



Australian  
Medical Council Limited

# 2025 Monitoring Submission to the Specialist Education Accreditation Committee

## Report on 2025 Conditions and Data

Royal Australasian College of Physicians

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## Monitoring submission procedures

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

- AMC staff seek commentary on the submissions from an experienced AMC reviewer.
- AMC staff may ask the college to clarify information in the submission at the request of the reviewer.
- The Specialist Education Accreditation Committee's, Progress Monitoring Sub Committee, considers the monitoring submission and the commentaries on them.
- The Sub Committee reports to the Specialist Education Accreditation Committee on its findings in relation to each college. Any matters that may affect the accreditation status of a college are reported in full to the Committee for a decision.
- The Committee needs to decide if, on the information available, it is substantially satisfied that the program(s) and the provider continue to meet the accreditation standards. It takes account of both the submission overall and the provider's response to any conditions on accreditation.
- The Committee makes one of the following decisions:
  - 1 the submission indicates that the program and provider continue to meet (or substantially meet) the accreditation standards, or
  - 2 further information is necessary to make a decision, or
  - 3 the provider and program may be at risk of not satisfying the accreditation standards.
- After the Committee has made its decision, AMC staff send the AMC's findings and feedback on the monitoring submission to the provider including:
  - Whether standards are met, substantially met or not met
  - Conditions which are satisfied and do not need to be addressed again.
  - Any questions concerning the submission or supplementary information required
  - Any issues that the provider should address in the next report.
- If the Committee considers that the provider may be at risk of not satisfying the approved accreditation standards, then the issue is referred to the AMC Directors, as per the *AMC Unsatisfactory Progress Procedures*. Providers are also advised if any major changes require assessment via correspondence and/or site visit.

For bi-national colleges, the monitoring submission is also provided to the Medical Council of New Zealand to be considered by its Education Committee.

The *Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs by the Australian Medical Council 2023* are available on the AMC's website [here](#).

The *Procedures for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs by the Australian Medical Council 2024* are available on the AMC's website [here](#).

## Guidance on format and submitting to the AMC

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The AMC appreciates a focused approach to the information colleges provide in their monitoring submissions.

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

### *Formatting guidelines*

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

**Please note the College must use the template provided by the AMC. Monitoring Submissions not submitted in the AMC template will not be accepted.**

## Trainee Committee submission

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As part of its accreditation processes, the AMC invites trainees to provide feedback concerning the strengths, and areas for improvement in the processes and programs of accredited education providers, in the interests of quality improvement.

For a number of years, the AMC has invited the Trainee Committee of colleges undergoing an accreditation extension submission to provide its own submission addressing the accreditation standards. In 2025, the AMC will extend this process to invite Trainee Committees to provide comments annually, at the time of the College submitting its monitoring submission to the AMC.

The AMC will invite the College's Trainee Committee to coordinate a submission, addressing the accreditation standards. The College will be copied into all of our correspondence to the Trainee Committee regarding providing this feedback.

The AMC will consider the submission from the Trainee Committee alongside the College's monitoring submission. This process is strictly confidential, and submissions are kept internal to the AMC.

Trainee feedback is one source of information available to the AMC. The AMC would not change the accreditation status of a specialist medical program on the basis of a trainee committee submission alone. The AMC will notify the College if significant concerns or suggestions for improvements were raised in the trainee committee and seek the College's feedback before making any decisions that affect the College's accreditation.

## Further Information

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Please contact Simon Roche, Policy and Programs Officer, via email at [specaccred@amc.org.au](mailto:specaccred@amc.org.au) if you have any questions about the submission.

# Report on 2025 Conditions Template

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## College Details

(Please correct or update these details if necessary)

<i>College name</i>	<i>Royal Australasian College of Physicians</i>
<i>Address</i>	<i>145 Macquarie St, Sydney NSW 2000</i>

## Accreditation History

<i>Date of last AMC accreditation decision</i>	<i>2024</i>
<i>Periodic submissions since last AMC assessment</i>	<i>Nil</i>
<i>Next accreditation decision due</i>	<i>31 March 2029</i>

## To be completed by the College

<i>Officer at College to contact concerning the submission</i>	<i>Steffen Faurby, Chief Executive Officer</i>
<i>Email</i>	<i>CEO@racp.edu.au</i>
<i>Phone number</i>	<i>+61 2 9256 9603</i>
<b><i>Submission verification</i></b>	
<i>The information presented to the AMC is complete and represents an accurate response to the relevant requirements, signed by the Chief Executive Officer/executive officer responsible for the program/s</i>	
<i>Verified by</i>	<i>Steffen Faurby</i>
<i>Signature</i>	
<i>Date</i>	<i>21/07/2025</i>

## Summary of 2024 findings

Standard	2024 Findings	No. of Conditions remaining
<b>Overall</b>	<b>Substantially Met</b>	<b>32</b>
1. The context of education and training	Substantially Met	5
2. The outcomes of specialist training and education	Substantially Met	2
3. The specialist medical training and education framework	Substantially Met	5
4. Teaching and learning methods	Substantially Met	2
5. Assessment of learning	Substantially Met	6
6. Monitoring and evaluation	Substantially Met	3
7. Issues relating to trainees	Substantially Met	4
8. Implementing the training program – delivery of educational resources	Substantially Met	5
9. Assessment of specialist international medical graduates	Met	0

## Reporting against the standards and accreditation conditions

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

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

#### 1. Activity against conditions

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

Please address each of these conditions individually.

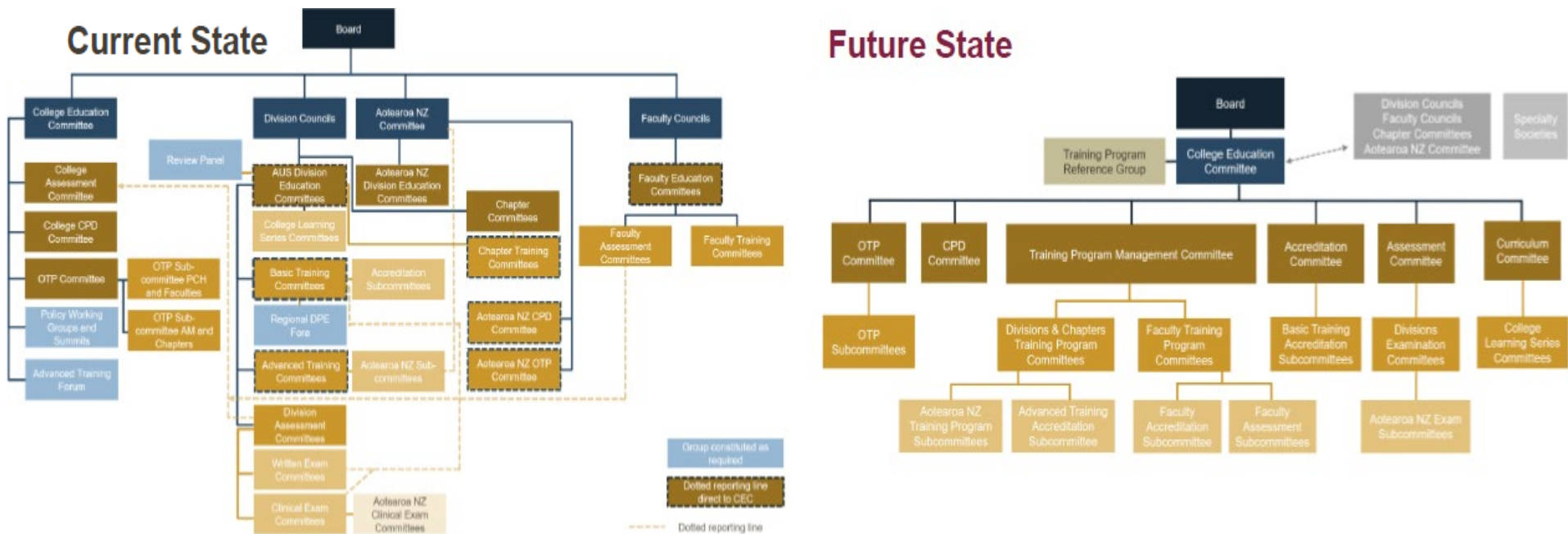
Condition 1	Due Date: 2025
<p><i>Undertake the Education Governance Review and provide details regarding the outcomes and next steps, detailing:</i></p> <ul style="list-style-type: none"><li><i>i. the scope of the consultation process.</i></li><li><i>ii. changes and impact on educational governance, with details on enabling all relevant groups to contribute to decision making.</i></li><li><i>iii. changes and impact on corporate governance, with details on the priority given to education relative to other activities</i></li><li><i>iv. impacts to the sequencing of activities of the Curriculum Renewal (Standard 1.1 and 1.2)</i></li></ul>	
2025 College response	
<p>As previously reported to the AMC, the Board established the Education Governance Working Group (EGWG) in early 2023 to lead the Education Governance Review (EGR). The aim of the review is to develop and implement a contemporary education governance and reporting structure that aligns with College Values, prioritises effective decision-making and timely communication, and improves the member experience.</p> <ul style="list-style-type: none"><li><b>i. Scope of the consultation process.</b> Following the preliminary discussions with targeted stakeholders in late 2023, wide consultation occurred through February to April 2024 on governance model options, as outlined in the EGR Consultation Summary Report (Appendix 1.1). The EGWG sought a representation of views from each training program, education function and key peak bodies to ensure that all aspects of education governance were considered. A multi-faceted approach was used, which involved consultation sessions, attendance at committee meetings of key peak bodies and electronic circulation of the EGWG Proposal and online feedback form to all stakeholders. More than 110 committees and 49 Speciality Societies were invited to participate. From February to April 2024, 14 consultation sessions were held with 155 attendees in total, 13 committee meetings were attended, and additional stakeholder meetings were arranged. Further details on the stakeholder groups and a summary of the consultation feedback are outlined in Appendix 1.1.</li></ul>	

Following approval at the Board’s June 2024 meeting, consultation on the implementation approach was conducted from August to September 2024, focusing on committees in scope of the project as well as Divisions, Faculties and Chapters. During this consultation period, 21 planning sessions were arranged with key stakeholders to seek feedback on the implementation process, draft timeline and appropriate stakeholder engagement mechanisms. Approximately 44 Fellows and 124 RACP staff members participated and were broadly supportive of the proposed timeline and sequence for implementation of the new education governance structure. Key risks, concerns and considerations were also discussed to inform change management and transition. A detailed summary of the consultation activities and stakeholder feedback is provided in Appendix 1.2: EGR Planning Sessions Summary Report.

Committee specific consultations were also arranged according to each implementation stage. Consultation with Stage 1 College bodies was undertaken from February to April 2025, while consultation with Stage 2 College bodies will commence from mid-May to June (refer to Appendix 1.2).

- ii. **Changes and impact on educational governance.** The Board approved a range of changes to the education committee structure to enhance the RACP’s educational reporting structure and decision-making, as illustrated in Figure 1.1. Key changes include the structuring of all committees by function under the College Education Committee (CEC), merging of the Australian and Aotearoa New Zealand Continuing Professional Development (CPD) committees into a single cross-College CPD committee as well as the formation of the Training Program Management Committee. A more detailed description of the approved changes is provided in Appendix 1.3: Education Governance current vs future state committee structure.

*Figure 1.1. Current and future state RACP committee structure*



The future state education governance features within the new committee structure are described in Appendix 1.4: Education Governance Future State. In addition to the formation of new committees, key changes include expanded monitoring functions of the CEC, expanded Assessment Committee Terms of Reference, strengthening Aotearoa New Zealand membership within the CPD Committee and the expansion of RACP staff delegations to standardise routine tasks, free up committee time and remove one-person dependencies. These changes will be made across three implementation stages:

- Stage 1: Q2-3 2025- OTP, CPD and Divisional Assessment changes
- Stage 2: Q3-4 2025- Training Program Management, Curriculum and Faculty Assessment changes
- Stage 3: Q1-2 2026- Accreditation changes

In addition, transition plans, updated terms of reference and membership transition arrangements have been developed, consulted on and finalised for Overseas Trained Physician (OTP), Continuing Professional Development (CPD) and Assessment (Division) functions. The Divisional Assessment Committees have now been officially wound up with the CEO and College Education Committee (CEC) Chair attending the last meeting to personally thank members. In February 2025, the Board approved an extension to the terms of office for committee members finishing their sixth year during implementation, to support the transition during a time of significant change in education. The College Education Committee (CEC) Strategy Day comprised an expanded representation as the start of its transition to the future state.

The Board met the Presidents of the three Faculties (Australasian Faculty of Occupational and Environmental Medicine, Australasian Faculty of Public Health Medicine and Australasian Faculty of Rehabilitation Medicine) and discussed the transition of the Faculty Education Committees. The requirements of the AMC were discussed as well as the risks and benefits of delaying the transition of Faculty committees to the agreed future state. The Board resolved to continue supporting the implementation process underway.

- iii. **Changes and impact on corporate governance.** Operational procedures and delegations are in scope of Stage 2, with formal consultation occurring throughout May and June 2025. Beyond the updates provided in section (ii) above, there are no other significant impacts on corporate governance identified as a result of the EGR.
- iv. **Impacts to the sequencing of activities of the Curriculum Renewal.** The scope of the EGR does not include any direct impacts on Curriculum Renewal. As of May 2025, the EGR has impacted the progress or sequencing of Curricular Renewal. With governance changes and curriculum implementation occurring at the same time, careful change management and communication with members is a key focus.

*Appendix items:*

[1.1 EGR Consultation Summary Report](#)

[1.2 EGR Planning Sessions Summary Report](#)

[1.3 Education Governance current vs future state committee structure](#)

[1.4 Education Governance Future State](#)

Condition 2	Due Date: 2026*
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To achieve Indigenous Strategic goals within the College, in genuine partnership with Indigenous peoples, develop and implement:

- i. a governance and resourcing plan for this work to be undertaken in a culturally safe manner, eliminate the cultural loading of Indigenous staff and empower Indigenous leadership (Standard 1.1 and 1.2). – due 2025\*
- ii. a well-resourced plan to embed cultural safety training or CPD activities for all College committees, fellows, educational leaders and supervisors and assessors, trainees, specialist international medical graduates and College staff. The aim is to build institutional knowledge across the College of Indigenous and decolonising practices and self-reflection (Standard 1.7, 3.2, 5.2, 8.1 and 9.1). – due 2026\*

2025 College response

**i. Governance and resourcing plan**

Throughout the first quarter of 2025, we have been working on an Operational Leadership Model for Indigenous Affairs. The goals of this work are outlined in Figure 2.1 below.

*Figure 2.1. Goals of Operational Leadership Model for Indigenous Affairs*



The consultation process for the proposed Indigenous Leadership structure was initiated with Indigenous leaders at its core, reflecting a commitment to self-determination and cultural integrity. This approach sought to ensure that the voices, experiences, and perspectives of those most impacted by the changes were privileged from the outset. Indigenous leaders, including cultural advisors, workforce leads, and those involved in curriculum development and cultural safety

education, were engaged in a series of conversations. Discussions commenced early in the process to seek to build a foundation for open dialogue, partnership and inclusive engagement throughout the process.

This broad engagement was vital to understanding the impact of the proposed changes on existing roles, identifying structural gaps, and exploring opportunities to strengthen cultural safety across the College. Feedback highlighted key areas for consideration, including role clarity, the need for strategic leadership in Indigenous Affairs, and ensuring consistency across nations.

Participants shared thoughtful reflections on reporting lines, resourcing, and the critical distinction between internal and external-facing roles. Particular attention was paid to maintaining momentum in cultural safety initiatives, embedding inclusive governance. The process was iterative and adaptive, with many contributors expressing a desire for continued involvement, a preference for co-design, and a shared aspiration to uphold cultural integrity in every aspect of the structure.

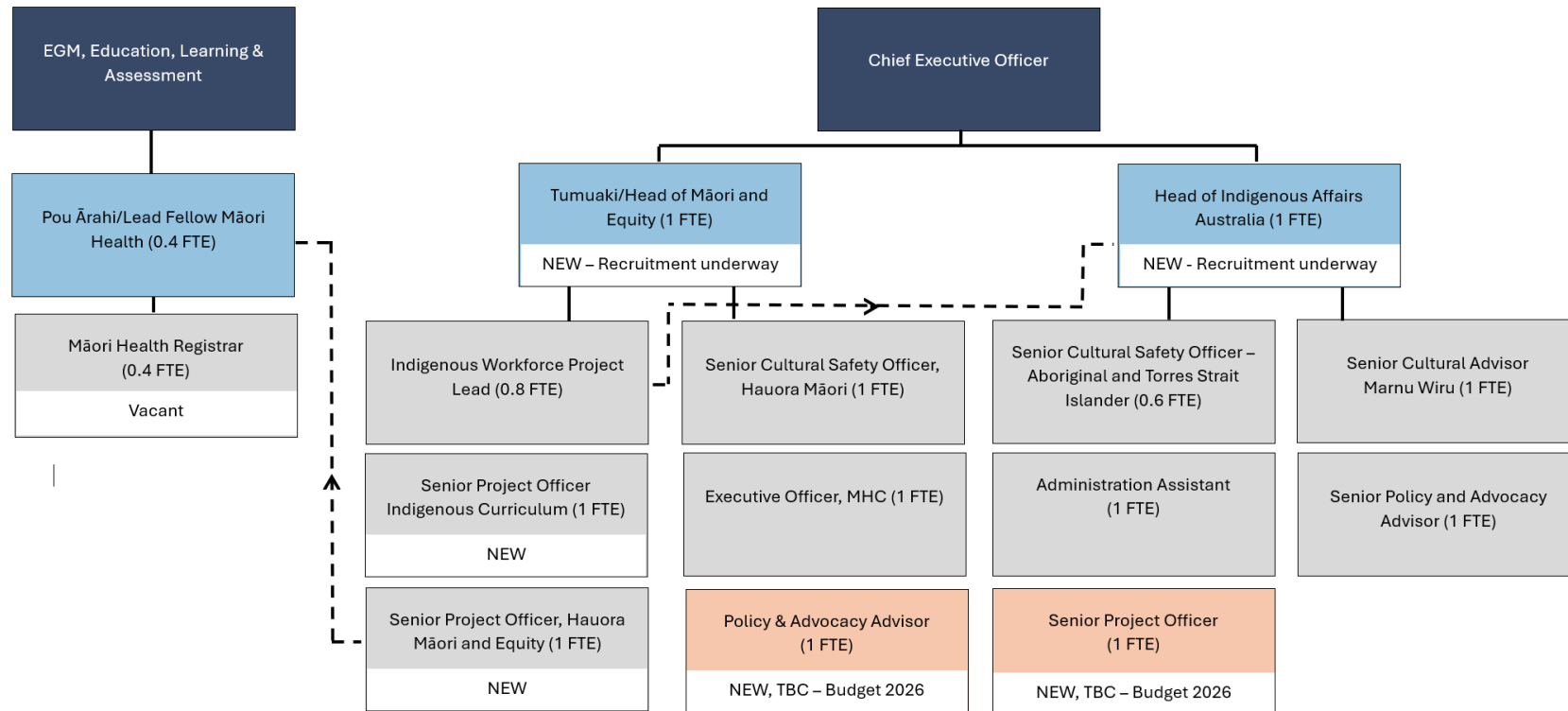
Both the Aboriginal and Torres Strait Islander and Māori Health Committee Chairs expressed a desire to support the process by participating in selection panels for the new leadership roles. Participants also raised important questions about team structure, administration support, reporting lines, and the future of Indigenous Health Committees. We can confirm that the Health Committees will remain as Board Committees and will continue to be supported through strengthened cross-functional leadership and clearer centralised reporting lines.

Following feedback, the structure has been revised by:

1. Strengthening cultural safety and business accountabilities in position descriptions.
2. Supporting business priorities while building foundations for long-term success.
3. Establishing a formal two-year review of the structure (July 2027), with ad-hoc reviews available if prompted by emerging needs or strategic changes.
4. Deferring changes to current reporting lines until after the appointment of new leadership positions.
5. Establishing recruitment and selection processes in partnership with Indigenous Health Committee Chairs to integrate Indigenous perspectives and priorities.

Implementation will commence in May 2025, with a two-year review period, with ad-hoc review as required. The final structure is shared in Figure 2.2.

