiners travelling to that site from across Australia and Aotearoa New Zealand. In response to the ongoing COVID-19 situation the exam was delivered at three hospital sites in Sydney, Melbourne and Brisbane, with candidates based in Aotearoa New Zealand and Singapore joining by video conference.

The pass rate for this exam in 2021 was 36%, compared to a pass rate of 53.8% in 2019 and 50.2% in 2018. Additional analysis was conducted on the examination results prior to results release due to the low pass rate. Examiner feedback reported candidates consistently did not meet the standards required to pass the examination and that the pass rate was reflective of candidate performance rather than the design of the examination. Candidate feedback collected through post-examination surveys reported that candidates felt that COVID-19 had affected their training.

A further evaluation of the exam, including the design and scoring of the questions, and the overall design of the exam is being undertaken. The evaluation will also include consideration of the passing criteria for the exam and their application. Potential factors that could have contributed to the significant decrease in the pass rate, including the impact of COVID-19 on training and examination preparation, will also be considered.

The subsequent evaluation will be undertaken by the Chief Censor of the College and a non-AFRM Fellow of the College with strong assessment experience.

Ongoing consideration of exam delivery approaches

All examinations are, and will continue to be, evaluated with a focus on changes to format and design to identify impacts on exam outcomes. The routine annual psychometric reports continue to be reviewed by the College Assessment Committee for validity and reliability of the 2020-2021 examinations. In addition to the standard analysis further work will be done to evaluate the specific impacts of any changes introduced as part of the response to deliver exams during the COVID-19 pandemic.

The introduction of virtual delivery of components of the Divisional Clinical Examination for both Adult Medicine and Paediatrics and Child Health, required the revision of the rubrics to remove the requirement for physical examination of a patient for the Long Cases, as they were delivered virtually. The impact of this change will be reviewed to assess impact on exam outcomes, together with the increase in reliance on the Short Case component which provided the assessment of candidates' physical examination skills.

The evaluations will aim to identify those changes which contributed to better outcomes with the view to retain and enhance these changes to further improve exam quality, while also identifying those changes which negatively impacted the reliability or validity of the exam. The evaluation will include further analysis of the impact of the 2+2 model. The 2+2 model has been utilised as an emergency measure where sites were unable to deliver the exam in the traditional format as a result of significant COVID-19 impacts. The validity and reliability of the 2+2 approach has been assessed through psychometric analysis simulating the effect using previous years' data. It was determined to be a sound approach with minimal effects on reliability and validity.

The post-examination surveys distributed to candidates, examination organisers and examiners (see above) include questions to assess the impact of examination changes, such as the use of virtual examination, as well as the suitability of the assessment, the venue, content and difficulty of the examination. These findings support assessment of the face validity of the examination.

2. Addressing accreditation conditions

Condition 11

Due 2018

As part of the Basic Training curricula review, ensure that the summative assessments apply reliable and valid methodologies and are aligned to both Basic Training curricula

2020 AMC Commentary

The College has advised their intention to move away from formative and summative terminology as the training programs move towards programmatic assessment. The new basic training program consists of three phases: foundation, consolidation, completion. At the end of each phase of training a trainee progress report is completed. To inform this report supervisors review evidence of learning and work-based assessment results and rate trainees progress against the 10 key learning goals.

There is also a written examination consisting of 170 multiple choice questions aligned to the basic training knowledge guides for adult internal medicine or paediatrics and child health. There is then a clinical examination that assesses the trainee's ability and incorporates the key components of interview, examination, formulation of a differential diagnosis and a management plan.

In the next progress report, the College is asked to outline the evidence base supporting that the reliability and validity of the new assessment approaches.

The new assessments in the Basic Training program have been designed based on reliable and valid methodologies. To ensure validity we have blueprinted assessments to the curriculum standards. To achieve improved reliability, we have increased the number and frequency of work-based assessment episodes. Details regarding the evidence base for our programmatic approach to assessment are available in our [Programmatic assessment at-a-glance guide](#), which is relevant to both Basic and Advanced Training programs.

In a programmatic assessment model, validity is determined by adequate sampling from a pre-determined blueprint¹. In the new Basic Training programs, this has been achieved by blueprinting assessments to the curricula standards, which are summarised as learning goals. The rotation and phase progress reports, Written Examination and the Clinical Examination have been blueprinted to the BT learning goals (Figure 8); and the Written Examination is blueprinted to the new [BT knowledge guides](#) (Table 6).

Reliability under a programmatic assessment model is less easily quantified, however is determined primarily by a sufficient volume of assessment episodes¹. The planned number of work-based assessment episodes is a minimum of 24 per phase at full implementation. Traditional metrics of the Written and Clinical Examinations have historically shown adequate reliability and there have been no substantial changes that would alter that.

¹ Wilkinson T.J., Tweed M.J. (2018). Deconstructing programmatic assessment. *Advances in Medical Education Practice*, 9, 191–7.

Figure 8: Basic Training Assessment blueprint

Assessment blueprint

This high-level assessment program blueprint outlines which of your learning goals *could be* and *will be* covered by the assessment tools.

Learning goals	Assessment tools						
	Registration form	Learning Capture	Observation Capture	Rotation Plan and Progress Report	Phase Plan and Progress Report	Written Examination	Clinical Examination
1. Clinical assessment	x	Could assess	Could assess	Will assess	Will assess	x	Will assess
2. Communication with patients	x	Could assess	Could assess	Will assess	Will assess	x	Could assess
3. Documentation	x	Could assess	Could assess	Will assess	Will assess	x	x
4. Prescribing	x	Could assess	Could assess	Will assess	Will assess	Could assess	Could assess
5. Transfer of care	x	Could assess	Could assess	Will assess	Will assess	x	x
6. Investigations	x	Could assess	Could assess	Will assess	Will assess	Could assess	Could assess
7. Acutely unwell patients	x	Could assess	Could assess	Will assess	Will assess	x	x
8. Procedures	x	Could assess	Could assess	Will assess	Will assess	x	x
9. Professional behaviours	x	Could assess	Could assess	Will assess	Will assess	x	Could assess
10. Knowledge	x	Could assess	Could assess	Will assess	Will assess	Will assess	x

The Divisional Written Examination Committees have undertaken a review of the BT knowledge guides from the new curricula. The review identified a broad sample of specialty areas that are assessed by multiple means, from work-based assessments through to the Divisional Clinical Examination. The breadth and depth of coverage of each curriculum area was reviewed by the Committees in collaboration with the College Psychometrician to determine an appropriate balance of content and weighting for the exam (Table 6). This information is published on the [examinations page](#) of the RACP website.

