Executive Summary: Australian College of Rural and Remote Medicine

The Australian Medical Council (AMC) document, *Procedures for Assessment and Accreditation of Specialist Medical Education Programs and Professional Development Programs by the Australian Medical Council 2013,* describes AMC requirements for accrediting specialist medical programs and their education providers.

In February 2007, the AMC, on the advice of its Specialist Education Accreditation Committee, granted the Australian College of Rural and Remote Medicine (ACRRM) initial accreditation as a standards body and provider of specific training and professional development programs for the specialty of general practice, subject to conditions. This decision included accreditation of education and training leading to fellowship of the Australian College of Rural and Remote Medicine and the College's professional development program.

An AMC assessment team assessed the training pathways leading to fellowship of ACRRM and the College's continuing professional development programs in 2010. On the basis of this assessment, the AMC Directors found the training pathways leading to fellowship of ACRRM and the College's continuing professional development programs substantially met the accreditation standards and granted accreditation until 31 December 2014, subject to conditions. In February 2014, the AMC Directors agreed to change the expiry date for accreditation from 31 December to 31 March and extended the accreditation of the College's programs from 31 December 2014 to 31 March 2015.

Between formal accreditations, the AMC monitors developments in education and training and professional development programs through progress reports from the accredited medical education providers. The College has reported regularly to the AMC on the accreditation conditions, with steady progress in some areas, but variable progress in some others.

In December 2014, an AMC team completed the follow-up assessment of the College's programs, considering the progress against the recommendations from the 2010 AMC assessment. Under the AMC accreditation procedures, the 2014 review may result in the extension of the accreditation to six years from the original accreditation decision, that is, until March 2018.

The team reported to the 26 February 2015 meeting of the Specialist Education Accreditation Committee. The committee considered the draft report and made recommendations on accreditation to AMC Directors within the options described in the AMC accreditation procedures.

This report presents the committee's recommendations, presented to the 11 March 2015 meeting of AMC Directors, and the detailed findings against the accreditation standards.

Decision on accreditation

Under the *Health Practitioner Regulation National Law*, the AMC may grant accreditation if it is reasonably satisfied that a program of study and the education

provider meet an approved accreditation standard. It may also grant accreditation if it is reasonably satisfied that the provider and the program of study substantially meet an approved accreditation standard, and the imposition of conditions will ensure the program meets the standard within a reasonable time. Having made a decision, the AMC reports its accreditation decision to the Medical Board of Australia to enable the Board to make a decision on the approval of the program of study for registration purposes.

The AMC is reasonably satisfied that the education and training pathways leading to fellowship of the Australian College of Rural and Remote Medicine and the College's professional development program meet the accreditation standards.

Since its accreditation by the AMC in 2010, the College has significantly enhanced its educational and training activities. The College has undertaken an extensive consultative review of its governance resulting in a new constitution. The College has made considerable progress since 2010, in redefining its purpose as one of the two education providers for the specialty of general practice, including in its new constitution.

In 2013, the College completed a comprehensive review of the Primary Curriculum which has led to greater articulation between the 7 domains and the 18 areas of the curriculum statements. The Advanced Specialised Training curricula are currently in review and will be aligned with the format of the Primary Curriculum.

The College has enhanced engagement efforts both internally and with external stakeholders over the past four years. The collaboration with the Royal Australian College of General Practitioners in establishing the Bi-College Regional Training Provider Accreditation Program is seen as a real strength, which facilitates greater oversight of the accreditation of training providers.

Concerns remain about the impact of the variable relationships between the training providers and the College on graduate outcomes. Ongoing work with the training providers is needed to ensure directors of training, medical educators, and supervisors, are well versed in ACRRM curriculum and expectations.

This accreditation review took place in an environment of considerable governance and financial change in relation to general practice training. These changes have created an uncertain environment for the College in the management of general practice training. The College needs to continue its active involvement in the change process currently underway to reinforce its training leadership role and to ensure that in any new arrangements, its graduate outcomes can be achieved.

The March 2015 meeting of the AMC Directors resolved:

(i) That the following training pathways and the continuing professional development program of the Australian College of Rural and Remote Medicine be granted ongoing accreditation to 31 March 2018, subject to satisfactory progress reports to the Specialist Education Accreditation Committee: the Vocational Preparation Pathway; the Remote Vocational Training Scheme Pathway; and the Independent Pathway.