Figure 2.2. Structure of the Operational Leadership Model for Indigenous Affairs



Condition 3	Due Date: 2026
<i>Develop and implement mechanisms to embed consumer and community engagement and leadership in governance and decision-making, and in the co-design of education and training programs (Standard 1.1 and 1.6.1)</i>	
2025 College response	
<i>No response required in 2025</i>	

Condition 4	Due Date: 2026* Implement due in 2025.
<p><i>Develop and implement processes and metrics to improve and monitor reported delays: - due 2025*</i></p> <p><i>i. in responses to Member enquiries about specialist medical training with evidence of sustained ability to address concerns in a timely manner. (Standard 1.2.1, 1.5 and 7.3) - due 2026*</i></p> <p><i>ii. to the successful certification of completion of specialist medical training (Standard 1.2.1, 3.2 and 3.4) – due 2026*</i></p>	
2025 College response	
<p>The RACP has a plan in motion to address this condition via a range of interrelated initiatives. These are designed to address the root causes of the issues and include associated monitoring processes and metrics.</p> <p>1. Simplifying, standardising and better resourcing processes for managing training queries via the <b>Member Support Centre</b></p> <p>In December 2024, the Member Support Centre (MSC) was launched to members. The MSC has been developed to establish a resourced centralised operating model supported by well-trained employees, for member and stakeholder interaction management across email, phone and webchat. The MSC is designed to create a more connected service offering and demonstrates to members the College’s commitment to improving member satisfaction through improving the responsiveness and quality in handling member enquiries, feedback and complaints.</p> <p>We continue to receive large volumes of enquiries, as shown in Figure 4.1, with observable peaks during training application times in January and February. Figure 4.2 outlines the complaints and median resolution days received and managed via the MSC. There is a peak in complaints that coincides with peak inquiry levels. Approximately 75% of enquires are resolved at the point of first contact. Likewise, as shown in Figure 4.2, we can see a trend in complaints in the early stage of the year. This increase was jointly attributable to our increased efforts to accurately document complaints and being a peak period for College activities. Complaints related to subscription fee increases, our termination of membership process (for non-payment of previous years’ Fellowship subscriptions) and time taken to admit trainees to Fellowship. However, we have been able to resolve these complaints within reasonable timeframes.</p>	

Figure 4.1. Inbound enquiries

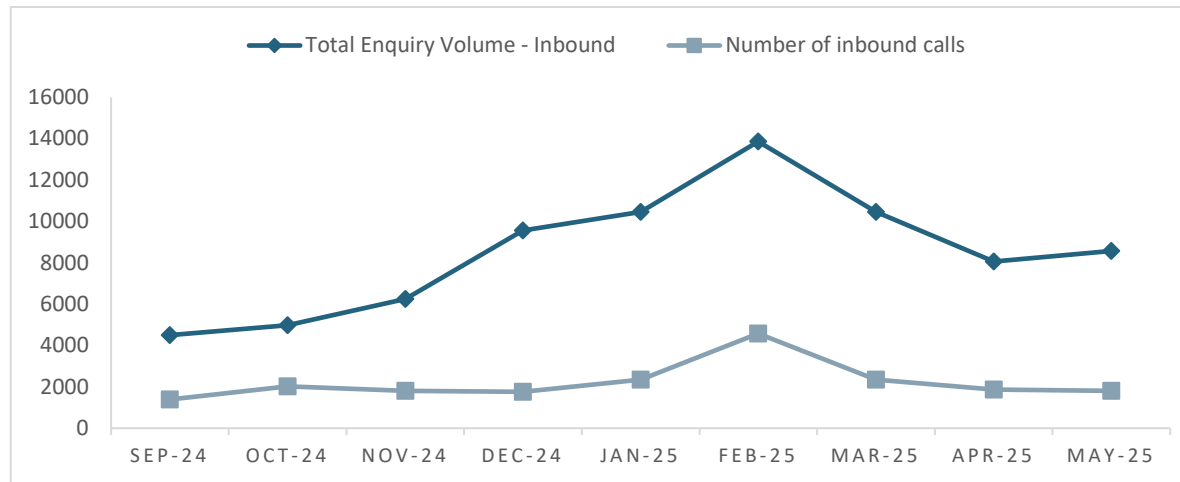
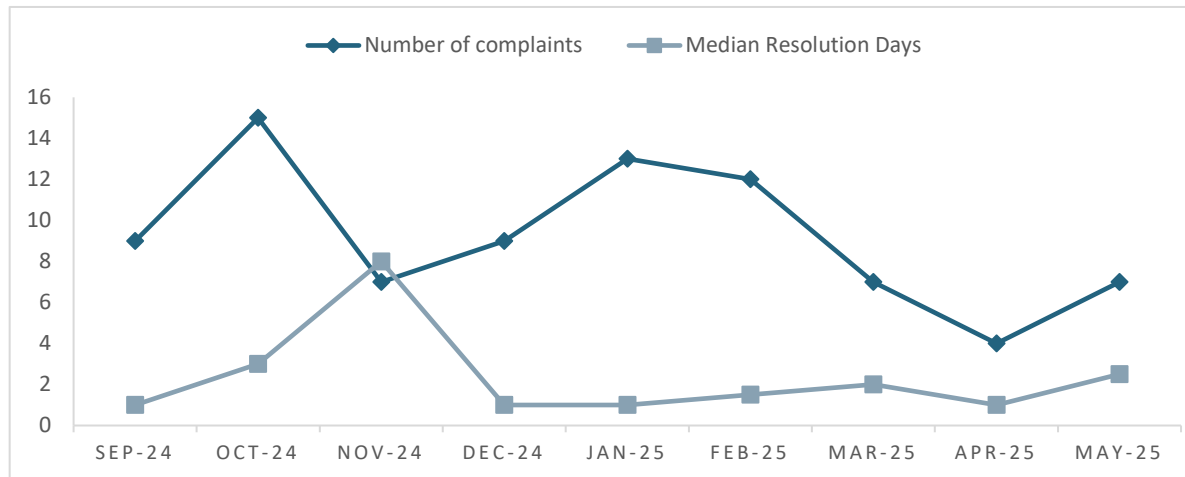


Figure 4.2. Complaints and median resolution days, September 2024 to May 2025



In November 2024, the Interim Enquiry Handling process was deployed into Training Services. This process is designed to improve quality and response rates to member enquiries. Under this process the Member Support Centre is the first point of contact and handles tier 1 enquiries. Enquiries regarding specialised knowledge (tier 2 enquiries) are triaged by the Member Support Centre and escalated to the appropriate training teams for handling. The process includes ensuring all member enquiries are logged correctly on the CRM and closed once resolved. A knowledge base is also consistently updated to ensure information being given

to members is accurate. The RACP also commenced the rollout of the finalised RACP Enquiry Handling policy and procedure to the rest of the organisation, which addresses the cultural safety needs of the Aboriginal, Torres Strait Islander, Māori, and Pacific Islander member cohorts; supported by additional capacity in the new Member Support Centre, to deliver a more responsive and better-quality service to all member enquiries.

The Complaints Policy is currently being revised and developed in line with a wider review of all College complaint pathways and processes. A workshop was held in April 2025 to map out the processes for handling level 1 complaints and for triaging Level 2 complaints. Level 2 Complaints are complaints to be handled via different pathways other than the usual complaint process e.g. the Whistleblower Policy. The workshop was attended by key teams across the College that have ownership of other complaint pathways such as the Code of Conduct, Whistleblower Policy and Reconsideration Review and Appeals Process. The key outcome was development of a process flow chart that will be published on the College website and communicated to members. A complaints webpage and complaints webform has also been developed and will go live on our website in July. Work around bullying, harassment, discrimination or sexism is underway with a business analyst being brought in to review the current state and inform the next steps in building these types of complaints into the College processes.

## 2. Improving processes and structures for making expedient training decisions via the **Education Governance Review**

The primary aim of the Education Governance Review is to implement a reporting structure that prioritises effective decision-making and timely communication. Some examples illustrated in the future state education governance model (see Appendix 1.4) include:

- structuring all education and training committees under the function of the College Education Committee (CEC), with direct risk/issue escalation pathway to the Board and standardised bidirectional reporting with key stakeholders
- Simplifying the overall RACP committee structure, reporting lines and delegations (see Figure 1.1)
- Merging of multiple committees into a single over-arching committee
- Streamlining and simplifying sub-committee reporting lines
- Strengthening the role of Training Program Committees in holistic oversight of their own training program
- Formation of an over-arching Accreditation Committee to oversee risk and issue monitoring as well as promoting consistent application of policy across training programs
- Convening of Decision Review Panels for the Reconsideration, Review and Appeals Process By-Law, which better utilises committee member capacity, increases agility of decision-making and strengthens collaboration between lead education committees and Council committees
- Expansion of RACP College team (staff) delegations to standardised routine tasks, freeing up committee time and removing one-person dependencies to provide consistent support to education and training committees.

Refer to the update provided in Condition 1 for further details on the implementation of the Education Governance Review.

## 3. Contemporising the technology foundation for administering training programs and services via **the TMP and Project TRELlIS**

The College is undertaking a major program of work to modernise its technology foundation, improve its operational efficiency and reimagine its service delivery and offerings for members, including responsiveness to members. The overarching goals of this program are to drive better member outcomes and more member value. This is being delivered through two key initiatives: the Training Management Platform (TMP) and Project TRELlIS.

## Training Management Platform (TMP)

Launched in late 2024, the TMP is a self-service digital platform designed to support trainees, supervisors, and educational leaders by streamlining access to training records and enabling more timely updates and improved monitoring of training progression. It reduces administrative burden on College staff and supports faster, more accurate responses to training-related enquiries. Condition 8i provides a detailed update on the TMP.

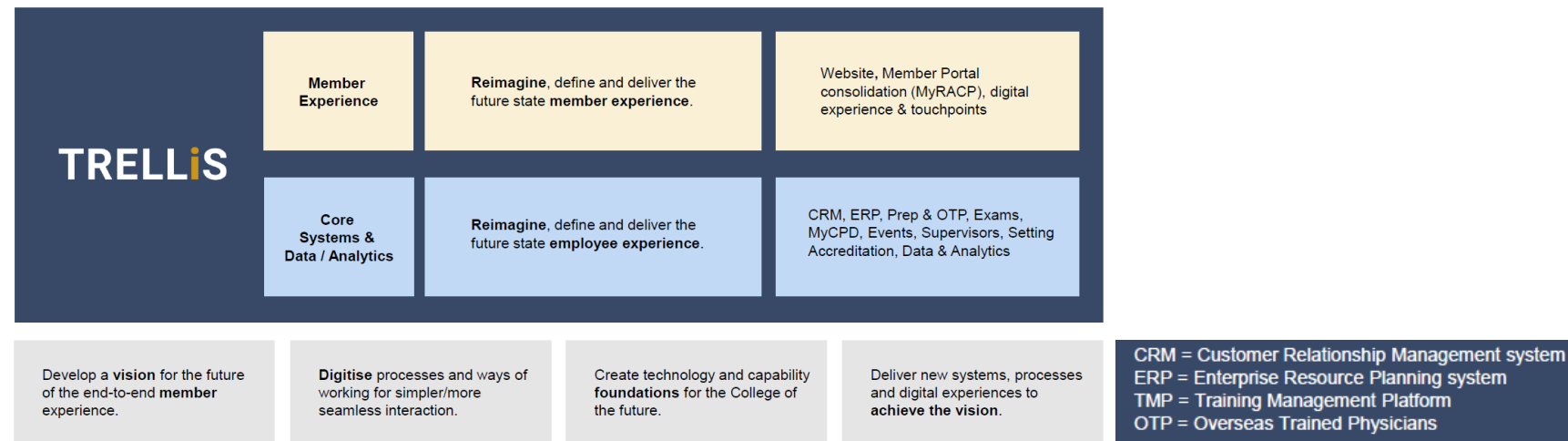
## Project TRELLiS

Currently in Discovery phase, Project TRELLiS is a whole-of-College service and technology transformation program focused on improving member experience and streamlining internal processes. It brings together insights from member feedback, member satisfaction surveys, direct member consultation and service data to identify pain points and reimagine how the College delivers services and support.

A multi-year undertaking, the program will deliver a modern, accessible, mobile-first website and member portal, integrated with back-end systems and guided by a clear experience vision and service blueprint. It also includes a prioritisation framework that places member value at the centre of decision making.

An overview of the objectives and structure of TRELLiS is included at Figure 4.3.

*Figure 4.3. TRELLiS objectives and targeted areas for improvement*



TRELLiS is being conducted in three key phases: a **discovery** phase (currently in flight and nearing completion), an initial release/**implementation** phase to allow for the foundations of the future to be built and delivered, and (following transition) an ongoing **continuous improvement** phase which will be supported through ongoing vendor partnerships, internal capability uplift and an agile delivery model as previously noted.

The Discovery phase of this program began in February 2025 and is due for completion in mid-2025. This includes the development of a roadmap, business case and prioritised areas for implementation for Board approval in mid-2025.

This **discovery** phase involves member and employee interviews, architectural review and design, user experience and interface prototyping, future state process mapping, concepting, validation, road-mapping and ultimately development of a business case to support governance and the investment necessary to deliver. It has included extensive consolidation and review of member feedback and insights from previous work conducted by the College, including member satisfaction survey data, as well as further direct engagement with our membership base to capture the member voice through a Member Consultation Group representing a diverse cross-section of the membership base, multiple onsite hospital visits, qualitative surveys and more.

Subject to Board approval with reference to a strategic business case prepared by the College, the **implementation** phase of TRELlS will deliver the foundations for this new experience, and the capability and process uplift to be able to sustain it and transition into the next phase of **continuous improvement**.

It is expected the College will be ready to kick off a future implementation phase following an RFP process in early part of 2026. The College expects that this will deliver uplift and improvement in the member experience later in 2026 and beyond, because the priority for this first phase of delivery will be solving the major pain points that have been identified and validated with members first. The College has developed a prioritisation framework that puts member value front and centre in decision-making, and is also exploring the phasing of releases over time across its systems and processes, as well as any opportunities to bring things forward and deliver them in parallel to the main body of work, thereby enabling improvements to start being delivered sooner rather than later.

TMP and TRELlS are closely aligned, and insights from TRELlS will be used to further enhance the TMP rollout to support training enquiries.

Through these initiatives, the College is strengthening its capability to respond more effectively to member enquiries, reduce wait times, and deliver a more seamless, consistent and responsive member experience.

Condition 5	Due Date: 2027
<i>Develop and implement a systematic collaboration and consultation program with jurisdictions and health services in Australia and Aotearoa New Zealand. Consideration must be given to the impact of program development on workforce and improving physician recruitment and retention in regional, rural, and remote settings (Standard 1.6.1, 1.6.3, 7.1 and 8.2)</i>	
2025 College response	
<i>No response required in 2025</i>	

## 2. Statistics and annual updates

Please provide data in the tables below showing:

- the number of reconsiderations, reviews, and appeals that were heard **in 2024**, the subject of the reconsideration, review or appeal (e.g. selection, assessment, training time, specialist international medical graduate assessment) and the outcome (number upheld, number dismissed).

- the outcomes of its processes for evaluating the reconsideration, reviews and appeals to identify system issues.

Please do not alter the text in the table.

Requests for Reconsideration in 2024 (per program)			
Subject of Reconsideration	Number of reconsiderations	Outcome	
		Upheld	Varied
<b>Accreditation and training programs</b>			
Approval of/progression through training	83	41	42
Assessment – including Research Project	8	6	2
Recognition of Prior Learning	15	15	0
Site Accreditation	2	2	0
<b>Total accreditation and training decisions</b>	<b>108</b>	<b>64</b>	<b>44</b>
<b>Overseas Trained Physicians (OTP)</b>			
<b>Total OTP decisions (interim assessments)</b>	<b>31</b>	<b>23</b>	<b>8</b>
<b>Total decisions</b>	<b>139</b>	<b>87</b>	<b>52</b>

Requests for Review in 2024 (per program)			
Subject of Review	Number of reviews	Outcome	
		Upheld	Varied
<b>Accreditation and training programs</b>			
Approval of/progression through training	8	4	4
Assessment – including Research Project	3	3	0
Recognition of Prior Learning	2	1	1
Site Accreditation	3	3	0
<b>Total accreditation and training decisions</b>	<b>16</b>	<b>11</b>	<b>5</b>

<b>Overseas Trained Physicians (OTP)</b>			
<b>Total OTP decisions (interim assessments)</b>	4	3	1
<b>Total decisions</b>	20	14	6

<b>Requests for Appeal in 2024 (per program)</b>			
<b>Subject of Appeal</b>	<b>Number of appeals</b>	<b>Outcome</b>	
		<b>Upheld</b>	<b>Varied</b>
<b>Accreditation and training programs</b>			
Approval of/progression through training	1	0	1
Assessment – including Research Project	2	*	1*
Recognition of Prior Learning	0	0	0
Site Accreditation	1	1	0
<b>Total accreditation and training decisions</b>	4	1*	2*
<b>Overseas Trained Physicians (OTP)</b>			
<b>Total OTP decisions (interim assessments)</b>	0	0	0
<b>Total decisions</b>	4	1*	2*

\*Decision pending for one case

### Evaluation of RRA requests and outcomes

Evaluation of requests and outcomes of the reconsiderations and reviews conducted in 2024 under our Reconsideration, Review and Appeals Process By-law identified the following outcomes:

- There has been an increase in the volume of reconsiderations since 2022 (the last period for which this data was reported to the AMC). This difference may be attributed to a few factors:
  1. the volume of applications for specialist assessment by overseas trained physicians (OTPs) has significantly increased and hence the volume of decisions that may be considered via the RRA Process has also increased.
  2. Leniency stemming from COVID-19 interim requirements created a downwards trend in the volume of training program related decisions that were considered through the RRA process in 2022. The interim measures ceased in 2023. RRA figures have now returned to earlier levels.

- While the majority of original decisions were upheld, the decisions that were overturned via the RRA process were done so equally due to:
    1. Consideration of additional information submitted by the applicant
    2. Adjusted interpretation and application of existing information or policies.
  - Almost all applicants for OTP, Basic Training and Accreditation related RRA requests were notified of the outcome within 12 weeks. Where decisions took longer, it was because further information was requested. However, we acknowledge that for 43% of applicants for Advanced Training related RRA requests, decisions took longer than 12 weeks. Factors contributing to this predominantly related to the need to wait for the committee to meet again to reconsider the original decision, as these complex decisions are challenging to manage via out-of-session decision-making processes. This is an area we are working to improve upon.
  - In May 2025, a [revised RRA Process By-Law](#) was approved by the RACP Board. The changes were predominantly made to address [NHPO recommendations](#) and be more explicit about the application of the By-Law to accreditation decisions.
  - Additionally, the fees for Reviews and Appeals have been significantly reduced effective from May 2025 (Reconsiderations continue to be available free-of-charge):
    - Appeal application fee - reduced from \$7915AUD/\$8274.77NZD to \$4990AUD/\$5216.81NZD
    - Review application fee - reduced from \$1322AUD/\$1382.09NZD to \$950AUD/\$993.19NZD
  - Application fees for Appeals will be refunded if the application is successful in full. The RRA By-law has been updated to specify that “Where an original decision is overturned in whole at Appeal under the Reconsideration Review and Appeals Process By-law, the College will refund the Appeal application fee to the applicant in full.”
-

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

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

### 1. Activity against conditions

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

Please address each of these conditions individually.