Table 6: Adult Medicine and Paediatrics and Child Health written examinations blueprints

Specialty	Items	
	(target number of multiple-choice questions on the exam)	
	Adult Medicine (AM)	Paediatrics and Child Health (PCH)
Adolescent and Young Adult Medicine	-	4-7
Cardiology	8-12	10-12
Clinical Sciences – Pharmacology	-	10-12
Clinical Sciences – Epidemiology	-	10-12
Dermatology	1-3	1-2
Emergency Medicine	-	10-12
Endocrinology	8-12	10-12
Gastroenterology	8-12	10-12
General Medicine	10-14	-
General and Community Paediatrics	-	10-12
Genetic and Metabolic Medicine	5-9	10-12
Geriatric Medicine	5-9	-

Specialty	Items	
	(target number of multiple-choice questions on the exam)	
	Adult Medicine (AM)	Paediatrics and Child Health (PCH)
Haematology (AM) / Haematology and Oncology (PCH)	8-12	10-12
Immunology and Allergy	5-9	10-12
Infectious Diseases	8-12	10-12
Medical Obstetrics	1-3	-
Medical Oncology	8-12	-
Neonatal and Perinatal Medicine	-	10-12
Nephrology (AM) / Nephrology and Urology (PCH)	8-12	10-12
Neurology	8-12	10-12
Palliative Medicine	1-3	-
Pharmacology, Toxicology and Addiction Medicine	8-12	-
Respiratory and Sleep Medicine	8-12	10-12
Rheumatology	8-12	4-7

Data on the use of the new phase progress reports will be gathered and analysed as part of the evaluation of the rollout of the new program with early adopter training settings. In addition, further evaluation and review of blueprinting is planned once the new BT program has been fully implemented. Evaluation of the implementation of the new program in coming years will provide insights into the fidelity and integrity of the program with reference to the principles of programmatic assessment.

Condition 12

Due 2022

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.

2020 AMC Commentary

The College has developed a draft Advanced Training Common Learning, Teaching and Assessment program. In developing this program, the College has ensured appropriate input from Fellows. It is expected that the college will begin the consultation process surrounding the draft program at the time of this report.

The alignment of the college assessment tools and processes to the learning goals adds validity to the program of assessments. This includes the application of internal consistency to the examination and also the use of a variety of assessments on a number of occasions. This is on the basis that multiple low stakes assessments inform high-stakes decisions.

The [Advanced Training Curricula Common Learning, Teaching and Assessment programs](#) outline the common set of assessment tools that can be used as the baseline for specialty curricula development. The program blueprint (Figure 9) contained in the same document maps how tools will/could assess common learning goals in a hypothetical Advanced Training program. Validity of the assessments will be ensured through blueprinting to the learning goals in each specialty curriculum.

The phase progress report is the common high-stakes assessment for AT programs that is associated with a progression decision (Figure 10). As per earlier comments against Condition 11, the progress report is part of a programmatic assessment model that draws its reliability from integrating information from a sufficient volume of work-based assessment episodes.


Figure 9: Advanced Training program blueprint

Program blueprint

In the new Advanced Training programs, a high-level assessment program blueprint will outline which of the learning goals (and associated curricula standards) *could be* and *will be* covered by the assessment tools. An example is shown below.

Learning goals	Assessment tools						
	Applicable to all curricula					Applicable to some curricula	
	Registration form	Learning capture	Observation capture	Progress report	Research project	Case report [^]	Logbook [^]
1 Team leadership	x	Could assess	Could assess	Will assess	x	x	tbd
2 Supervision and teaching	x	Could assess	Could assess	Will assess	x	x	tbd
3 Professional behaviours	x	Could assess	Could assess	Will assess	Will assess	tbd	tbd
4 Clinical assessment and management	x	Could assess	Could assess	Will assess	x	tbd	tbd
5 Longitudinal care	x	Could assess	Could assess	Will assess	x	tbd	tbd
6 Communication with patients	x	Could assess	Could assess	Will assess	x	x	tbd
7 Specialty learning goal (tba)	x	Could assess	Could assess	Will assess	x	tbd	tbd
8 Specialty learning goal (tba)	x	Could assess	Could assess	Will assess	x	tbd	tbd
9 Specialty learning goal (tba)	x	Could assess	Could assess	Will assess	x	tbd	tbd
10 Specialty learning goal (tba)	x	Could assess	Could assess	Will assess	x	tbd	tbd

Figure 10: Advanced Training Progress Report

	Progress report	Work-based assessment
Purpose		
This assessment documents reports on trainees' progress against all the learning goals (including the EPAs) for each quarter and the phase; and criteria to progress to the next phase of training in the fourth quarter.		
Description		
At the end of each three-month period of training, trainees will complete a self-assessment to rate their level of competence against each of the learning goals (the EPAs and professional behaviours). Education supervisors will review trainees' evidence of learning and results from work-based assessments, rate and provide feedback on trainees' progress against all the learning goals (EPAs and professional behaviours). At the end of each phase the supervisor will make a recommendation regarding trainees' readiness to progress to the next phase of training. The RACP training committee will act as a Progress Review Panel that reviews trainee progress and Education Supervisors' recommendations and record their decision regarding certification of the trainees' phase of training.		
Timing		
Every three months		
Replacement of current tool?	This will replace the existing Supervisor's Report.	

AT programs will use the common LTA program as a baseline when they develop their specialty curricula through the curricula renewal process, and additional assessments may be included through that process.

3. Statistics and annual updates

Please see [Appendix 2](#) for statistics and annual updates.

Standard 6

Monitoring and evaluation

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

2020 AMC assessment: Standard Met

Conditions open: Nil

1. Analysis of strengths, challenges and significant developments

Significant developments since the last accreditation assessment

Monitoring and evaluation of examination delivery

We continue to conduct post-examination surveys of candidates and have now expanded this program to routinely include post-examination surveys of examiners. Through a period of such flux, the insights these surveys provide regarding candidate and examiner experiences of changes have been valuable in formulating future delivery and contingency plans. Refer to [Standard 5](#) for further details.