(ii) That this accreditation is subject to the conditions set out below:

(a) By the 2015 progress report, evidence that the College has addressed the following conditions from the accreditation report:

1 Review and promulgate the terms of reference for all College education committees to ensure currency and consistency with the 2014 Constitution. (Standard 1.1.2)

3 Adopt the College's approved definition of general practice for use in all College documentation to provide clarity of purpose for the College. (Standard 2.1)

17 Review the current Remediation Policy 2011–13 and implement a revised policy in line with the College's 2014–2016 Professional Development Program triennium requirements and the Medical Board of Australia's requirements. (Standard 9.3)

(b) By the 2016 progress report, evidence that the College has addressed the following conditions from the accreditation report:

2 Develop a plan to formally engage consumers and community representatives at all levels in the College's governance structure. (Standard 1.1.2)

6 Develop and document a process for considering the input of other relevant specialist medical colleges in the review of individual Advanced Specialised Training curricula. (Standard 3.2)

8 Progress and report on outcomes of the effectiveness of the case-based discussion assessment trial and decision whether to remove the summative mini clinical evaluation exercise (mini-CEX). (Standard 5.3)

12 Review and implement processes for the appointment of registrar representatives to the Registrar Committee to ensure registrars' views are considered in making appointments. (Standard 7.2)

15 Establish criteria for the selection of assessors, which define eligibility for appointment as an assessor, specifying differences for different assessments if applicable. (Standard 8.1.4)

(c) By the 2017 comprehensive report, evidence that the College has addressed the following conditions from the accreditation report:

4 Complete and report on the review of the Advanced Specialised Training curricula and the development and introduction of the Academic Practice curricula. (Standard 3.1 and 3.2)

5 Review the documentation and oversight to support the learning objectives of the clinical experience in the minimum six-month mandatory placement in a community or primary care setting. This review is to include the expectations of the training providers to support the placement and provide greater clarity to the registrars regarding the placement requirements. (Standard 3.2)

7 Review the balance in the assessment portfolio between simulated/theoretical assessment versus more authentic competency-

based or performance-based assessment modalities and as part of the review of all Advanced Specialised Training disciplines. (Standard 5.1.2)

9 Where survey feedback or related indicators have identified issues, implement processes to ensure a clearly articulated set of actions are put in place and connected to further evaluate and assess the desired outcomes. (Standard 6.1)

10 Monitor and report on changes to the selection processes for the Australian General Practice Training (AGPT) program in response to the changes to the structure of general practice training. (Standard 7.1)

11 Work actively to obtain the cooperation of the regional training providers and the Remote Vocational Training Scheme in implementing the College's selection criteria and standards for selection. (Standard 7.1)

13 Document, implement and subsequently evaluate a plan for ensuring that individuals involved in the supervision and delivery of ACRRM training across all pathways are trained and supported about the curriculum, training and assessment requirements, and expected standards of supervision for the ACRRM training program. (Standard 8.1.1)

14 Develop and implement strategies for improved relationships and engagement with regional training providers, directors of education, medical educators and supervisors, as well as mechanisms for using the accreditation process to assure compliance with ACRRM training policies and procedures. (Standard 8.1.1)

16 Progress and report on developments in accreditation processes affecting regional training providers, training posts and supervisors, focusing on the impact of Australian Government led changes to the funding and structure of general practice training provision. (Standard 8.2)

The accreditation conditions in order of standard are detailed in the following table:

Standard	Condition:		To be met by September:
Standard 1	1	Review and promulgate the terms of reference for all College education committees to ensure currency and consistency with the 2014 Constitution. (Standard 1.1.2)	2015
	2	Develop a plan to formally engage consumers and community representatives at all levels in the College's governance structure. (Standard 1.1.2)	2016
Standard 2	3	Adopt the College's approved definition of general practice for use in all College documentation to provide clarity of purpose for the College. (Standard 2.1)	2015
Standard 3	4	Complete and report on the review of the Advanced Specialised Training curricula and the development and introduction of the Academic	2017