Condition 6	Due Date: 2026
<i>Implement appropriate steps, in partnership with Indigenous representatives, to consult with Indigenous stakeholders, internal and external, to ensure relevant program and graduate outcomes align with the implementation of the Indigenous Object and related initiatives (2.1, 2.2 and 2.3)</i>	
2025 College response	
<i>No response required in 2025</i>	

Condition 7	Due Date: 2026
<i>In relation to developing the Cultural Safety domain and professional standard, explicitly define program and graduate outcomes within Basic and Advanced Training programs to demonstrate increasing competence. (2.2 and 2.3)</i>	
2025 College response	
<i>No response required in 2025</i>	

### 2. Statistics and annual updates

*Nil.*

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

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

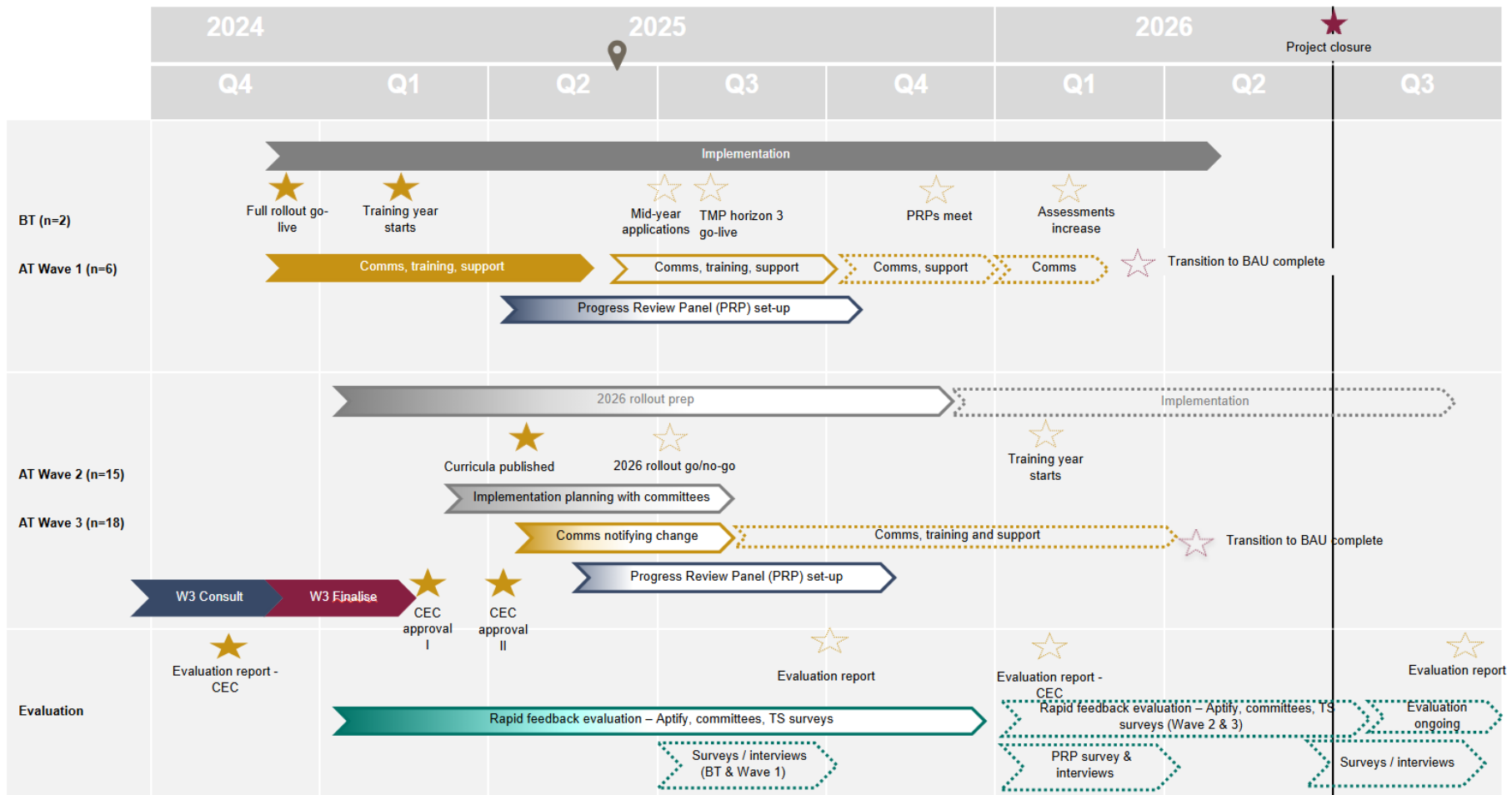
### 1. Activity against conditions

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

Please address each of these conditions individually.

Condition 8	Due Date: 2026*
<p><i>In relation to the curriculum renewal:</i></p> <ul style="list-style-type: none"><li><i>i. provide detailed report on the full implementation of the two basic training curricula and the six Wave 1 advanced training program curricula. – due 2025*</i></li><li><i>ii. provide implementation plans and curriculum documents for Waves 2 and 3 curricula. – due 2026*</i></li><li><i>iii. provide monitoring and evaluation plans for Wave 1, 2 and 3, including monitoring related to areas where new fellows feel least prepared for professional practice (including health policy, systems and advocacy; cultural safety and equity; and research (3.2) – due 2026*</i></li></ul>	
2025 College response	
<p>The Curricula Renewal program overview and implementation timeline is provided in Figure 8.1. Rollout of the new curricula started in December 2024 for Foundation (first year) trainees in 2025 for the two Basic Training (BT) and six Wave 1 Advanced Training (AT) curricula. There are approximately 1900 trainees enrolled in the new curricula.</p>	

Figure 8.1. Curricula Renewal Program Overview



The Training Management Platform (TMP) is being used to manage entry applications and training requirements. Trainees have begun completing their rotation plans, learning capture, and observation capture requirements (refer to Figure 8.2). Further functionality releases for the TMP are scheduled for delivery, with an update provided in Condition 14.

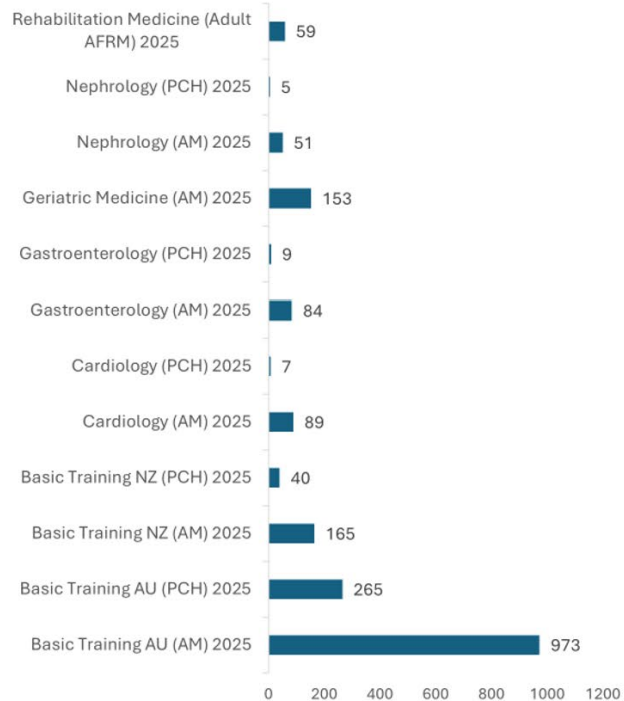
Implementation activity is now focussed on user training and support as well as enquiry handling. The [New Curricula Support Hub](#), which is publicly available on the RACP website, has been designed to help answer any questions members may have about the rollout of the new curricula and additional resources for a range of

roles provided on the [RACP's eLearning webpage](#). As of May 2025, 41 online training workshops and 48 on-demand local information and support sessions have been delivered.

Consultation on Progress Review Panels set-up is underway, with the intent for Training Program Committees to also function as the Primary Progress Review Panel and a range of options and processes being explored for establishment of secondary panels, which would have delegated progression decision making authority. The first meeting of Progress Review Panels is scheduled for quarter 4, 2025.

*Figure 8.2. 2025 Curricula uptake*

**Total Clinical Year 2025 Applications by Program**



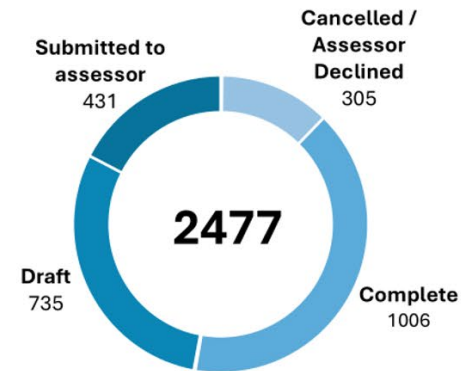
**Rotation Plans**



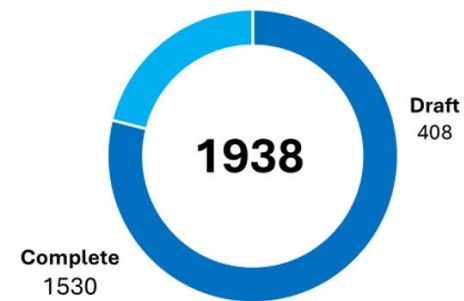
**Learning Goals Classification in Rotation Plans**



**Observation Captures**



**Learning Captures**



Date: 12<sup>th</sup> May 2025

Throughout the implementation process, we continue to enact our Curricula Renewal Program Evaluation Plan. At this stage of implementation, we are using a Rapid Feedback Evaluation (RFE) approach, which allows evaluation information to be quickly generated to inform decision making. At the core of the RFE approach is the ability to generate information that is timely and useful for decision-makers. Data (both qualitative and quantitative) from a RFE allows for quick and reliable feedback loops to occur in collaboration with and for the project team, resulting in responsive action as the program develops. The rapid feedback evaluation so far has provided information on the following:

- over the course of implementation, primarily trainees have been contacting the College for support with implementation
- support queries peaked in February and March 2025, which is attributed to training application and rotation plan submission deadlines
- content of support queries has evolved from general enquiries to queries and issues arising with rotation plans, training requirements and using the TMP
- feedback from staff surveys showed areas working well and areas for improvement:
  - communications, support and resources for the new curricula and TMP, the training application and approval process and the new Member Support Centre for trainee and supervisor queries have all worked well.
  - some aspects of TMP and rotation plans, as well as providing clearer information for particular areas could be improved on.

RFE findings are monitored by the Curricula Renewal/TMP Program Control Group each month to ensure that any common reported issues or potential gaps in support are addressed quickly.

In addition to the monthly RFE evaluation approach, findings from the 2025 evaluation cycle will be disseminated to key staff via a workshop in Q3/Q4 of 2025 to validate findings to-date and develop recommendations that can be utilised in the 2026 training year. An evaluation report will be provided to the Curriculum team, College Education Committee and other College committees in the stakeholder matrix following the workshop, in Q4 of 2025 or Q1 of 2026.

Although not related to Condition 8i, we continue our work towards development and implementation of the remainder of our curricula within Waves 2 and 3. As depicted in Figure 8.3, 18 curricula are confirmed as awaiting implementation in 2026, and subject to further discussions, the remaining 15 are to be scheduled for implementation in either 2026 or circa 2027.

Figure 8.3. New curricula product readiness for implementation

Year	2025		2026	
		BT Adult Medicine	BT Paediatrics	Cardiology AM
	Gastroenterology	Geriatric Medicine	Nephrology	Rehabilitation Medicine
2026	Addiction Medicine	Adolescent and Young Adult Medicine	Community Child Health	Clinical Pharmacology
	Endocrinology AM	Endocrinology PCH	General and Acute Care Medicine	Haematology AM
	Haematology PCH	Immunology and Allergy	Infectious Diseases	Medical Oncology PCH
	Neonatal / Perinatal Medicine	Neurology AM	Neurology PCH	Nuclear Medicine
	Occupational and Environmental Medicine	Paediatric Emergency Medicine	Paediatric Rehabilitation Medicine	Palliative Medicine AM
	Palliative Medicine PCH	Public Health Medicine	Respiratory Medicine AM	Respiratory Medicine PCH
	Rheumatology AM	Rheumatology PCH	Sexual Health Medicine	Sleep Medicine AM
	Sleep Medicine PCH			
~2027	Clinical Genetics	Dermatology	General Paediatrics	Medical Oncology AM

Live in 2025	Awaiting rollout in 2026	2026 rollout TBC	Awaiting finalisation
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Condition 9 Due Date: 2026

*Critically review mechanisms, not restricted to the Advanced Training Research Project (ATRP), for trainees to develop and evidence the research competencies as specified in the curricula. If the ATRP is retained as one of these mechanisms, appropriately revise the requirement to improve constructive alignment, improve flexibility and trainee experience and ensure the operationalisation does not unduly impede completion of training (Standards 3.2.8 and 5.2)*

2025 College response
<i>No response required in 2025</i>

Condition 10	Due Date: 2026
<i>Aligned with the Cultural Safety domain of the Professional Practice Framework, develop, update or curate robust curriculum content with relevant competencies on:</i>	
<ul style="list-style-type: none"> <li><i>i. culturally safe practice</i></li> <li><i>ii. health and wellbeing of Aboriginal and/or Torres Strait Islander peoples and Māori (Standards 3.2.9 and 3.2.10)</i></li> </ul>	
2025 College response	
<i>No response required in 2025</i>	

Condition 11	Due Date: 2025
<i>Articulate the new curricula for the two basic training programs with the early years of training (PGY1 &amp; 2) (Standard 3.3)</i>	
2025 College response	
<p>Recognising the high degree of compatibility between prevocational training and RACP Basic Physician Training, we have been working closely with the AMC to map the second year of the new (Australian) National Framework for Prevocational Medical Training (NFPMT) to the Foundation year of Basic Physician Training. This is, in part, in response to concerns raised by some stakeholders about the unintended impacts of the implementation of the NFPMT and we have been endeavouring to work closely across affected jurisdictions in a range of ways:</p> <ul style="list-style-type: none"> <li>o <b>Victoria-</b> stakeholders are concerned that there may be insufficient positions to deliver both the additional second year of the new NFPMT and maintain the current volume of Basic Physician Trainees. As a result, the RACP has been working with the PMCV, Department of Health Victoria, Victorian DPEs and trainee and health service representatives. We convened a round table in December 2024 to bring together these stakeholders and discuss potential ways forward. We led the release of a <a href="#">joint statement</a> following the roundtable, confirming:</li> </ul>	

**Eligibility for entry to Basic Physician Training remains unchanged, ie doctors in trainee may apply to commence BPT from PGY2.**

Employing health services will have additional eligibility and selection criteria. When designing these criteria, health services are strongly advised to consider how the criteria will ensure:

- educationally justified training pathway durations
- increased flexibility throughout training pathways for doctors-in-training
- competency-based (as opposed to primarily time-based) approaches to determining entry to and progression through programs for doctors-in-training
- patient safety and socially accountable training programs
- trainee and educator wellbeing
- responsible use of training capacity across our health systems
- transparent and timely communication about changes relating to doctors-in-training and other key stakeholders

Where changes that extend training are being considered, transparent stakeholder engagement (including with doctors-in-training) is expected to occur early and throughout all phases of the discussion. The Department of Health advises that any major change to eligibility criteria which prolongs training pathways for a large number of trainees and may have notable financial implications, would require workforce planning and departmental involvement if any additional budget is required

**Intention for co-delivery of NFPMT and Basic Training in PGY2 in Victoria**

We are in the process of mapping PGY2 year requirements across the two programs to identify opportunities whereby both sets of requirements may be met concurrently. The goal is to establish a number of co-compliant rotation combinations/plans. Work will also be undertaken to provide streamlined processes that recognise prior learning for any rotations completed by doctors in PGY2 (noting that some may have been completed while in a BPT1 position).

**Centralising selection of trainees for RACP training programs in Victoria**

The PMCV has indicated that it will collaborate with all stakeholders in the exploration of potential models and aid co-design of a process for centralising selection/recruitment for RACP programs in Victoria. There will be more discussion and consultation on this throughout 2025.

We are in the latter stages of mapping the Foundation Year of the RACP's new Basic Training Program with the second year of the NFPMT with the intention for reciprocal arrangements whereby Victoria-based trainees who can complete RACP Basic Training Foundation Year can be awarded a Certificate of Completion of PGY2 of the NFPMT.

- o **New South Wales-** we have engaged with HETI and NSW Networks regarding changes announced to recruitment criteria for BPT positions. We will continue dialogue to explore how training capacity can be effectively managed while ensuring that training pathways are as expedited as possible. With the May 2025 release of the report from the NSW Special Commission of Inquiry into Healthcare Funding, we will continue engagement with HETI to explore how

prevocational and physician training positions can be coordinated and expanded across NSW Networks to support effective education and workforce development and distribution.

- **Aotearoa New Zealand-** we understand that educational leaders are struggling to continue to implement the New Zealand Curriculum Framework for Prevocational Medical Training in conjunction with RACP BPT. There are no reciprocal arrangements permitted within that context. We are looking for closer collaboration and rationalisation in this sector and will continue to explore this in 2025 in collaboration with DPEs and trainee representatives.

Condition 12	Due Date: 2026
<i>Critically review and improve processes to approve/amend proposed periods of training for trainees to:</i> <ul style="list-style-type: none"><li><i>i. Ensure incumbent trainees are not unduly affected by changes to accredited training positions</i></li><li><i>ii. Ensure trainees have sufficient access to information, such as timely training approval/progression decisions and clarity on outstanding training requirements, to inform necessary adjustments to training plans and avoid inadvertently prolonging training [Standard 3.4 and 8.2]</i></li></ul>	
2025 College response	
<i>No response required in 2025</i>	

## 2. Statistics and annual updates

*Nil.*

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## Standard 4: Teaching and learning methods

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

### 1. Activity against conditions

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

Please address each of these conditions individually.

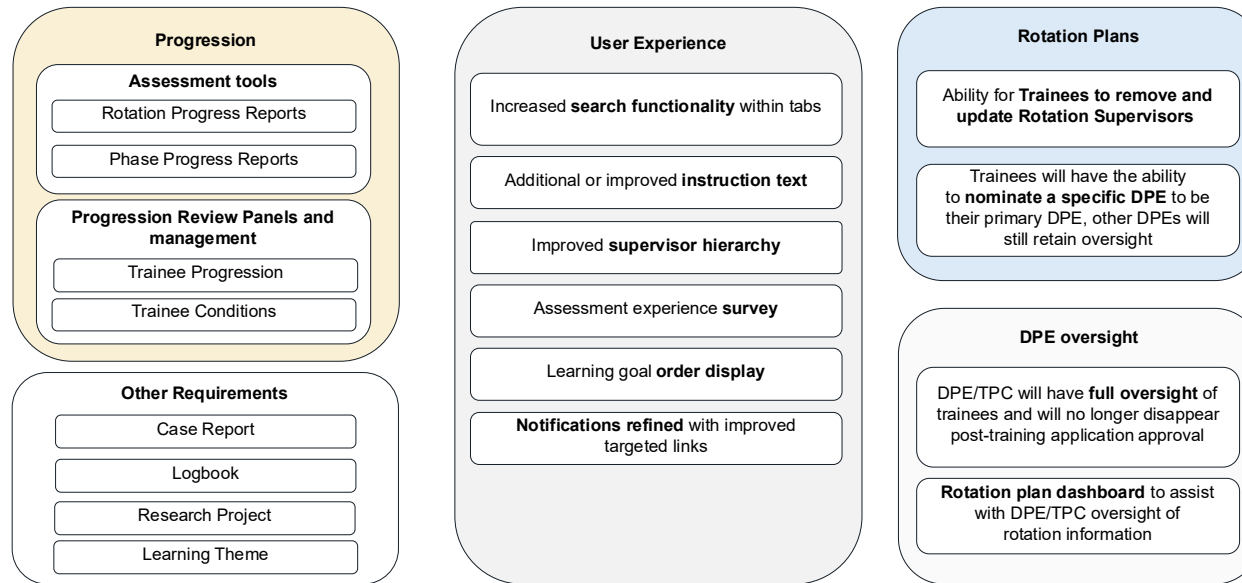
Condition 13	Due Date: 2026
<i>Address variability in basic and advanced training program learning experiences across training sites and networks by developing or curating centralised teaching and learning resources:</i>	
<i>i. Learning resources should be constructively aligned to key curricula content.</i>	
<i>ii. Equity of access should be promoted for resources relevant to examination preparation</i>	
<i>iii. The impact of learning resources should be monitored to ensure a balance of teaching and learning modes. (Standards 4.1 and 4.2.2)</i>	
2025 College response	
<i>No response required in 2025</i>	

Condition 14	Due Date: 2025
<i>Implement the Training Management Platform with appropriate monitoring and evaluation processes to demonstrate effectiveness of supporting curriculum renewal and assessment (Standard 4.2 and 5.1)</i>	
2025 College response	
The Training Management Platform (TMP) went live on 4 November 2024 and is designed to provide an improved user experience while mitigating risks associated with current training management processes. It enables better data tracking, enhanced communication, and offers an intuitive interface, supporting training	

outcomes, and administrative efficiency. An update on TMP uptake and associated monitoring and evaluation processes has been provided in conjunction with the response for Condition 8.

The TMP Horizon 3 (H3) is due to go live in August 2025. The TMP H3 will deliver the functions required to support rotation and phase progress reports in the system; and progress review panels. Other assessment relating to Advanced Training will also be available (see Figure 14.1).

**Figure 14.1. Horizon 3 functions**



While H3 delivery is delayed by 3-months (due to increased understanding of complexity of requirements through the validation process), as the majority of features in Horizon 4 were moved to H3 in September 2024, the overall project timeline is not extended and is on track to now conclude earlier than originally forecast (Q3 rather than Q4 2025 and within budget). As per Figure 8.2 in Condition 8, the College monitors end-user usage and user adoption of the TMP platform and the new curricula. Change and support collateral and training is continually delivered and updated to ensure all users grow confident in using the platform.

There are approximately 150 RACP Staff and 4900 trainees, supervisors and administration support users using the platform. These numbers will increase in Clinical Year 2026.

We have now integrated TMP data in key RACP business intelligence reporting systems, allowing our teams timely and sophisticated resources to support and monitor system use.

Feedback from all users on current release functionality has been collated and a set of priority enhancements have been identified for resolution as part of business as usual continuous improvement in 2025.

## 2. Statistics and annual updates

Nil.

