

## **Executive Summary**

---

An AMC Team assessed the education, training and professional development programs of the Divisions, Faculties and Chapters of the Royal Australasian College of Physicians during 2004 as part of the AMC's ongoing cycle of assessment of specialist/vocational medical training.

The 2004 assessment coincided with the promulgation by the College of an education strategy, covering the College's roles in trainee selection, training environment and experience, curriculum and assessment, partnerships with Specialty Societies and universities, professional development and the resourcing of these roles. This strategy proposed profound change in the College's approach to education and training. The AMC agreed it would review the changes planned by the College when they were implemented, choosing a timeframe for the review that aligned with the College's own assessment of the time required to implement key components.

The AMC accredited the Royal Australasian College of Physicians, its Divisions, Faculties and Chapters until 2008. The AMC indicated that it would consider extending the period of accreditation to the maximum possible period (six years), on the basis of a review of the College's progress in relation to the key issues raised in the AMC Accreditation Report.

An AMC Team completed the review of the College's progress in August 2008.

This Executive Summary provides a short summary of the 2008 Team's main findings. It also lists the commendations and recommendations made by the 2008 Team and included in the body of the report.

The College has begun implementing its plans for major changes in education and training, assessment, support for Fellows and trainees, continuing professional development, and in educational governance structures. The College has achieved much over the four years since the last AMC assessment. It has already produced impressive documentation concerning the changes in the training and assessment approaches and the continuing professional development program. The AMC Team recognises the enormous workload that Fellows and staff have taken on. It commends senior office bearers of the College for their leadership.

The College's plans are comprehensive. Making such major change is a complex task. The College faces major challenges, including negotiating relationships with Faculties, Chapters, Specialty Societies, developing a large number of curricula and assessment tools and communicating with stakeholders concerning the changes planned and their implementation. The planned changes are being implemented in healthcare systems, in Australia and New Zealand that are also changing.

As the College transforms its system of education, the senior College staff and office bearers have expended considerable effort on communication. Despite this, trainees, fellows and health services are still seeking further information about the range of modifications occurring, and about the implications of these for them as individuals and to their organisations. An effective communication strategy must be implemented as a matter of urgency and this should be targeted to the various stakeholders so that the relevance of the changes is apparent.

When the 2008 Team was completing its assessment, implementation of many of the plans was still in an early stage. Nevertheless, there are significant achievements, which are summarised below.

New governance structures have been implemented and new committees are starting to set their agendas and determine work priorities. These new structures have clarified and enhanced the role of Faculties and Chapters in the College, and promote collaboration between Divisions, Faculties and Chapters that will enable consistency in education and sharing of good practice. There remains some uncertainty about the roles, responsibilities and lines of reporting.

The College has created a Deanery and recruited professional educational staff to support the College's educational strategies.

The basic physician and paediatrics training curricula and the professional qualities curriculum have been developed. A number of the curricula for the advanced training programs are in the final stages of development.

The College has refined the process of the FRACP examination and begun using a blueprint to align the written and clinical examinations with the curriculum. The College has developed and is trialling a suite of workplace-based assessment methods that will allow testing of different curriculum domains. There is an urgent need to expand the training of supervisors, the communication with supervisors and trainees, and the negotiations with health services concerning the College's assessment methods.

The Trainees Committee has continued to develop positively, and the College's new governance structure includes trainees at all levels. The College is to be commended for the recognition of the role of trainees in decision-making and the provision of resources to support this. Despite this, many trainees express a feeling of distance from the College and difficulty in understanding the relevance of all of the College's communications. It is difficult for trainees to access information about their own training circumstances.

The College has worked to develop a selection and matching process for advanced training. This work highlights the variable use of selection tools, weighting and timing of selection processes, and opportunities to develop further policies for selection based on the principles set out in the Medical Training Review Panel report, *Trainee Selection in Australian Medical Colleges*.

The primary strength of the College, its Divisions, Faculties and Chapters continues to be the engagement by College fellows in supervision, assessment and the mentoring of doctors in training. The College has developed new supervisory structures and has developed explicit statement of expectations for the new roles, such as the rotational or run supervisors, the professional development advisors, and the director of physician education. This is crucial but currently many fellows expressed uncertainty about the College's expectations of them with the new educational developments and requested ongoing communication and support particularly during the introductory phase.

The fellows and staff who contribute to the assessment of overseas-trained physicians have undertaken a commendable body of work. The College's work in this area appears to have lost focus and momentum recently, exacerbated in part by restructuring within the College and the changes in government requirements. This is an area of high risk for the College in its relationships with the jurisdictions.