Standard	Condition:		To be met by September:
		Practice curricula. (Standard 3.1 and 3.2)	
	5	Review the documentation and oversight to support the learning objectives of the clinical experience in the minimum six-month mandatory placement in a community or primary care setting. This review is to include the expectations of the training providers to support the placement and provide greater clarity to the registrars regarding the placement requirements. (Standard 3.2)	2017
	6	Develop and document a process for considering the input of other relevant specialist medical colleges in the review of individual Advanced Specialised Training curricula. (Standard 3.2)	2016
Standard 5	7	Review the balance in the assessment portfolio between simulated/theoretical assessment versus more authentic competency-based or performance-based assessment modalities and as part of the review of all Advanced Specialised Training disciplines. (Standard 5.1.2)	2017
	8	Progress and report on outcomes of the effectiveness of the case-based discussion assessment trial and decision whether to remove the summative mini clinical evaluation exercise (mini-CEX). (Standard 5.3)	2016
Standard 6	9	Where survey feedback or related indicators have identified issues, implement processes to ensure a clearly articulated set of actions are put in place and connected to further evaluate and assess the desired outcomes. (Standard 6.1)	2017
Standard 7	10	Monitor and report on changes to the selection processes for the Australian General Practice Training (AGPT) program in response to the changes to the structure of general practice training. (Standard 7.1)	2017
	11	Work actively to obtain the cooperation of the regional training providers and the Remote Vocational Training Scheme in implementing the College's selection criteria and standards for selection. (Standard 7.1)	2017
	12	Review and implement processes for the appointment of registrar representatives to the Registrar Committee to ensure registrars' views are considered in making appointments. (Standard 7.2)	2016

Standard	Condition:		To be met by September:
Standard 8	13	Document, implement and subsequently evaluate a plan for ensuring that individuals involved in the supervision and delivery of ACRRM training across all pathways are trained and supported about the curriculum, training and assessment requirements, and expected standards of supervision for the ACRRM training program. (Standard 8.1.1)	2017
	14	Develop and implement strategies for improved relationships and engagement with regional training providers, directors of education, medical educators and supervisors, as well as mechanisms for using the accreditation process to assure compliance with ACRRM training policies and procedures. (Standard 8.1.1)	2017
	15	Establish criteria for the selection of assessors, which define eligibility for appointment as an assessor, specifying differences for different assessments if applicable. (Standard 8.1.4)	2016
	16	Progress and report on developments in accreditation processes affecting regional training providers, training posts and supervisors, focusing on the impact of Australian Government led changes to the funding and structure of general practice training provision. (Standard 8.2)	2017
Standard 9	17	Review the current *Remediation Policy 2011–2013* and implement a revised policy in line with the College's 2014–2016 Professional Development Program triennium requirements and the Medical Board of Australia's requirements. (Standard 9.3)	2015

This accreditation decision relates to the College's programs of study and continuing professional development program in the recognised medical specialty of general practice.

In March 2018, before this period of accreditation ends, the AMC will seek a comprehensive report from the College. The report should address the accreditation standards and outline the College's development plans for the next four years. The AMC will consider this report and, if it decides the College is continuing to satisfy the accreditation standards, the AMC Directors may extend the accreditation by a maximum of four years (to March 2022), taking accreditation to the full period which the AMC may grant between assessments, which is ten years. At the end of this extension, the College and its programs will undergo a reaccreditation assessment by an AMC team.

Overview of findings

The findings against the nine accreditation standards are summarised below. Only those parts of the standards which are not met or substantially met are listed under each overall finding.

Conditions imposed by the AMC so the College meets accreditation standards are listed below in the accreditation decision (pages 13 to 20). The team's commendations in areas of strength and recommendations for improvement are given below for each set of accreditation standards.

1. The Context of Education and Training (governance, program management, educational expertise and exchange, interaction with the health sector and continuous renewal)	This set of standards is MET

Standard 1.1.2 (governance structures describe the composition and terms of reference, and allow all relevant groups to be represented in decision-making) is substantially met.

Commendations

A   The College's recent review of its organisational structure, ensuring appropriate representation, expertise and professional integrity.

B   The demonstrable, extensive and effective communication and engagement efforts both internally and with external stakeholders over the past four years.

C   The College's proactive approach, in particular its joint policy position with the Royal Australian College of General Practitioners, to the current uncertain general practice training environment as a result of the Commonwealth Government changes relating to the closure of General Practice Education and Training (GPET) and the reduction in the number of regional training providers.

D   The College's education and training processes are supported by dedicated and expert College staff.