### Standard 5: Assessment of learning

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

#### 1. Activity against conditions

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

Please address each of these conditions individually.

Condition 15	Due Date: 2025
<p><i>Provide detailed transition plans for the assessment programs of the new curricula. The plans should describe:</i></p> <ul style="list-style-type: none"><li><i>i. Contingency plans in the event of disruption or delay.</i></li><li><i>ii. A program of training and resources for supervisors delivering workplace-based assessment</i></li><li><i>iii. Integration of all forms of assessment into a programmatic assessment approach and how progression decisions are made.</i></li><li><i>iv. Consideration for streamlining efficiencies for trainees in joint training in appropriate disciplines (Standard 5.1, 5.2, 7.4 and 8.1)</i></li></ul>	
2025 College response	
<p>Our earlier responses to Conditions 4, 8 and 14 contain details about the approach to implementing our new curricula, inclusive of assessment approaches.</p> <p><b>i. Contingency plans in the event of a disruption or delay</b></p> <p>We convene Project Control Group meetings monthly to appraise and address ongoing and emergent risks and issues and consider whether contingency plans may need to be enacted. This year, we initiated one of these contingency plans. As outlined in Condition 14, the Training Management Platform (TMP) Horizon 3 (H3)</p>	

release was rescheduled from early June to late August. The delay means that the functionality is not ready within the TMP to support submission of Progress Reports, which are due at the end of quarter 2, 2025.

Several contingency options were appraised, with risks and impacts considered for each. Due to the differing nature of programs and contexts across BT and AT, in consultation with representatives from each program, we have enacted different contingency approaches:

- Basic Training-
  - Rotation Progress Reports to be completed via an interactive Word/PDF [document](#). These are to be submitted locally to the Director of Physician/Paediatric Education (DPE). Local DPEs may waive the requirement, or accept alternative local versions of a rotation report, if it is not deemed feasible to collect these manually.
  - Mid-Phase Progress Reports may be completed via an interactive Word/PDF [document](#) and retained by trainees for later upload to the system once the TMP H3 release is available. Alternatively, completion of this report can be deferred until the online reporting function becomes available in TMP. Basic Trainees and Education Supervisors will have up to the end of the year to complete this requirement so that the information can be used in Progress Review Panel considerations.
- Advanced Training- Phase/Rotation Progress Reports to be completed via an interactive Word/PDF document and submitted via email to the RACP.

Communication about these contingency arrangements has been disseminated to committees, trainees, supervisors and DPEs and published in the curricula learning, teaching, and assessment programs. We will continue to monitor the implementation and impact of these arrangements. All other assessments are being undertaken as planned in the TMP, allowing monitoring of trainee progression via a range of work-based assessment data.

## ii. A program of training and resources for supervisors delivering workplace-based assessment

To ensure the Supervisor Professional Development Program (SPDP) remains educationally valuable and meets accreditation requirements, the College Education Committee has endorsed a roadmap for the program (see Appendix 5.1 SPDP Update Roadmap), focusing on three key priorities:

1. align SPDP content with new curricula and embed culturally safe supervision training
2. align the SPDP five-week online course content with the SPDP face to face and virtual workshop content.
3. redesign the SPDP to reflect current educational design best practice.

In terms of progress, we have identified interim updates to the SPDP to bridge across the terminology for work-based learning and assessment tools within the PREP and new curricula. These updates have now been made for SPDP 3, which is the module that covers work-based learning and assessment tools. Corresponding changes have also been made to the Workshop Booklet, specifying which tools are relevant to which curriculum. These changes will support supervisors' understanding of where the tools differ between the PREP and new curricula while the full SPDP update is in development.

We note that the learning principles behind the work-based assessments in both the PREP and new curricula remain very similar, with the primary difference being the tool names and submission forms. When referred to in module content, new curricula learning and assessment tools have been placed alongside PREP tools,

with direction to SPDP workshop facilitators to highlight the difference between them. This ensures that supervisors undertaking SPDP 3 this year are confident in determining which tools are relevant for their trainees, dependent on the curriculum they are training under. For example:

- Learning goals- SPDP participants are asked to review the proposed learning goals for a trainee. The facilitator is instructed to emphasise that for supervisors supervising trainees under the PREP curriculum, the relevant tool is a Learning Needs Analysis; for those supervising trainees under the new curriculum, it's a Rotation Plan.
- Assessing performance- When describing how to make evidence-based judgements of trainee performance, SPDP workshop facilitators have been instructed to highlight that under the PREP curriculum the relevant tool for supervisors is the Supervisor Report, and under the new curriculum it's a Progress Report.

By November 2025, following stakeholder consultation, piloting, and feedback, the CEC is aiming to be in a position to approve implementation of the work on priorities 1 and 2, including:

- Launch of the revised face-to-face and virtual workshop content, online assets, and web resources to align with the new curricula.
- Adaptation of the five-week online course structure to align with the updated face-to-face and virtual workshop content.
- Embedding of cultural safety training into the revised content for all delivery modalities
- Updated facilitator training and support materials to assist with adoption of the updated content.
- Development of a new program monitoring framework inclusive of performance metrics.

Priority 3 in the SPDP roadmap recognises that the shift to the new curricula necessitates a more robust redesign of the program, with the intended outcome to improve the educational value of the SPDP by aligning with education design best practice. We will commence this work in 2026 in collaboration with a reference group (to be established) with a view to implementation from 2028. To ensure the updated SPDP content is robust, relevant, and reflective of best practice, targeted consultation will be undertaken. Consultation activities will align with the key priorities and milestones outlined in the SPDP Roadmap.

### **iii. Integration of all forms of assessment into a programmatic assessment approach and how progression decisions are made**

The new curricula have been designed in line with programmatic assessment principles with the intent that:

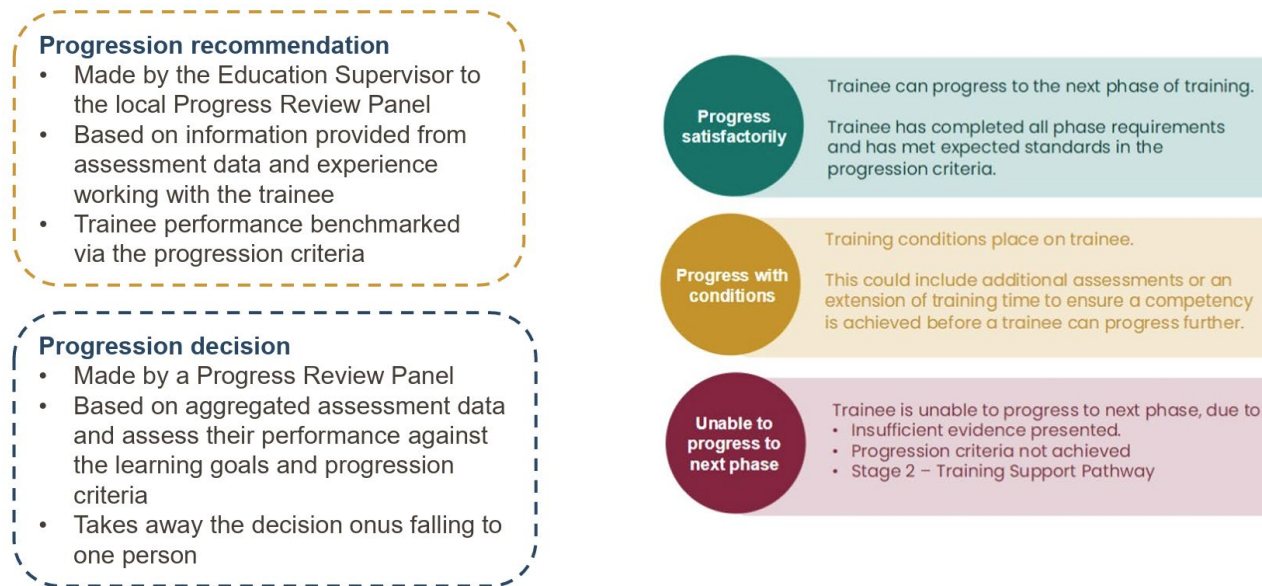
- Trainee performance information is collected using a range of frequent but carefully chosen assessment methods
- Each assessment aims to provide a snapshot of trainee progress and feedback for further improvement
- Collectively, these snapshots span the breadth of the learning goals
- Decisions about trainee progression and completion are made based on aggregated assessment data.

As reported under Condition 8, consultation on primary and secondary Progress Review Panel models is underway to confirm the set-up for panels for the new curricula. The purpose of Progress Review Panels is to:

- make robust judgements around trainees’ progression based on more evidence that is aligned to the outcomes of the program
- better link learning and assessment with expected program and practice-level outcomes
- enable the development of physicians who are better prepared for work in evolving healthcare teams and environments.

Panels will consider trainees’ assessment information gathered throughout a phase of training, consider trainees’ overall performance against progression criteria, and confirm a progress decision as outlined in Figure 15.1.

**Figure 15.1. Progression recommendations and decisions**



A Cross College Examinations Review (CCER) was undertaken in 2024 to reconsider the role and purpose of all College exams in the context of new hybrid time and competency based RACP training programs and the introduction of principles of programmatic assessment. The Advisory Group conducting this review was asked to develop recommendations for the future role and purpose of examinations within the assessment systems of the new curricula and recommend strategies to address a range of identified concerns with existing exams. A further update on the CCER is provided in Condition 17. The Advisory Group has now delivered its report (see Appendix 5.2: Cross College Examinations Review 2024 Report), which includes the following recommendations:

- Existing RACP exams should be retained in assessment systems unless or until there is an equivalent process to assess against, maintain and communicate curriculum standards.
- College Education Committee (CEC) adopt the following vision for programmatic assessment design in the RACP context: The coordinated, purposeful

selection and integration of multiple methods of assessment to gather frequent, meaningful feedback for learning, and when aggregated longitudinally inform robust decision-making about trainee progress towards attainment of RACP training program curriculum standards and learning goals. Trainees' professional learning trajectory can be tracked using aggregated data from multiple sources over time.

- The CCER Advisory Group to guide development and implementation of program specific strategies and workplans with the goal of transitioning to the RACP vision for programmatic assessment. The Advisory Group will support the strategic alignment of these with the RACP Standards for Assessment Programs and how they address concerns about stakeholder wellbeing, equity, diversity and cultural safety.

Proposed next steps for the CCER now involve developing a strategy to transition to an increasingly programmatic approach (see Condition 17).

The establishment of Progress Review Panels (PRPs) is planned for the second half of 2025. In parallel with the CCER, we intend to explore how future examination data might be used by PRPs when making progress decisions rather than examinations serving as a separate progress decision.

#### **iv. Consideration for streamlining efficiencies for trainees in joint training in appropriate disciplines**

The RACP defines a joint training program as a single program of advanced training that results in the award of more than one Fellowship.

Paediatric Emergency Medicine, which is jointly governed with the Australasian College for Emergency Medicine (ACEM); and Nuclear Medicine, which is jointly governed with the Royal Australasian College of Radiologists (RANZCR), are sometimes referred to as joint training programs, due to the joint college governance and RACP administration of training for the other colleges, however these programs do not result in the award of more than one Fellowship.

The RACP has four active joint training programs with the Royal College of Pathologists of Australasia (RCPA):

- Endocrinology and Chemical Pathology
- Haematology
- Immunology/Allergy
- Infectious Diseases and Microbiology

These programs result in the award of FRACP and FRCPA. Each of these programs also has an associated clinical stream which results only in the award of FRACP.

Joint governance and administration arrangements are in place for these programs, however the curricula and training requirements for the clinical and laboratory training aspects are managed by the RACP and RCPA respectively. Trainees are referred to both curricula over the course of their training.

Curricula development for specialties with joint training programs has been focused on the clinical streams. Representatives from partner colleges were invited to participate in the development and consultation process. Throughout our development process, we consulted with RCPA on the intended scope and outputs for the curricula review and confirmed planning assumptions that both colleges will continue to manage their own curriculum components, with subsequent amendments to these components to be applied in the joint training programs. The review of the RACP curriculum included the refresh and rationalisation of all training requirements associated with the clinical curricula.

There are no joint training programs in Wave 1 of implementation but as we commence planning for implementation of Wave 2-3 implementation (including joint training programs) in 2026, we will be further engaging with other relevant colleges to explore streamlined methods to ensure that joint trainees can count complementary training experiences towards their curricula requirements for both colleges in a minimal timeframe. We expect that our increased analytics and reporting functions in the TMP will aid in facilitating this endeavour by allowing for ease of inter-college communication.

Appendix items:

[5.1 SPDP Update Roadmap](#)

[5.2 Cross College Examinations Review 2024 Report](#)

Condition 16	Due Date: 2026
<i>Ensure that there is robust assessment related to competencies regarding Aboriginal and/or Torres Strait Islander Peoples' and Māori health, equity and cultural safety. Appropriate consultation with relevant stakeholders must be prioritised in development, implementation and monitoring of these approaches (Standard 5.2)</i>	
2025 College response	
<i>No response required in 2025</i>	

Condition 17	Due Date: 2025
<i>Undertake and provide recommendations of the Cross College Examinations Review, detailing alignment to contemporary assessment practice. The review should consider:</i>	
<ul style="list-style-type: none"> <li><i>i. The role of high-stakes single point in time assessments in the revised assessment program, considering how fit-for-purpose these are across a range of program and training contexts.</i></li> <li><i>ii. The optimisation of comparability of clinical examinations across sites.</i></li> <li><i>iii. The impact of the cost of examinations for the College and trainees (Standard 5.2, 5.4 and 7.4).</i></li> </ul>	
College response	

See Condition 15.iii for an initial update on the Cross College Examination Review (CCER) and Appendix 5.2 for the report and recommendations. The CCER Advisory Group delivered its report in October 2024. It recommended the following next steps to be undertaken in 2025.

### **Recommended short term strategies**

The lens for quality improvement approaches in the short term should focus on our core goal of optimising the learning and decision function and our standards for assessment (including the Utility Index). Also, addressing some of the known concerns about our existing exams.

Focus on strategies within the existing assessment structures that support learner development and the decision function. Examples are:

- feedback loops: are trainees getting the 'right' feedback that they need, when they need it, and are they acting on it
- deliberate practice and strategies to manage a situational component of DCE: performing under pressure
- initiate a stream of research questions pertinent to ongoing evolution of assessments within changing clinical practice and training contexts: e.g. role of knowledge assessments in an increasingly digital health environment and the evolving role of artificial intelligence
- reconsider time-based eligibility requirements for first written exam attempts
- explore options for dealing with candidates with a 'borderline fail'
- improve exam preparatory materials for candidates.

### **Recommended short-medium term strategies**

Through implementation of the new curricula from 2025 evaluate the contribution that observed clinical encounters in Learning, Teaching and Assessment programs:

- are supportive of learner development - feedback loops and evidence of growth mindset approaches to learning
- provide assurance of standards - how and to what extent does information collected by WBAs demonstrate achievement or progress to expected levels of competence on EPAs (e.g. BT Foundation EPA: Clinical Assessment).

### **Approach for CCER in 2025**

Develop a strategy to transition to an increasingly programmatic approach:

- Communicate review findings and any CEC approved recommendations to stakeholder groups
- Identify frameworks to support stakeholders to individual exams in reviewing and prioritising short, long, term goals.
- Consult with assessment groups (CAC, Div and Fac Assessment Committees, Exam Committees and Working Groups) about:
  - Scheduling a working day during Q2-Q3 2025 (could utilise a combination of existing Assessment Committee/Exam Committee members including some members of the CCERAG, trainees, and other stakeholders to facilitate linkage with current initiatives and exam expertise and ideas).
  - Purpose of the working day – approach to developing a strategy

- Identifying preparatory work/data collection required for working day
  - Complete preparatory activities for working days (CCER Project Team)
  - Conduct working days (2 for the Division programs, 1 per Faculty and Chapter SHM)
  - Develop, as an output of working day, a workplan/strategy that sits under or integrates with CEC approved recommendations (future vision, definition, approach)
  - CCERAG review and feedback about outputs of working days
  - Develop/consult/approve strategies next steps at program level
  - CEC Report with recommended strategies to action.

\*Faculty/Chapter tailored approaches will be required to link in appropriately with concurrent Curricula Renewal work.

\*\*Some easily identified and implemented short term strategies to quality improve existing exams can be progressed through the relevant exam committee workplans

We address the specific elements of this condition of accreditation further below.

#### **i. The role of high-stakes single point in time assessments in the revised assessment program**

The intended primary purpose of examinations in RACP curricula remains as being to assess against, maintain and communicate RACP curriculum standards on specified domains of competence. They provide a mechanism for:

- trainees to demonstrate they have met the standard
- assurance to stakeholders of the competence and safety of physician trainees
- assurance to stakeholders that trainees are ready for the next stage of training.

There is no alternative current mechanism in RACP training programs that completely fulfils this role and purpose. Successful implementation and evaluation of other forms of assessment including the work-based assessments (WBA) in the new curricula is a dependency to revisiting this. Examinations in peer organisations appear to be similarly used as key markers of performance standards with WBA fulfilling the programmatic assessment function. Hence the CCER Advisory Group concluded that existing RACP exams should be retained within RACP assessment systems unless or until there is an equivalent process to assess against, maintain, and communicate curriculum standards.

The report from the CCER also emphasises the importance of a gradual transition in assessment systems, noting that assessment programs are sensitive to unintended consequences of change, especially because of the diverse and 'open' systems in which training occurs. Careful planning and monitoring of changes to existing examinations is essential to achieve the intended benefits while mitigating unintended negative impacts.

In March 2025, the CCER Advisory Group confirmed the Divisional Basic Training Examinations were the priority focus for 2025. Planning is in progress for working days in July 2025 to develop medium- to long-term recommendations about the future design and delivery of RACP examinations in the context of the new curricula

and the vision for programmatic assessment at the RACP. A Senior Research Officer has been recruited to support the CCER. A second CCER report will be developed and provided to the College Education Committee in November 2025.

## ii. The optimisation of comparability of clinical examinations across sites

We have a long-standing practice of conducting pre-examination calibration days for examiners to support parity in exam outcomes. In 2024, 51 calibration sessions were held across Australia and Aotearoa New Zealand. The programs for these have evolved in response to emerging issues. For example, in 2023 for Paediatrics and Child Health and in 2024 for Adult Medicine, an external consultant conducted unconscious bias training for all members of the National Examining Panel as part of their annual workshop and calibration day.

The findings of the review of the 2021 Paediatrics and Child Health (PCH) Divisional Clinical Examination (DCE) highlighted the ongoing need to improve comparability of clinical examination experiences both within and across sites. Several of the review's recommendations are aimed at supporting this goal, including:

- **Updated Clinical Examination Manual for Examiners** - The College has updated and distributed the Clinical Examination Manual for Examiners as part of examiner training. The manual outlines training content, best practice standards and procedures, and sets out expectations regarding examiner conduct and conflict-of-interest requirements.
- **Updates to the Special Consideration Policy and Application Guide** - In March 2025, we updated the Special Consideration Policy and Application Guide to support better equitable access for trainees experiencing exceptional circumstances. Key updates include expanded eligibility criteria, clearer documentation requirements, specified outcome guidelines, and a streamlined application process.
- **Piloting new roles for support and quality assurance** - Two new roles are being introduced at 2025 DCE examination centres to enhance candidate support and uphold quality assurance: the Quality Assurance Lead, responsible for overseeing site-level exam processes to ensure consistent delivery, and the Candidate Support Officer, who provides in-person support to candidates on the day of the examination.
- **Introduction of training for examiners on concepts related to bias and racism** - This training was commissioned and developed for the College by external consultants who are experts in the field of this training, Oro Nuku Ltd, considering the differing Indigenous contexts for Australia and Aotearoa New Zealand. The program focussed on providing examiners with an evidence-based understanding of bias and racism, along with practical strategies to support culturally safe examination practices. National and Senior Examiner Panel members in both countries completed the training during calibration sessions, while Local and Provisional Examiners attended an online session.
- **Common calibration materials and 'examiner exchange' across regions/countries** - Examiners from Australia and Aotearoa New Zealand are participating in each country's clinical examinations to support shared understanding and consistent application of Australasian standards. Members of the National and Senior Examining Panels in both countries also undertake aligned calibration activities using standardised materials.

## iii. The impact of the cost of examinations for the College and trainees

Fees for each examination attempt are published on the [RACP website](#) and 2025 fees are summarised in Table 5.1. The [2024 RACP Annual Report](#) contains

additional examination fee and cost breakdowns.

**Table 5.1. 2025 RACP Examination Fees**

2025 examination fees	AUD including GST (if applicable)	NZD including GST (if applicable)
Divisional Written Examinations	2239.00*	2574.85
Divisional Clinical Examination	3350.00*	3852.85
Faculty Clinical Examinations	3350.00*	N/A

\* Exempt from GST

Exam development and delivery remain a highly resource-intensive function for the RACP. While all assessments require significant investment, written examinations have generally been more cost-effective and scalable compared to clinical examinations.