The College has launched *MyCPD*, which facilitates fellows documenting and reporting on participation. There are reports of good take up of this tool. The College is to be commended on the *MyCPD* framework. There are variable participation rates for CPD across the Divisions, Faculties and Chapters from around 50 to over 90 percent. Strategies to improve participation, encourage reflection on performance, and increase the educational relevance of activities, are commended.

Feedback from fellows consistently suggests that many expect that their College will make CPD mandatory in line with community expectations. A priority for the College must be to take a leadership role in asserting the centrality of life-long learning to good professional practice and in revisiting the College Board's previous decision to allow CPD participation to remain voluntary.

Each of the Faculties and Chapters has demonstrated significant development in their educational programs in the last four years, and some joint educational initiatives are developing and are to be encouraged. It remains true that the College's educational areas have much to learn from each other. Some of the educational developments and processes implemented in individual Faculties and Chapters are relevant to other components of the RACP.

### ***2008 commendations and recommendations***

Commendations:

- A The creation of the Deanery and the recruitment of professional educational staff who support the College's educational strategies.
- B The Expert Advisory Groups which bring together fellows from across the Divisions, Faculties and Chapters and which will assist with the integration and promotion of good educational practice.
- C The College's approach to consultation in curriculum development.
- D The Professional Qualities Curriculum.
- E The development of the basic training curricula.
- F The College's stated plans for the new Physician Readiness for Expert Practice Program.
- G The information and communication technology systems of the College.
- H The significant work undertaken by the College to review current assessment practices and to prepare for the introduction of new assessments methods.
- I The improvements to the feedback available to examination candidates.
- J The College's efforts to date to improve selection procedures for advanced training.
- K The College's implementation of processes to involve trainees in all aspects of College function, and in particular its support for the College Trainees' Committee.

- L The commitment of the EAG Accreditation and the accreditation sub-committees and leaders of the Divisions, Faculties and Chapters.
- M The work of Expert Advisory Group Physician Educators and the College Education Committee in developing the College's policies on supervision and support for supervisors.
- N The development of online learning resources for supervisors.
- O The development of a monitoring and evaluation framework and the establishment of a Research and Evaluation Unit.
- P The development of the OTP assessment processes since 2004.
- Q MyCPD, which facilitates fellows documenting and reporting on participation, encourages reflection on performance, and increases the educational relevance of activities.
- R The Expert Advisory Group on CPD's strategic plan, particularly the strategies to improve participation and reporting in continuing professional development.
- S The Australasian Faculty of Public Health Medicine's commitment to implementing its educational strategy, and its engagement with the wider College to improve its educational process.
- T The continuing commitment by the Australasian Faculty of Rehabilitation Medicine to high standards of education, training and assessment and its review and improvement of its education and training programs since 2004.
- U The Australasian Faculty of Rehabilitation Medicine's modular curriculum and its approach to assessment of trainee learning.
- V The Australasian Faculty of Occupational and Environmental Medicine's commitment to implementing its educational strategy, and its engagement with the wider College to improve its educational process.
- W The standardisation of assessment and training requirements for trainees of the Australasian Chapter of Palliative Medicine and of the SAC Palliative Medicine.
- X The work by the Australasian Chapter of Palliative Medicine and the combined Palliative Medicine Education Committee since the 2004 AMC assessment.
- Y The work by the Australasian Chapter of Addiction Medicine on developing the addiction medicine education and training program since the 2004 AMC assessment.
- Z The work by the Australasian Chapter of Sexual Health Medicine on developing the sexual health medicine education and training program.

#### *Recommendations*

*That the RACP:*

- 1 *Report in annual reports to the AMC on:*
  - *the success of measures taken to strengthen the inclusion of the New Zealand fellowship in the College as a whole;*
  - *actions to address the uncertainty concerning reporting structures and pathways for educational decision-making;*
  - *the implementation of the work plans of the Expert Advisory Groups.*
- 2 *Implement an effective communications strategy as a matter of urgency, which is targeted to the needs of the various stakeholders.*
- 3 *Continue to formalise agreements between the College and each specialty engaged in advanced training to describe the relationship, responsibilities and accountabilities of each STC for education and training.*
- 4 *Report in annual reports to the AMC on strategies to familiarise trainees, supervisors and DPT / DPPTs with the content and purpose of the new curricula and on the success of these strategies.*
- 5 *Specify a timeframe for development, delivery and implementation of all curricula for advanced training in conjunction with the Societies, and report in annual reports to the AMC on progress towards implementation, including on the realisation of the professional qualities domains.*
- 6 *Review teaching, learning and assessment experiences within advanced training so achieve a match with the relevant curricula.*
- 7 *Monitor, evaluate and review curricula quality.*
- 8 *Recognise core training in intensive care and anaesthesia as part of basic training in paediatrics and child health.*
- 9 *Continue to develop and implement curricula for advanced training in paediatrics and child health specifying dates for key milestones, and report in annual reports to the AMC on progress towards implementation, including on the realisation of the professional qualities domains.*
- 10 *Develop and disseminate the Preparation for Practice package for senior trainees and new fellows.*
- 11 *Continue to develop and implement educational structures, learning and training experiences with particular emphasis on the rapid implementation of these once they have been developed.*
- 12 *Continue to develop educational modules relevant to a range of training programs and available to all trainees including those in general medicine and general paediatrics training.*
- 13 *Develop a policy framework to enhance the recognition of prior learning based on the principles of authenticity (claims of experience, competencies and/or knowledge can be*