Conditions to satisfy accreditation standards

1   Review and promulgate the terms of reference for all College education committees to ensure currency and consistency with the 2014 Constitution. (Standard 1.1.2)

2   Develop a plan to formally engage consumers and community representatives at all levels in the College's governance structure. (Standard 1.1.2)

Recommendations for improvement

AA   With the increasing number of registrars over the near term, monitor and respond to the need for appropriate College staff support for the education and training of this expanded cohort. (Standard 1.2)

BB   Establish and maintain formal relationships with State and Territory Health Departments to clarify the College's role in general practice training. (Standard 1.4)

2. The Outcomes of the Training Program (purpose of the training organisation and graduate outcomes)	This set of standards is MET

Standard 2.1 (organisational purpose) is substantially met.

Commendations

E The College's innovative use of publically available video, pamphlets, policies, curricula and handbooks which provide information for registrars, potential registrars, supervisors, training providers and the community on the expected graduate outcomes.

Conditions to satisfy accreditation standards

3 Adopt the College's approved definition of general practice for use in all College documentation to provide clarity of purpose for the College. (Standard 2.1)

Recommendations for improvement

CC Increase direct engagement with training providers to ensure training requirements are being consistently applied across all training providers. (Standard 2.2)

3. The Education and Training Program – Curriculum Content (framework; structure, composition and duration; research in the training program and continuum of learning)	This set of standards is SUBSTANTIALLY MET

Standard 3.1 (curriculum framework) is substantially met. Standard 3.2 (curriculum structure, composition and duration) is substantially met.

Commendations

F The 4th Edition Primary Curriculum, completed in 2013, supports the strong underlining principles and philosophy of the delivery of generalist health care in a rural and remote setting.

G The College's formal engagement and consultation with key stakeholders in the review of the Primary and Advanced Specialised Training curricula.

H The strengthening in the Primary Curriculum of the importance of research and education and the inclusion of an opportunity to pursue Advanced Specialised Training in Academic Practice.

I The strong commitment and promotion to the vertical integration of all aspects of training and workforce development to support the practice of generalist medicine in rural and remote settings.

Conditions to satisfy accreditation standards

4   Complete and report on the review of the Advanced Specialised Training curricula and the development and introduction of the Academic Practice curricula. (Standard 3.1 and 3.2)

5   Review the documentation and oversight to support the learning objectives of the clinical experience in the minimum six-month mandatory placement in a community or primary care setting. This review is to include the expectations of the training providers to support the placement and provide greater clarity to the registrars regarding the placement requirements. (Standard 3.2)

6   Develop and document a process for considering the input of other relevant specialist medical colleges in the review of individual Advanced Specialised Training curricula. (Standard 3.2)

Recommendations for improvement

DD   Develop an engagement and stakeholder strategy to increase the regional training provider's understanding of the ACRRM curriculum and training requirements. (Standard 3.1 and 3.2)

EE   The Joint Consultative Committee for General Practice Procedural Surgery clearly defines the agreed areas for scope of practice of procedures in the Advanced Rural Generalist Surgery curriculum. Current areas of disagreement need to be defined and agreement made as to how the training experience in those areas will progress. (Standard 3.2)

FF   Review and develop a process to ensure there is policy and procedural alignment in the advice given by the training providers in relation to recognition of prior learning and ACRRM's clearly articulated policy. (Standard 3.4)

GG   Develop a statement of expectations regarding re-entry requirements for registrars who take an extended period of interrupted leave. (Standard 3.4)

4. The Training Program – Teaching and Learning	This set of standards is MET

Commendations

J   The College's continued expansion of both the Rural and Remote Medical Education Online (RRMEO) education modules and its virtual classroom which provides registrars with up-to-date education in the rural and remote environment.

K   The introduction of learning plans for registrars on all training pathways, and the College's plans for the introduction of the Customer Relationship Management System which will provide improved access for supervisors and registrars to individualised learning plans as well as up-to-date information on registrar progress.

Conditions to satisfy accreditation standards

Nil

Recommendations for improvement

HH Develop and implement strategies to promote to training providers, knowledge about, and implementation of the Rural and Remote Medical Education Online (RRMEO) platform for ACRRM registrars' learning with its specific focus on the rural and remote practice. (Standard 4.1.2)

II Develop and implement processes to ensure that supervisors are adequately supported through their training provider or through the College directly, to ensure the programs of training and learning are fully supported in the practice, hospital and other training posts. (Standard 4.1.2)

5. The Curriculum – Assessment of Learning (assessment approach, feedback and performance, assessment quality, assessment of specialists trained overseas)	This set of standards is MET

Standard 5.1.2 (range of assessment formats are appropriately aligned) is substantially met. Standard 5.3 (assessment quality) is substantially met.