For the Divisional Written Examinations, exam fees help fund:

- Staffing costs for teams managing candidate eligibility, coordination, and communication
- Item development, peer review, and standard setting by subject matter experts
- Examiner calibration and quality assurance processes
- Venue hire and supervision across numerous test sites
- Licensing, maintenance, and security of digital platforms used for exam delivery and results management

For the Divisional Clinical Examinations, exam fees support:

- Staffing costs for teams responsible for complex, site-based exam delivery
- Examiner training, calibration, and coordination across jurisdictions
- Venue hire, travel, accommodation, and catering for examiners and contributors
- Secure digital systems for clinical assessment management and results processing
- Support for patient participation in clinical exams.

These costs are essential to ensuring that both examinations are delivered fairly, securely, and in alignment with the RACP's high standards of quality, academic integrity, and professionalism.

**Condition 18**

Due Date: 2025

*As a priority, effectively respond to trainee concerns reported regarding the 2021 Paediatrics and Child Health Divisional Clinical Examination about discriminatory behaviours to provide assurance of a fair and equitable process. (Standard 5.2, 5.4 and 7.3)*

**2025 College response**

As previously reported to the AMC, in 2023, the College began a review of whether the structure, design and delivery of the 2021 Aotearoa New Zealand Paediatric Clinical Examination resulted in unconscious or inadvertent bias against groups of candidates on a racial basis. This followed multiple anonymous complaints received by the College from 2021, 2022 and 2023.

The review was independently chaired by Maria Dew KC, Barrister, Aotearoa New Zealand. The conclusions and 18 recommendations are set out in [sections 8 and 9 of the Report](#) which was publicly released on [Wednesday 15 January 2025](#).

The RACP Board has accepted all recommendations. Following the release of the report, the RACP convened 36 targeted sessions with trainees' committees, education and assessment committees, examiners and other key groups.

The Board appointed a taskforce to manage the implementation of these report's recommendation, composed of:

- Executive General Manager, Education, Learning and Assessment
- Chair, College Assessment Committee
- Manager, Indigenous Strategy
- Kaitohutohu Ahurea
- Manager, Assessment Services
- Manager, Aotearoa Training Services & Projects.

In February 2025, the Board approved an Implementation Plan developed by the taskforce (Appendix 5.3). Key actions have been prioritised to improve safety, transparency and process changes in the 2025 Divisional Clinical Examinations; with broader reforms extending across all examinations in 2026. The activities and timelines approved by the Board will ensure effective coordination across countries, governance updates, policy development, system enhancements and stakeholder engagement to embed meaningful change.

The [Implementation Plan](#) is structured into two delivery phases:

- Priorities for the 2025 Divisional Clinical Examinations including improving safety, transparency and processes to support a safer exam this year.
- Priorities for all Division, Faculty and Chapter Examinations in 2026 onwards.

Refer to Condition 17.ii and Appendix 5.3. for a comprehensive list of implementation activities. A summary of completed initiatives from Appendix 5.3 is included below:

- Issued a formal apology for the delay in addressing the complaints in a timely manner, acknowledging the distress caused by the delays. The statement outlined the College’s commitment to take action, share key information through trainee communication channels, and offered support options such as facilitated discussions and counselling for affected individuals
- Reviewing existing policies and procedures to ensure alignment with the four key principles of the PCH DCE Review as well as updating the post-examination candidate and examiner surveys to capture candidate and stakeholder feedback on changes
- Implementing annual information sessions for candidates, publishing frequently asked questions, and updating key examination-related information on the College website to enhance clarity and accessibility. Initial analysis of feedback from attendees at the candidate information sessions indicates that they were well regarded, adequately covered their desired information and candidates appreciated the opportunity to ask questions and felt comfortable to ask these.
- Piloting Quality Assurance Leads (QALs) to observe procedural and operational aspects, identify examples of good practice, and highlight areas for improvement in line with the Standards for RACP Assessment Programs and the Examiner Manual
- Reviewing and revising the [Conflict of Interest policy](#) and register process as well as seeking legal advice on complaints and appeals process changes to support natural justice
- Conducting a feasibility study to assess operational, logistical, privacy, and resource considerations of implementing video or audio recording, and providing the PCH DCE Review Report to the CCRE implementation team to inform consideration of short case format and benchmarking practices
- Implementing mandatory racial bias and cultural safety training for examiners. See an update on this activity in Condition 15 above. An evaluation of this training is underway. In 2025, the training was delivered to 812 (74%) of all DCE Examiners across 7 online and 4 face-to-face sessions.
  - 337 Senior/National Examining Panel examiners in both countries attended an in-person session (93% of the Senior/National Examiner pool)
  - 475 Australian Local Examiners attended online (65% of the Local Examiner pool).
- Implementing governance reforms by reducing committee numbers, clarifying roles, publishing Terms of Reference, and updating the College website with committee information.

The impact and effectiveness of the reforms will be evaluated in the annual Post Examination Examiner and Candidate Surveys and other evaluation programs linked to training and education initiatives.

The Taskforce will continue to engage with key stakeholders to maintain our focus on candidates, examiners, patients and their whānau/family. We are keeping members regularly updated via direct communications and [dedicated pages on our website](#).

*Appendix items:*

[5.3 PCH DCE Recommendations Implementation Plan](#)

Condition 19	Due Date: 2026
<i>Evaluate the quality and timeliness of examination feedback to trainees with a view to improvement and consideration for inclusion of supervisors in the feedback process (Standard 5.3)</i>	
2025 College response	
<i>No response required in 2025</i>	

Condition 20	Due Date: 2027
<i>Develop and implement mechanisms to quality assure the implementation of programmatic assessment, including workplace-based assessments, in contributing to learner development and accurate and fair progression decisions (Standard 5.4, 8.1 and 8.2)</i>	
2025 College response	
<i>No response required in 2025</i>	

## 2. Statistics and annual updates

Please provide data **for 2024** in the table showing each summative assessment activity (e.g. Part 1 and Part 2 exams) and the number and percentage of trainees who passed at their first, second, third and subsequent attempts.

Table 5.2. Summative assessment results (2024)<sup>1</sup>

Assessment Activity	1 <sup>st</sup> attempt			2 <sup>nd</sup> attempt			3 <sup>rd</sup> attempt <sup>2</sup>		
	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed
<b>Divisional Written Examination</b>									
Adult Internal Medicine (FEBRUARY)	729	621	85.2%	75	45	60.0%	52	28	53.8%
Adult Internal Medicine (OCTOBER)	94	71	75.5%	79	51	64.6%	28	15	53.6%
Paediatrics & Child Health (FEBRUARY)	207	183	88.4%	7	4	57.1%	3	0	0.0%
Paediatrics & Child Health (OCTOBER)	43	34	79.1%	15	8	53.3%	5	3	60.0%
<b>Divisional Clinical Examination</b>									
Adult Internal Medicine	807	650	80.5%	131	99	75.6%	61	40	65.6%
Paediatrics & Child Health	215	194	90.2%	54	43	79.6%	8	7	87.5%
<b>Advanced Training - Faculty and Chapter programs</b>									
Australasian Chapter of Sexual Health Medicine (AChSHM) exit assessment	5	5	100%	1	1	100%	-	-	-
Australasian Faculty of Rehabilitation Medicine (AFRM) Fellowship Clinical Examination (FCE) Adult Medicine	38	21	55.3%	6	2	33.3%	12	7	58.3%
AFRM Fellowship Written Examination (FEW) MCQ Adult Medicine	35	31	88.6%	4	2	50.0%	1	0	0.0%
AFRM FWE Modified Essay Questions (MEQ) Adult Medicine	36	29	80.6%	7	4	57.1%	7	4	57.1%
AFRM FCE Paediatrics & Child Health Division	3	3	100%	-	-	-	-	-	-

Assessment Activity	1 <sup>st</sup> attempt			2 <sup>nd</sup> attempt			3 <sup>rd</sup> attempt <sup>2</sup>		
	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed
AFRM FWE Multiple Choice Questions (MCQ) Paediatric & Child Health	2	2	100%	-	-	-	-	-	-
AFRM FWE SAQ Paediatrics & Child Health	2	2	100%	-	-	-	-	-	-
AFRM Mod 2 Clinical Assessment Adult Medicine	51	40	78.4%	7	5	71.4%	3	2	66.7%
Australasian Faculty of Occupational and Environmental Medicine (AFOEM) Stage A Written	13	12	92.3%	1	1	100%	1	0	0.0%
AFOEM Stage B Written	20	8	40.0%	3	1	33.3%	1	0	0.0%
AFOEM Stage B Practical	20	13	65.0%	2	0	0.0%	2	1	50.0%
Australasian Faculty of Public Health Medicine (AFPHM) Clinical Exam	25	21	84.0%	4	3	75.0%	-	-	-

<sup>1</sup> Exam is considered 'sat' if a candidate attended the assessment.

<sup>2</sup> 3<sup>rd</sup> or greater attempt category includes a small number of candidates who have sat the assessment four or more times.

In the table below, please provide combined summative assessment data **for 2024** showing the number and percentage of the cohort who passed at their first, second, third and subsequent attempts.

**Table 5.3. Stratified summative assessment results (2024)<sup>1</sup>**

Cohort	1 <sup>st</sup> attempt			2 <sup>nd</sup> attempt			3 <sup>rd</sup> attempt		
	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed
Aboriginal and/or Torres Strait Islander trainees	See Appendix 5.4								
Māori trainees	See Appendix 5.4								
Pasifika trainees	See Appendix 5.4								

Cohort	1 <sup>st</sup> attempt			2 <sup>nd</sup> attempt			3 <sup>rd</sup> attempt		
	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed
Specialist International Medical Graduates	-	-	-	-	-	-	-	-	-

<sup>1</sup>Aboriginal, Torres Strait Islander, Māori and Pacific Heritage trainee data has been provided in a separate table within Appendix 5.4 due to low counts and higher risk of individual identification

Appendix items:

[5.4 Stratified Summative Assessment Results for Indigenous and Pacific Heritage Trainees \(2024\)](#)

## Standard 6: Monitoring and evaluation

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

### 1. Activity against conditions

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

Please address each of these conditions individually.

Condition 21	Due Date: 2026
<i>Facilitate systemised options for supervisors of training to provide feedback on the training program. This may be aligned with accreditation of training site/network activities (Standard 6.1.1 and 8.2.1)</i>	
2025 College response	
<i>No response required in 2025</i>	

Condition 22	Due Date: 2026
<i>Define and apply approaches to monitor and evaluate how well the training program meets patient and community needs in matters of care quality and safety (Standard 6.2).</i>	
2025 College response	
<i>No response required in 2025</i>	

Condition 23	Due Date: 2025
<i>Strengthen monitoring and evaluation activities by enhancing 'loop closure' mechanisms for contributing stakeholders, both internal and external (Standard 6.3)</i>	
2025 College response	
<p>As of May 2025, we have made strides forward in demonstrating our commitment to 'closing the loop' with contributing stakeholders.</p> <p>Our draft Education Research and Evaluation Strategy sets out our medium- and long- term approach to engaging, collaborating and co-designing monitoring and evaluation activities with a range of stakeholders- not only 'closing the loop' with them, but making them a vital part of 'the loop'. We look forward to sharing details of that work with the AMC in the latter part of 2025 when it is finalised.</p> <p>In the short-term, we have ensured that all key education monitoring and evaluation activities are disseminated to involved stakeholders and the broader membership by:</p> <ul style="list-style-type: none"> <li>o Publishing Accreditation Renewal and Curriculum Renewal Evaluation Reports on the College website</li> <li>o Accreditation Renewal Evaluation Report distributed to all evaluation interview participants</li> <li>o Developing an Accreditation Renewal Evaluation Action Plan for sharing with stakeholders</li> <li>o Other website additions</li> <li>o Briefs to involved committees</li> <li>o PCH DCE review transparency- report published to full membership, regular updates to membership, action plan on website</li> </ul>	

- o Preparing scholarly work including presentation of five abstracts at ANZAHPE and several journal manuscripts in the latter stages of drafting

## 2. Statistics and annual updates

Please provide data **for 2024** in the table below showing:

- A summary of evaluations undertaken
- The main issues arising from evaluations and the college’s response to them, including how the College reports back to stakeholders.

**Table 6.1. Summary of evaluations and findings, 2024**

Evaluation activity	Issues arising	College response to issues
<p><b>Medical Training Survey</b></p> <p>Annual survey of all Australian doctors in training undertaken by the Medical Board of Australia and Ahpra.</p> <p>Most recent survey was undertaken in August-October 2024 and 41% (n=3069) RACP trainees responded.</p> <p>The RACP promotes the MTS results amongst the membership by sharing key findings through a comprehensive communication campaign which</p>	<p><b>Bullying, harassment and discrimination in the workplace</b></p> <p>The incidence of bullying, harassment, discrimination and racism both experienced and witnessed by RACP trainees remains high (22 per cent experienced; 33 per cent witnessed) although the reporting of these behaviours is increasing over time, as is satisfaction with how reports are followed up.</p>	<p>Enact MTS follow up process to identify settings with results that indicate areas of concern or excellence.</p> <p>Encourage all settings to reflect on their survey results via the MTS interactive dashboard.</p> <p>Implement New Training Provider Standards &amp; Risk-Based Framework as part of the NHPO recommendations.</p> <p>Use results to inform the RACP’s Bullying, Discrimination and Sexual Harassment Action Plan.</p> <p>Collaborate with external bodies on initiatives aimed at improving the culture of Medicine such as A Better Culture and Every Doctor, Every Setting (EDES) Framework.</p>

Evaluation activity	Issues arising	College response to issues
<p>includes:</p> <ul style="list-style-type: none"> <li>• direct emails to Directors of Physician/Paediatric Education (DPEs) encouraging local-level exploration of results</li> <li>• articles in eBulletins</li> <li>• a social media campaign</li> </ul> <p>The College also explores MTS results with training settings via its annual survey follow up process.</p>	<p><b>Need to address workloads for trainees</b></p> <ul style="list-style-type: none"> <li>• 54 per cent of RACP trainees rated their workload as heavy or very heavy.</li> </ul>	<p>Enact MTS follow up process to identify settings with results that indicate areas of concern or excellence.</p> <p>Encourage all settings to reflect on their survey results via the MTS interactive dashboard.</p> <p>Implement New Training Provider Standards &amp; Risk-Based Framework as part of the NHPO recommendations.</p>
	<p><b>Need for clearer communication from the College regarding trainee requirements</b></p> <ul style="list-style-type: none"> <li>• 68 per cent of RACP trainees agreed/strongly agreed that the RACP clearly communicates the requirements of training and 56 per cent of RACP trainees agreed/strongly agreed that the RACP clearly communicates changes to training programs, unchanged from 2023.</li> <li>• 22 per cent of RACP trainees did not have access to protected study time/leave.</li> </ul>	<p>The RACP has established a new Member Support Centre to assist members in navigating the College, improving enquiry responses, and enhancing resolution times to better support member needs.</p>
	<p><b>Need to legitimise and protect teaching and learning time in service delivery contexts</b></p> <ul style="list-style-type: none"> <li>• 49 per cent of RACP trainees felt their job responsibilities prevented them from meeting training requirements sometimes or often.</li> </ul>	<p>Initiation of new Workforce and Healthcare Reform Advocacy program which will feature calls for protected training and education time for members.</p> <p>Implementation of New Training Provider Standards &amp; Risk-Based Framework as part of the NHPO recommendations.</p>
<p><b>Curricula Renewal</b></p> <p>The evaluation in 2024 aimed to evaluate the initial implementation of the new curricula to inform ongoing</p>	<p>Training from RACP was identified as the greatest area of support needed for stakeholders in implementing the new curricula.</p>	<p>A multi-faceted training package was developed that includes a suite of online resources, online training sessions and drop-in sessions for trainees, educators and training program coordinators. See updates for Conditions 8 and 14 for details.</p>

Evaluation activity	Issues arising	College response to issues
<p>implementation and used the following approaches: needs assessment for implementation and rapid feedback evaluation. Data collection included: feedback from stakeholders via surveys and discussion and the use of routinely collected program data such as Customer Relationship Management (CRM) data, web analytics and communications data.</p>	<p>Importance of dedicated/protected time for training and supervision as an enabler for implementation.</p>	<p>This will be progressed through a new program of Workforce and Health Reform Advocacy and training setting accreditation.</p>
	<p>Insights into the mixed effectiveness of communication strategies, particularly direct email, in preparing for implementation varied – stakeholder awareness of emails communicating implementation information was minimal for some stakeholders.</p>	<p>Communication planning was undertaken and is frequently reviewed to ensure communication is clear and visible, standing out from other RACP communications with dedicated New Curricula templates and branding elements. A network of change champions was developed to facilitate communication in local settings.</p>
<p><b>Accreditation Renewal</b></p> <p>In 2024, the College evaluated the implementation and outcomes of the network accreditation model introduced under Phase 2 Accreditation Renewal. The evaluation scope covered 16 Basic Training Networks in NSW and Aotearoa New Zealand that underwent network accreditation between 2023-2024. Data collection included 19 interviews (with DPEs, NDPEs, Network Managers, and accreditors), an accreditor survey (68% response rate), and analysis of program data.</p>	<p>While the evaluation found evidence that network accreditation fostered increased collaboration amongst Training Providers, encouraged reflection on training practices, and promoted quality assurance within training settings, several challenges were identified:</p> <p>The Self-Assessment Form and Standards were seen as repetitive, burdensome and lacking an outcomes focus. Some criteria were not considered contextually relevant or achievable across all training contexts (metropolitan, regional, and rural).</p>	<p>The upcoming early adoption of the AMC’s Model Accreditation Standards will reduce the burden of accreditation, eliminate duplication within the standards, and ensure an outcomes focus. The standards will also support contextualisation by providing guidance for the proportionate assessment of regional, rural and remote training sites.</p>
	<p>Setting executive involvement in the Setting Self-Assessment Form was often limited, due to time constraints or insufficient knowledge to provide a response against the criteria.</p>	<p>During the transition to the Model Standards, the role of setting executives in completing accreditation paperwork will be considered along with the criteria they are asked to respond against</p>

Evaluation activity	Issues arising	College response to issues
<p>Interview participants were sent summaries of the interviews shortly after they were conducted for verification and to add any further information. Regular updates about the findings were reported as the evaluation progressed and presentations were made to accreditation committee members and formed the basis of a calibration day activity for accreditors as part of their training.</p> <p>Additionally, in 2025, the results of the evaluation are being presented at a national health professions education conference and will also form the basis of a workshop with attendees to further discuss how accreditation processes can become more contextualised and sustainable to achieve greater fidelity.</p>	<p>Logistical challenges limited the ability for consistent composition of the accreditor panel to complete all reviews within a network.</p>	<p>Efforts will be made to achieve consistency in the composition of accreditor panels across networks. The College will also explore the feasibility of establishing a debrief meeting between all accreditors that conducted a site visit or document review within the network to agree on network-level outcomes.</p>
	<p>Compared to site visits, document reviews conducted at Level 1 and secondment sites were considered less robust due to limited opportunities for accreditors to directly engage with setting stakeholders. Accreditors and Training Providers called for flexibility in the approach to where site visits are conducted, as Level 1 and secondment sites can present more uncertain risk due to workforce challenges.</p>	<p>In line with recommendations made by the NHPO, the College will adopt a risk-based approach to accreditation, with review type informed by indicators such as previous accreditation outcomes and survey data. This will ensure resources are focused on high-risk settings.</p>
	<p>Delays in communicating accreditation decisions to Training Providers.</p> <p>Altogether the findings suggested that although there is support for the network model in achieving its intended outcomes, the network accreditation process was not as robust as it could be. Although there was burgeoning support for some of the early outcomes, the process lacked validity in certain areas and therefore detracts from the strength of evidence obtained.</p>	<p>Efficiencies will be introduced through the upcoming education governance review, including a delegation schedule for decisions that can be sent directly to the Chair of the AIM or PCH Accreditation Subcommittee for approval out of session. Further consideration will be given to more frequent committee meetings or other ways to streamline committee processes.</p>

