

Accreditation Report: The Education and Training Programs of the Royal Australian College of General Practitioners

Specialist Education Accreditation Committee

November 2024

February 2025
Digital

ABN 97 131 796 980
ISBN 978-1-923118-28-7

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Acknowledgement of Country

The Australian Medical Council (AMC) acknowledges Aboriginal, Torres Strait Islander Peoples as the original Australians, and Māori as the original Peoples of Aotearoa New Zealand.

We acknowledge the Traditional Custodians of these lands and pay respects to Elders past and present and acknowledge the ongoing contributions of Indigenous Peoples to all communities. We acknowledge government policies and practices impact on the health and wellbeing of Indigenous Peoples and commit to working together to support healing and positive health outcomes.

Through its accreditation and assessment processes for the medical profession, the AMC is committed to improving equity and outcomes for the Aboriginal, Torres Strait Islander Peoples of Australia, and the Māori Peoples of Aotearoa New Zealand.

Executive Summary: Royal Australian College of General Practitioners

The Australian Medical Council (AMC) document, *Procedures for Assessment and Accreditation of Specialist Medical Education Programs by the Australian Medical Council 2024*, describes AMC requirements for reaccreditation of specialist medical programs and their education providers.

The Royal Australian College of General Practitioners (RACGP) delivers education and training programs in the specialty of general practice in Australia. During a time of significant change in general practice training in Australia, the College's programs were first accredited by the AMC in 2003 for three years until July 2006, subject to satisfactory progress reports.

An overview of the College's accreditation and monitoring history by the AMC since 2003 is provided below:

Year	Assessment	Decision
2003	Full assessment	Accreditation granted until 31 July 2006
2006	Follow-up assessment	Extension of accreditation until 31 December 2009
2009	Accreditation extension submission	Extension of accreditation until 31 December 2013, subject to satisfactory monitoring submissions
2013	Reaccreditation assessment	Accreditation granted until 31 December 2019, subject to satisfactory monitoring submissions
2019	Accreditation extension submission	Extension of accreditation until 31 March 2024 (maximum of 10 years accreditation)
2022	Extension of accreditation (To support full transition to College-led training)	Extension of accreditation by one year until 31 March 2025

2024 Reaccreditation

An AMC team conducted a review of RACGP education and training programs in August 2024, and met with College staff, fellows, trainees and specialist international medical graduates.

The following areas of accomplishment and initiative were of note:

- The capability and commitment of leadership and staff managing a successful transition and resource allocation to College-led delivery of the AGPT training pathway.

- A strong ability to forward plan and be proactive resulted in responsiveness to a changing training and workforce environment. This included changes to develop or update relevant policies and educational resource to keep in step with changes.
- There is strong commitment to advancing health outcomes and equity of Aboriginal and/or Torres Strait Islander communities. This includes prioritising representation in governance and in identified staff positions to ensure co-design and appropriate consultation as well as embedding learning outcomes for Aboriginal and/or Torres Strait Islander Health within education and training programs.
- The College's Education Framework, Standards for General Practice Training and the Curriculum are thoughtfully designed, comprehensive and aligned to program and graduate outcomes, and subsequent assessment methods.
- The implementation of the curriculum and assessment is well-supported by diverse teaching and learning methods and resources, with the College's Learning Management System and Training Management System well regarded by trainees and fellows.
- The move of the Clinical Competency Exam online was well planned and consulted, leading to successful transition and implementation.
- Trainees are well-supported in their training journey, from an educational and wellbeing perspective, and are encouraged to engage in College governance at different levels.
- There are comprehensive and clear selection and support processes for supervisors and assessors, with the ethos of "locally delivered, regionally supported and nationally consistent" front of mind in accreditation processes and creation of resources such as the WBA Assessor Handbook.

The AMC determined a number of areas of focus for the College, including:

- Expanding engagement with jurisdictional health agencies; organisations and communities in the Indigenous health sector, especially in support of implementing the Aboriginal and Torres Strait Islander *Cultural and Health Training Framework*.
- Developing strategy for broader community and/or consumer input into the effectiveness of education and training program
- Reviewing the FSP training pathway to appropriately distinguish it from the AGPT, RVTS and PEP training pathways.
- The Registrar Liaison Officer and GPiT Faculty Representative need increased support to elevate the visibility of their roles amongst the trainee cohort and governance of their training.
- Specialist international medical graduates similarly could be better represented and consulted in the governance of their training.
- Establishing cultural safety training for all levels of governance, operational staff and within education and training programs.

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.

Findings

The AMC's finding is that it is reasonably satisfied that the education and training programs of the Royal Australian College of General Practitioners **substantially meet** the accreditation standards.

The 12 November 2024 meeting of the Specialist Education Accreditation Committee resolved:

- (i) That the Royal Australian College of General Practitioner's specialist medical programs in the recognised medical specialty of **general practice** be granted accreditation for **six years to 31 March 2031**, subject to satisfying AMC monitoring requirements including monitoring submissions and addressing accreditation conditions.
- (ii) That this accreditation is subject to the College providing evidence that it has addressed conditions in the specified monitoring submission as set out in the table below.

Standard	Condition	To be met by
Standard 1	1 Undertake the College governance review with a view to: <ol style="list-style-type: none"> i. Including a commitment to Aboriginal and/or Torres Strait Islander health and equity in its purpose. (Standard 1.1 and 2.1) ii. A strategy for greater consumer/community representation throughout the governance of the College. iii. Ensuring the voice of trainee representatives, and SIMGs, is more explicit and afforded greater prominence and priority in governance and decision-making processes, and within education and training activity. (Standard 1.1.3 and 1.1.5) 	2025
	2 Implement clear and formalised mechanisms to ensure the GPiT Faculty is consulted in the early stages of key policy/procedure/decisions development related to changes in education and training matters that may impact registrars. (Standard 1.1.5 and 7.2)	2025
	3 Develop and implement a new strategic plan underpinned by a strategy for long term stability and commitment to Aboriginal and/or Torres Strait Islander health. (Standard 1.1, and 1.6.4)	Develop - 2025 Implement - 2026
	4 Develop and implement a strategy for clearer structured working and communications arrangements between the College and the jurisdictional health agencies to support success of the fellowship programs through an optimal balance of national governance and local flexibility. (Standard 1.6.1)	Develop - 2025 Implement - 2026
	5 To align with the objectives of the Cultural and Health Training Framework, develop and implement a well-resourced plan to embed cultural safety training at all levels of the College governance, operational staff, and education and training programs and activity. (Standard 1.7)	2026
Standard 2	Nil	-

Standard	Condition	To be met by
Standard 3	6 Integrate research capabilities across all training pathways to ensure uniform research literacy among trainees, including enhancing learning outcomes. (Standard 3.2.8)	2026
	7 Develop and implement clear guidelines for recognition of prior learning assessment across all pathways to ensure consistent application of process to: <ul style="list-style-type: none"> i. Improve the clarity and visibility of RPL pathways for each training program, particularly for the RVTS and FSP pathways. ii. Provide easily accessible information about RPL options to prospective and current trainees. (Standard 3.3.2 and 7.1) 	2025
Standard 4	Nil	-
Standard 5	8 Develop and implement processes for feedback to FSP trainees who fail the Fellowship exams containing sufficient detail to form the basis for an appropriate remediation plan. (Standard 5.3)	Develop - 2025 Implement - 2026
	9 Implement evaluation mechanisms to determine the quality, fairness and consistency of workplace-based assessment in the assessment of trainee competence across training sites, aligned with the progressive assessment framework. (Standard 5.4 and 8.1)	Implement - 2025 Provide outcomes of evaluation - 2026
Standard 6	10 Develop and implement a process for broader community, employer feedback/evaluation on the effectiveness of education and training programs and processes on the producing quality specialist general practitioners. (Standard 6.2.1 and 1.6.4)	Develop - 2025 Implement - 2026
	11 Develop and implement processes: <ul style="list-style-type: none"> i. For systematic reporting on monitoring and evaluation outcomes are reported to the Board and relevant committees. (Standard 6.3.1) ii. To “close the loop” on evaluation, feedback and quality assurance on education and training programs with key stakeholders. This includes dissemination to fellows, trainees (current and prospective) and the community. (Standard 6.3.2) 	2025
Standard 7	12 Undertake the review of the FSP selection process and ensure: <ul style="list-style-type: none"> i. Clear distinction between all training pathways to guide prospective trainees in their application. ii. Increased support and appropriate information provided for prospective trainees (Australian and International) to select the most suitable pathway. 	2025

Standard	Condition	To be met by
	<ul style="list-style-type: none"> iii. Trainees are placed in the pathway that best suits their personal, education and training needs iv. Monitoring of the consistency of the application of selection policies for all pathways. (Standard 7.1) 	
	13 Implement strategies to prioritise recruitment and advertising strategies targeted at Aboriginal and/or Torres Strait Islander prevocational doctors and medical students, in collaboration with the College's Aboriginal and Torres Strait Islander Faculty and dedicated education and training team, and other relevant external stakeholders. (7.1.3)	2025
	14 Prioritise support for trainee representatives in their roles by: <ul style="list-style-type: none"> i. Defining and elevating the role of the Registrar Liaison Officer and the GPIT Faculty Representative within the College and trainee cohort to ensure increased awareness of their different roles for trainee advocacy and support. (Standard 7.2.1) ii. Implementing structured orientation and training for Registrar Liaison Officers, especially on how to best support registrars in a psychologically safe manner, from a WHS perspective, and with consideration of Mental Health First Aid training. (Standard 7.2.1) 	2025
Standard 8	15 Develop and implement a process to formalise mechanisms for evaluation on supervisor and/or practice effectiveness and improvement. A "close the loop" process should be incorporated for trainees to be aware of action steps taken. (Standard 8.1.4 and 6.3.2)	2026
	16 Develop and implement process to evaluate WBA assessor effectiveness, including feedback from trainees. (Standard 8.1.6)	Develop - 2025 Implement - 2026
Standard 9	Nil	-

Next steps

Following an accreditation decision, the AMC will monitor that it remains satisfied the College is meeting the standards and addressing conditions on its accreditation through annual monitoring submissions.

Enhanced monitoring

The AMC recognises the College is consistently in the process of reviewing policies, procedures and programs. In addition, the recommendations of the NHPO and Kruk review will impact the shape of College's work. The AMC monitoring process requires that the College report significant developments and any impact to education providers and training programs.

Given anticipated future change, the College is asked to provide periodic (as completed) or annual updates to the AMC on the following:

1. Report on the progress of the strategic initiative to increase place-based mapping of workforce need including maximal use of the output of WPPOs. (Standard 1.6.1 and Standard 6.2)
2. Reporting on the outcomes and impact of the JCTS with ACCRM. (Standard 1.6.4)
3. Report on the Implementation the Aboriginal and Torres Strait Islander Cultural and Health Training Framework and related evaluation strategy and outcomes. (Standard 1.2, 3.2 and 6.2)
4. Provide an update of the review of the Progressive Capability Framework.
5. Report on progress to move the written exams online.
6. Provide information on risk management of issues related to educational quality. (Standard 6.3)
7. Provide summary updates on changes to accreditation standards or procedures relative to the NHPO's recommendations. (Standard 8.2)
8. Report on changes to the SIMG policy or process as a result of the expedited specialist pathway or Kruk report recommendations. (Standard 9)
9. Report on implementation of monitoring and evaluation plan for PEP specialist doctors and relevant outcomes as a result. (Standard 9)

Subsequent accreditation

In 2030, before this period of accreditation ends, the College may submit an accreditation extension submission for extension of accreditation. The submission should address the accreditation standards and outline the College's development plans for the next four years. See section 5.1 of the accreditation procedures for a description of the review of the accreditation extension submission.