We continue to monitor the quality of assessments through regular psychometric reports and summaries of feedback. These are reviewed by the College Assessment Committee.

Exploring trainee and educator experiences via the Physician Training Survey and Medical Training Survey

We launched the second Physician Training Survey in October 2020, providing the first opportunity for the College to compare results over time against the 2018 survey. Over 1600 trainees and 900 educators responded to the survey about their experiences of training/supervising at their setting during the period August to November 2020. Results revealed that the majority of trainees and educators were satisfied with their training/supervisory experiences (70% and 83% respectively). However, a high proportion of trainees and educators indicated that they were burning out or were completely burnt out (43% of trainees and 29% of educators). These figures increased by at least 5% since 2018 and were higher amongst Basic Trainees. Bullying, harassment and discrimination also remain a concern amongst both trainees and educators, with figures slightly increasing since the 2018 survey. In order to determine the best approach to address these concerns regarding burnout and bullying, harassment and discrimination, the College Education Committee is convening a Strategy Day in the latter half of 2021.

The Medical Board of Australia conducted the second annual Medical Training Survey (MTS) in August 2020, attracting a high overall response rate, with 3,639 RACP trainees contributing responses. We analysed the results of the MTS to help identify aspects of the physician training experience in Australia that are working well and aspects that can be improved (A6.1). We also compared the results of the MTS to the results of our Physician Training Survey and determined that the results of the two activities are largely in concordance. Pleasingly, in 2020, our results improved in almost all the twelve areas in which the RACP scored relatively low compared to the national average in 2019, although five of these areas remain relatively lower than the national average in 2020. We recognise that continued improvement is required and are consulting with key committees regarding the 2020 MTS results and seeking feedback on initiatives to improve trainee experiences.

Expanded evaluation program

In 2021 we developed and initiated our approaches to evaluating the implementation of both the new Basic Training program and new Accreditation Program, to explore how these large programs of change are meeting their aims. Both evaluations utilise developmental evaluation approaches to provide real time feedback to the program teams. Longer term evaluation of both programs of change will occur in a phased approach to evaluate outcomes and impacts. Data will be collected through anonymous online surveys, participant interviews and educational analytics.

The conceptual framework for evaluation of the new Basic Training program consists of the theoretical framework of competency based medical education (CBME) that underpins the program theory and program logic of the BT Program; the BT Program theory of change; and the major evaluation questions that are adapted from the Royal College of Surgeons and Physicians of Canada Competence by Design evaluation framework¹. Applying the 'five core components' framework of CBME² as a theoretical framework focuses the evaluation on the principles and practices of CBME theory but also allows for flexibility of implementation across the unique contexts of training settings and phased implementation over time.

We have developed a proposal for an annual New Fellow Survey in conjunction with key stakeholder committees to support evaluation of the short-term outcomes of training and explore member experiences of transitioning from trainee to New Fellow. The proposal was approved by the College Education Committee for launch in late 2021. This work will provide longitudinal data for exploring change over time, including the effects of the new Advanced Training programs.

2. Addressing accreditation conditions

There are no open conditions remaining.

3. Statistics and annual updates

Please see [Appendix 2](#) for statistics and annual updates.

¹ CBD Program Evaluation Operations Team. (2020). *Competence by Design Annual Pulse Check Report 2020*. Royal College of Physicians and Surgeons of Canada.

² Van Melle, E. F. (2019). A core components framework for evaluating implementation of competency-based medical education programs. *Academic Medicine*, 94, 1002- 1009.

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
2020 AMC assessment:	Standard Met
Conditions open:	Nil

1. Analysis of strengths, challenges and significant developments

Significant developments since the last accreditation assessment

Member Health and Wellbeing

Member health and wellbeing remains a key development focus for the College. We continue to monitor member wellbeing through a range of surveys including the Physician Training Survey and Medical Training Survey (see [Standard 6](#)), Pulse surveys, Post Exam Candidate Surveys (see [Standard 5](#)) and others. We continue to provide a range of services, support programs, initiatives and online resources to support member wellbeing.

In April 2021, the College Education Committee approved the review of the Physicians Health and Wellbeing Strategy. The strategy has now been renamed the Member Health and Wellbeing Strategy to explicitly include trainees. The evaluation and revision of the strategy will aim to address the issues of bullying, harassment and/or discrimination in training. As part of this work, we will also focus on the development of initiatives to support staff wellbeing and accelerate cultural change.

The next steps, as approved by the College Board, include the establishment of the Member Health and Wellbeing Committee (see [Standard 1](#)) and the inclusion of wellbeing champion representation in established College bodies, to be completed by July and September 2021, respectively.

We continue to highlight support for trainee wellbeing via a range of communication avenues. We have developed a communication plan to help raise awareness about our Training Support Unit and available resources including the College's curated resources on Doctor's Health and Wellbeing. We continue to promote and communicate the range of health and wellbeing resources available to trainees through the College. This includes the RACP Support Program, provided by Converge International.

Training Support Policy and Pathway review

The Training Support Policy and Pathway are currently undergoing review to update with best practice and align to the new training curricula. Previously the Trainees in Difficulty policy and pathway, the renamed and revised draft policy has undergone internal consultation and will be more broadly consulted on with stakeholders in late 2021.

Improving entry to Basic Training

We plan to run the second Trainee Selection Pulse Survey in collaboration with the College Trainees' Committee and the Gender Equity in Medicine Working Group in late 2021. The aim is to ascertain the rate of inappropriate questioning and the use of pre-interviewing. The results of the survey will be broadly disseminated to the College membership and other stakeholders so that they are aware of the findings.

This year the College is collaborating with all jurisdictions to collate information for potential applicants to Basic Training about how to apply and the selection processes used in each jurisdiction. Once complete this information will be published on the College website.