Evaluation activity	Issues arising	College response to issues
	<p>The evaluation report, with 25 key recommendations, was presented and endorsed by the College Education Committee and was distributed to all interviewees for feedback and further endorsement.</p>	<p>Evaluation findings and an action plan to implement the recommendations were shared directly with evaluation participants via email. The evaluation report has also been <a href="#">published on the RACP’s Educational Research and Evaluation page for members to view</a>. The evaluation team is working closely with the Training Accreditation Services team to improve the workflow processes of accreditation based on feedback from NDPEs, DPEs, and Network managers. Updates on progress toward achieving the recommendations, with projected timelines included, is now included in regular communiques to jurisdictional and other governance bodies.</p> <p>Additionally, the findings have been used to inform the design of the next phase of the accreditation renewal program which is examining the implementation and outcomes of network accreditation in other states, and a review of the effectiveness of the Active Management Process. Based on the findings from Phase 2 evaluation we have now also expanded the evaluation participation to include the voice of trainees and hospital executives and will be observing an accreditation site visit to contribute to a more holistic evidence base on the efficacy of network accreditation processes that can be communicated back to stakeholders through both college communication but also in knowledge translation activities.</p>
<p><b>Post examination Candidate Surveys and Post-Examination Examiner Surveys (PECS/PEES)</b></p> <p>Routine post-exam surveys of candidates and examiners for every Divisional, Chapter and Faculty</p>	<p><b>Communication of examination details and requirements</b></p> <ul style="list-style-type: none"> <li>• Need to continue to improve College communication regarding examinations, to ensure it is adequate and timely in the lead up to the exams and provides clarity regarding examination day processes.</li> </ul>	<p>Additional candidate resources regarding examination-day processes are in development, such as FAQ documents, downloadable checklists and reference guides.</p> <p>Webpage maintenance processes are in development to ensure regular reviews of online exam content.</p>

Evaluation activity	Issues arising	College response to issues
<p>assessment the College administers.</p> <p>Post examination survey results are regularly reviewed by the Assessment Services team as part of the continuous improvement cycle of examination delivery.</p>	<p><b>Fairness and accuracy of examinations</b></p> <ul style="list-style-type: none"> <li>• Exam sites may not be suitable</li> <li>• Role-players/cases may not be suitable</li> <li>• Examiners may not be fair and suitable</li> </ul>	<p>College to consider a venue performance tracking system that records historical candidate feedback about environmental factors, consistency of service quality, and staff observations during examinations to guide future decision-making.</p> <p>Clear requirements for optimal examination conditions to be negotiated as part of venue contracts.</p> <p>College to continue exploring ways to improve case standardisation including:</p> <ul style="list-style-type: none"> <li>• Establishing standardised criteria for patient selection and documenting key clinical findings to be used as a guideline for examiners.</li> <li>• Developing clear patient briefing protocols.</li> </ul> <p>The College to continue to ensure standardisation in behaviour and marking is high amongst examiners to provide candidates with a fair and equitable assessment.</p>
	<p><b>Constructive alignment between training experiences, training objectives and assessments</b></p> <ul style="list-style-type: none"> <li>• Candidates don't feel that their training prepared them for the exams, particularly the DWE and DCE.</li> <li>• Examination content may not reflect the expected standard of clinical knowledge, clinical skills or the learning objectives outlined in the curriculum.</li> </ul>	<p>Explore the best ways to assess physician/paediatrician competence through the Cross-College Examinations Review.</p> <p>College to consider whether new educational resources are needed to help link examination relevance to training objectives and day-to-day practice.</p> <p>Ensure examinations are mapped to the full breadth of the training curricula and training experiences and that cases are standardised and relevant to clinical practice.</p>
	<p><b>Examination preparation resources</b></p> <p>Knowledge guides and online resources are not considered especially useful for examination preparation.</p>	<p>Knowledge Guides and online preparation resources are being reviewed in order to identify areas for improvement enhance their utility for examination preparation.</p>

Evaluation activity	Issues arising	College response to issues
	<p><b>Examination format and content</b></p> <ul style="list-style-type: none"> <li>• Long and Short Cases may not be the best ways to assess paediatrician/physician competence (DCE)</li> <li>• Time allocations to demonstrate competence may be inadequate</li> </ul>	<p>Explore the best ways to assess physician/paediatrician competence through the Cross-College Examinations Review.</p> <p>Historical data on exam stations, corresponding candidate performance and examiner feedback is being explored to determine whether time allocations are sufficient to complete all components so that candidate competence can be evaluated appropriately.</p> <p>Continue to explore the usefulness of mindfulness activities offered within the AFRM Fellowship Clinical Examination.</p>
	<p><b>Exam satisfaction</b></p> <p>Trainees and/or examiners may not be satisfied with the examination process</p>	<p>Reported satisfaction levels and free-text comments of survey respondents are regularly analysed to monitor potential reasons for (dis)satisfaction.</p>
	<p><b>Digital marking system (DSS)</b></p> <ul style="list-style-type: none"> <li>• Internet quality may affect usability of the digital scoresheet</li> <li>• Examiners may be hesitant about a digital marking system</li> <li>• Time allocations may be inadequate for marking using the DSS</li> </ul>	<p>The College is continuing to explore ways to ensure reliable and secure Internet connection on exams sites as this may improve the DSS' usability.</p> <p>College to consider providing more training and resources to increase examiners' familiarity with the DSS prior to the examination day and re-assessing time allocations for coming to a consensus, marking and completing the DSS.</p>
<p><b>Supervisor Voices Survey</b></p> <p>The Supervisor Voices Survey was conducted over three weeks in August 2024. More than 7,900 active RACP supervisors were invited to share their recent supervisory experiences and support needs. The survey was designed to inform enhancements to supervisor support services and to</p>	<p>While most supervisors reported satisfaction with their role, several areas of concern were highlighted below.</p>	<p>-</p>
	<p>Increasing workloads and supervisory expectations (69% reported their supervisory workload has increased over the past five years)</p>	<p>The College is continuously working to strengthen quality assurance in training settings through implementation of our accreditation renewal program, including early adoption of the AMC Model Standards and participation in an AMC-led joint College forum to inform supervision- related site accreditation standards.</p>

Evaluation activity	Issues arising	College response to issues
<p>guide advocacy priorities. 625 supervisors participated (8% response rate).</p>	<p>Lack of allocated and/or protected time for supervisory activities (82% reported none)</p>	<p>Advocacy for supervisor protected time is a key priority under the new Workforce and Health Reform advocacy initiative.</p>
	<p>Limited recognition of supervisor contributions to training (29% felt adequately recognised)</p>	<p>A new supervisor recognition program will be piloted to better recognise the contributions of our supervisory workforce.</p>
	<p>A lack of formal feedback or appraisal on supervisory performance (received by 12%)</p>	<p>The Supervisor Professional Development Program is being updated to better meet the needs of supervisors. Further, new supports for supervisors are being introduced as part of the implementation of our new curricula.</p> <p>In 2026, we will consider this feedback in conjunction with Condition 29 from the AMC <i>“Facilitate the professional development of supervisors and assessors by utilising feedback mechanisms including contributions by trainees”</i>.</p>
	<p>The impact of workplace culture on supervisor wellbeing (25% reported being subjected to bullying, harassment, and/or discrimination)</p>	<p>The College is supporting cultural change via the Safe Training Environments Action Plan, the Physician Health and Wellbeing Strategy, and partnerships with Every Doctor, Every Setting and A Better Culture and Advancing Women Healthcare Leadership Initiatives.</p> <p>Findings and key action areas were published on the RACP website and shared with participants through articles in various eBulletins (including the President’s Message, Division, Chapter, and Faculty eBulletins), social media posts, and a direct email sent to Directors of Physician/Paediatric Education.</p>

Evaluation activity	Issues arising	College response to issues
<p><b>New Fellow Survey</b></p> <p>Annual survey of members one to two years post completion of an RACP Advanced, Faculty or Chapter training program. It aims to address a number of gaps in our knowledge regarding preparedness for unsupervised practice and making the transition from trainee to specialist/consultant.</p> <p>The most recent survey was undertaken in June/July 2024 and 12% (n=147) new Fellows responded.</p> <p>Results and recommendations were shared with the RACP membership and other stakeholders via:</p> <ul style="list-style-type: none"> <li>• the RACP website</li> <li>• the President’s Message and Division, Chapter, and Faculty eBulletins</li> <li>• social media posts</li> <li>• email to specialty societies.</li> </ul>	<p><b>New Fellow preparedness is low and/or declining over time in the following domains:</b></p> <ul style="list-style-type: none"> <li>• Health Policy, Systems and Advocacy</li> <li>• Research</li> <li>• Teaching and Learning</li> <li>• Cultural safety</li> </ul>	<p>A new Health Systems, Policy and Advocacy online course was implemented in 2024.</p> <p>Interim improvements to ATRP requirements, submission process and RPL/equivalency process were implemented from 2023.</p> <p>A holistic review of ATRP requirements and implementation of changes is set to commence in 2025.</p> <p>SPDP 3, focussed on work-based assessment, was made mandatory for Advanced Trainees from 2023.</p> <p>Work is underway to update curriculum content with relevant competencies on culturally safe practice, and the health and wellbeing of Aboriginal and/or Torres Strait Islander peoples and Māori.</p>
	<p><b>Perceptions of the Advanced Training Research Project (ATRP)</b></p> <ul style="list-style-type: none"> <li>• New Fellows do not perceive the ATRP as educationally valuable</li> </ul>	<p>Interim improvements to ATRP requirements, submission process and RPL/equivalency process were implemented from 2023</p> <p>A holistic review of ATRP requirements and implementation of changes is set to commence in 2025.</p>
	<p><b>Need for more work/life balance during training</b></p> <ul style="list-style-type: none"> <li>• Less than a third of New Fellows were satisfied with their work/life balance while training.</li> </ul>	<p>Interim improvements to ATRP requirements, submission process and RPL/equivalency process were implemented from 2023.</p> <p>A holistic review of ATRP requirements and implementation of changes is set to commence in 2025.</p> <p>Revised Flexible Training Policy to increase access to flexible training from 2023.</p>

Evaluation activity	Issues arising	College response to issues
	<p><b>New Fellows lack experience in outpatient clinics, private practice, and rural locations</b></p> <ul style="list-style-type: none"> <li>New Fellows commented on the lack of training or preparation for working in outpatient clinics, private practice, and rural locations</li> </ul>	<p>The College is considering alternative options for trainees looking for experience in a broader range of settings as part of Curricula and Accreditation Renewal initiatives (e.g. online courses, resources, information sessions)</p> <p>Administration of funding for training positions that encourage the growth of the specialist workforce in regional, rural and remote areas via the Specialist Training Program (STP), and further extended by the Integrated Rural Training Pipeline Initiative (IRTP)</p> <p>Implementation of the Regional, Rural and Remote Physician (RRRP) Strategy to prioritise, advocate and support regional, rural and remote workforce and training initiatives.</p>
	<p><b>Need for more College support for New Fellows</b></p> <ul style="list-style-type: none"> <li>New Fellows have low awareness of existing resources to assist with their transition to unsupervised practice</li> <li>New Fellows would like the College to provide a transitional program to help them adjust to unsupervised practice</li> <li>Less than a third of New Fellows agree they receive support from the College when needed</li> <li>Comments from New Fellows indicated dissatisfaction with communication with the College.</li> </ul>	<p>A new Member Support Centre has been established to assist members in navigating the College, improving enquiry responses, and enhancing resolution times to better support member needs.</p> <p>Further analysis to be undertaken with early career Fellows to determine transitional program needs.</p> <p>College to explore further promotional opportunities for the New Fellows Forum and RACP online wellbeing guides.</p>
<p><b>Supervisor Professional Development Program Evaluation</b></p> <p>The SPDP evaluation aimed to answer the following questions:</p> <p>1. Are the SPDP learning materials and</p>	<p><b>The following recommendations were made as a result of the evaluation:</b></p> <ol style="list-style-type: none"> <li>Conduct a full end-to-end review of the SPDP content to consider the currency of theoretical underpinnings of the program, diversity of case</li> </ol>	<p><b>A roadmap has been developed to update the SPDP incrementally over the next few years in order to address these priorities.</b></p> <p>In 2025, the program will be reviewed to ensure currency and alignment of content with the new Advanced and Basic Training Curricula and to embed culturally safe supervision</p>

Evaluation activity	Issues arising	College response to issues
<p>activities relevant to the experiences of RACP Supervisors?</p> <p>2. Does the SPDP provide participants with tangible tools, strategies, and resources that are useful in their day-to-day supervision practice, and if so, how?</p> <p>3. Do participants feel that the SPDP materials and activities reflect current best practice, trends, and research?</p>	<p>studies and examples, cultural safety, alignment of the content across delivery mechanisms, and activities contained within the program.</p> <ol style="list-style-type: none"> <li>2. Develop a clear program theory to better define the expected impacts of the program.</li> <li>3. Develop a strategy to address concerns regarding applicability of the program to a broad cohort.</li> <li>4. Develop a robust evaluation cycle plan for the program moving forward.</li> </ol>	<p>education. It will also be reviewed and revised to achieve alignment of content across delivery mechanisms.</p> <p>In 2026, a program redesign will be initiated to ensure alignment of the SPDP with educational design best practice.</p>

The AMC has previously signalled to colleges that it will look at how the results of the MTS can be used in accreditation and monitoring processes. In this section the AMC is asking the College to comment on how it has used, or plans to use the results.

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

- Developments and changes made by the College as a result of the MTS
- Future directions and planning based on the results

**Table 6.2. Response to MTS findings**

College response	
<p>Developments and changes made by the College as a result of the MTS?</p>	<p>Areas for development identified from the 2024 MTS and how the College is addressing these concerns are outlined below:</p> <p><b>Bullying, harassment and discrimination in the workplace</b></p> <p>Enact MTS follow up process where setting-based survey responses indicate areas of concern. Concerns management is integrated into accreditation processes. From 2023, MTS data is also used to identify settings with results that indicate excellence in areas such as clinical supervision or overall satisfaction.</p> <p>Implementation of New Training Provider Standards &amp; Risk-Based Framework as part of the NHPO recommendations.</p> <p>Inform the RACP’s Bullying, Discrimination and Sexual Harassment Action Plan. This initiative will address the College's responsibilities with respect to BDSH in Physician Training Environments.</p>

	<p>Collaboration with external bodies on a number of initiatives aimed at improving the culture of Medicine, including:</p> <ul style="list-style-type: none"> <li>• A Better Culture – body of work being led by Royal Australasian College of Medical Administrators (RACMA) using STP FATES funding to develop a framework for improving the culture of medicine</li> <li>• Every Doctor, Every Setting (EDES) Framework – Australian Government funded initiative led by <i>Life in Mind</i> guiding coordinated action on the mental health of doctors and medical students. The EDES Framework brings together evidence-based data on what works to prevent and responds to mental ill-health and suicide.</li> </ul> <p><b>Call for clearer communication regarding trainee requirements</b></p> <p>The RACP has established a new Member Support Centre to assist members in navigating the College, improving enquiry responses, and enhancing resolution times to better support member needs.</p> <p><b>A need to legitimise and protect teaching and learning time in service delivery contexts</b></p> <p>Initiation of new Workforce and Healthcare Reform Advocacy program which will feature calls for protected training and education time for members.</p> <p>Implementation of New Training Provider Standards &amp; Risk-Based Framework as part of the NHPO recommendations.</p>
<p>How is the College reflecting on its performance in the MTS?</p>	<p>The RACP undertakes an analysis of the MTS results each year, identifying areas in which RACP trainees responded considerably less favourably than the national response, and monitoring progress against past RACP results. For the first time in 2024, the RACP was also able to explore results by training program (Basic Training/Advanced Training) and Division (Adult Medicine/Paediatrics &amp; Child Health).</p> <p>The analysis is shared with key RACP training and education committees, as well as the Board, the College Trainees’ Committee, the College Assessment Committee, the Member Health and Wellbeing Committee, and the Gender Equity and Diversity Advisory Committee. Region-specific MTS results are also shared with our State/Territory Committees to help identify strengths and areas of improvement in various states and territories. These committees are tasked with examining the survey results in conjunction with existing and upcoming projects to identify specific areas within their scope that may require enhanced or new initiatives.</p> <p>The RACP shares MTS findings with all staff via the MTS RACP Summary Report and encourages further exploration via the interactive reporting dashboard.</p> <p>Further, the College promotes the MTS results amongst the membership by sharing key findings through a comprehensive communication campaign including:</p> <ul style="list-style-type: none"> <li>• direct emails to Directors of Physician/Paediatric Education (DPEs) encouraging local-level exploration of results</li> <li>• articles in eBulletins</li> <li>• a social media campaign promoting awareness and advocacy.</li> </ul> <p>The College explores MTS results with training settings via an annual survey follow up process. This process identifies settings that score more than one standard deviation above the mean setting score on questions related to trainee wellbeing, workload, and/or</p>

	<p>patient/doctor safety. We then discuss these results with the setting DPE and integrate concerns management into accreditation processes where possible. Results are also escalated to the setting's executive where appropriate.</p> <p>Processes used in the past to manage concerns have successfully raised training settings' awareness of potential areas of concern, prompting local exploration of concerns and providing a strong evidence base for educational leaders to seek resources and support for training from setting executives. From 2023, survey results have also been used to identify high-performing training settings who score more than one standard deviation more favourably than the mean score across all settings in particular areas, such as the quality of clinical supervision.</p> <p>MTS findings are also used to set KPIs in operational planning and as evaluation metrics, embedded within a wider reflection framework.</p>
What are the future directions and planning of the College based on MTS results?	<p>The RACP will continue to use the results of the MTS to identify strengths and areas of concern and monitor progress towards new actions and initiatives (current actions identified in row 1 of this table). Progress towards these actions will be documented in a centralised research, evaluation and monitoring action plan, with some actions involving long-term change occurring over several years.</p> <p>A separate Indigenous Findings report has also been prepared for the 2024 MTS that will be used to inform future initiatives for our Aboriginal and Torres Strait Islander members.</p>

## Standard 7: Issues relating to trainees

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

### 1. Activity against conditions

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

Please address each of these conditions individually.

Condition 24	Due Date: 2026
<i>Undertake review of policies, procedures and systems for selection into Basic and Advanced Training in collaboration with relevant stakeholders. Outcomes of this work should include:</i>	

<p>i. <i>determination of an evidence-based framework for selection activities, adaptable to a range of implementation contexts, which ensures these activities are aligned to the College selection principles, and are transparent, feasible, valid, reliable and culturally safe. Specific attention is needed in Advanced Training to reduce variability.</i></p> <p>ii. <i>identify centralised methods to monitor consistent and fair application of the selection policy and processes across accredited training sites and jurisdictions. Clear actions to address inconsistent application and increase transparency in selection must be considered.</i></p> <p>iii. <i>include strengths-based approaches to increase the selection of Aboriginal and/or Torres Strait Islander, and Māori trainees, and trainees with a commitment to rural and/or remote and/or Indigenous health in partnership with stakeholders.</i></p> <p>iv. <i>ensure all information, policies and procedures, related to selection into training are clearly articulated and easily accessible on the College website (Standard 7.1).</i></p>
2025 College response
<i>No response required in 2025</i>

Condition 25	Due Date: 2026
<i>Develop and commence implementation of a strategic workforce plan that enhances the recruitment, training, retention, and professional development of a physician workforce that serves the healthcare needs of Indigenous populations. (Standard 7.1.3)</i>	
2025 College response	
<i>No response required in 2025</i>	

Condition 26	Due Date: 2025
<i>Identify and implement methods/tools to improve engagement with and amongst trainees, with appropriate consultation with trainees and their representatives. Monitoring and evaluation mechanisms should be included to determine improvement over time (Standard 7.3).</i>	
2025 College response	

The focus of this condition is a significant challenge for our college, nevertheless we recognise it is vitally important. The root causes of disengagement with trainees relate to devolved training models, perceptions of the college's role as a bureaucratic regulator rather than a responsive organisation that supports trainees' professional development, and trainee's unmet expectations for service delivery. Addressing these root causes requires careful planning and ongoing re/alignment of numerous college initiatives.

Notably, our curricula renewal work is designed to achieve a paradigm shift in the nature of the RACP's educational programs and thereby intended to positively affect the nature of the relationship (and engagement) between trainees and the RACP. The five core components of competency based medical education, as built into the RACP's new curricula, are intended to make the program more tailored, flexible and embedded in everyday practice, with more explicit learning goals. Likewise, our work on Accreditation Renewal, inclusive of our work to address the NHPO recommendations, is intended to ensure that the everyday practice environments for educational program implementation are supportive, safe and relevant to curricula. A high-quality education program, coupled with robust education environments, form the foundation for high quality education experiences and hence are fundamental to trainee engagement and satisfaction.