The AMC will consider this submission and, if it decides the College is continuing to meet the accreditation standards, the Specialist Education Accreditation Committee may extend the accreditation by a maximum of four years (31 March 2035), 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.

Conditions imposed by the AMC to enable the College to meet the accreditation standards are listed in the accreditation decision (pages 4 to 6). The team's commendations of areas of strength and recommendations for improvement are listed under each standard in the body of the report (pages 27 to 76).

In the tables below, M indicates a standard is met, SM indicates a standard is substantially met and NM indicates a standard is not met.

1. The context of training and education				This set of standards is SUBSTANTIALLY MET
<i>governance</i>	SM	<i>educational resources</i>	M	
<i>program management</i>	M	<i>interaction with health sector</i>	SM	
<i>reconsideration, review appeals</i>	M	<i>continuous renewal</i>	SM	
<i>educational expertise</i>	M			

2. The outcomes of specialist training and education				This set of standards is SUBSTANTIALLY MET
<i>educational purpose</i>	SM	<i>graduate outcomes</i>	M	
<i>program outcomes</i>	M			

3. The specialist medical training and education framework				This set of standards is SUBSTANTIALLY MET
<i>curriculum framework</i>	M	<i>continuum of training</i>	SM	
<i>content</i>	SM	<i>structure of the curriculum</i>	M	

4. Teaching and learning				This set of standards is MET
<i>approach</i>	M	<i>methods</i>	M	

5. Assessment of learning				This set of standards is SUBSTANTIALLY MET
<i>approach</i>	M	<i>performance</i>	SM	
<i>methods</i>	M	<i>quality</i>	SM	

6. Monitoring and evaluation				This set of standards is SUBSTANTIALLY MET
<i>monitoring</i>	M	<i>feedback, reporting and action</i>	SM	
<i>evaluation</i>	SM			

7. Trainees				This set of standards is SUBSTANTIALLY MET
<i>admission policy and selection</i>	SM	<i>trainee wellbeing</i>	M	
<i>trainee participation in provider governance</i>	SM	<i>resolution of training problems and disputes</i>	M	
<i>communication with trainees</i>	SM			

8. Implementing the program – delivery of educational and accreditation of training sites				This set of standards is SUBSTANTIALLY MET
<i>supervisory and educational roles</i>	SM	<i>training sites and posts</i>	M	

9. Assessment of specialist international medical graduates				This set of standards is MET
<i>assessment framework</i>	M	<i>assessment decision</i>	M	
<i>assessment methods</i>	M	<i>communication with applicants</i>	M	

Introduction: The AMC Accreditation Process

Responsible accreditation organisation

In Australia, the Health Practitioner Regulation National Law Act 2009 (the National Law) provides authority for the accreditation of programs of study in 15 health professions, including medicine.

Accreditation of specialist medical programs is required before the Board established for the profession, in medicine's case the Medical Board of Australia, can consider whether to approve a program of study for the purposes of specialist registration.

The Australian Medical Council (AMC) is the accreditation authority for medicine under the National Law. Most of the providers of specialist medical programs, the specialist medical colleges, span both Australia and Aotearoa New Zealand. The AMC accredits programs offered in Australia and Aotearoa New Zealand in collaboration with the Medical Council of New Zealand (MCNZ). The AMC leads joint accreditation assessments of binational training programs and includes Aotearoa New Zealand members, site visits to Aotearoa New Zealand, and consultation with Aotearoa New Zealand stakeholders in these assessments. While the two Councils use the same set of accreditation standards, legislative requirements in Aotearoa New Zealand require the binational colleges to provide additional Aotearoa New Zealand-specific information. The AMC and the MCNZ make individual accreditation decisions, based on their authority for accreditation in their respective country.

Accreditation standards applicable to the accreditation of specialist medical programs

The approved accreditation standards for specialist medical programs are the *Standards for Assessment and Accreditation of Specialist Medical Programs by the Australian Medical Council 2023*.

These accreditation standards are structured according to key elements of the model for curriculum design and development and focus on the specific context and environment in which specialist medical programs are delivered. These standards are followed by two standards relating to processes undertaken by the providers of specialist medical training programs on behalf of the Medical Board of Australia.

In 2015, following a period of consultation, the AMC completed a review of the accreditation standards for specialist medical programs and continuing professional development programs. The Medical Board of Australia approved new accreditation standards which apply to AMC assessments conducted from 1 January 2016. The relevant standards are included in each section of this report.

In 2023, following the implementation of the AMC Accreditation Criteria for CPD Homes, the AMC has revised its Standards for Assessment to encompass nine standards, instead of ten. The assessment of continuing professional development is now assessed with separate criteria for Australia and Aotearoa New Zealand respectively.

The following table shows the structure of the standards:

Standards	Areas covered by the standards
1: The context of training and education	Governance of the education provider; program management; reconsideration, review and appeals processes; educational expertise and exchange; educational resources; interaction with the health sector; continuous renewal.
2: Outcomes of specialist training and education	Educational purpose of the provider; and program and graduate outcomes
3: Specialist medical training and education framework	Curriculum framework; curriculum content; continuum of training, education and practice; and curriculum structure
4: Teaching and learning	Teaching and learning approaches and methods

Standards	Areas covered by the standards
5: Assessment of learning	Assessment approach; assessment methods; performance feedback; assessment quality
6: Monitoring and evaluation	Program monitoring; evaluation; feedback, reporting and action
7: Trainees	Admission policy and selection; trainee participation in education provider governance; communication with trainees; trainee wellbeing; resolution of training problems and disputes
8: Implementing the program – delivery of educational and accreditation of training sites	Supervisory and educational roles and training sites and posts
9: Assessment of specialist international medical graduates	Assessment framework; assessment methods; assessment decision; communication with specialist international medical graduate applicants

Assessment of the programs of the Royal Australian College of General Practitioners

In 2024, the AMC began preparations for the reaccreditation assessment of the Royal Australian College of General Practitioners (RACGP) programs. On the advice of the Specialist Education Accreditation Committee, the AMC Directors appointed Professor Michelle Leech AM to chair the 2024 assessment of the College's programs. The AMC and the College commenced discussions concerning the arrangements for the assessment by an AMC team.

The AMC assesses specialist medical education and training using a standard set of procedures.

A summary of the steps followed in this assessment follows:

- The AMC asked the College to lodge an accreditation submission encompassing the areas covered by AMC accreditation standards: the training pathways to achieving fellowship of the RACGP; College processes to assess the qualifications and experience of overseas-trained specialists; and College processes and programs for continuing professional development.
- The AMC appointed an assessment team (called 'the team' in this report) to complete the assessment after inviting the College to comment on the proposed membership. A list of the members of the team is provided as *Appendix One*.
- The team met in July 2024 to consider the College's accreditation submission and to plan the assessment.
- The AMC gave feedback to the College on the team's preliminary assessment of the submission, the additional information required, and the plans for visits to accredited training sites and meetings with College committees.
- The AMC surveyed trainees and supervisors of training of the College. The AMC also surveyed specialist international medical graduates whose qualifications had been assessed by the College in the last three years.
- The AMC invited other specialist medical colleges, medical schools, health departments, professional bodies, medical trainee groups, and health consumer organisations to comment on the College's programs.
- The team conducted virtual meetings in July and August 2024 with program stakeholders including registrars, supervisors, educators, administrators and practice managers covering all states and territories. The team also conducted an in-person visit to a training site in Victoria.

The assessment concluded with a series of meetings with the College office bearers and committees from 19 to 22 August 2024. On 30 August 2024, the team sent its preliminary findings to College representatives.

Appreciation

The team is grateful to the fellows and staff who prepared the accreditation submission and managed the preparations for the assessment. It acknowledges with thanks the support of fellows and staff, who coordinated the site visits, and the assistance of site visit hosts for team members.

The AMC also thanks the organisations that made a submission to the AMC on the College's training programs. These are listed at *Appendix Two*.

Summaries of the program of meetings and visits for this assessment are provided at *Appendix Three*.

Section A Summary description of the education and training programs of the Royal Australian College of General Practitioners

A.1 History and management of its programs

The Royal Australian College of General Practitioners (RACGP; the College) was established in 1958 to advance general practice education and support for practitioners. Over the years, the College expanded its role to include ongoing professional development and the establishment of vocational training frameworks. Since its accreditation by the Australian Medical Council (AMC) in 2013, the College has undergone significant developments in its training programs, adapting to changes in the Australian General Practice Training (AGPT) framework, ensuring quality training, and transitioning to competency-based education owing to evolving funding arrangements and the impact of the COVID-19 pandemic. The College became the direct provider of the AGPT Program, marked by a strategic focus on maintaining quality experiences for registrars, while also addressing systemic challenges arising from funding and delivery changes. In 2017, the College resumed responsibility for the AGPT Program, completing a full integration of this training model by 2023.

College governance

The College governance is based on the RACGP Constitution and is a system of fundamental high-level governance principles and processes. The RACGP Constitution is regularly reviewed and since 2013 there have been amendments to establish the faculty of Specific Interests, allow the Chair of the GPs in Training (GPiT) Faculty to sit on the Board, changes in terminology (such as changing from Registrar Associates to GPiT), and to clarify Director remuneration. Key components of these governance structures include:

Board of Directors

The College is governed by a Board, which consists of the President, Censor-in-Chief, chairs of various faculties (including those for Rural and Aboriginal and Torres Strait Islander Health), and representatives from GPs in training. This composition ensures a diverse representation of voices and perspectives in decision-making processes. The Board is responsible for setting strategic direction, overseeing the College's activities, ensuring compliance with regulations, and reviewing the effectiveness of education and training programs.

Subcommittees

The Board delegates specific responsibilities to various subcommittees, which focus on different aspects of governance, such as finance, risk management, education and workforce planning. Each subcommittee has defined terms of reference that outline its objectives, authority and reporting relationships. This approach allows the Board to leverage specialised expertise and engage stakeholders effectively in relevant areas of governance.

RACGP faculty councils

The College has established faculty councils that act as advisory bodies to the Board, representing different interests and specialties within general practice. These councils provide feedback and suggestions related to training programs, educational standards, and clinical practices, ensuring that the College's strategies remain relevant and responsive to diverse member needs. Key faculties include the Specific Interests, Rural, and Aboriginal and Torres Strait Islander Health faculties.

Memberships of the College

RACGP members may be Fellows or non-Fellow GPs. In 2023, there were 48,932 total members with 28,168 total Fellows. RACGP membership type and location is detailed in Table 1.

Table 1. RACGP membership

	Australia	Overseas	Unknown*	Total
Affiliate	380	7	2	389
Associate	4,268	770	21	5,059
Fellow	27,167	979	22	28,168
Member	963	7	9	979
Registrar Associate	6,575	10	7	6,592
Student	7,691	16	38	7,745
Total	47,044	1,789	99	48,932

*Address and location details not provided by member.

A.2 Outcomes of the Royal Australian College of General Practitioners' Fellowship training programs

Educational purpose

The educational purpose of the College is clearly defined within its framework, highlighting its commitment to setting and promoting high standards of training, education, assessment and medical practice while addressing community responsibilities. This includes a specific focus on the health needs of Aboriginal and Torres Strait Islander peoples of Australia. Stakeholder consultation, both internal and external, plays a vital role in shaping this educational purpose.