- demonstrated); currency (meeting pre-defined time limits); quality; relevance; transferability; and comparability
- 14 *Re-assess the definition of what is a rural experience and prospectively approve rotations.*
  - 15 *Develop closer links with rural hospitals to facilitate adequate numbers of supervisors who are appropriately resourced and trained.*
  - 16 *Match appropriate assessment formats to elements of the curricula.*
  - 17 *Further develop the blueprinting process for the written and the clinical components of the Examination to ensure there is a complete match between the curricula and the assessment processes, including determination of the level of attainment.*
  - 18 *Communicate the assessment standards to trainees and supervisors.*
  - 19 *Continue progress towards implementing criterion referenced assessment.*
  - 20 *Report in annual reports to the AMC on the development and promulgation of an assessment framework for advanced training and the further development and implementation of project guidelines.*
  - 21 *Develop system for monitoring whether or not DPT/DPPTs have received training in good practice selection procedures.*
  - 22 *Further develop and implement standardised policies and tools supporting selection processes into advanced specialty training which are based on the principles in the Medical Training Review Panel Report, Trainee Selection in Australian Medical Colleges, (the Brennan Report).*
  - 23 *Develop the information and communications technology system and the trainee database to ensure relevant and timely progress information for trainees and supervisors.*
  - 24 *Develop information and communications technology mechanisms to target information sent to trainees to their particular needs and interests.*
  - 25 *Report in annual reports to the AMC on outcomes of reviews of appeals processes including the Independent Review of Training.*
  - 26 *Complete the Trainee Charter in collaboration with the College Trainees' Committee.*
  - 27 *Standardise provisions for interrupted training across College Divisions, Faculties and Chapters.*
  - 28 *Consider the role of College state and regional committees in liaising with employing authorities to promote a family-friendly work environment.*
  - 29 *Develop a well regulated accreditation policy that facilitates timely inspections, that is consistent across the College's education programs and workable for the future.*

- 30 *Consider the resources required to manage these critical accreditation processes.*
- 31 *Continue to develop positive relationships with health jurisdictions and private health service providers to build capacity for the training requirements of an expanding medical workforce.*
- 32 *Report in annual reports to the AMC on the implementation of the new supervisory and formative assessment structure for basic trainees.*
- 33 *Advocate further at State, Territory and national levels, and with private health service providers concerning the resource requirements to implement the College's supervision plans.*
- 34 *As a priority, implement supervisor training in feedback and in managing the multi-source feedback results, and report in annual reports to the AMC on the implementation.*
- 35 *For supervisors of advanced training, develop an orientation package and enhance the structure for trainee appraisal and report in annual reports to the AMC on implementation.*
- 36 *Report in annual reports to the AMC on the implementation of the monitoring and evaluation framework.*
- 37 *Including the Divisions, Faculties and Chapters, consider systematic ways of building in patient and carer input and feedback.*
- 38 *Report in annual reports to the AMC on:*
  - *the implementation of the OTP assessment framework;*
  - *actions taken to address the current difficulties with the assessment process for overseas-trained physicians.*
- 39 *In assessing the applications of overseas-trained physicians, attribute more weight to assessment of current competence relative to previous training and assessment.*
- 40 *Report in annual reports to the AMC on the development of policies and procedures relating to retraining and/or remediation of fellows who are under-performing and procedures to respond to requests from qualified specialists for retraining after prolonged absence, or for additional training in a discipline other than that to which the specialist qualification applies.*
- 41 *Reconsider the proposition that mandatory participation in the CPD program asserts the centrality of life-long learning to good professional practice and review the Board's previous decision to allow CPD participation to remain voluntary.*
- 42 *Consider making participation in CPD by office bearers compulsory.*
- 43 *Consider inviting all participants in the CPD program to allow their names to be placed on the College website as active and up-to-date program members.*