In addition to these significant programs of renewal, we recognise there are several other work areas to focus on to improve engagement with and between trainees and have developed an action plan to articulate and track our progress against these. The action plan (Appendix 7.1) was developed in partnership with the College Trainees' Committee and includes six goals, each with associated actions, delivery timelines and metrics/mechanisms for monitoring and reporting:

1. Raise the profile of the College Trainees' Committee and other College trainee committees/trainee representatives on committees – 2025-2026
2. Improve connections between trainees and their trainee committee(s) – actions in place by Q2 2026
3. Improve connections between College Trainees' Committee and trainee representatives on other college bodies –2025-2026
4. Evaluate, improve, streamline and reduce College communications to trainees – 2025-2027
5. Improve engagement of trainees at critical transition points – 2025-2026 and beyond
6. Increase the resolution rate and reduce response time for trainee queries – actions spanning 2025 through to 2027

Appendix

[7.1 Condition 26 Action Plan](#)

Condition 27	Due Date: 2026*
<p><i>As part of overall strategic and action plans to improve trainee wellbeing and training environments:</i></p> <p><i>i. develop and implement centralised mechanisms to document, manage and monitor allegations of discrimination, bullying and harassment in accredited training sites. Appropriate timelines for stakeholder response must be determined. – due 2026*</i></p>	

- ii. develop and implement centralised safe, culturally responsive and confidential pathways for trainees to raise concerns about their training environment and resolution of training disputes. Appropriate timelines for stakeholder response must be determined. – due 2026\*
- iii. ensure information related to trainee supports and complaints pathways are clearly documented, well-communicated and easily accessible. This may include resituating items on the College website to be more visible (Standard 7.4 and 7.5) – due 2025\*

#### 2025 College response

### iii. Information related to trainee supports and complaints pathways

We were pleased to see that in our 2024 Member Support Survey (MSS), member satisfaction with the College’s support for their overall health and wellbeing improved by 3 points compared to the 2023 results. We will of course continue our concerted efforts in this area but it is encouraging to see this positive change. We also recognise we are still below the national response in regards to trainees who agree *The College provides me with access to psychological and/or mental health support services* (29% RACP vs 44% National response) and that *There are safe mechanisms for raising training/wellbeing concerns with the College* (30% RACP vs 49% National response).

As outlined in our update in response to Condition 4, our new Member Support Centre is now in operation. In alignment with this resource uplift, we are updating our Complaints Policy. Once the new Complaints Policy is approved, training sessions will be held across the College to ensure the policy is implemented correctly. Alongside this work, a complaints webpage and complaints webform has also been developed and will be published on the College website in July and communicated to members. The webpage will include flowcharts showing the complaint process for Level 1 complaints (complaints not handled under other complaint pathways e.g. Code of Conduct, the Whistleblower Policy). A business analyst has been brought into the College to map processes for other complaint process pathways which include bullying, harassment, discrimination or sexism related complaints or concerns alongside the other complaint pathways including the Whistleblower Policy and Code of Conduct.

We are refreshing our approach to the provision of support for trainees requiring enhanced support during their training journey. As a start, we have renamed our Trainee in Difficulty Support Policy and Pathway to the Training Support Policy and Pathway. This aligns the materials with the intention to deliver quality, customised support for a range of challenges that trainees can encounter throughout their training, including those related to issues with their supervisor or training setting. We published the updated policy in March 2025 and completed an initial refresh of our associated web content and documentation, with a more comprehensive update to follow in Q3 and Q4 2025. A more comprehensive update of the policy and pathway will commence in the latter part of 2025, making these more trainee-centred and compatible with competency-based medical education.

We soft-launched our new Return to Training Pathway in June 2025. This new support pathway is designed for trainees returning to training after a prolonged absence (more than 24 months). This pathway focuses on providing trainees with tailored support for their first six months back in training, and includes consideration of supervision and peer support needs through development of a Return to Training Plan. Exemption pathways are available for trainees who have maintained relevant professional experiences throughout their interruption of training. We have a new web page established for this pathway, with some initial resource recommendations, which we will expand upon in the latter part of 2025. As we move towards more flexible training models, we understand demand for this support service may increase and we are closely monitoring the implementation of this initiative.

Bullying, Harassment and Discrimination complaint forms have been sent to all Settings due for accreditation in 2025 to submit as mandatory supporting documentation when undergoing an accreditation review. The form will collect information regarding bullying, harassment, and/or discrimination at the Setting, including the number of complaints received, the demographics of those involved, common themes, resolution timelines, the percentage of complaints resolved, and how the Setting's complaint policies are communicated. Development of the form aligns with recommendations made by the Safe Training Environments summit hosted by the RACP in 2021. Data retrieved from the form will be evaluated and act as an indicator in identification of areas of concern as part of accreditation processes.

The [RACP website](#) now features essential information to help trainees understand and actively engage in the accreditation process. The Potential Breach Form is also readily accessible on the site, ensuring trainees can raise concerns about training delivery in a safe, reliable, and accessible way. Additionally, an online version of the form is currently in development.

## 2. Statistics and annual updates

Please provide data in the tables below showing:

- The number of trainees, including Aboriginal and Torres Strait Islander, Māori, and Pacific Heritage trainees entering the training program, including basic and advanced training **in 2025**, and the number of applicants from these cohorts who applied and were unsuccessful.
- The number and gender of trainees undertaking each college training program **in 2025**
- The number of trainees, including Aboriginal and Torres Strait Islander, Māori, and Pacific Heritage trainees who exited the training program **in 2024** (does not include those trainees who withdrew to take an extended leave of absence)
- The number of trainees, including Aboriginal and Torres Strait Islander, Māori, and Pacific Heritage trainees who completed training (attained Fellowship) in each program **in 2024**
- The number of Fellows of the College in **2025**

### *Table 7.1. New trainees in training programs by location, 2025*

#### *Notes on data and interpretation*

1. Dual trainees are counted under each program in which they commenced. The total training program commencements are therefore greater than the number of unique trainees commencing.
2. AMD - Adult Medicine Division
3. PCHD - Paediatrics and Child Health Division
4. Dual trainees who commenced in a training program and later in the year commenced in a second training program in a different location will be counted as a unique entry under each location.

5. We are unable to provide the number of unsuccessful applicants as this information relates directly to selection into training by the trainee's place of employment. We are working to collate this over coming years.
6. Data may not be complete for new trainees, as applications for 2025 training can be made at any point throughout 2025.
7. Data for Aboriginal and/or Torres Strait Islander, Māori and Pacific Heritage trainees is provided in Appendix 7.2, as the small cohorts for these groups increase the risk of individual identification.

Number of trainees entering training program in 2025											
Training Program	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	NZ	Other	Total
<b>Basic Training</b>											
Adult Internal Medicine – AMD	16	152	11	174	71	17	326	70	97		<b>934</b>
Paediatrics and Child Health – PCHD	5	67	3	55	20	5	50	15	20		<b>240</b>
<b>Advanced Training - Divisional programs</b>											
Cardiology - AMD		17		5	3	1	9	2	3		<b>40</b>
Cardiology - PCHD		1			1						<b>2</b>
Clinical Genetics - AMD				2			1				<b>3</b>
Clinical Genetics - PCHD		3		2			3		1		<b>9</b>
Clinical Haematology - AMD				3							<b>3</b>
Clinical Haematology - PCHD							1				<b>1</b>
Clinical Immunology/Allergy - AMD		1		1							<b>2</b>
Clinical Immunology/Allergy - PCHD		2		2	1		3	2			<b>10</b>
Clinical Pharmacology - AMD											

Number of trainees entering training program in 2025											
Training Program	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	NZ	Other	Total
Clinical Pharmacology - PCHD											
Community Child Health - PCHD	1	11	1	5	1		9	9	5		42
Dermatology - AMD									2		2
Dermatology - PCHD											
Endocrinology - AMD		17	3	11	2	1	18	1	4		57
Endocrinology - PCHD	1	2		2	1		1		1		8
Gastroenterology - AMD	1	20		10	4		8	2	7		52
Gastroenterology - PCHD				1			1		1		3
General & Acute Care Medicine - AMD	2	11	3	26	18	6	48	13	13		140
General Paediatrics - PCHD		13	3	11	3	1	15	5	7	2	60
Geriatric Medicine - AMD	1				6		2		3		12
Infectious Diseases - AMD	1	7	2	7	2	2	16	1	2		40
Infectious Diseases - PCHD				1				1			2
Medical Oncology - AMD	1	16	1	4	3	2	14	4	2		47
Medical Oncology - PCHD		1					1		1		3
Neonatal/Perinatal Medicine - PCHD		4		3	2	1	9	1	2		22

Number of trainees entering training program in 2025											
Training Program	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	NZ	Other	Total
Nephrology - AMD	2	10	3	5	2	1	7	1	3		34
Nephrology - PCHD				1	1				1		3
Neurology - AMD	1	13		5	5	1	10	4	3		42
Neurology - PCHD		1			1		1				3
Nuclear Medicine - AMD					1		1				2
Nuclear Medicine - PCHD											
Paediatric Emergency Medicine (ACEM stream) - PCHD							1				1
Paediatric Emergency Medicine (RACP stream) - PCHD		7		2	1		3		1		14
Palliative Medicine - AMD		8		5	1	1	8	3	1		27
Palliative Medicine - PCHD		1					1	2			4
Respiratory Medicine - AMD	2	15	1	8	5		11	4	3		49
Respiratory Medicine - PCHD				3				3		1	7
Rheumatology - AMD	2	6		6	1		5	3	6		29
Rheumatology - PCHD											
Sleep Medicine - AMD	1	8		5			13	1	2		30

Number of trainees entering training program in 2025											
Training Program	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	NZ	Other	Total
Sleep Medicine - PCHD		3			1		1				5
<b>Advanced Training - Joint programs</b>											
Endocrinology /Chemical Pathology - AMD											
Endocrinology/ Chemical Pathology - PCHD											
Haematology - AMD		2		2	2	1	6	1	4		18
Haematology - PCHD					1						1
Immunology/Allergy - AMD		3		2	2			2	1		10
Immunology/Allergy - PCHD					1						1
Infectious Diseases/ Microbiology - AMD		3		1			2	2			8
Infectious Diseases/ Microbiology - PCHD		1									1
<b>Advanced Training - Chapter programs</b>											
Addiction Medicine		8					4	2			14
Palliative Medicine		2		1	1	2	4		2		12
Sexual Health Medicine		4					1				5
<b>Advanced Training - Faculty programs</b>											
Occupational and Environmental Medicine	1	3		2	1	1	2				10

Number of trainees entering training program in 2025											
Training Program	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	NZ	Other	Total
Paediatric Rehabilitation Medicine							1				1
Public Health Medicine		4		2	1		1	2			10
Rehabilitation Medicine	1	9		7	3	1	9		1		31
<b>Advanced Training - Non-Fellowship programs</b>											
Adolescent & Young Adult Medicine – AMD											
Adolescent & Young Adult Medicine – PCHD		2	1			1	1				5
Nuclear Medicine (RANZCR pathway)		2		6	1		2		1		12
<b>Other</b>											
Clinical Foundation in Palliative Medicine		9	3	17	4		10	2	3		48
<b>Total training program commencements</b>	<b>39</b>	<b>469</b>	<b>35</b>	<b>405</b>	<b>174</b>	<b>45</b>	<b>640</b>	<b>158</b>	<b>203</b>	<b>3</b>	<b>2171</b>
<b>Number of new trainees</b>	<b>39</b>	<b>462</b>	<b>33</b>	<b>392</b>	<b>171</b>	<b>44</b>	<b>628</b>	<b>154</b>	<b>193</b>	<b>2</b>	<b>2118</b>

*Table 7.2 Trainees undertaking each training program in 2025 by gender*

*Notes on interpretation*

1. Disclosing gender to the RACP is optional. The option for members to self-identify as Non-binary for gender was adopted across all College systems in mid-2025.
2. The RACP recognises that Undisclosed and Non-binary are distinct categories for reporting of gender, however, due to the small volume of members in each of these categories, data has been aggregated to protect identifiability of individuals.
3. Dual trainees are counted under each program they commenced. The total training program commencements are therefore greater than the number of unique trainees commencing.

4. AMD - Adult Medicine Division
5. PCHD - Paediatrics and Child Health Division
6. Data may not be complete for new trainees, as applications for 2025 training can be made at any point throughout 2025.

Number and gender of trainees undertaking each training program in 2025				
Training Program	Woman or Female	Man or Male	Undisclosed or Non-binary	Total
<b>Basic Training</b>				
Adult Internal Medicine – AMD	1905	1774	11	3690
Paediatrics and Child Health – PCHD	827	275	9	1111
<b>Advanced Training - Divisional programs</b>				
Cardiology - AMD	65	126		191
Cardiology - PCHD	5	8		13
Clinical Genetics - AMD	12	6		18
Clinical Genetics - PCHD	33	9		42
Clinical Haematology - AMD	5	6		11
Clinical Haematology - PCHD	6	1		7
Clinical Immunology/Allergy - AMD	7	10		17
Clinical Immunology/Allergy - PCHD	31	9		40
Clinical Pharmacology - AMD	7	8		15
Clinical Pharmacology - PCHD	2			2
Community Child Health - PCHD	282	40		322
Dermatology - AMD	11	2		13
Dermatology - PCHD				

Number and gender of trainees undertaking each training program in 2025

Training Program	Woman or Female	Man or Male	Undisclosed or Non-binary	Total
Endocrinology - AMD	134	66		200
Endocrinology - PCHD	25	8		33
Gastroenterology - AMD	78	108		186
Gastroenterology - PCHD	8	6		14
General & Acute Care Medicine - AMD	588	540	1	1129
General Paediatrics - PCHD	736	214		950
Geriatric Medicine - AMD	255	110	1	366
Infectious Diseases - AMD	80	60		140
Infectious Diseases - PCHD	17	8		25
Medical Oncology - AMD	140	80		220
Medical Oncology - PCHD	32	10		42
Neonatal/Perinatal Medicine - PCHD	190	63		253
Nephrology - AMD	111	47	1	159
Nephrology - PCHD	10	5		15
Neurology - AMD	67	109		176
Neurology - PCHD	21	9		30
Nuclear Medicine - AMD	6	8		14
Nuclear Medicine - PCHD		3		3
Paediatric Emergency Medicine (ACEM stream) - PCHD	1			1
Paediatric Emergency Medicine (RACP stream) - PCHD	83	35		118

Number and gender of trainees undertaking each training program in 2025

Training Program	Woman or Female	Man or Male	Undisclosed or Non-binary	Total
Palliative Medicine - AMD	124	45		169
Palliative Medicine - PCHD	12	4		16
Respiratory Medicine - AMD	76	91		167
Respiratory Medicine - PCHD	24	15		39
Rheumatology - AMD	63	44		107
Rheumatology - PCHD	6	3		9
Sleep Medicine - AMD	18	28		46
Sleep Medicine - PCHD	8	5		13
<b>Advanced Training - Joint programs</b>				
Endocrinology/ Chemical Pathology - AMD				
Endocrinology/ Chemical Pathology - PCHD	1			1
Haematology - AMD	91	92		183
Haematology - PCHD	13	4		17
Immunology/Allergy - AMD	17	20		37
Immunology/Allergy - PCHD	8	2		10
Infectious Diseases/Microbiology - AMD	29	21		50
Infectious Diseases/Microbiology - PCHD	7	4		11
<b>Advanced Training - Chapter programs</b>				
Addiction Medicine	47	48		95
Palliative Medicine	54	34	1	89

Number and gender of trainees undertaking each training program in 2025				
Training Program	Woman or Female	Man or Male	Undisclosed or Non-binary	Total
Sexual Health Medicine	28	13		41
<b>Advanced Training - Faculty programs</b>				
Occupational and Environmental Medicine	51	75		126
Paediatric Rehabilitation Medicine	15	3		18
Public Health Medicine	73	26		99
Rehabilitation Medicine	155	96	1	252
<b>Advanced Training - Non-Fellowship programs</b>				
Adolescent & Young Adult Medicine – AMD				
Adolescent & Young Adult Medicine – PCHD	43	5		48
Nuclear Medicine (RANZCR pathway)	7	22	3	32
<b>Other</b>				
Clinical Foundation in Palliative Medicine	34	14		48
<b>Total</b>	<b>6784</b>	<b>4477</b>	<b>28</b>	<b>11289</b>
<b>Number of trainees</b>	<b>5807</b>	<b>4005</b>	<b>26</b>	<b>9838</b>

*Table 7.3. Trainees who exited programs, 2024*

*Notes on interpretation*

1. Exits include trainees who voluntarily withdrew from training and also trainees who were exited from the program due to progression or performance issues.
2. Trainees who discontinued one program to transfer to another have been counted as exiting the original program.
3. The quality of data the RACP maintains on reasons trainees voluntarily exit physician training is variable and is subject to trainees first formally notifying the RACP of their decision to exit physician training and secondly providing a reason for their decision.

4. On 1 February 2024, the Clinical Diploma in Palliative Medicine was renamed the Clinical Foundation in Palliative Medicine. The name change occurred to ensure the RACP is compliant with the TEQSA Act 2011 and program content remains unchanged.

Trainees exiting from program in 2024 (prior to attaining Fellowship)			
Training Program	Number (%)	Reason for exiting	Total
<b>Basic Training</b>			
Adult Internal Medicine - AMD	21 (7.2)	Exceeded maximum examination attempts	290
	2 (0.7)	Involuntary withdrawal	
	52 (17.9)	Personal/family reasons	
	8 (2.8)	Pursuing another RACP specialty	
	67 (23.1)	Pursuing non-RACP training	
	140 (48.3)	Unknown	
Paediatrics and Child Health – PCHD	2 (3.6)	Exceeded maximum examination attempts	56
	0 (0)	Involuntary withdrawal	
	8 (14.3)	Personal/family reasons	
	1 (1.8)	Pursuing another RACP specialty	
	13 (23.2)	Pursuing non-RACP training	
32 (57.1)	Unknown		
<b>Advanced Training – Divisional programs</b>			
Clinical Genetics – PCHD	1 (100)	Unknown	1
Clinical Haematology – AMD	4 (80)	Pursuing another RACP specialty	5
	1 (20)	Unknown	
Clinical Haematology – PCHD	1 (100)	Pursuing another RACP specialty	1
Clinical Immunology/Allergy – AMD	1 (100)	Pursuing another RACP specialty	1
Clinical Immunology/Allergy – PCHD	1 (100)	Unknown	1
Community Child Health – PCHD	1 (10)	Involuntary withdrawal	10
	9 (90)	Unknown	
Endocrinology – PCHD	1 (100)	Unknown	1

Trainees exiting from program in 2024 (prior to attaining Fellowship)			
Training Program	Number (%)	Reason for exiting	Total
Gastroenterology – PCHD	1 (100)	Unknown	1
General & Acute Care Medicine – AMD	3 (30)	Pursuing another RACP specialty	10
	7 (70)	Unknown	
General Paediatrics – PCHD	9 (100)	Unknown	9
Geriatric Medicine – AMD	1 (100)	Unknown	1
Infectious Diseases – AMD	7 (77.8)	Pursuing another RACP specialty	9
	2 (22.2)	Unknown	
Medical Oncology – AMD	2 (100)	Unknown	2
Neonatal/Perinatal Medicine – PCHD	7 (100)	Unknown	7
Paediatric Emergency Medicine (RACP stream) – PCHD	1 (100)	Unknown	1
<b>Advanced Training – Joint programs</b>			
Immunology/Allergy – AMD	1 (100)	Pursuing another RACP specialty	1
Immunology/Allergy - PCHD	1 (100)	Unknown	1
<b>Advanced Training - Chapter programs</b>			
Addiction Medicine	2 (100)	Unknown	2
Palliative Medicine	4 (100)	Unknown	4
Sexual Health Medicine	1 (100)	Personal/family reasons	1
<b>Advanced Training – Faculty programs</b>			
Occupational and Environmental Medicine	6 (100)	Unknown	6
Paediatric Rehabilitation Medicine	2 (100)	Unknown	2
Public Health Medicine	1 (100)	Unknown	1
Rehabilitation Medicine	4 (25)	Exceeded maximum examination attempts	16

Trainees exiting from program in 2024 (prior to attaining Fellowship)			
Training Program	Number (%)	Reason for exiting	Total
	1 (6.3)	Personal/family reasons	
	11 (68.8)	Unknown	
<b>Other</b>			
Clinical Foundation in Palliative Medicine	1 (1.7)	Involuntary withdrawal	<b>58</b>
	57 (98.3)	Unknown	
<b>Total trainees who exited a program</b>	27 (5.4)	Exceeded maximum examination attempts	<b>498</b>
	4 (0.8)	Involuntary withdrawal	
	62 (12.4)	Personal/family reasons	
	26 (5.2)	Pursuing another RACP specialty	
	80 (16.1)	Pursuing non-RACP training	
	299 (60)	Unknown	
<b>Number of trainees who exited a program</b>	27 (5.5)	Exceeded maximum examination attempts	<b>491</b>
	4 (0.8)	Involuntary withdrawal	
	62 (12.6)	Personal/family reasons	
	26 (5.3)	Pursuing another RACP specialty	
	80 (16.3)	Pursuing non-RACP training	
	292 (59.5)	Unknown	
<p><i>Could the College please provide comment on its reflections on the withdrawal rate to ensure there is no systemic issue, such as discrimination, bullying or harassment, lack of resources, or lack of support, which could cause withdrawals.</i></p> <p>For 57% of Basic Trainees who withdraw from training, we are unable to capture the reasons for this decision as they don't continue to engage with the RACP or respond to follow up. Of the trainees who did indicate the reasons for their withdrawal, the majority reported that they are undertaking another training program and the second most common category of reasons for withdrawal is personal or family reasons (such as moving overseas, change in career preference or seeking more work-life balance). We recognise that many trainees undertake the first year of Basic Training whilst exploring and awaiting career opportunities and feel that this attrition rate is not unreasonable. A very small proportion of withdrawals were involuntary due to exceeding the maximum examination attempt limit or failure to meet progression in training requirements.</p> <p>For Advanced Trainees, there is also some challenge in eliciting the reasons for withdrawal and our current record keeping systems don't easily allow us to extract data on those who switch programs/drop one of their dual training programs versus those who withdraw completely from Advanced Training, however we are confident that the vast majority of withdrawals that are for 'unknown' reasons are actually due to trainees switching programs/dropping one of their dual training programs. A small proportion of trainees involuntarily withdrew due to exceeding the maximum examination attempts.</p>			

**Table 7.4 Trainees who completed training programs by location, 2024**

**Notes on interpretation**

1. Dual trainees are counted under each program in which they completed training. The total training program completions are therefore greater than the number of unique trainees completing training.
2. AMD - Adult Medicine Division
3. PCHD - Paediatrics and Child Health Division
4. Dual trainees who completed a training program and later in the year completed a second training program in a different location will be counted as a unique entry under each location.
5. On 1 February 2024, the Clinical Diploma in Palliative Medicine was renamed the Clinical Foundation in Palliative Medicine. The name change occurred to ensure the RACP is compliant with the TEQSA Act 2011 and program content remains unchanged.
6. Data for Aboriginal and/or Torres Strait Islander, Māori and Pacific Heritage trainees is provided in the appendix.