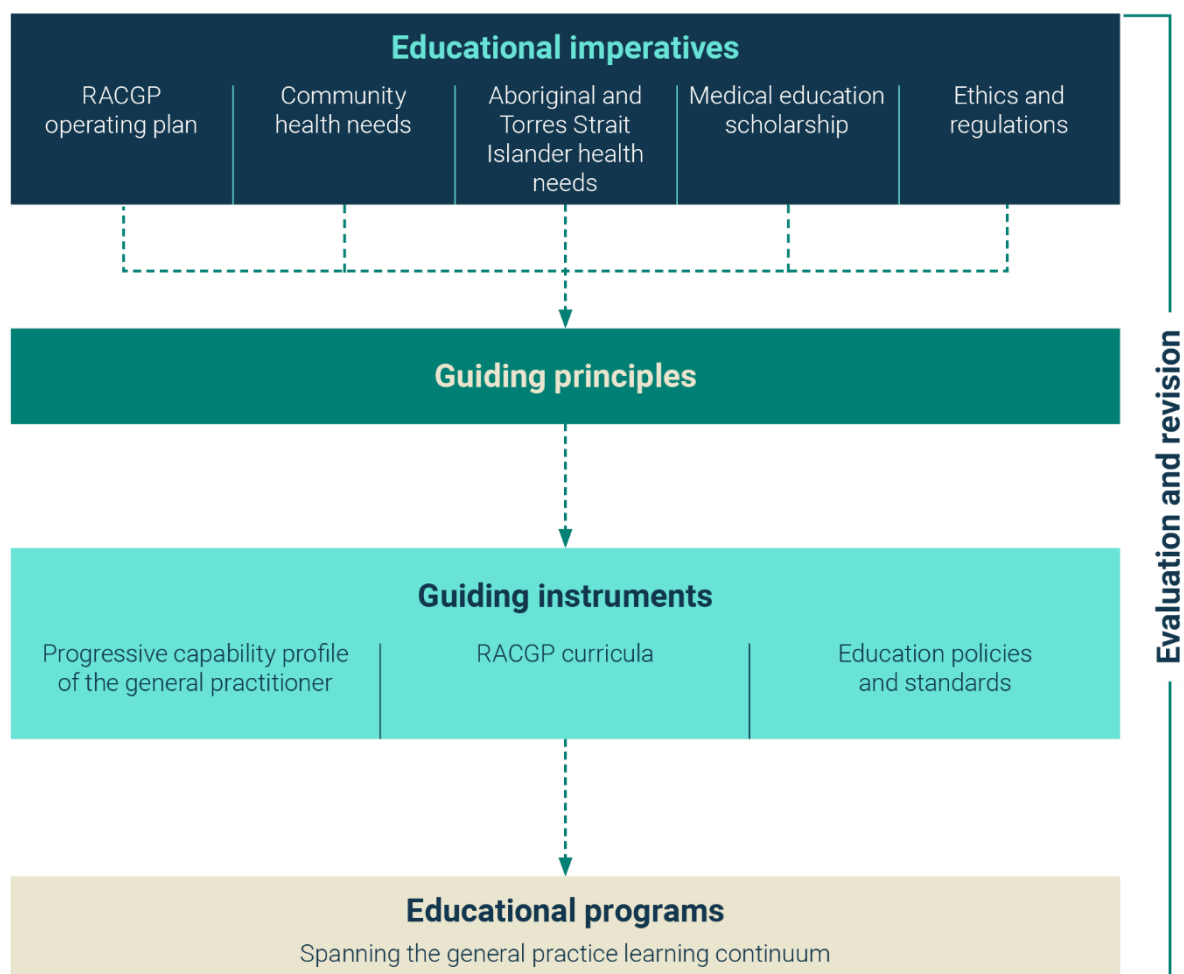
The foundation of the College's educational purpose lies in its Constitution, which outlines essential objectives focused on enhancing health and wellbeing through clinical excellence, high-quality patient care and education in general practice. The College aims to establish and maintain high standards of competence and knowledge in the field, as well as to provide vocational training and continuing professional development (CPD) programs relevant to general practice.

Educational framework

The College's educational framework, conceptualised in 2019 and launched in 2021, serves as a comprehensive representation of its approach to education. It integrates the various components of the College's educational initiatives, emphasising their interrelationships and covering the entire learning continuum for Australian GPs. The framework ensures that training and educational programs align with contemporary medical education principles and recognise the necessity of specialty training for GPs to establish expertise in their practice area (Figure 1).

Continuous review and evaluation of the educational framework and its guiding instruments are conducted to ensure their relevance and effectiveness. This process includes regular consultations with a broad range of stakeholders, evaluations against regulatory requirements and comparisons with international educational instruments. The College engages in a structured review cycle typically lasting three to five years, with adjustments made as necessary to respond to emerging healthcare challenges, population health needs and medical advancements. These educational imperatives drive the College's educational strategies, ensuring alignment with community health demands and evolving medical practices.

Figure 1. RACGP educational framework: A conceptual representation of the RACGP’s approach to general practice education

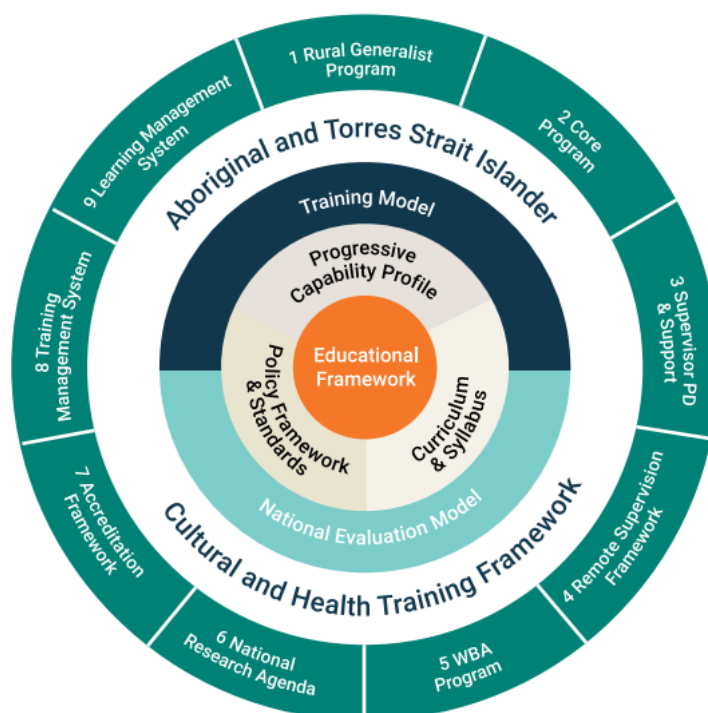


Source: The Royal Australian College of General Practitioners. RACGP educational framework. East Melbourne, Vic: RACGP, 2023.

Aboriginal and Torres Strait Islander Cultural and Health Training Framework

A crucial aspect of the College’s educational approach involves addressing Aboriginal and Torres Strait Islander health needs. The College has developed a dedicated Aboriginal and Torres Strait Islander Cultural and Health Training Framework to embed Indigenous perspectives within medical education and training (Figure 2). This framework aims to enhance cultural safety and support the recruitment of Aboriginal and Torres Strait Islander medical practitioners, ultimately improving healthcare outcomes for these communities.

Figure 2. Structure of the Aboriginal and Torres Strait Islander Cultural and Health Training Framework



Source: The Royal Australian College of General Practitioners. The Aboriginal and Torres Strait Islander Cultural and Health Training Framework. East Melbourne, Vic: RACGP, 224.

Program outcomes

The College has established program outcomes that articulate the expected results of its specialist medical programs. These outcomes are aligned with community health needs and reflect the roles of specialists in healthcare delivery. The RACGP *Standards for general practice training* define the program outcomes for training. The educational programs, including for Fellowship of the College, emphasise competencies required for independent general practice, ensuring that graduates are equipped to provide comprehensive care across diverse settings in Australia.

Graduate outcomes

The graduate outcomes are articulated through the *Statement of Fellowship outcomes* and the *Progressive capability profile of the general practitioner* (the Profile), outlining the expected competencies for Australian GPs. These competencies include clinical skills, professional behaviours, and a comprehensive understanding of the role of a GP in the healthcare system, ensuring graduates are equipped to provide safe, equitable care.

The graduate outcomes, structured around the roles of clinician, health advocate and leader, ethical professional, and scholar and scientist, ensure a holistic development framework. This structure is mapped against the 2022 RACGP curriculum and syllabus, ensuring academic rigour and alignment with professional standards. The competencies are developed progressively across four milestones—Entry, Foundation, Consolidation and Fellowship—each highlighting the expanding scope of practice throughout the training journey.

Since the previous AMC accreditation, the College has revised the Profile to reflect a more comprehensive competency development across vocational training milestones. This revision aligns with the AMC's New National Framework for Prevocational Medical Training, emphasising a structured progression in capability.

A.3 The RACGP Fellowship training program

The *2022 RACGP curriculum and syllabus for Australian general practice* serve as foundational documents guiding education and training programs, mapping core competencies and learning outcomes to ensure performance at the level of Fellowship for GPs. These documents align with the Profile, which addresses the continuity and progression of competency development throughout training. The curriculum is structured into seven core units:

- Domain 1: Communication skills and the patient–doctor relationship
- Domain 2: Applied professional knowledge and skills
- Domain 3: Population health and the context of general practice
- Domain 4: Professional and ethical role
- Domain 5: Organisational and legal dimensions
- Aboriginal and Torres Strait Islander health
- Rural health

In addition, there are 35 contextual units that cover the patient populations, clinical presentations and areas of practice that make up Australian general practice. The contextual units detail how the core competencies are applied in everyday practice; core units are integrated throughout the contextual units. This structure supports a unified approach to learning, enabling trainees to engage with materials consistently across diverse medical contexts. By integrating evidence-based practices, the curriculum ensures that trainees are equipped with scholarly knowledge and diagnostic, management and procedural skills necessary for effective patient care. The curriculum also emphasises research literacy, teaching and leadership skills, preparing trainees to contribute to the health system's efficiency.

The Colleges oversees a variety of training programs that lead to Fellowship of the Royal Australian College of General Practitioners (FRACGP). These programs include:

- AGPT Program
- Remote Vocational Training Scheme (RVTS)
- General Practice Fellowship Pathways at James Cook University (until July 2024)
- Fellowship Support Program (FSP)

Additionally, the Practice Experience Program (PEP) Specialist stream and the General Practice Experience Pathway also lead to FRACGP.

Australian General Practice Training Program

The AGPT Program is the largest training program, providing a nationally consistent, regionally supported and locally delivered program. It offers 1500 training places in urban, regional, rural and remote areas across Australia. The program transitioned from a regional delivery model to an RACGP-led model in 2023.

Fellowship Support Program

The FSP commenced in 2023 as a structured, self-funded training pathway. It is designed for doctors on the General Practice Experience Pathway, offering comprehensive education and workplace-based assessments (WBAs). The program supports non-vocationally registered medical practitioners in achieving their FRACGP.

Remote Vocational Training Scheme

The RVTS provides vocational training for medical practitioners in remote and isolated communities across Australia. It aims to enhance access to training for all doctors, contributing to the recruitment and retention of rural doctors and improving healthcare quality in remote areas. The RVTS meets RACGP and Australian College of Rural and Remote Medicine (ACRRM) Fellowship requirements.

General Practice Fellowship Pathways, James Cook University

Until the end of June 2024, James Cook University offered training in partnership with the RACGP and ACRRM. This included the AGPT Program and Rural Generalist Fellowship training, focusing on delivering general practice and rural medicine education.