Selection into Training Policy review

The Selection into Training Policy is currently undergoing review in response to the recommendations from the report *Strategies for increasing Indigenous entry into training and to support the achievement of Priority 2 of the Indigenous Strategic Framework: Grow the Indigenous physician workforce*. The review is being undertaken in collaboration with the Strategic Partners from the RACP Aboriginal and Torres Strait Islander Health Committee and the Māori Health Committee to ensure the review and any amendments reflect the needs and priorities of both Indigenous peoples in Australia and Aotearoa New Zealand.

Situational Judgement Test Pilot Implementation

In November 2019, the College Education Committee approved the roadmap for improving entry into Basic Training. One of the key recommendations in the roadmap was to pilot and evaluate the use of a Situational Judgement Test (SJT) as a screening tool for applicants to the Paediatrics & Child Health Basic Training program. We procured a preferred supplier for the SJT in early 2020, however, due to impacts of COVID-19 on training in 2020, the pilot was postponed until 2021.

The project has been reinitiated and development and preparation work will be completed in 2021 and the pilot SJT implemented for individuals applying to the settings participating in the pilot in 2022.

To meet this recommendation, we are proceeding with piloting an SJT with the following scope:

- SJT test results will not be used to inform any shortlisting/selection decisions during the pilot year. Instead applicants will be tracked through the selection process and outcomes then compared back to how they did in the SJT to determine if any significant associations can be drawn.
- The SJT will be piloted at the training network level, rather than being centrally run College selection tool.
- The College will fund the pilot year, with no costs to candidates taking the SJT.
- Only after the pilot has been evaluated will a decision be made as to whether the SJT should be continued to be used by training networks, endorsed by the College and rolled out on a wider scale.

A Working Group has been established to support the project and includes representation from each training network participating in the pilot and trainee representation.

Support for Advanced Training recruitment

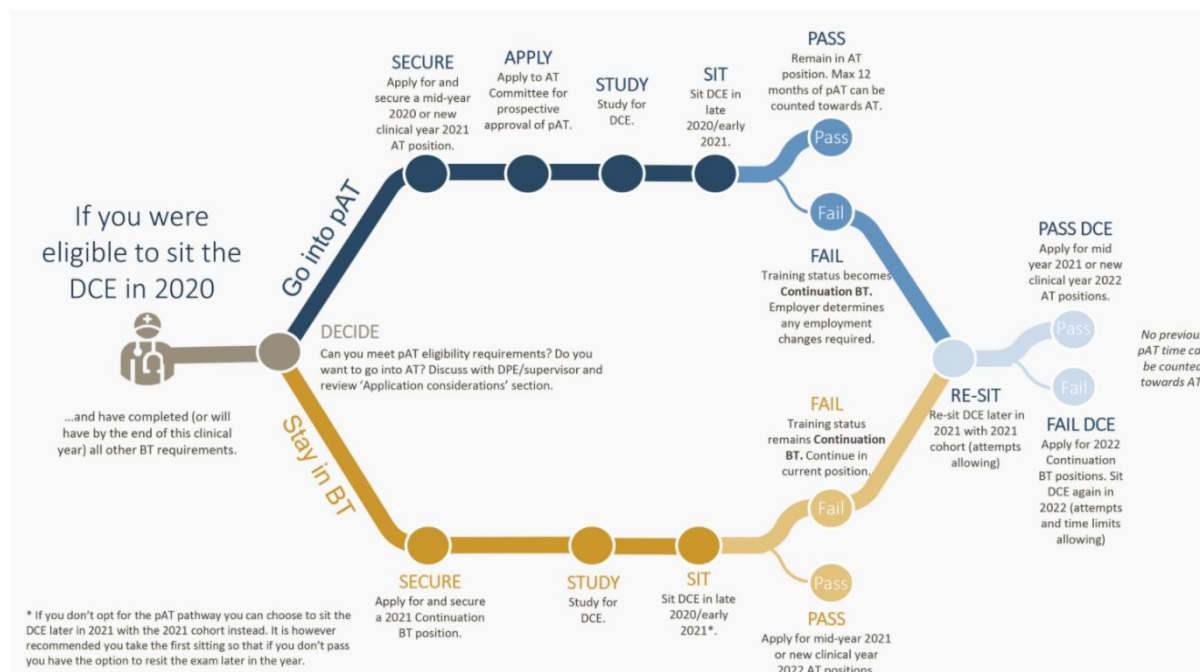
Advanced Training Selection Matching (ATSM) is a service provided by a third party (the Postgraduate Medical Council of Victoria) and facilitated by the RACP to assist hospitals and specialty groups in their recruitment processes. The RACP is not involved in selection decisions or recruitment into employment positions.

The service was used in 2020 by some RACP specialties in a range of Australian states and managed 667 applicants for positions. Thirteen matches were run, resulting in 294 successful applicant-position matches: 363 men applied for positions, with 146 successful matches; 304 women applied with 184 successful matches. The results of the 2020 ATSM process are published on our [website](#) for transparency.

Provisional Advanced Training progression pathway

Due to the postponement of the Divisional Clinical Examination in 2020, we developed [the provisional Advanced Training \(pAT\) progression pathway](#) (Figure 11) which under the circumstances could facilitate the progression of eligible Basic Trainees into Advanced Training, despite not taking the Division Clinical Examination (DCE). This was approved through the COVID-19 Training and Accreditation Advisory Group and College Education Committee and gave trainees the option to remain in Basic Training as continuation trainees or apply for pAT to progress to Advanced Training.

Figure 11: pAT pathway



Trainees planning to sit the rescheduled 2020 DCE were able to apply for pAT for either late 2020 or early 2021, provided they had:

- completed all other Basic Training requirements, including passing the Divisional Written Examination AND
- secured an AT position that started after the date they would have sat the DCE in 2020 (this position must have been in an accredited AT setting).

The pAT pathways were not utilised by trainees in Aotearoa New Zealand, as their DCEs were concluded by February 2021.

In Australia, the 2020 DCE was delivered in a modular format between November 2020 and May 2021. Of the 1154 trainees eligible for pAT, 795 (69%) took up this option, meaning that they were able to secure an appropriate Advanced Training position. 686 (86%) of these pATs successfully passed the DCE and were able to continue with Advanced Training and 88 (11%) failed and reverted to continuing Basic Training. The remaining 21 (3%) candidates either deferred or withdrew from the DCE.