*That the Australasian Faculty of Public Health Medicine:*

- 44     *Report on the implications of the new college of public health medicine in New Zealand for the Faculty and for the continuation of any public health education and training in New Zealand under the auspices of the College. In particular, the implications of this change for Faculty trainees in New Zealand and the mechanisms to support these trainees during the transition should be reported.*
- 45     *Report in annual reports to the AMC on progress in addressing those areas identified as requiring further work, namely the recognition of prior learning, review of assessment, selection of trainees, and accreditation of training places and supervisors.*

*That the Australasian Faculty of Occupational and Environmental Medicine:*

- 46     *Report in annual reports to the AMC on progress in addressing the major areas identified as requiring further work, namely implementing its curriculum and new assessment strategies, selection of trainees, supervisor training and support, assessment, and accreditation of workplaces and work sites.*

*That the Australasian Chapter of Palliative Medicine:*

- 47     *Report in annual reports to the AMC on the evaluation of the effectiveness of the virtual accreditation models.*

*That the Australasian Chapter of Addiction Medicine*

- 48     *Report in annual reports to the AMC on the implementation of the Chapter's education and training program, particularly the accreditation of training sites and supervisors, and the development of policy on the recognition of prior learning.*

*That the Australasian Chapter of Sexual Health Medicine:*

- 49     *Report in annual reports to the AMC on the development of the curriculum including how each of the sexual health medicine themes/areas of focus fits into the Professional Qualities Curriculum domains, and the accreditation of training sites and supervisors.*

### ***Accreditation recommendation***

When the AMC accredited the College in 2004, it gave accreditation for a limited period. This was in keeping with the AMC's standard approach to accreditation of programs in which major change is occurring and where there is insufficient information to determine if plans presented will result in a program that satisfies AMC Accreditation Standards.

The AMC's accreditation procedures provide that, at the conclusion of the limited period of accreditation, the AMC conducts a follow-up review concentrating on the recommendations made in the previous AMC accreditation to consider extending the accreditation to the maximum possible period of six years. Should the accreditation be extended to six years, in the year before the accreditation ends, the AMC seeks a comprehensive progress report. Subject to a satisfactory report, the AMC may grant a further period of accreditation, up to four years, before a new accreditation assessment.



Developments in two Chapters, the Australasian Chapter of Addiction Medicine and the Australasian Chapter of Sexual Health Medicine, require specific mention. The training programs offered by these two Chapters were not accredited by the AMC in 2004 since addiction medicine and sexual health medicine are not yet recognised as medical specialties in Australia. Both Chapters have submitted applications for recognition which have been assessed through the AMC-managed recognition process. In both cases, following advice from the AMC, the Australian Government Minister for Health and Ageing has determined that there is a case to recognise the disciplines as specialties. The review by the 2008 AMC Team of the training programs in addiction medicine and sexual health medicine represents the second stage of the recognition process. The Team notes that recognition of these disciplines as specialties is a decision to be made by the Australian Government Minister for Health and Ageing, not the AMC.

The 2008 AMC Team recommends to the Specialist Education Accreditation Committee:

- (i) That the AMC grant accreditation of the education and training programs and the continuing professional development programs of the Royal Australasian College of Physicians and the Divisions (Adult Medicine Division and Paediatrics & Child Health Division) the Faculties (Australasian Faculties of Public Health Medicine, Rehabilitation Medicine and Environmental and Occupational Medicine), and the Chapters (Australasian Chapters of Addiction Medicine, Palliative Medicine, and Sexual Health Medicine) to December 2010, subject to annual reports to the AMC which report progress on all the recommendations in the Accreditation Report.

This accreditation decision entails:

- Extension of the accreditation of the education and training programs and the continuing professional development programs of the Royal Australasian College of Physicians and the Adult Medicine Division, the Paediatrics & Child Health Division, and the Australasian Faculties of Public Health Medicine, Rehabilitation Medicine and of Environmental and Occupational Medicine, and the Australasian Chapter of Palliative Medicine to the maximum period of six year.
  - Accreditation of the education and training programs and the continuing professional development programs in addiction medicine offered by the Australasian Chapter of Addiction Medicine and the education and training programs and the continuing professional development programs in sexual health medicine offered by the Australasian Chapter of Sexual Health Medicine. Since educational developments in the Chapters are linked so closely with those in the RACP, the accreditation period matches that of the parent college.
- (ii) That in July 2010 the College provide a comprehensive report on progress in relation to the key issues raised in the 2008 Team's report, which will be the basis for the AMC to determine whether the period of accreditation should be extended further. The Team recommends that the AMC assessment of this report include discussions with relevant College staff, office bearers and committees.