Practice Experience Program Specialist stream

The PEP Specialist is a pathway for specialist international medical graduates (SIMGs) with recognised overseas qualifications that are assessed as partially or substantially comparable to the FRACGP. It offers structured support and supervision to help these graduates achieve Fellowship.

General Practice Experience Pathway

This pathway includes various programs aimed at supporting non-vocationally registered practitioners working towards FRACGP. It underscores continuous improvement and alignment with RACGP-led training programs, ensuring suitable supervision and educational resources.

Rural Generalist Fellowship

The Rural Generalist Fellowship (FRACGP-RG) is awarded alongside the vocational FRACGP, supporting the development of additional rural skills to provide comprehensive care in rural, remote and very remote communities. It recognises the unique skills required for healthcare delivery in these areas and includes advanced skills training.

Joint Colleges Training Services

The Joint Colleges Training Services (JCTS), a joint initiative with ACRRM, focuses on shared GP training activities, particularly in Aboriginal and Torres Strait Islander health, providing strategic plans, cultural education and mentorship to ensure continuity and quality in these training areas.

A.4 Teaching and learning

The College's approach to teaching and learning is designed to ensure that education is comprehensive, flexible and aligned with the intended program and graduate outcomes. The curriculum integrates various instructional methods both within general practice settings and outside of them.

Out-of-practice education

Out-of-practice education is aligned with the RACGP *Curriculum and syllabus for Australian general practice*, emphasising core competencies that are applicable and pertinent across the general practice spectrum. The AGPT Program features a core education component with standardised learning outcomes, while the FSP provides structured learning modules on the College's Learning Management System (LMS). Both programs incorporate in-practice supervised clinical experiences, with work-based learning in accredited practices with supervisors.

In-practice education

Early assessment for safety and learning

Early assessment of competence is the responsibility of the supervisor and there is a requirement for completion of an early assessment for safety and learning (EASL), which considers a range of competencies in both the AGPT and the FSP. The EASL informs the formulation of a teaching plan

between the supervisor and registrar. Competencies include an understanding of the limitations of one's skills and the importance of seeking assistance.

Clinical supervision plans and supervisor training

The clinical supervision plans further ensure that registrars have the support they need to manage patient care contexts in which they're not yet ready for individual practice. Supervisor training emphasises professional development, the educational impact of role modelling, and its influence on the registrar's professional identity formation. Supervisors are expected to persistently refine their skills, engaging in ongoing development activities aligned with their mentoring and educational roles. The supervisory arrangements are predominantly onsite, although some flexibility is introduced with blended models to adjust for challenges, predominantly in rural areas.

Learner autonomy and lifelong education

The College emphasises lifelong learning and self-directed education by encouraging registrars to take personal responsibility for their continued professional growth, promoting reflective practices as foundational to ongoing clinical proficiency and safety. The curriculum allows registrars to tailor their learning pathway in accordance with their individual needs, and these are supported through facilitated discussions, mentorship and resource provisions that empower learners in navigating their educational journeys.

Teaching and learning methods

The College uses a range of teaching and learning methods within its training programs, focusing on practice-based education that includes supervised direct-patient care and formal instructional strategies. Mandatory courses include basic and advanced life support (BLS/ALS), cultural awareness training and mental health skills training, which are integral components designed to enhance clinical capabilities. The training programs include both in-practice and out-of-practice learning, using online modules, workshops, peer learning and small group sessions to develop professional skills.

Each program, including AGPT, FSP, and RVTS, incorporates specific elements to address varied learning needs. AGPT, for example, involves structured in-practice teaching sessions that decrease as trainees become more independent, complemented by at least 125 hours of mandatory out-of-practice education. FSP requires monthly small group sessions and assessments, fostering ongoing skill development. RVTS includes flexible learning plans with biannual reviews.

Through JCTS, the College supports cultural education initiatives and offers exam support programs. This systematic approach is designed to progressively increase trainee responsibility, aligned with educational policies and frameworks to guide and assure teaching quality and program efficacy throughout the training period.

A.5 Program assessment

The College has a comprehensive assessment program aligned with the specialist medical program outcomes and curriculum to evaluate trainees' readiness for independent practice. This program is structured into two key components:

- **Progressive Assessment** consists of frequent, low-stakes evaluations that provide feedback and identify areas for development, supporting trainees throughout their training.
- **Summative Assessment**, including Fellowship exams, determines candidates' competence to practise independently and safely.

The College maintains detailed documentation of assessment and completion requirements, which is accessible to staff, supervisors and trainees. This includes comprehensive handbooks for various training programs such as AGPT, FSP and RVTS. The documentation outlines specific assessment tools

and includes provisions for special consideration in assessments to accommodate individual circumstances, ensuring fairness and accessibility.

Progressive assessment framework

The progressive assessment framework (Figure 3) applies to the general practice training journey, from the entry of registrars into the training program to the awarding of Fellowship. Assessment occurs frequently over the course of training, with multiple opportunities for the registrar to demonstrate the knowledge, skills and attitudes required to practise unsupervised in comprehensive Australian general practice. The framework includes a combination of low-stakes and high-stakes assessments and incorporates both assessment for learning and assessment of learning. The assessments are designed to ensure national consistency and applicability across all training settings.

Workplace-based assessment program

The College's WBA program complements the progressive assessment framework by providing continuous assessment and feedback throughout the training stages. The objectives of the WBA program include supporting self-directed learning, tracking trainee development and identifying registrars needing additional support. This program is integral in assessing competencies not easily evaluated through written exams or standardised clinical tests, thereby ensuring comprehensive skill development. Since the development of the WBA program in 2013, the College has progressively implemented this assessment component across its training programs.

Summative assessments

Eligibility criteria for RACGP exams require registrars to complete specific training requisites before sitting Fellowship exams. The College has recently implemented a cap on exam attempts to ensure timely progression through training. The RACGP Fellowship exams consist of three main components:

The Applied Knowledge Test (AKT) is primarily focused on assessing the application of medical knowledge in clinical contexts through a series of multiple-choice questions. It aims to test the candidate's understanding of general practice rather than rote memorisation.

The Key Feature Problem (KFP) exam evaluates clinical reasoning and decision-making abilities. It involves analysing various clinical scenarios and answering questions based on a series of cases, including both short-answer and selection-list questions, thereby assessing candidates' practical application of their knowledge in real-world situations.

The Clinical Competency Exam (CCE) serves as the final assessment, focused on the candidate's clinical competence and readiness for independent practice. It is conducted remotely via videoconference, where candidates interact with different examiners and demonstrate their skills through various clinical cases. This innovation was introduced to enhance accessibility and adaptability in assessment delivery, especially during challenges such as pandemics.

The College provides a range of support including the RACGP Exam Support Program to facilitate exam preparation. This includes webinars, practice exams and workshops. The College has also developed preparation documents tailored specifically for Aboriginal and Torres Strait Islander registrars.

Significant advancements have been made, such as replacing the Objective Structured Clinical Examination (OSCE) with the CCE. The new format enhances accessibility and has proven agile in response to external challenges like pandemics by adopting remote delivery. This change not only reduces potential biases but also fosters a more inclusive examination environment.

Figure 3. Progressive assessment framework



Quality evaluation and improvement

The College employs a rigorous standard-setting process. This process includes employing the modified Angoff method for written exams and the borderline regression method for clinical exams, which are well-documented and respected methodologies in educational assessments. These processes are supported by a robust feedback mechanism that provides registrars with timely, constructive feedback, enabling them to improve continuously and meet the standards expected of a GP. Special consideration policies complement this system, ensuring that all trainees have access to the necessary support and accommodations, reinforcing the fairness and accessibility of the assessment process.

The College regularly reviews assessment methodologies to ensure they remain relevant, fair and effective. Recent changes have included the transition from the OSCE to the CCE to better meet current needs, especially considering logistical challenges posed by COVID-19. The CCE, conducted remotely, has proven advantageous for maintaining assessment continuity without compromising quality.

A.6 Monitoring and evaluation

Monitoring

The College conducts regular reviews of its training and education programs to address various components, including curriculum content, teaching and learning methods, supervision quality, assessment practices and trainee progress. Supervisors and trainees actively contribute to this monitoring process, with feedback being systematically sought, analysed, and used to improve program development.

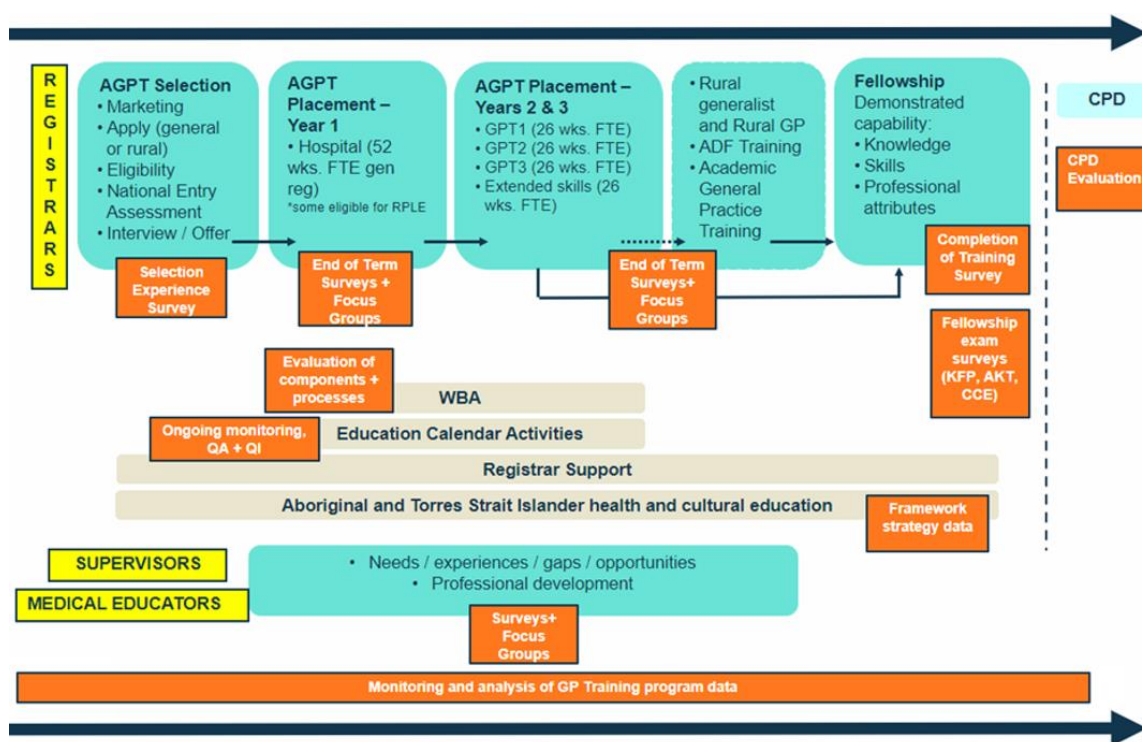
Education and Training Monitoring and Evaluation Framework

The College has significantly expanded its evaluation and review activities since the 2013 AMC accreditation. The Education and Training Monitoring and Evaluation Framework, developed in collaboration with key stakeholders, guides ongoing quality improvement initiatives across all training pathways. This framework ensures consistency in evaluation practices and emphasises cultural safety, particularly through the development of the Aboriginal and Torres Strait Islander Cultural and Health Training Framework. The College's Evaluation, Quality and Research Team oversees these activities and aims to improve training and education quality through detailed monitoring and evaluation processes.