Candidates who passed the 2020 modular DCE Long Cases and thus were eligible to sit the 2020 modular DCE Short Cases, were allowed to defer their Short Cases attempt to 2021. The following rules are in place for these candidates (n=19):

- they must continue to have their training provisionally approved until they receive the result of their deferred attempt at the 2021 DCE later this year
- they may claim a maximum of 18 months of pAT, if they received provisional approval between June – August 2020
- pending successful completion of their deferred 2021 DCE, individual Advanced Training Committees will consider certification of pAT undertaken in 2020 and 2021 on a case-by-case basis as part of the certification of training process
- pATs who fail the 2021 DCE exam will not be eligible to have their pAT certified towards Advanced Training and will revert to Continuation of Basic Training.

Provisional ATs who withdraw from the deferred 2021 DCE exam are not eligible to have their pAT certified towards Advanced Training and will be reverted to Continuation of Basic Training.

Communication with Trainees

We are taking onboard the key lessons and learnings from 2020 to aid improved communication with our trainees. Our focus is on regular, early, transparent communications, which are developed in consultation with stakeholder representatives. We have developed detailed communication plans across our key projects related to examination delivery, curricula development, continued training and assessment, and other major projects to ensure they are well coordinated and comprehensively communicated to our Members.

We continue to utilise multiple channels and methods of communication and integrate our communication efforts so that trainees receive targeted communication where they are most active and engaged. We employ a range of one-way communications to disseminate information including, direct emails, the RACP website, trainee news eBulletins and newsletters. In the wake of COVID-19's impacts, we have also invested in two-way communications that offer opportunities for trainees to ask questions and get answers directly from the College via platforms including webinars, social media pages, particularly the Trainees Group on Facebook, and the new RACP Online Communities (ROC) (see below).

RACP Online Communities

We have successfully commenced the pilot of the RACP Online Community (ROC) for our members. This channel has been developed with the aim to help foster communication between trainees, Fellows and the College. While primarily focused on supporting peer-to-peer communication, we hope the online community platform will also enable us to create targeted communications for member cohorts including our trainee members. The Trainees Community page within the ROC has been established and our trainees have been subscribed to receive updates from the various posts and announcements as well as to actively engage with their peers.

The pilot launched on 14 April with over 280 members from a range of participating College Bodies. The pilot includes an Open Forum that all pilot participants belong to, as well as 4 sub-communities (Australasian Faculty of Public Health Medicine; Aotearoa New Zealand; Trainees; and Māori Community) that will launch during the pilot. The pilot also includes a private, member-led community for the Gender Equity in Medicine Reference Group.

The pilot members were surveyed in June about their experience in the ROC. Over 80 per cent of the respondents had logged in to the ROC between April and June. The majority found it easy to access, agreed it was easy to connect with other members and easy to share information and opinions with other members.

We are currently in the process of enacting a holistic communications strategy for the improved success of the ROC amongst our members and the College once it is rolled-out to all members. In October we will also be launching Mentor Match in the ROC. This will assist trainees to connect with potential mentors to provide them with support and coaching throughout their career.

Trainee Voice

The Trainee Voice is now a standing item on the Board agenda. The Board invites different trainees to attend and speak to the Board on a broad range of matters or issue that arise from time to time to highlight the trainees' perspective and improve visibility. The Trainees Voice provides a direct link from the College Trainees Committee to the Board provides a mechanism for more comprehensive engagement.

Update Required Against Standard 7

2020 AMC Commentary

Please comment further on ways the College is responding to trainee concerns across a number of areas raised in trainee feedback

The areas raised in trainee feedback are addressed throughout the report within the relevant standards.

2. Addressing accreditation conditions

There are no open conditions remaining.

3. Statistics and annual updates

Please see [Appendix 2](#) for statistics and annual updates

Standard 8

Implementing the program – delivery of education and accreditation of training sites

Areas covered by this standard:	supervisory and educational roles, training sites and posts
2020 AMC assessment:	Standard Met
Conditions open:	Nil

1. Analysis of strengths, challenges and significant developments

Significant developments since the last accreditation assessment

Supervisor Professional Development Program (SPDP)

The challenges of the pandemic had a significant impact on the roll out of the SPDP in 2020. In March, face-to-face workshops were rapidly pivoted to delivery in a virtual environment. This involved supporting our facilitators, reviewing program content for virtual suitability, and becoming expert in the Zoom platform very quickly. Feedback from participants has been overwhelmingly positive, suggesting that the virtual method offers a more convenient option than the traditional face-to-face method providing increased benefits including working with peers from different regions and less disruption to working day.

We continue to focus on supporting all supervisors to complete the Supervisor Professional Development Program (see Table 7). All supervisors must complete one workshop by end 2021 (an extension of 12 months based on COVID challenges) and the remaining two by end 2022. We are exploring approaches to increase supervisor engagement with the program and compliance with the participation requirements.

Current progress (total active supervisors):

- Completed (all three SPDP workshops): 36% (Dec 2019: 14%)
- Partially Completed (at least one SPDP workshop): 42% (Dec 2019: 35%)
- Not yet started: 22% (Dec 2019: 51%)

Table 7: Workshops Conducted from January to August 2021

Type of workshop	Conducted		Upcoming
	Number of workshops	Attendance	
Face to Face	43	547	7
Zoom	112	2104	17
Online	4	508	1
Total	159	3159	25

Review of the RACP Framework for Educational Leadership and Supervision

The Educational Leadership and Supervision Framework is currently undergoing a review, approved by the College Education Committee in November 2019. The Framework, developed prior to the new Basic Training programs and the new Accreditation Program, is being reviewed and restructured to align with the Education Renewal program of work and update the framework content.

New Training Provider Accreditation program

Our new Accreditation Program is underway with a phased implementation, allowing ample time for Training Providers to transition their Training Programs and systems to the new Standards and requirements.

In September 2020, the College Education Committee (CEC) approved Phase 1 implementation of the new Accreditation Program to commence 1 January 2021.

Phase 1 of implementation involves the accreditation of settings against the new [Training Provider Accreditation Standards](#) and its Basic Training programs against the Basic Training Accreditation Requirements for [Adult Internal Medicine \(AIM\)](#) and [Paediatrics & Child Health \(PCH\)](#).