Commendations

L   The College's ongoing commitment and development activity to build a comprehensive set of professionally managed and administered assessments that cover all curriculum components and the implementation of a revised operational structure which provides clear areas of responsibility and transparency in process.

M   The extensive revisions to the Procedural Skills Logbook in terms of both format (online) and content (inclusion of physical examination and a revised set of procedures).

N   The College's extensive work to prepare candidates effectively for examinations including the provision of mock examinations and tailored study group activity.

O   The review of assessment outcomes for both the suitability of the standard being applied and the availability of suitable examination preparation resources and processes should benefit the College and its registrars.

P   The Structured Assessment using Multiple Patient Scenarios (StAMPS) examination, run in both face-to-face and online formats to provide registrars with maximum choice in terms of location and format of examination. Both formats are run with notable professionalism and consistency from all involved including College staff and examiners.

O   The work to begin to implement a robust process for the assessment of overseas-trained specialist General Practitioners.

Conditions to satisfy accreditation standards

7   Review the balance in the assessment portfolio between simulated/theoretical assessment versus more authentic competency-based or performance-based assessment modalities and as part of the review of all Advanced Specialised Training disciplines. (Standard 5.1.2)

8 Progress and report on outcomes of the effectiveness of the case-based discussion assessment trial and decision whether to remove the summative mini clinical evaluation exercise (mini-CEX). (Standard 5.3)

Recommendations for improvement

JJ Develop an integrated online module in the next phase of the Customer Relationship Management (CRM) system development to better support examination management and data integrity. (Standard 5.1)

KK Delay the development of selection tests into training until the assessment suite has reached a steady and stable state and the necessary reviews (of feedback, balance and clinical performance) have been completed. (Standard 5.1)

LL Develop the systems by which blueprinting at the test level occurs. (Standard 5.1)

MM Complete the planned review of assessment feedback processes overall with a view to streamlining and ensuring long-term sustainability. (Standard 5.2)

NN Train local assessors to conduct the mini clinical evaluation exercise within the normal working day rather than relying on external assessors. (Standard 5.3)

OO Complete the planned online supervisor/assessor module maintaining a focus on providing feedback on assessments and strategies to enable registrars to effectively plan their own learning using the College's learning plan approach. (Standard 5.3)

PP Review and present evidence for the improvement in item quality for the Multiple Choice Question Examination. (Standard 5.3)

QQ Monitor the use and effectiveness of the individualised learning plan for international medical graduates. (Standard 5.4)

6. The Curriculum – Monitoring and Evaluation (Monitoring, outcome evaluation)	This set of standards is MET

Standard 6.1 (ongoing monitoring) is substantially met.

Commendations

R The College's evaluation framework which provides a comprehensive overview of the processes undertaken to monitor and improve the quality of the training program.

Conditions to satisfy accreditation standards

9 Where survey feedback or related indicators have identified issues, implement processes to ensure a clearly articulated set of actions are put in place and connected to further evaluate and assess the desired outcomes. (Standard 6.1)

Recommendations for improvement

RR Collect data regarding the number of registrars who complete the program in the defined minimum time versus those who ultimately complete the program and compare with other similar programs. (Standard 6.2.1)

7. Implementing the Curriculum - Trainees (admission policy and selection, trainee participation in governance of their training, communication with trainees, resolution of training problems, disputes and appeals)	This set of standards is SUBSTANTIALLY MET

Standard 7.1 (admission policy and selection) is substantially met. Standard 7.2 (formal processes and structures that facilitate and support the involvement of trainees in governance) is substantially met.

Commendations

S   The inclusion of registrar representatives at all levels of ACRRM's governance structure, including the ACRRM Board, and the College's responsiveness to registrar needs and issues during their training.

T   The College's extensive, widely adopted communication strategies using technology including Rural and Remote Medical Education Online (RRMEO) and the upcoming Customer Relationship Management (CRM) system. Social media is used as an effective means of communication, especially by the Registrar's Committee, and also by the College more generally, both to distribute information to, and to receive feedback from registrars.