AGPT evaluation processes

The AGPT evaluation plan employs a mixed-method approach, focusing on both process and summative evaluations to assess the implementation and outcomes of the program (Figure 4). Surveys and qualitative feedback from registrars, supervisors and educators are used to gather insights on training experiences. Initial results from the AGPT End-of-Term Survey highlighted high levels of satisfaction among trainees while identifying areas needing improvement.

Figure 4. AGPT evaluation activity



Source: The Royal Australian College of General Practitioners. Royal Australian College of General Practitioners 2024 Reaccreditation Submission, East Melbourne, Vic: RACGP, 2024.

Fellowship Support Program evaluation

The FSP evaluation plan outlines the monitoring and evaluation strategies for the program, which focuses on self-directed and workplace-based learning. Feedback collected through surveys and interviews indicates that registrars have experienced high satisfaction levels. Challenges remain concerning application processes and Medicare provider number access, which the College is actively working to address.

Post-examination evaluation

For the College's exams, a comprehensive evaluation process ensures continuous improvement through stakeholder feedback. The evaluation plan adheres to a Plan-Do-Check-Act cycle, where insights from candidates, examiners and operational staff are used to refine examination processes. Each high-stakes exam undergoes thorough evaluation, and the findings are publicly reported, contributing to transparency and accountability.

Stakeholder engagement

The College has regular communication with key stakeholders, including general practice registrars' organisations and government bodies, to address training issues and maintain educational quality.

Evaluation

The College conducts a regular review cycle for its educational programs and outcomes, typically every three to five years. Recent evaluations have been driven by the transition to College-led training, resulting in comprehensive assessments of program and graduate outcomes in preparation for this change. The Profile has been revised to reflect the competencies expected upon Fellowship, incorporating extensive stakeholder input to ensure alignment with community and medical needs.

Stakeholder feedback and community perceptions

The College incorporates community health needs into its educational framework, using feedback to inform program development. The RACGP representatives program serves as a vital platform for engaging with various stakeholders, gathering feedback on educational initiatives. Furthermore, the College monitors public perceptions of general practice through qualitative research, identifying areas for improvement in the understanding of GP roles and addressing misconceptions about the profession.

Recent evaluation activities

The College has undertaken various evaluations within the AGPT Program, compiling significant findings into reports that inform necessary changes. Feedback from registrars, supervisors and other stakeholders has highlighted areas for improvement, such as technology issues and the clarity of the selection process, which have been addressed through quality improvement measures. The College ensures transparency in evaluation findings by reporting results through its governance structures. The Education Workforce Committee oversees these activities, while continuous improvement forums facilitate ongoing dialogue among stakeholders. Evaluation results are disseminated through various channels, including public-facing websites and stakeholder meetings, promoting active participation in the renewal of training programs.

The College employs a three-lines risk management framework to identify and mitigate risks effectively. Regular audits and a risk reporting schedule enable proactive management of training and education program quality. Additionally, an adverse events and critical incidents procedure assists in addressing risks promptly and guiding quality improvements in program delivery. The College also actively engages with the findings from the Medical Training Survey, using insights to inform improvements in training practices. Annual results are shared across the organisation, and specific issues highlighted have led to the establishment of working groups that synthesise recommendations for program enhancements, directly linking survey results with actionable change initiatives.

A.7 Trainee selection and support

Admission policy and selection

The College's approach to trainee admission and support focuses on transparency, fairness and inclusion across all educational programs. Admission policies and selection criteria are clearly documented. Selection processes are merit based, using published criteria and weightings that ensure fairness and withstand external scrutiny. The RACGP Training Programs Entry Policy outlines the principles and requirements for entry into the AGPT and FSP training programs, specifically covering eligibility, selection and enrolment processes.

Assessment and selection components

The AGPT Program selection consists of several steps: initial eligibility assessment, the Candidate Assessment and Applied Knowledge Test (CAAKT), and the multiple mini-interviews (MMIs). Changes to the selection process have occurred since the 2013 AMC accreditation, including the assumption of selection responsibilities by the RACGP in 2020 and the adjustment of assessment components to better reflect the needs of general practice.

The FSP selection process relies on specific eligibility criteria, allowing registrars to nominate their preferred practice for training. In the RVTs, applicants can choose from two training streams and are ranked based on various criteria before participating in the selection process.

Recruitment initiatives for Aboriginal and Torres Strait Islander trainees

To enhance the recruitment of Aboriginal and Torres Strait Islander applicants, the RACGP showcases general practice as a career option and emphasises the support available within GP training programs.

Policies are in place to prioritise these applicants in training positions and selection preferences to improve their access to training opportunities.

GPs in Training Faculty

Trainee participation in College governance is facilitated through the GPiT Faculty, which provides a structured mechanism for trainee representation and input. This Faculty, established in 2019, engages in various governance activities, ensuring that trainee voices are heard across key decision-making processes. Trainee representatives can participate in numerous committees, including the Education Workforce Committee and the National Accreditation Committee, ensuring their concerns and insights are integrated into program development and policy formulation. The GPiT Council includes registrars and New Fellows from the AGPT, PEP Specialist, FSP, Australian Defence Force (ADF) and RVTS programs. The GPiT Faculty Council also includes positions for a rural representative and an Aboriginal and Torres Strait Islander health GP trainee representative. The faculty also consults closely with all other faculties and RACGP business units. International medical graduates are represented in the PEP Specialist program and FSP, and may also be represented from each RACGP training program. GPiT representatives also hold an ex-officio role on state and territory RACGP faculties.

Communication with trainees

The College employs multiple communication strategies to keep trainees informed about decision-making activities and program requirements. Regular newsletters, social media platforms and direct emails are among the channels used to disseminate information swiftly. Evaluations and surveys are conducted to assess the effectiveness of these communication strategies and identify areas for improvement. Costs and requirements associated with training programs are made transparent through detailed guides available on the College's website:

- AGPT: [Australian General Practice Training \(AGPT\) Program](#)
- FSP: [Fellowship Support Program](#)
- RVTS: [Application documents – RVTS](#)

Trainee wellbeing

The College supports registrar wellbeing through various initiatives, including the GPiT Wellbeing Committee, specific wellbeing policies, dedicated support staff like training coordinators (TCs) and medical educators (MEs), and access to an Employee Assistance Program as part of their membership. Additional measures involve managing critical events and ensuring accredited training post environments focus on registrar wellbeing. A review of trainee wellbeing policies occurred in 2019–20 in preparation for transitioning to college-led training. This shift put registrar wellbeing more directly under the College's responsibility, necessitating a comprehensive policy overhaul. The revisions aimed to address potential conflicts of interest between trainees and supervisors, particularly regarding WBAs.

GPs in Training Wellbeing Committee

The GPiT Wellbeing Committee was formed to enhance support for GPs in training, holding its inaugural meeting in September 2023. This committee provides guidance on improving registrar wellbeing and addresses issues such as racism, bullying and discrimination while ensuring safety is prioritised in training programs.

Dispute, Reconsideration and Appeals Policy

Training disputes are managed through the [Dispute, Reconsideration and Appeals Policy](#), which ensures due process, adherence to College policies and consideration of available information. Registrars are informed of the policy and their options for reconsideration and appeals via the AGPT and FSP handbooks. Following the establishment of College-led training, the AGPT Program Appeals

Policy was revised in May 2020 to include both clinical and non-clinical decisions directly reviewed by the RACGP, streamlining the process. The policy was updated in June 2022 with the introduction of a local dispute process to address training issues efficiently, and in July 2023, it was expanded to cover CPD decisions. Ongoing monitoring of disputes and appeals includes quarterly updates to the Council of Censors and a recognition of the processes' effectiveness by the National Health Practitioner Ombudsman.

A.8 Supervisory and training roles and training post accreditation

Since the 2013 AMC accreditation, the number of regional training providers delivering GP training was reduced and renamed regional training organisations (RTOs). By 2023, the training program functions of the RTOs, including practice and supervisor accreditation, were assumed by the College, with ongoing accreditation for James Cook University until mid-2024, and the RVTS until 2026. The current accreditation process leverages established systems previously used by RTOs, based on the National Accreditation Framework developed to ensure a consistent accreditation process.

The FSP introduced supervision and practice accreditation in 2023 to enhance the quality of training. There are some differences in how registrars access practice placements within the AGPT and FSP programs with the College working towards alignment. Practices and supervisors must both be accredited for training, and supervisors are also required to hold vocational registration and actively provide clinical supervision.

Supervisors receive feedback from registrars through discussions and formal feedback forms to enhance supervisory skills. Monitoring of supervisor performance includes feedback from registrars and MEs. The RACGP training program reviews recruitment, orientation, professional support and continuing education to maintain high standards among supervisors. Processes are in place to address underperforming supervisors, with remediation steps defined in a remediation framework. If supervisors fail to meet accreditation criteria, they may be de-accredited, while appeals can be made through the reconsideration and appeals process.

Processes for training sites and posts accreditation

The aim of training post accreditation is to ensure that programs meet the standards set for general practice training, providing safe and high-quality education. The National Accreditation Framework was established to support consistent accreditation across community-based training. Upon receiving accreditation applications, the Eligibility Team assesses compliance with standards, ensuring supervisors are appropriately registered and that the services offered by the practice are suitable for training. Training sites undergo an initial accreditation process, followed by ongoing monitoring and reaccreditation every three years, focusing on quality improvement.

Accreditation decisions are overseen by regional panels, with formal agreements established between the College and accredited practices. The RACGP also engages in bi-college meetings with ACRRM to share accreditation strategies and reduce duplicative efforts. Current site accreditation data indicates the number of accredited practices across various regions, with a focus on maintaining the quality of care and meeting the needs of registrars. Conditions may be imposed on training sites when standards are not met, and a structured process exists for addressing underperformance and managing appeals related to accreditation decisions.

A.9 Assessment of specialist international medical graduates

RACGP PEP Specialist stream

The PEP Specialist stream is the pathway to FRACGP available to SIMGs with recognised qualifications in general practice. Previous RACGP iterations of this pathway include:

- Specialist Pathway Program (SPP), which ran from 2010 to 2018, and categorised SIMGs as Category 1, 2 or 3, or not comparable

- Specialist Recognition Program (SRP), which superseded the SPP from 2018 to 2019.

Comparability assessment

The comparability assessment conducted by the College is a structured evaluation process designed to assess whether SIMGs possess qualifications and clinical experience that are equivalent to those of Australian-trained GPs at the point of attaining Fellowship. Key components of this assessment include:

Assessment of qualifications and experience: The College evaluates the applicant's continuity of practice, ongoing professional development, training route, qualifications and clinical experience. This ensures that the candidate's background aligns with the competencies expected of a new Fellow in Australia.

Comparability categories: Upon completion of the assessment, applicants are categorised into three groups:

- Substantially comparable: Candidates are assessed as suitable to undertake the full scope of general practice responsibilities with limited supervision, typically within six to 12 months.
- Partially comparable: Candidates are deemed suitable to work under supervision, with a pathway to reach comparability within 24 months. They may engage in supervised practice for up to 48 months if working part-time.
- Not comparable: Candidates who do not meet the necessary criteria for equivalence may be directed to apply for programs such as the FSP, AGPT or RVTS, provided they meet the eligibility requirements.

Assessment criteria: The specific criteria for the comparability assessment are detailed in the Comparability Assessment Guide document, which outlines the standards against which international qualifications and experiences are measured.

Process: The assessment process is structured to ensure fairness and transparency. SIMGs are assessed based on their curricula, training methodologies, and any CPD undertaken. The criteria can evolve to facilitate more applicants entering the specialist pathway while maintaining a robust evaluation of their competencies.