The implementation approach for Phase 1 included:

1. Settings where both AIM and PCH Basic Training programs are offered, accreditation reviews were undertaken jointly.
2. Basic Training programs were transitioned into the new classification system (Principal and Adjunct Training Program). However, the Training Program Delivery Duration remains the same as per the current Level classification system (Level 3, Level 2, Level 1 / Level 1 as part of a network and Secondment).
3. Review schedules in Australia and Aotearoa New Zealand are revised to a four-year cycle to support the new accreditation program.
4. The accreditation of rotations and training networks were out of scope and will be reviewed as part of evaluation in 2022.

All training settings due for accreditation in 2021 and 2022 have been provided with the new standards, program requirements and Self-Assessment Form. All training settings have been notified of their revised schedule date for 2021 to 2026.

Since implementation of the new program, six settings have had accreditation visits against the new Standards, including two joint visits.

Planning for the next phase of implementation is currently underway in preparation for consultation with the accreditation committees over the coming months.

Accreditation Program implementation activities and new resources

Due to current and ongoing COVID-19 restrictions, activities to support implementation of the new accreditation program were adapted to be delivered via distance. Training sessions for 46 settings in Australia and 7 settings in Aotearoa New Zealand were delivered virtually using Zoom videoconferencing.

Training for Phase 1 covered two themes:

- *Accreditation program*: Topics include the new accreditation program and cycle, roles and responsibilities, as well as governance of the new program.
- *Accreditation processes and tools*: Topics in this theme include how to use and complete the self-assessment form.

New resources to support the implementation of the new accreditation program include:

- [Accreditation of a Training Provider process](#) provides narrative information on the accreditation review process
- [Training Provider Accreditation Policy](#) sets out how the RACP will assess and accredit training providers that deliver RACP training programs
- [Training Provider Standards](#) articulate the expectations for workplace training
- [Basic Training Accreditation Requirements](#) are actions that need to be addressed by a Training Provider delivering a RACP Basic Training program.
- *Managing a Change of Circumstance process* outlines how a Training Provider informs us of a change of circumstance that may occur in between an accreditation visit and the steps taken to assess any change. This process has been developed in alignment with the new Accreditation of a Training Provider process and will be published on the RACP website.
- *Departure from Training Provider Standards process* is currently in development.



Evaluation of implementation of the new Accreditation Program

Evaluation plans for Phase 1 implementation of the new accreditation program have been designed and will explore the experiences and impact of the implementation of the new program, processes, supporting technology/resources, and the change management approaches employed.

Key stakeholders will include participating Training Providers, accreditors, and Accreditation Subcommittee members.

The evaluation will be carried out in two stages (Figure 12). Stage 1 will focus on recognising early insights and Stage 2 will focus on monitoring how the new accreditation program is functioning.

Figure 12: Summary of evaluation approach

	<p>Stage 1: Recognising Early Insights (2021 – 2022)</p> <p>A check-in on how the initial implementation approaches are being enacted and experienced. It will seek to identify any essential adjustments required to support effective implementation.</p>
	<p>Stage 2: Monitoring Implementation (2022 - 2023)</p> <p>Will build off the first stage by seeking to further evaluate and improve implementation approaches. It will also focus on evaluating how the elements of the accreditation program are functioning and seek to uncover any previously unidentified areas to further explore. The evaluation questions in this phase may be refined based on findings from the first stage.</p>

Evaluation findings for Phase 1 implementation will be used to inform the next phases of implementation for accreditation renewal, which are currently in development.

Capacity to Train Guidance

As part of the new Training Provider Accreditation program of work, we are now progressing the Capacity to Train project. Accreditation will be used as the tool for monitoring training program capacity to train, which will facilitate consideration of both the qualitative and quantitative aspects at a setting which determines their capacity to deliver a training program to cohorts of trainees.

At its July 2021 meeting, the College Education Committee approved the Capacity to Train Guide as a draft to be piloted with DPEs at Basic Training settings. The Capacity to Train Guide aims to ensure Training Providers have a greater understanding of their capacity to train Basic Trainees, and understand how the RACP will review this under the new accreditation standards and requirements.

The draft materials will soon be released to all accredited Adult Internal Medicine and Paediatrics & Child Health Basic Training Programs. DPEs will be invited to trial the guidance and give us feedback with the aim of refining the guide, seeking further College Education Committee approval before releasing a final version. We will review and monitor Training Providers' capacity to train using accreditation, with reviews embedded every 12 to 24 months as part of the four-year accreditation cycle.

Managing a concern process

Using the results of the 2020 Physician Training Survey, we are again conducting our process to identify and manage instances where there is an increased likelihood of a workplace training or health and wellbeing concern. This process directly engages key persons involved in physician training at the training setting, including the Director of Physician Education, Chief Executive, Health Services Chief Executive and relevant Jurisdictional representative. Where we have identified a potential concern, in the first instance we initiate a meeting with key personnel, then communicate the potential concerns in writing. We ask them to evaluate the data to determine if there has been an issue and if so, to respond to it. This year, 35 training settings are included in this process.

Trainee participation in accreditation activities

In April 2021 the CEC agreed to the development of a strategy for greater participation of trainees in accreditation and a review of the terms of reference and membership of all College committees responsible for accreditation to ensure they include a trainee representative. We are currently liaising with the College Trainees Committee and other trainee representatives to recruit and train trainees for involvement in future accreditation visits.

2. Addressing accreditation conditions

There are no open conditions remaining.

Standard 9

Continuing professional development, further training and remediation

Areas covered by this standard:	continuing professional development; further training of individual specialists; remediation
2020 AMC assessment:	Standard Met
Conditions open:	Nil

1. Analysis of strengths, challenges and significant developments

Significant developments since the last accreditation assessment

2020 CPD completion rate

We have had successful communications with our members regarding CPD requirements for 2020. The focus of these communications was to ensure all members were aware that whilst completion of CPD was encouraged throughout the year, there was no mandatory requirement to record their 2020 CPD activities. This was due to the impacts of COVID-19 and the announcements made by the Medical Board of Australia (MBA) and MCNZ in March 2020 which acknowledged practitioners may have difficulty meeting CPD requirements as a result of withdrawn/denied leave requests, conference cancellations and the re-prioritisation necessary to meet workforce needs.