Number of trainees completing training program in 2024 (attained Fellowship)											
Training Program	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	NZ	Other	Total
<b>Basic Training</b>											
Adult Internal Medicine - AMD	5	197	7	90	50	12	216	59	66		<b>702</b>
Paediatrics and Child Health - PCHD	2	64	2	47	15	1	47	17	29		<b>224</b>
<b>Advanced Training - Divisional programs</b>											
Cardiology - AMD		32		15	6	1	20	4	9	1	<b>88</b>
Cardiology - PCHD		2							1	2	<b>5</b>
Clinical Genetics - AMD				1			1				<b>2</b>
Clinical Genetics - PCHD		3		3			3			1	<b>10</b>
Clinical Haematology - AMD		1					1		1		<b>3</b>
Clinical Haematology - PCHD									1		<b>1</b>
Clinical Immunology/Allergy - AMD					1			1			<b>2</b>
Clinical Immunology/Allergy - PCHD				1	1		2				<b>4</b>

Number of trainees completing training program in 2024 (attained Fellowship)

Training Program	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	NZ	Other	Total
Clinical Pharmacology - AMD		1		1							2
Clinical Pharmacology - PCHD											
Community Child Health - PCHD		2		5			3	4	4		18
Dermatology - AMD									1		1
Dermatology - PCHD											
Endocrinology - AMD		13		12	3	1	23	2			54
Endocrinology - PCHD		4					2	3		1	10
Gastroenterology - AMD		14		8	4		14	5	4	4	53
Gastroenterology - PCHD		4		1			1			1	7
General & Acute Care Medicine - AMD		8	3	40	10	1	34	14	21	1	132
General Paediatrics - PCHD	1	32	3	30	5	4	23	15	12	1	126
Geriatric Medicine - AMD		24		13	5		24	10	13	2	91
Infectious Diseases - AMD		2	2	2	3		11	4	4		28
Infectious Diseases - PCHD		1	1				2				4
Medical Oncology - AMD	1	20		7	5		20	3	5	3	64
Medical Oncology - PCHD		3								3	6
Neonatal/Perinatal Medicine - PCHD		6		9	2		10	2	1		30
Nephrology - AMD	1	15	1	7	2	1	15	2	1	2	47
Nephrology - PCHD									1	1	2
Neurology - AMD	1	15		10		3	16	1	2	6	54
Neurology - PCHD	1	1		1			3	1			7

Number of trainees completing training program in 2024 (attained Fellowship)

Training Program	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	NZ	Other	Total
Nuclear Medicine - AMD		1					1	1			3
Nuclear Medicine - PCHD											
Paediatric Emergency Medicine (ACEM stream) - PCHD											
Paediatric Emergency Medicine (RACP stream) - PCHD		3		2	2		6				13
Palliative Medicine - AMD	1	7	1	7		1	4	2	1		24
Palliative Medicine - PCHD		1									1
Respiratory Medicine - AMD	1	19	1	6	2		17	4	5	1	56
Respiratory Medicine - PCHD		2		1				1			4
Rheumatology - AMD		8		5	3	1	5	2	4	3	31
Rheumatology - PCHD								1			1
Sleep Medicine - AMD		10		5	1		13	3	2		34
Sleep Medicine - PCHD		2		1			1	1			5
<b>Advanced Training - Joint programs</b>											
Endocrinology/ Chemical Pathology - AMD											
Endocrinology/ Chemical Pathology - PCHD											
Haematology - AMD		17		11	3	1	14	1	1	1	49
Haematology - PCHD					1		1				2
Immunology/Allergy - AMD		1			1						2
Immunology/Allergy - PCHD					1						1
Infectious Diseases/ Microbiology - AMD		6			1		2	1			10
Infectious Diseases/ Microbiology - PCHD								1			1

Number of trainees completing training program in 2024 (attained Fellowship)											
Training Program	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	NZ	Other	Total
<b>Advanced Training - Chapter programs</b>											
Addiction Medicine		5		1							6
Palliative Medicine	1	2	1	4	2		5	2	3		20
Sexual Health Medicine		4						1	1		6
<b>Advanced Training - Faculty programs</b>											
Occupational and Environmental Medicine		3					1	5	1		10
Paediatric Rehabilitation Medicine		1									1
Public Health Medicine	2	7	2	1	2		3	4	1		22
Rehabilitation Medicine	1	12		6	3		5		2		29
<b>Advanced Training - Non-Fellowship programs</b>											
Adolescent & Young Adult Medicine – AMD											
Adolescent & Young Adult Medicine – PCHD		1					1		1		3
Nuclear Medicine (RANZCR pathway)		2		2			7	1			12
<b>Other</b>											
Clinical Foundation in Palliative Medicine	3	19	4	33	5	7	35	12	17	1	136
<b>Total training program completions</b>	<b>21</b>	<b>597</b>	<b>28</b>	<b>388</b>	<b>139</b>	<b>34</b>	<b>612</b>	<b>190</b>	<b>215</b>	<b>35</b>	<b>2259</b>
<b>Number of trainees who completed</b>	<b>21</b>	<b>579</b>	<b>27</b>	<b>371</b>	<b>132</b>	<b>33</b>	<b>589</b>	<b>184</b>	<b>201</b>	<b>34</b>	<b>2169</b>

Table 7.5 Number of Fellows in 2025

Number of Fellows in 2025 <sup>1</sup>				
Category of Fellowship	Australia	Aotearoa New Zealand	Other	Total
<b>Divisions</b>				
Adult Medicine	13,154	1,748	746	15,648
Paediatrics & Child Health	3,964	557	200	4,721
<b>Faculties</b>				
Public Health Medicine	661	73	32	766
Rehabilitation Medicine	733	37	18	788
Occupational & Environmental Medicine	370	66	18	454
<b>Chapters</b>				
Addiction Medicine	248	25	1	274
Palliative Medicine	591	103	15	709
Sexual Health Medicine	172	29	8	209
<b>Total Fellowships<sup>2,3,4</sup></b>	19,893	2,638	1,038	23,569
<b>Total Fellows<sup>2,3,4</sup></b>	19,246	2,580	1,022	22,848

<sup>1</sup>Fellows as at 31 December 2024

<sup>2</sup>Table does not include non-financial Fellows as at 31 Dec 2024

<sup>3</sup>Total Fellowships exceed Total Fellows due to individual Fellows holding more than one Fellowship

<sup>4</sup>Figures include Honorary Fellowships

Appendix items:

[7.2 Indigenous trainee data](#)

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

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

### 1. Activity against conditions

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

Please address each of these conditions individually.

Condition 28	Due Date: 2026
<p><i>Implement monitoring mechanisms for the Supervisor Professional Development Program to ensure:</i></p> <ul style="list-style-type: none"> <li><i>i. alignment with new Basic and Advanced Training curriculum and competency-based education model.</i></li> <li><i>ii. incorporation of cultural safety training to support culturally safe supervision, in alignment with the timelines stipulated in the wider cultural safety training plan referred to in Condition 2.</i></li> <li><i>iii. assessors of workplace-based assessments receive appropriate training and resources (Standard 8.1 and 6.1.2)</i></li> </ul>	
2025 College response	
<i>No response required in 2025</i>	

Condition 29	Due Date: 2026
<p><i>Facilitate the professional development of supervisors and assessors by utilising feedback mechanisms including contributions by trainees (Standard 8.1.3 and 8.1.5)</i></p>	
2025 College response	
<i>No response required in 2025</i>	

Condition 30	Due Date: 2027
<p><i>Develop and implement criteria to strengthen the Accreditation Standards to:</i></p> <ul style="list-style-type: none"> <li><i>i. ensure alignment with Basic and Advanced Training program and graduate outcomes.</i></li> <li><i>ii. improve support for DPEs and supervisors of training in their training roles (i.e. with protected time, appropriate resources, etc)</i></li> <li><i>iii. facilitate support for trainees to attend teaching and access supervision adequate for their learning.</i></li> <li><i>iv. include a requirement to ensure clear commitment to Aboriginal and/or Torres Strait Islander and Māori health, equity and cultural safety.</i></li> <li><i>v. make provisions for the proportionate assessment of regional, rural and remote training sites, accounting for unique parameters of these locations in Australia and Aotearoa New Zealand (Standard 8.2)</i></li> </ul>	
2025 College response	
<i>No response required in 2025</i>	

Condition 31	Due Date: 2025
<p><i>Critically review and analyse Accreditation Processes to:</i></p> <ul style="list-style-type: none"> <li><i>i. reduce the impact of logistical requirements of accreditation on training sites, trainees and supervisors by improving communication, notice and purpose of accreditation to achieve robust accreditation. This may involve reducing manual management of administrative aspects of the accreditation process for training sites and accreditation panels.</i></li> <li><i>ii. ensure trainees and supervisors are able to raise concerns about delivery of training in safe, reliable and accessible manner.</i></li> <li><i>iii. assess whether paper-based accreditation has any impact on trainee and supervisor engagement with the College.</i></li> <li><i>iv. ensure Active Management Process clearly states the requirement to notify MCNZ if training site withdrawal is intended (Standard 8.2)</i></li> </ul>	
2025 College response	
<ul style="list-style-type: none"> <li><b>i. Reducing the impact of logistical requirements of accreditation</b></li> </ul>	

As the AMC is aware, one of the key goals of the NHPO project is to reduce the impact of the logistical requirements of accreditation and improve communication and the robustness of accreditation processes. The RACP has been approved as an early adopter of the Model Standards of Accreditation, which will enable the RACP to deliver some of the benefits of the NHPO project early.

While the RACP ran the NHPO project concurrently with Accreditation Renewal Phase 2 in 2024, to streamline project efficiencies, we have combined both project scopes in Phase 3. By continuing to implement the Accreditation Renewal Project and enact the recommendations from the NHPO report in tandem, the RACP will improve the accreditation experience for training Settings, trainees and supervisors.

Development and implementation of a risk-based framework forms part of Phase 3. This will allow the RACP to focus on 'at risk' training settings, employ more frequent and targeted reviews for ongoing monitoring, improve stakeholder engagement in risk management, facilitate inclusion of Level 1 and secondment settings in physical site visits as well as utilise trigger mechanisms for focus reviews and site visits such as concerning survey results or persistent trainee concerns.

The adoption of the AMC Model Accreditation Standards will allow the RACP to move to a more streamlined and outcome-focused accreditation model. In addition, the new Standards will reduce duplication and subsequent burden on stakeholders as well as improve accreditor calibration, fidelity of the accreditation process and the training experience.

Our work on Project TRELlS includes looking at technology requirements for supporting the delivery of accreditation functions which will reduce the manual management of accreditation.

## ii. Raising concerns about delivery of training

As part of the RACP's implementation of the NPHO recommendations to support individuals in raising accreditation concerns and our own Accreditation Renewal program, a summary of initiatives completed since our last update to the AMC has been included below.

Introduced a [trainee guide on accreditation](#). This outlines the accreditation process and its importance, the role a basic trainee plays and how they can contribute to accreditation activities as well as how to raise concerns about a training setting or the delivery of training. Communications containing the trainee guide will be sent to trainees in June 2025. The trainee guide also includes a link to the [Potential Breach form](#), which enables individuals to confidentially report a suspected breach of the accreditation standards by an accredited training provider. Work is now underway to create a more accessible online Potential Breach form.

The RACP [website](#) now includes an accreditation resource section for Trainees which includes essential information that assists a Trainee to understand and actively participate in the accreditation process. The Trainee Guide on Accreditation and Potential Breach Form have both been linked, with more resources to be added in the future.

Updated the [Monitoring a Training Provider process](#). This outlines the College's process in relation to concerns received that indicate non-compliance with accreditation standards, have been made to improve clarity for key aspects of accreditation such as procedural fairness, monitoring processes and management of potential breaches. The accessibility of the Monitoring Process has been increased through publication on the RACP website. An internal register of potential breaches of accreditation standards has been created to better inform monitoring activities.

Participated in the AMC's Supervisor Forum in April 2025, along with other medical colleges, to discuss effective approaches to measuring supervision quality. Ten RACP representatives attended and the RACP had representatives participate in presentations and two panels.

Updated the Complaint Management policy to promote the management of feedback and complaints in a fair, transparent, and timely manner (refer to Condition 27 for more details).

Continued implementation of the RACP's Whistleblower policy, which encourages the disclosure of misconduct, improper state of affairs or a breach of any law while protecting and supporting complainants.

After each site visit, trainees now receive an email containing support resources, a potential breach form, and an invitation to share any additional feedback or concerns regarding the training delivery. This provides a safe, confidential, and convenient way for trainees to express issues they may be uncomfortable raising in front of their peers during site visits.

### **iii. Paper-based accreditation impact on engagement with the College.**

The Training Network accreditation model was introduced as part of Phase 2 of Accreditation Renewal and was evaluated in 2024 to explore its implementation and outcomes (See Standard 6 - summary of evaluations undertaken). Regarding paper-based accreditation, the evaluation determined that it could in some circumstances reduce the fidelity of the accreditation decision, increase the risk of poor-quality training and diminish the ability of Level 1 and secondment training settings to contribute insights and advocate for their training setting's needs. These evaluation findings were primarily observed in circumstances where the paper-based accreditation modality decreased opportunity for meaningful engagement with settings.

A Risk-Based Framework Review Workshop was held in December 2024 (See Appendix 8.1). The aim of the workshop was to describe to members of key RACP committees the process of moving to a risk-based assessment of Training Settings and how this has the potential to effectively redistribute accreditation resources to focus on training settings where concerns are signalled. This has contributed to changes to the process which allows for Level 1 and Secondments Settings to be assessed for a physical site visit. Site visits are currently only conducted to Level 2 and Level 3 Settings. This has led to a more flexible approach to site visits, prioritising high-risk Settings or those feeling underrepresented, which will improve the responsiveness and effectiveness of the accreditation process. This will also help ensure that oversight efforts are proportionate to risk levels and inclusive of all stakeholders. The workshop also included discussions regarding the current challenges within monitoring, active management and risk assessment in accreditation including the impact of paper-based assessments.

Feedback received in the workshop regarding paper-based assessments detailed how this modality can be subjective and provide insufficient or misleading evidence for determining site risk levels. For example, reliance on written evidence in paper-based accreditation (document reviews), such as rosters, policies and educational plans, may not reflect the actual training conditions. Participants felt that site visits, either physical or virtual, are necessary for a high-fidelity accreditation assessments. Accreditation input from a variety of stakeholders was deemed important for both validity and engagement purposes. The Directors of Physician/Paediatric Education and trainees also appreciate site visits from accreditors, stating that it raises the profile of accreditation within the organisation.

As a result, the RACP is trialling the following adjustments to promote effective engagement throughout the process:

- Routinising more virtual interviews with trainees where paper-based accreditation occurs
- Inclusion of all DPES in Network Interview
- Inclusion of a Network Representative throughout all activities in a network's accreditation.

### **iv. MCNZ notification via Active Management process**

The [Active Management Process](#) has been updated to now include notification to the MCNZ if training site withdrawal is intended. Please see page 14 of the Active Management Process for further information.

Appendix items:

[8.1 Risk-Based Framework Review Workshop](#)

Condition 32	Due Date: 2026
<p><i>Develop and implement mechanisms to assess:</i></p> <ul style="list-style-type: none"> <li><i>i. whether training sites provide appropriate levels of training to meet the outcomes of Basic and Advanced Training Programs.</i></li> <li><i>ii. barriers to training progression for trainees in regional, rural and remote sites (Standards 8.2.2 and 8.2.3)</i></li> </ul>	
<p>2025 College response</p>	
<p><i>No response required in 2025</i></p>	

## 2. Statistics and annual updates

Data for Standard 8 will be collected separately as part of NHPO reporting.

## Standard 9: Assessment of specialist international medical graduates

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

### 1. Activity against conditions

Nil conditions.

## 2. Statistics and annual updates

Please provide data showing the numbers of applicants and outcomes for Specialist IMG assessment processes **for 2024**, broken up according to the phases of the specialist international medical graduate assessment process (e.g. paper-based assessment, interview, supervision, examination). If a binational college, please provide separate figures for New Zealand and Australia. Please provide separate area of need and Specialist IMG figures.

### Australian processes

New Applicants <sup>1</sup> undertaking Specialist International Medical Graduate Assessment	
	Numbers
<b>Number of new applicants in 2024:</b>	<b>Total: 351</b> 1. 348 applications were received for specialist recognition. 2. 3 applications were received for specialist recognition and area of need combined.

<sup>1</sup>If a SIMG is being assessed in more than one specialty, each specialty application is counted separately.

Assessment of Specialist International Medical Graduates	
Phase of IMG Assessment	Numbers
Initial Assessment	
Interim Assessment Decision <sup>1</sup> :	
• Not Comparable	38
• Partially Comparable	79
• Substantially Comparable	173
Ongoing Assessment	182 <sup>2</sup>
Final Assessment	138 <sup>3</sup>
<b>Total:</b>	610

<sup>1</sup>The total number of interim assessment decisions issued in 2024 (285) differs from the total number of new applications received in 2024 (351). This is because some applications were submitted in 2023 and received their interim assessment decision in 2024. Other applications were received in late 2024 and are still undergoing initial assessment, i.e. they have not yet received an interim assessment decision.

<sup>2</sup>Total number of SIMGs who commenced supervised practice in Australia in 2024 (including top up training and peer review).

<sup>3</sup>Total number of SIMGs who were recommended for specialist registration in 2024.

## Aotearoa New Zealand processes

Advice provided to the MCNZ on the equivalence of SIMGs' qualifications, training and experience in 2024.

Preliminary (paper-based) advice					
Outcome	Vocational scope: Internal Medicine	Vocational scope: Paediatrics	Vocational scope: Dermatology	Vocational scope: Rehabilitation Medicine	Vocational scope: Palliative Medicine
Equivalent	7	2	1	0	0
As satisfactory as	13	4	0	1	0
Neither equivalent to, nor as satisfactory as	0	0	0	0	0
Unable to make a recommendation	17	4	2	0	2
<b>Total</b>	<b>37</b>	<b>10</b>	<b>3</b>	<b>1</b>	<b>2</b>

Interview advice						
Outcome	Vocational scope: Internal Medicine	Vocational scope: Paediatrics	Vocational scope: Dermatology	Vocational scope: Rehabilitation Medicine	Vocational scope: Palliative Medicine	Vocational scope: Clinical Genetics
Equivalent	1	1	0	0	0	0
As satisfactory as	37	6	1	2	1	1
Neither equivalent to, nor as satisfactory as	1	2	0	0	0	0
<b>Total</b>	<b>39</b>	<b>9</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>