The College continues to refine the specialist pathway, taking into account recommendations from external reviews like the Kruk report. Changes anticipated to take effect in mid-2024 aim to streamline the comparability assessment process; enhance orientation to Australian contexts, particularly in Aboriginal and Torres Strait Islander health; reduce clinical assessments while increasing assessor diversity; and update supporting documentation for greater clarity.

B.1 The context of training and education

1.1 Governance

The accreditation standards are as follows:

- The education provider's corporate governance structures are appropriate for the delivery of specialist medical programs, assessment of specialist international medical graduates.
- The education provider has structures and procedures for oversight of training and education functions which are understood by those delivering these functions. The governance structures should encompass the provider's relationships with internal units and external training providers where relevant.
- The education provider's governance structures set out the composition, terms of reference, delegations and reporting relationships of each entity that contributes to governance and allow all relevant groups to be represented in decision-making.
- The education provider's governance structures give appropriate priority to its educational role relative to other activities, and this role is defined in relation to its corporate governance.
- The education provider collaborates with relevant groups on key issues relating to its purpose, training and education functions, and educational governance.
- The education provider has developed and follows procedures for identifying, managing and recording conflicts of interest in its training and education functions, governance and decision-making.

1.1.1 Team findings

The Royal Australian College of General Practitioners (RACGP; the College) is the largest professional membership organisation in Australia with over 47,000 members, nearly 5700 registrars and 600 medical educators (MEs), and more than 3000 accredited training sites across all locations of the country, from metropolitan to very remote settings.

The RACGP has been through a significant period of external and internal change since its last full accreditation in 2013. Notably, the transition of the Australian General Practice Training (AGPT) program to a college-led local delivery of the program from 2023 onwards (by the RACGP along with the Australian College of Rural and Remote Medicine [ACRRM])—all within the context of reviewing the whole College educational framework, standards and curriculum—responds to the changing needs of the community. The team found that the leadership and support to manage these changes had been extremely effective, with the continuation of strong local support for trainees at the heart of the transition.

College Board and strategic plans

The Board of the College and its nine standing committees has a charter that defines the respective governance roles and responsibilities. It sets out how the diversity of skills and experience of its maximum 15 Directors is enhanced by the appointment of two co-opted Directors. The Board Skills Matrix, reviewed annually, is welcomed, and is used for the prospective co-opted Director selection process. Acknowledging the Board composition is determined by the current Constitution, the College is encouraged to use a Board Skills Matrix approach more broadly across the Board composition.

The team found the College was very open to continuous improvement and renewal, and welcomed that the College had begun (with the assistance of external expertise) to review its fundamental governance constructs, including its Constitution and Board terms of reference, to ensure they are fit for purpose for the future. The team noted that this process would traverse across the election of both College President and Board Chair by the end of 2024.

The RACGP 2022–2025 Operating Plan frames the key operating and financial objectives through to 2025 and notably has been the framework for the three-year financial recovery plan. The team noted the significant turnaround that had occurred with regards to financial sustainability and the more rigorous financial management framework. It was noted the College executive leadership is now stable and cohesive after several years of some uncertainty. Notably, the recent appointments of the Chief Executive Officer and a Chief Financial Officer had brought a greater discipline of budgeting, performance analysis and reporting.

The plan, however, does not demonstrate a comprehensive strategy for the College that reflects how its mission will be pursued in accordance with the College's values. It also does not explicitly state a commitment to Aboriginal and/or Torres Strait Islander health and equity. It will be important that the College completes the new Strategic Plan, upon which preliminary work has begun, to articulate what the medium/longer-term plans of the College are, and how they will be implemented.

Education committees and faculties

The governance structures reflect the complex nature of nationally led, locally delivered education programs and membership support access. There was clear documentation on the terms of reference of each Board committee as well as faculty councils (jurisdictional).

The team saw and heard from staff at all levels of the College the commitment and capability of the organisation to support a high-quality national education and training program for GPs that is increasingly competency-based and responds to the needs of the Australian community.

The Education Workforce Committee is a key committee that reports to the Board about all programs of education and training, including continuing professional development (CPD). The composition of the Board includes members with oversight of groups that deliver key functions of education and training. The priority on workforce and its intercalation with education is a clear rationale to have an Education Workforce Committee. However, now that the College has responsibility for nationalised training and has introduced two new or revised educational programs, the level of complexity in the educational offerings has intensified. Consideration could be taken to review the utility and/or agility of this combined Committee, and it may be reasonable to have a dedicated educational committee with a chair who has Board or executive representation.

While the team heard very clearly the College's commitment to furthering its high-quality educational programs, this could be further strengthened through its governance and business operations. As described above, education, and particularly the AGPT, is a significant source of revenue (and cost) for the College. The integrity of this program and the need to deliver bespoke parallel programs is paramount for the RACGP. In this context, having a committee with its sole focus on education with a clear and direct line of sight to the Board may be a more effective model. Equally, the evaluation of all programs will be critical to maintenance of the AGPT grant. For this reason, a standing report on evaluation of educational offerings directly to the Board would not seem unreasonable. Close Board oversight of strengths and limitations in the educational offerings is critical to guide the logic for strategic rather than resource allocation.

Trainee representation

The College formed a National GPs in Training (GPiT) Faculty in 2019 and Council in 2020, which is governed by the RACGP faculty regulations. The GPiT Faculty Council acts as an advisory body to the Board with the Chair sitting on the Board as a Director. It is noted the GPiT Faculty supports medical students, prevocational doctors, registrars and new fellows up to five years post fellowship.

The Council has representation from all training pathways—AGPT, Practice Experience Program (PEP) Specialist, Fellowship Support Program (FSP), Australian Defence Force (ADF) and Remote Vocational Training Scheme (RVTS)—as well as regional representatives, a rural representative and an Aboriginal and/or Torres Strait Islander representative with ex-officio roles to state and territory RACGP faculty

councils. GPiT Council meetings are conducted bimonthly and RACGP Faculty Council Chairs and operational staff meet on a weekly basis; the Chair further sits on the General Practice Registrars Australia (GPRA) Advisory Council and Australian Medical Association Trainee Forums. Also, a GPiT member sits on each of the Assessment and Exam Incident Subcommittee, Education Workforce Committee, Rural Education Committee, National Accreditation Committee and the Research Expert Committee.

While there is good representation of registrar voices across the College, the team heard that, at times, the trainee voice is omitted in key decisions regarding policy or procedural changes that may affect registrars. This has led to outcomes that may be perceived by trainees as negative, and early trainee input may have mitigated and/or informed effective communication strategies.

The College should have clear and formalised mechanisms in place to ensure the GPiT Faculty is consulted in the early stages of policy/procedure/key decisions development with regards to changes to education and training that may impact registrars (e.g. training site accreditation).

Aboriginal and/or Torres Strait Islander representation

The Aboriginal and/or Torres Strait Islander representation within the College is structured through the National Faculty of Aboriginal and Torres Strait Islander Health, which incorporates Aboriginal and Torres Strait Islander perspectives into the College's governance and educational frameworks. This faculty is led by Aboriginal and/or Torres Strait Islander members and is dedicated to addressing the specific health needs of these communities.

The Faculty advocates for culturally safe practices in general practice training and ensures that the educational curriculum reflects Indigenous health issues and perspectives. The Chair of the Faculty sits on the RACGP Board ensuring Indigenous voices are heard at the highest levels of the organisation. There is also the Aboriginal and Torres Strait Islander Steering Committee which includes faculty representation.

In addition, the College has a comprehensive Aboriginal and Torres Strait Islander medical education leadership structure with the National Clinical Head of Aboriginal and Torres Strait Islander Training, National Clinical Leads for Aboriginal and Torres Strait Islander health training, and regional Aboriginal and Torres Strait Islander health MEs, as well as the key leadership role of Aboriginal and Torres Strait Islander Censor, who reports to the Council of Censors and ensures Aboriginal and/or Torres Strait Islander viewpoints are included into education and training decision making.

The College also emphasises collaboration with several Aboriginal and/or Torres Strait Islander health organisations, such as the National Aboriginal Community Controlled Health Organisation (NACCHO), Australian Indigenous Doctors Association (AIDA) and the Indigenous General Practice Trainee Network (IGPRN), as well as the Joint Colleges Training Services (JCTS) and the Cultural Educators and Cultural Mentors (CECM) network.

Community and consumer representation

As will be outlined in other sections of this report, the team felt that the purposeful inclusion of community and consumer representation as well as parity in trainee representation to the Board may be an area for development, and these issues were recognised by the College. The team heard that the RACGP is actively engaged with the government sector, both Commonwealth and jurisdictions, and is represented on all peak workforce planning groups. Clarification on optimum contact point post-AGPT transition would be welcome by some jurisdiction/health sector partners, and this is explored more under Standard 1.6.1.

Engagement with stakeholders

The team heard of the College's desire to strengthen strategic and policy ties with ACRRM and of the work that was in progress in that regard. This was welcomed as a number of stakeholders saw that

greater cooperation in areas such as joint fellow recognition and training site accreditation would be beneficial to the overall quality and efficiency of the AGPT Program and assist in quality assurance of supervisors for those in the FSP.

Managing conflicts of interest

The College has structured procedures and policies to identify and manage conflicts of interest supported by the RACGP Membership Code of Conduct. These policies are publicly available and are:

- RACGP Conflict of Interests and Related Party Transactions Policy
- RACGP Conflicts of Interest Guidance.

There was strong acknowledgement by the College of the importance of managing conflicts of interest with policies and guidance underpinned by a code of conduct. As will be reflected in other sections of this report, it was evident that strong support for trainees was noted as available from their training coordinator (TC), Registrar Liaison Officer (RLO) and/or ME to assist with matters of conflict at a practice level.

1.2 Program management

The accreditation standards are as follows:

- The education provider has structures with the responsibility, authority and capacity to direct the following key functions:
 - planning, implementing and evaluating the specialist medical program(s) and curriculum, and setting relevant policy and procedures
 - setting, implementing and evaluating policy and procedures relating to the assessment of specialist international medical graduates
 - certifying successful completion of the training and education programs.

1.2.1 Team findings

Delivering high-quality education and training programs that are driven by the needs of the whole Australian community is clearly a priority business activity for the College and this priority is supported by a significant structure of committees.

The RACGP Education and GP Training operations are separate entities managed by distinct business units:

- RACGP Education focuses on educational functions, encompassing a variety of services, including assessment, governance, CPD and medical education
- GP Training manages regional operations and workforce planning related to training.

Each unit operates based on an annual work plan that aligns with the RACGP Operating Plan and specific FY24 priorities. Reporting channels exist for both units back to the Office of the CEO and the College Board. The work plans consist of three sections that range from high-level strategic goals to specific team objectives and shared goals across units. There was strong evidence of effective governance and linked business unit structures to ensure the College Fellowship programs and pathways are nationally led and overseen, with delivery through regional teams. These structures support strong decision making and priority setting as well as sound processes for certifying successful completion of training. At the time of the review, the evaluation strategy for the educational offerings is in an early stage of development—this is discussed under Standard 6.1. The process for development of policy and procedures relating to assessment appears to be agile and has been able to keep pace with substantial change in recent years.

General practice pathways

Australian General Practice Training

The AGPT Program is a structured three-year full-time equivalent program. It involves one year of hospital-based training followed by two years in general practice, including three core terms and one term dedicated to extended skills. Trainees have the option to extend their training by an extra year to acquire an advanced skill for the Rural Generalist Fellowship.