Despite this, we have had a completion rate of 37.5% for 2020, which is higher than expected given the lack of mandatory requirements and impacts of COVID-19 on our medical practitioners. This indicates members continued to actively complete and record CPD activities. Our data shows that 9147 (60.8%) MyCPD participants recorded at least one CPD activity for the 2020 year. Anecdotally, our Fellows reported participation in many innovative CPD activities throughout 2020 relating to COVID-19 including upskilling in the use of telehealth for virtual consultations, reviewing and facilitating online mental health resources to support physician wellbeing and vaccine development for those involved in immunology and infectious diseases research.

Updates to the MyCPD platform

The development of a new MyCPD platform is currently underway and scheduled to launch in the second half of 2021. The new and improved MyCPD platform will have a more flexible framework engine within the application as well as updated technology and security. This will allow us greater flexibility when designing frameworks to meet future regulatory requirements, as outlined by the MBA and MCNZ.

The new platform will also:

- Improve our members' experience by providing a streamlined and mobile friendly CPD platform.
- Integrate with the RACP Online Learning platform to provide automatic recording of CPD activities undertaken by Fellows on this platform.
- Include a detailed staff administration panel which will significantly streamline the administration of the MyCPD program and provide operational benefits, such as removing manual processing tasks from staff and automating parts of the audit process.

Embedding cultural safety and issues of health equity into CPD

Our work on CPD and cultural safety and health equity is focused on supporting attitudes on the:

- Importance of relevant CPD activities for cultural safety and health equity in practice *and*
- Opportunities for communications, guidance, templates and resources to engage CPD participants on these areas.

We continue to identify opportunities to communicate and build awareness of cultural safety and health equity, relevant CPD activities and resources and the importance of reflection and self-assessment of knowledge and understanding.

Current initiatives include continued release of relevant RACP resources and development of a curated collection to provide access to the most valuable resources on cultural safety (*see CPD resources below*).

Guidance is being added to the RACP Interactive CPD Handbook and to relevant templates where there is the opportunity to highlight the importance of CPD activities to contribute to knowledge and understanding of cultural safety and health equity in practice.

Templates for the *Annual Conversation* and *Professional Development Plan* have been introduced with sections on cultural safety. CPD registrants can currently opt to use these templates and they will be kept under review for further improvements and changes in preparation for being part of future CPD requirements.

Developments and changes to the requirements and categories of the RACP's MyCPD Framework will be considered to explore the best approach to CPD activities, reflection and self-assessment on cultural safety and health equity:

- To support reflection and understanding of the potential for relevant CPD activities in one or more CPD categories
- To help maximize embedding cultural safety and health equity into different aspects of professional practice.

We have published a statement on [Indigenous Child Health in Australia and Aotearoa New Zealand](#) and are considering recommendations to help inform integration of cultural safety and focus on health equity into CPD. The statement states the right of Indigenous children to the same standard of health as other Australian and Aotearoa New Zealand Children and the importance of understanding that the development of cultural safety is a career-long process.

The CPD communication plan is kept under review for regular communication with CPD participants on the importance of cultural safety and health equity and regulatory changes through a range of channels.

Communication plan

We continue to have a large focus on communicating the upcoming regulatory changes on the horizon for practitioners in both Aotearoa New Zealand and Australia. Our focus is on educating our membership, particularly on activities relating to the review of performance and measurement of outcomes. Communications are multifaceted to reach as many members as possible including ebulletins, social media platforms, collaboration with our specialty societies, direct emails and educational webinars.

This year, we have conducted four webinars relating to changing CPD requirements with two delivered through a partnership with the Digital Health Cooperative Research Centre on using data for reflective practice. We aim to transform these webinars into useful educational resources for our members to continue to educate on CPD activities relating to the review of performance and measurement of outcomes.

Annual Conversation template

In response to the MCNZ recertification requirement that will be implemented, the RACP has developed a structure and template for members designed to form the basis of a confidential annual conversation. This annual conversation template includes a focus on cultural safety, maintaining health and wellbeing, and detailed future planning.

Continuing Professional Development Resources

We continue to expand our range of educational [resources](#) that are available to all members, focusing on cross-specialty topics and emerging areas of need. We also provide resources to support new Fellows in their first role as a consultant and to aid physician health and wellbeing. We offer a broad range of online resources for members via our [online learning platform](#) and continue to expand on the types of resources we develop, as well as the breadth of topics. The RACP online resources are designed to be adaptable, mobile friendly, include digital multimedia and facilitate reflective practice and social learning.

There are over 46 self-paced online courses available which make use of video and audio scenarios and encourage interaction amongst members. Interaction is encouraged through discussion forums, polls, and reflection and practice activities. New courses have recently been launched on Wellbeing in Challenging Times, Telehealth, Thalidomide, Chronic Breathlessness in Advanced Illness and more.

In 2020, we launched the [Medflix and Hormone School](#) educational video libraries to house the extensive RACP collections of powerful and engaging educational videos. The types of videos available in these libraries include interviews, acted scenarios, lectures, and webinars. The *Artificial Intelligence for Healthcare* webinar series and *The Advocate's Journey* mini documentary series are some of our recent video highlights.

Our [Pomegranate Health Podcasts](#) supported Fellows early during the COVID-19 outbreak with the release of Episode 57 on the Art of Telehealth. Other podcast episodes dealt with various aspects of global public health. Episode 62 examined how the World Health Organisation's regulations for pandemic preparedness had held up to the 2019 pandemic, while Episode 64 titled "Big Pharma and the People's Vaccine" explored intellectual property law as it relates to the manufacture and distribution of vaccines. The current 20-year patent agreements have delayed much-needed entry of generics onto the market. A more recent series on the topic of Gender Bias in Medicine examined how gender tropes influence the practice of cardiology and the treatment of women's pain. The latter episode has been downloaded over 2,400 times in the space of two months.

[Curated Collections](#) are our digital CPD resource guides that are based on the contributions and peer review of Fellows and other experts. Each guide presents key readings, online courses, webcasts,

and other tools on a topic. We continue to develop Curated Collections to assist members in accessing quality resources on important topics, and in 2020 released a new Curated Collection on My Health Record for physicians. A Cultural Safety Curated Collection is currently in development and due for release in quarter three/four of 2021. It will provide access to the most valuable resources on cultural safety with an interpretative framework to guide and inform learning in this area. All curated collections are accessible through RACP.