Conditions to satisfy accreditation standards

10   Monitor and report on changes to the selection processes for the Australian General Practice Training (AGPT) program in response to the changes to the structure of general practice training. (Standard 7.1)

11   Work actively to obtain the cooperation of the regional training providers and the Remote Vocational Training Scheme in implementing the College's selection criteria and standards for selection. (Standard 7.1)

12   Review and implement processes for the appointment of registrar representatives to the Registrar Committee to ensure registrars' views are considered in making appointments. (Standard 7.2)

Recommendations for improvement

SS   Revise the process for verifying the candidate's recognition of prior learning and applying for selection to the Independent Pathway. (Standard 7.1)

TT   Build on existing work with General Practice Registrars Australia and regional training providers to improve advocacy for ACRRM registrars within these organisations and ensure their understanding of their shared responsibility. (Standard 7.2)

UU   Develop and implement a system of dating and version control on all curricula, handbooks, policies and online resources so version applicability and tracking is easily possible for these keys documents. (Standard 7.3)

8. Implementing the Training Program – Delivery of Educational Resources (Supervisors, assessors, trainers and mentors; and clinical and other educational resources)	This set of standards is SUBSTANTIALLY MET

Standard 8.1.1 (defined responsibilities of practitioners who contribute to training) is substantially met. Standard 8.1.4 (processes for selecting assessors) is substantially met. Standard 8.2 (clinical and other educational resources) is substantially met.

Commendations

U   The significant contribution of ACRRM supervisors to the supervision, mentoring and assessment of registrars in training.

V   The College's processes for training and preparation of its assessors, including the use of practice examinations for training and the provision of online modules with high quality training videos.

W   The effective evaluation of assessor competence with appropriate use of registrar feedback to inform the College regarding assessor performance.

X   The collaboration with the Royal Australian College of General Practitioners in the establishment of the Bi-College Regional Training Provider Accreditation Program which facilitates greater oversight of accreditation of regional training providers.

Y   The College's use of a wide variety of training settings within the healthcare system for service-based training positions, facilitating a broad training experience for registrars in general practice.

Conditions to satisfy accreditation standards

13   Document, implement and subsequently evaluate a plan for ensuring that individuals involved in the supervision and delivery of ACRRM training across all pathways are trained and supported about the curriculum, training and assessment requirements, and expected standards of supervision for the ACRRM training program. (Standard 8.1.1)

14   Develop and implement strategies for improved relationships and engagement with regional training providers, directors of education, medical educators and supervisors, as well as mechanisms for using the accreditation process to assure compliance with ACRRM training policies and procedures. (Standard 8.1.1)

15   Establish criteria for the selection of assessors, which define eligibility for appointment as an assessor, specifying differences for different assessments if applicable. (Standard 8.1.4)

16   Progress and report on developments in accreditation processes affecting regional training providers, training posts and supervisors, focusing on the impact of Australian Government led changes to the funding and structure of general practice training provision. (Standard 8.2)

Recommendations for improvement

VV   Through the accreditation of regional training providers, ensure that all operating training posts and supervisors have up-to-date accreditation status. (Standard 8.2)

WW   Include registrar representatives on the accreditation teams for both the Bi-College Regional Training Provider Accreditation Program and training post accreditation. (Standard 8.2)

9. Continuing Professional Development (programs, retraining and remediation)	This set of standards is MET

Standard 9.1 (remediation) is substantially met.

Commendations

Z   The College's Professional Development Program continues to represent best practice with a focus on continual renewal, ease of access and optimal use of information and communication technology.

Conditions to satisfy accreditation standards

17   Review the current Remediation Policy 2011–2013 and implement a revised policy in line with the College's 2014–2016 Professional Development Program triennium requirements and the Medical Board of Australia's requirements. (Standard 9.3)

Recommendations for improvement

XX   Review the requirement that fellows engaged in procedural work maintain procedural logbooks as part of their ACRRM Professional Development Program. (Standard 9.1)

YY   Implement a process for new fellows to demonstrate an ongoing commitment to continuing professional development, perhaps on a pro-rata points basis for the remainder of the triennium following the attainment of their fellowship. (Standard 9.1)

ZZ   Introduce multi-source feedback for fellows as part of the College's Professional Development Program requirements. (Standard 9.1)