Fellowship Support Program

The FSP is a pathway that provides structured, supervised training within accredited practices over two calendar years. Trainees must complete educational and hands-on components, including workplace-based assessments (WBAs) followed by a post-education period allowing up to three years to attempt and pass Fellowship exams. The College commenced a project in 2021 to realign the PEP Standard program with College-led training, focusing on supervision and resource adequacy. This resulted in the development of a FSP pathway in 2023. This pathway is fully self-funded with a cost to the trainee of \$10,000 per term in year one and \$6000 per term in year two (two terms per year).

The team heard concerns regarding primary supervisor selection and accreditation of sites for self-funded programs. Trainees in this pathway have access to an enhanced suite of training resources and ME support, although these resources are self-funded.

Remote Vocational Training Scheme

The RVTS provides a pathway primarily aimed towards remote and rural areas. This program is similar in duration and structure to the AGPT, with the unique context of rural healthcare delivery. This pathway offers full-time or part-time training and trainees can pursue the Rural Generalist Fellowship through RVTS, completing additional rural skills training and emergency medicine requirements to meet the specific demands of rural healthcare provision.

1.3 Reconsideration, review and appeals process

The accreditation standards are as follows:

- The education provider has reconsideration, review and appeals processes that provide for impartial review of decisions related to training and education functions. It makes information about these processes publicly available.
- The education provider has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.

1.3.1 Team findings

The College's reconsideration, review and appeals processes, governed by the Dispute, Reconsideration and Appeals Policy, addresses issues related to Fellowship progression, clinical interview outcomes, and CPD decisions. Recent developments, particularly since May 2020, have streamlined processes to manage clinical and non-clinical appeals more efficiently. Key changes include:

- a revised fee structure
- the introduction of a local dispute resolution process
- ongoing monitoring post-transition to profession-led training.

The procedures for reconsideration, review and appeals are publicly accessible. There is currently no formal evaluation of applicant experiences; however, there is a continuous improvement process in place to enhance the policy and address systemic issues.

Appeals related to aspects of education and training (which are initially handled at a local level) as well as recognition of prior learning and experience (RPLE) may be not as well developed and some trainees expressed a concern that these and the handling more broadly about complaints may not be so agile, and information about the outcomes is often delayed before reaching the trainee. The panel understands that selection processes (see Standard 7.1) into each of the Education pathways has been reviewed and will have more clarity from 2025. The College acknowledged there is opportunity for formal evaluation of applicant experiences; however, there is a continuous improvement process in place to enhance the policy and address systemic issues. In the light of the feedback the team received from some trainees, the College is encouraged to consider this process to ensure the issues of transparency and responsiveness are reviewed.

1.4 Educational expertise and exchange

The accreditation standards are as follows:

- The education provider uses educational expertise in the development, management and continuous improvement of its training and education functions.
- The education provider collaborates with other educational institutions and compares its curriculum, specialist medical program and assessment with that of other relevant programs.

1.4.1 Team findings

The College benefits from outstanding leadership in Education and Assessment. The team found the program leads and MEs to be highly skilled, experienced and very well networked nationally. This outstanding leadership has enabled the recruitment of staff with educational experience and deep local knowledge. The successful transition of much of this expertise from the regional training organisations (RTOs) in 2022 is a testament to the College's reputation and capability.

There is evidence of the development and nurturing of educational expertise within the College through postgraduate study and professional development, as well as contracting of external expertise when required. Extensive external expertise was evident in the redesign of the Clinical Competency Exam (CCE).

Strong collaborative work with other colleges (e.g. Australasian College for Emergency Medicine, Royal Australian and New Zealand College of Obstetricians and Gynaecologists and Australian and New Zealand College of Anaesthetists) on training programs such as Rural Generalist and Advance Rural Skills was evident.

There are linkages with other international peak family physician and GP bodies, primarily through mutual conference attendance and some peer-to-peer exchanges, but limited formal educational collaborations. At the time of the visit, the team was not aware of any international benchmarking, exchange of expertise or collaborations with other education providers; that is, colleges or others in the vocational space. This could be an area for development as part of the quality improvement measures the College supports.

Joint Colleges Training Services

The JCTS is a joint venture of the RACGP and the ACRRM that enables shared GP training activities for each respective Fellowship. This includes the development and delivery of Aboriginal and Torres Strait Islander health strategic plans, cultural education and cultural mentorship, and the provision of registrar housing in some remote Northern Territory communities.

The highest priority of the JCTS is to ensure continuity of Aboriginal and Torres Strait Islander health training initiatives and support. The JCTS delivers activities that address Aboriginal and Torres Strait Islander Health as embedded in the 2022 RACGP *Curriculum and syllabus for Australian general practice*.

1.5 Educational resources

The accreditation standards are as follows:

- The education provider has the resources and management capacity to sustain and, where appropriate, deliver its training and education functions.
- The education provider's training and education functions are supported by sufficient administrative and technical staff.

1.5.1 Team findings

The professionalism and skill of College staff at all levels is highly commendable. The ability to manage the volume and quality of work completed over the last three years to review, restructure and refine its education and training networks with the educational expertise of College staff is particularly impressive. This reflects the College's successful retention of key educational and training leaders, as well the successful transition of many staff from the RTOs into the College.

The team found the Board and executive management explicitly prioritised resources supporting the College's education functions. This was in part facilitated by the discipline brought to the financial management strategy and the supporting controls assurance to underpin the College operating on a sustainable financial basis. The process of resource allocation currently appears to be through each of the delegated business leads bringing proposals for funding to the CFO, executive and Board, which are then considered using the filter of accreditation, Board priorities and grant compliance.

The College is midway through its Financial and Operational Plan (2023–2025) or financial turnaround plan, after it reported overall deficits in the 2021–22 and 2022–23 financial years. The plan's purpose has been to firstly recover from the deficit position and to set a course for a financially sustainable position. The College has achieved a surplus for the 2023–24 financial year ahead of its schedule at no apparent detriment to its core business, which is a significant achievement. It has also implemented a Financial Sustainability Plan that targets an underlying operating surplus of 5 per cent per annum to rebuild its reinvestment capability into its core objectives.

The team understands the College intends to continue to strengthen its financial systems and policies, potentially considering mechanisms such as activity-based costing if appropriate. The team suggests the College continues to refine its corporate services and overhead costing models associated with the delivery of education to assist with practical responses to resource allocation. Additionally, a robust evaluation to consider co-value ratio and educational utility may create proactive resource allocation.

1.6 Interaction with the health sector

The accreditation standards are as follows:

- The education provider seeks to maintain effective relationships with health-related sectors of society and government, and relevant organisations and communities to promote the training and education of medical specialists.
- The education provider works with training sites to enable clinicians to contribute to high-quality teaching and supervision, and to foster professional development.
- The education provider works with training sites and jurisdictions on matters of mutual interest.
- The education provider has effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector to support specialist training and education.

1.6.1 Team findings

Generally, the team received very positive feedback from jurisdictional government health agency and community-controlled sector partners that the College was very engaged, present and available in

their regions. There was evidence of the involvement of health sector stakeholders in the design of education and training programs, including peak Aboriginal and/or Torres Strait Islander health organisations.

The team heard that the College was keen to strengthen relationships and work with agencies on matters of GP workforce, training and health policy implementation. While the team noted this was not a universal view, many jurisdictional partners commended the College on this and remarked this was often in contrast to their experience with other specialist medical education and training providers. There was, though, some variation to this experience, which had some historical context both in the relationship with the RTOs previously delivering the AGPT, as well as in regions where ACRRM linkages were stronger.

The team heard that while acknowledging the significant change program the College had undertaken in the last few years, there is currently some confusion as to who the best contact points in the College are on key policy matters, and to know how matters raised at a local (faculty) level would be translated to the national College level. Work to clarify this with all jurisdictional health agencies would be welcome.

While supportive of the benefits of moving to a College-led national training program, there was desire to see as much policy flexibility as possible in the training program according to the differing local contexts. Examples included easing the transition of doctors out of government health service employment to GP registrar posts, or the need for greater flexibility in accommodating the relocation of trainees even within the same region (e.g. for family, travel or accommodation reasons).

Jurisdictional health agencies were unclear on how the work/output of the GP Workforce Priority Planning organisations and the Primary Health Networks in their regions, which they felt had a strong, nuanced, localised understanding the GP workforce demand and supply environment, was being used by the College, if at all. While the College reported that this information was limited in its operational use with regard to training site configurations specifically, stronger dialogue on the broader GP/primary care needs assessment opportunities would be welcomed by health sector partners.

1.7 Continuous renewal

The accreditation standards are as follows:

- The education provider regularly reviews its structures and functions for and resource allocation to training and education functions to meet changing needs and evolving best practice.

1.7.1 Team findings

The team found overwhelmingly that the College has a culture of continuous improvement, is open to constructive critique, and is keen to positively respond to areas of improvement identified and evaluate such initiatives. There is commitment to ensuring continuity of corporate knowledge and retention of experienced Fellows and staff to support continuous development.

The College demonstrates its strong commitment to continuous improvement and renewal of its governance structures, education and training programs, and related policies. The College is open to reviewing business as usual and adopting new ways of working. Examples of this include the move to online assessment, small peer group learning and Self-Assessment Progress Testing.

The College reported that the usual cycle of review for its overarching educational framework and the associated guiding instruments is up to five years, although it notes 'this may become shorter' with the transition to College-led training. The College would be encouraged in this regard to consider a maximum three-year review cycle, in the context of the rapidly changing health and medical workforce policy landscape. This is explored further in Standard 3.2.

The team is encouraged by the College's commitment to Aboriginal and/or Torres Strait Islander health, equity and culturally safe practice. This is referred to under different standards in this report

and is being further developed through the Aboriginal and Torres Strait Islander Cultural and Health Training Framework. The requirements for cultural safety training are being embedded as core activities within education and training programs. To align with the objectives of the framework and other initiatives with Aboriginal and/or Torres Strait Islander peoples, the College should ensure cultural safety training is a core development activity for all involved in College governance, education and training programs, including operational staff.

An enabler to continuous renewal is financial stability. There is ongoing need to ensure financial viability for the continuity of the RACGP business and sustainability of its education and training programs. This is an ongoing concern for many specialist medical colleges in the post-pandemic world and where provision of CPD is a more contested market. The College has, through its financial turnaround plan, implemented more formal budgeting, costing and reporting systems, as well as ensuring the contractual management arrangements for the AGPT funding mechanisms to ensure education and training programs and corporate functions remain operational and viable.

As noted under Standard 1.1, the College has begun both a whole organisation governance/constitutional review and the development of a new strategic plan. These are critical to the ethos of the continuous renewal of the College to ensure its policies, structures and functions are fit for purpose to meet changing needs.

2024 commendations, conditions and recommendations

Commendations

- A The strong leadership and committed staff involved with successful and significant change management challenges of the transition to College-led delivery of the AGPT training pathway, centred on local training and trainee considerations.
- B The high level of engagement, proactivity and capability demonstrated by senior College leaders on education and training matters, resulting in policy frameworks and operational policies responsive to the rapidly changing general practitioner workforce environment. and ensures competency-based education and quality improvement measures are well-embedded.
- C The Board and executive management prioritised resources supporting the College's education functions, including discipline in financial management strategy and supporting controls, ensures the College operates on a sustainable financial basis.
- D There is representation of trainee issues at Board level through the GPIT Faculty Chair as a director and trainee members have the right to vote in College decisions.
- E There is commitment to improving health outcomes and advancing the health equity of Aboriginal and/or Torres Strait Islander communities in Australia through:
 - i. Representation of matters relating to Aboriginal and/or Torres Strait Islander health and equity at Board level through the Aboriginal and Torres Strait Islander Faculty Chair.
 - ii. The outstanding work to develop the draft Aboriginal and Torres Strait Islander Cultural and Health Training Framework.
 - iii. Identified Aboriginal and/or Torres Strait Islander positions on staff to ensure appropriate consultation and co-design approaches.