Our [Spaced Learning](#) courses, delivered by Qstream, are designed to enhance physicians' practice and performance through guided case study discussion. The course content is based on real scenarios, developed by our Fellows to challenge physicians' thinking and improve professional practice through discussion and reflection. Approximately 2,000 members have participated in Spaced Learning courses since the program was launched. A new course on Developing Effective Teaching Skills will be running from June 2021. We also continue to run updated reiterations of three popular courses; Diagnostic Error, Cultural Responsiveness and End of Life Care.

We continue to work with Fellows to develop resources to support specific CPD activities. Examples include resources to support the establishment and maintenance of peer review groups, a template for an annual reflective conversation about practice, and further resources, examples and templates to support audit of clinical and professional practice. Multisource Feedback customised for Public Health Physicians is now available and a procurement process has begun that will include, as one outcome, development of an MSF tool customised for the collection of feedback from the patients of paediatricians, given a further trial of MSF just completed reinforced the inadequacy of generic tools.

In order to accommodate members and in acknowledgement of their different schedules and preferred methods of learning, we offer our [Supervisor Professional Development Program](#) (SPDP) via an online course, as well as via the face to face and virtual workshops. These are live, moderated online courses that run over five weeks, and are underpinned by social learning theories in order to give members the opportunity to engage with the content both socially and flexibly. As SPDP will soon be mandatory for supervisors, there is a significant process improvement project underway that uses data analytics and participant feedback to enhance the experience of our supervisors within the three online courses. Some initial improvements include updated moderator training, mid-course completion reminders, and course template reviews.

2. Addressing accreditation conditions

There are no open conditions remaining.

3. Statistics and annual updates

Please see [Appendix 2](#) for statistics and annual updates.

Standard 10

Assessment of specialist international medical graduates

Areas covered by this standard:	assessment framework; assessment methods; assessment decisions; communication with specialist international medical graduate applicants
2020 AMC assessment:	Standard Met
Conditions open:	Nil

1. Analysis of strengths, challenges and significant developments

Significant developments since the last accreditation assessment

Number of Overseas Trained Physician applications

We continue to assess a large number of applications from Overseas Trained Physicians (OTPs) seeking the opportunity to practice in Australia or Aotearoa New Zealand. The RACP received applications from OTPs in more than 30 countries, with assessment across 29 different specialties, and provided a total of 263 assessment decisions and recommendations in 2020. This included:

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

Impacts of COVID-19

We continued with OTP assessment throughout COVID-19 with little impact on the services provided to OTPs and our compliance benchmarks set by the MBA and MCNZ. The interview process was moved entirely online and as we were well equipped to facilitate all interviews via videoconference, our interview waiting times were unaffected by the pandemic.

Throughout the year, we continued to monitor the effects of COVID-19 and provided flexibility for OTPs to commence their requirements in response to international border closures. We also provided ongoing support for international medical graduates (IMGs) on the short-term training in a medical specialty pathway who were affected by COVID-19.

The number of OTPs who commenced practice under peer review in 2020 remained consistent but there was a slight reduction in the number of OTPs who were expected to commence top-up training requirements.

Implementation of the new Medical Board of Australia (MBA) Standards

Following the release of the MBA Standard for OTP Assessment in 2019, we undertook a review of our specialist assessment processes. Major process changes were not required but we introduced the preliminary summary of findings to all applicants to align with the Standards. We have also amended the information available in our reports, forms and website to align with the Board's new standards.

Development of online OTP interviewer training

In March 2020, we provided further interviewer training sessions for Fellows involved in assessing OTP applicants. So far nearly 100 Fellows have completed the training since it's development in 2017 and the success of these sessions can be seen through the improved quality of the interview and interview reports.

With the travel restrictions imposed by COVID-19, we began developing an online resource for OTP interviewers. In the absence of face-to-face workshops, the resource will support the continued delivery of interviewer training and will also act as a refresher course for Fellows already trained. The Australian version of the interviewer training resource is due to launch in the second half of 2021 and a version will then be developed for Aotearoa New Zealand assessors.

Evaluation of the OTP assessment process through a survey

In 2019, we conducted an evaluation of the OTP assessment process in Australia by surveying 200 OTPs who recently achieved Fellowship. We received a 49% response rate and analysis of the findings suggested good overall satisfaction. There were eight recommendations identified for process improvements and we are currently working through the delivery of these recommendations.

Recommendation one included improvements to the information available on the RACPs website with consideration of online user experience. A review of the website was undertaken and a new format released in 2020.

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

The RACP acknowledges and supports the focus on cultural safety and health equity and hauora Māori as indicated by the MCNZ. RACP has identified actions to support the integration of knowledge and understanding of Te Tiriti o Waitangi, Hauora Māori, cultural safety and health equity into the OTP application and assessment process. The actions provide for communicating the importance of Te Tiriti o Waitangi, Hauora Māori, cultural safety and health equity to OTPs from the beginning of their application and during the different stages of assessment and requirements.

Initiatives include the review of the OTP application form, interview report and assessment requirements to include specific content and questions on Te Tiriti o Waitangi, Hauora Māori, cultural safety and health equity. Review of the OTP Orientation Program required for all OTPs in Australia is also planned to ensure it prioritises learnings on cultural safety, health equity and the health and wellbeing of Aboriginal and Torres Strait Islander Peoples. Resources to support the upskilling of Aotearoa New Zealand OTPs on Te Tiriti o Waitangi, Hauora Māori, cultural safety and health equity are also being identified.

Reconsiderations, reviews and appeals

We operate our OTP assessment processes according to the principles of procedural fairness and continue to see a decline in the number of reconsiderations, reviews and appeals as a result of the quality improvement initiatives undertaken and the additional resources introduced to support OTPs,

their assessors and supervisors. We continue to improve our resources and promote awareness of initiatives across the College that support OTPs.

2. Addressing accreditation conditions

There are no open conditions remaining.

3. Statistics and annual updates

Please see [Appendix 2](#) for statistics and annual updates.



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