Conditions to satisfy accreditation standards

- 1 Undertake the College governance review with a view to:

	<ul style="list-style-type: none"> i. Including a commitment to Aboriginal and/or Torres Strait Islander health and equity in its purpose. (Standard 1.1 and 2.1) ii. A strategy for greater consumer/community representation throughout the governance of the College. iii. Ensuring the voice of trainee representatives, and SIMGs, is more explicit and afforded greater prominence and priority in governance and decision-making processes, and within education and training activity. (Standard 1.1.3 and 1.1.5)
2	Implement clear and formalised mechanisms to ensure the GPiT Faculty is consulted in the early stages of key policy/procedure/decisions development related to changes in education and training matters that may impact registrars. (Standard 1.1.5 and 7.2)
3	Develop and implement a new strategic plan underpinned by a strategy for long term stability and commitment to Aboriginal and/or Torres Strait Islander health. (Standard 1.1, and 1.6.4)
4	Develop and implement a strategy for clearer structured working and communications arrangements between the College and the jurisdictional health agencies to support success of the fellowship programs through an optimal balance of national governance and local flexibility. (Standard 1.6.1)
5	To align with the objectives of the Cultural and Health Training Framework, develop and implement a well-resourced plan to embed cultural safety training at all levels of the College governance, operational staff, and education and training programs and activity. (Standard 1.7)
<i>Recommendations for improvement</i>	
AA	Consider further development of the Board Skills Matrix for all Directors in concert with governance review. (Standard 1.1)
BB	Evaluate the reconsideration, review and appeals process as well as the College complaints handling process, with particular emphasis on communications. (Standard 1.3 and 6.1)
CC	Identify ways to strengthen policy and operational alignment (e.g. joint training site accreditation, reciprocal fellowship recognition) with ACRRM. (Standard 1.4)
DD	For greater clarity on financial resource allocations between respective educational programs and their participants, consider reporting at program and cost centre levels for improved budgetary management. (Standard 1.1 and 1.5)

B.2 The outcomes of specialist training and education

2.1 Educational purpose

The accreditation standards are as follows:

- The education provider has defined its educational purpose which includes setting and promoting high standards of training, education, assessment, professional and medical practice, within the context of its community responsibilities.
- The education provider's purpose addresses Aboriginal and Torres Strait Islander peoples of Australia and/or Māori of New Zealand and their health.
- In defining its educational purpose, the education provider has consulted internal and external stakeholders.

2.1.1 Team findings

Educational purpose

The College's educational purpose, articulated in its Constitution, aims to enhance the health and wellbeing of individuals and communities through clinical excellence and high standards in general practice training, education and research. The educational framework, launched in 2021 and updated in 2023, underpins this purpose by outlining the components and interrelationships of general practice education and ensuring alignment with evolving community health needs and medical advancements (see Figure 1).

The College's suite of guiding instruments is anchored in this framework, which ensures cohesion of the College's educational offerings, including CPD activities. In preparation for taking responsibility for GP training across Australia in 2023, an enormous amount of work was undertaken to produce high-quality instruments, including:

- RACGP *Curriculum and syllabus for Australian general practice*, Rural Generalist Training and National Supervisor Curriculum
- RACGP education policies and standards
- *Progressive capability profile of the general practitioner* (the Profile).

The College is commended on the high quality of these instruments. The educational imperatives that underpin the educational framework include community health needs and Aboriginal and Torres Strait Islander health needs.

Aboriginal and Torres Strait Islander health

The educational framework recognises Aboriginal and Torres Strait Islander health as a critical educational imperative. Guiding Principle 9 emphasises that College education equips GPs to meet the healthcare needs of these communities. The team were impressed with the innovative and deeply conceived Aboriginal and Torres Strait Islander Cultural and Health Training Framework (developed in 2023 and being finalised in 2024) which aims to embed the perspectives of Aboriginal and Torres Strait Islander peoples within the educational framework, ensuring cultural safety and promoting Aboriginal and Torres Strait Islander participation in the medical workforce. The team would like to see this priority to Aboriginal and/or Torres Strait Islander health and equity be clearly articulated in strategic and constitutional documents as discussed in Standard 1.

Stakeholder consultation

The College engages internal and external stakeholders through a review process for its educational policies and frameworks. This includes feedback from registrars, supervisors and community representatives. However, as discussed in other Standards, the team noted there has been limited

consumer/community, health service and jurisdictional consultation input in the definition of the College's educational purpose and development of outcome statements, and this should be strengthened by the College in the future.

2.2 Program outcomes

The accreditation standards are as follows:

- The education provider develops and maintains a set of program outcomes for each of its specialist medical programs, including any subspecialty programs that take account of community needs, and medical and health practice. The provider relates its training and education functions to the health care needs of the communities it serves.
- The program outcomes are based on the role of the specialty and/or field of specialty practice and the role of the specialist in the delivery of health care.

2.2.1 Team findings

The College *Standards for general practice training* define program outcomes for training and the underlying principles are as follows:

1. Maintain a focus on safety, including that of the patient and community, the registrar and those delivering training.
2. Ensure training is fair, transparent, responsive, accountable and people focused.
3. Allow flexibility to cater for the impact of a variety of factors such as context, technology and the environment while maintaining quality.
4. Ensure that Aboriginal and Torres Strait Islander health and cultural safety are embedded in the training program.
5. Consider opportunities to address health inequity in the delivery of the training program.
6. Promote quality improvement as well as quality assurance.

Program outcomes are clearly stated and embrace all elements of comprehensive Australian general practice as defined by the College. There is an emphasis on holistic person-centred health care, which is ethical and socially responsible, and meets the needs of all people living in Australia, including underserved populations and the full breadth of patient demographics. The College has considered the needs of the whole community in the development of the curriculum.

There is evidence of a high degree of educational expertise in the design of the educational framework and the progressive learning outcomes as well as in the assessment strategy, which are all aimed at training capable GPs to serve all Australians.

The team was also impressed by the substantial work already done on the Aboriginal and Torres Strait Islander Cultural and Health Training Framework soon to be launched, and the AMC looks forward to seeing how this is embedded throughout the training programs in future.

2.3 Graduate outcomes

The accreditation standards are as follows:

- The education provider has defined graduate outcomes for each of its specialist medical programs including any subspecialty programs. These outcomes are based on the field of specialty practice and the specialists' role in the delivery of health care and describe the attributes and competencies required by the specialist in this role. The research related outcomes are focussed on becoming research literature and there is scope to enhance research capability by encouraging all trainees to undertake research or quality improvement work in

practice. The education provider makes information on graduate outcomes publicly available via the RACGP website.

2.3.1 Team findings

The competencies expected at the point of Fellowship are detailed in the *Statement of Fellowship outcomes* and are part of the *Progressive capability profile of the general practitioner*. These competencies include observable abilities that registrars must demonstrate by the end of their training. There are 15 key capabilities with associated competencies that GPs are expected to meet.

The Profile charts the development of these competencies throughout the training journey, divided into four key milestones: Entry, Foundation, Consolidation and Fellowship. It emphasises knowledge, skills and attitudes needed to ensure safe and equitable health care in the community. The competencies are mapped to curriculum competencies and align to the AMC New National Framework for Prevocational (PGY1 and PGY2) Medical Training.

The College programs are designed to equip practitioners to be independent, safe GPs. Graduate outcomes applicable to all programs are publicly available on the College website.

2024 commendations, conditions and recommendations

Commendations

- F The quality and alignment of the Educational Framework, curricula and continuing professional development to program and graduate outcomes.
- G Clear steps taken to embed associated outcomes for Aboriginal and Torres Strait Islander Health within the education and training program

Conditions to satisfy accreditation standards

Nil

Recommendations for improvement

Nil

B.3 The specialist medical training and education framework

3.1 Curriculum framework

The accreditation standards are as follows:

- For each of its specialist medical programs, the education provider has a framework for the curriculum organised according to the defined program and graduate outcomes. The framework is publicly available.

3.1.1 Team findings

The College has developed a comprehensive and integrated curriculum framework for general practice training in Australia. The RACGP *Curriculum and syllabus for Australian general practice* serves as the cornerstone of the curriculum framework. It is structured with five domains of general practice along with the Aboriginal and Torres Strait Islander health and rural units. These make up the seven core units and 35 contextual units, totalling 42 well-defined units that cover the breadth and depth of general practice.

The curriculum has undergone significant changes since the 2013 AMC accreditation, with the most notable being the transition from a delegated AGPT Program delivery model through regional training organisations to a College-led training model. The team notes that during the transition to the RACGP-led training model, maintaining a high-quality and uninterrupted training experience for AGPT trainees has been the highest priority. The College has successfully minimised disruption to trainees and is commended for this successful transition.

The educational framework is accessible to all stakeholders and is publicly available. It has comprehensive coverage, spanning the entire professional life journey of the GP, from university medical school to hospital-based prevocational/advanced specialised skills to post-Fellowship education through to CPD. There is strong integration of Aboriginal and Torres Strait Islander health (see Figure 2), as evidenced by a dedicated core unit and integration across the curriculum.

The Rural Generalist Additional Rural Skills Training curriculum was considered by the team as an exemplar for rural and remote training, not just for general practice, but other rural health training programs.

The RACGP *Standards for general practice training* provide an overarching framework for the training programs, encompassing standards related to curriculum, teaching and learning, assessment and trainee support. The finalisation and implementation of a new curriculum aligned with relevant learning outcomes will be of continuing interest to the AMC.

3.2 The content of the curriculum

The accreditation standards are as follows:

- The curriculum content aligns with all of the specialist medical program and graduate outcomes.
- The curriculum includes the scientific foundations of the specialty to develop skills in evidence-based practice and the scholarly development and maintenance of specialist knowledge.
- The curriculum builds on communication, clinical, diagnostic, management and procedural skills to enable safe patient care.
- The curriculum prepares specialists to protect and advance the health and wellbeing of individuals through patient-centred and goal-orientated care. This practice advances the wellbeing of communities and populations, and demonstrates recognition of the shared role of the patient/carer in clinical decision-making.
- The curriculum prepares specialists for their ongoing roles as professionals and leaders.

- The curriculum prepares specialists to contribute to the effectiveness and efficiency of the health care system, through knowledge and understanding of the issues associated with the delivery of safe, high-quality and cost-effective health care across a range of health settings within the Australian and/or New Zealand health systems.
- The curriculum prepares specialists for the role of teacher and supervisor of students, junior medical staff, trainees, and other health professionals.
- The curriculum includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, so that all trainees are research literate. The program encourages trainees to participate in research. Appropriate candidates can enter research training during specialist medical training and receive appropriate credit towards completion of specialist training.
- The curriculum develops a substantive understanding of Aboriginal and Torres Strait Islander health, history and cultures in Australia and Māori health, history and cultures in New Zealand as relevant to the specialty(s).
- The curriculum develops an understanding of the relationship between culture and health. Specialists are expected to be aware of their own cultural values and beliefs, and to be able to interact with people in a manner appropriate to that person's culture.
- Additional MCNZ criteria: Cultural Competence: The Training Programme should demonstrate that the education provider has respect for cultural competence and identifies formal components of the training programme that contribute to the cultural competence of trainees.

3.2.1 Team findings

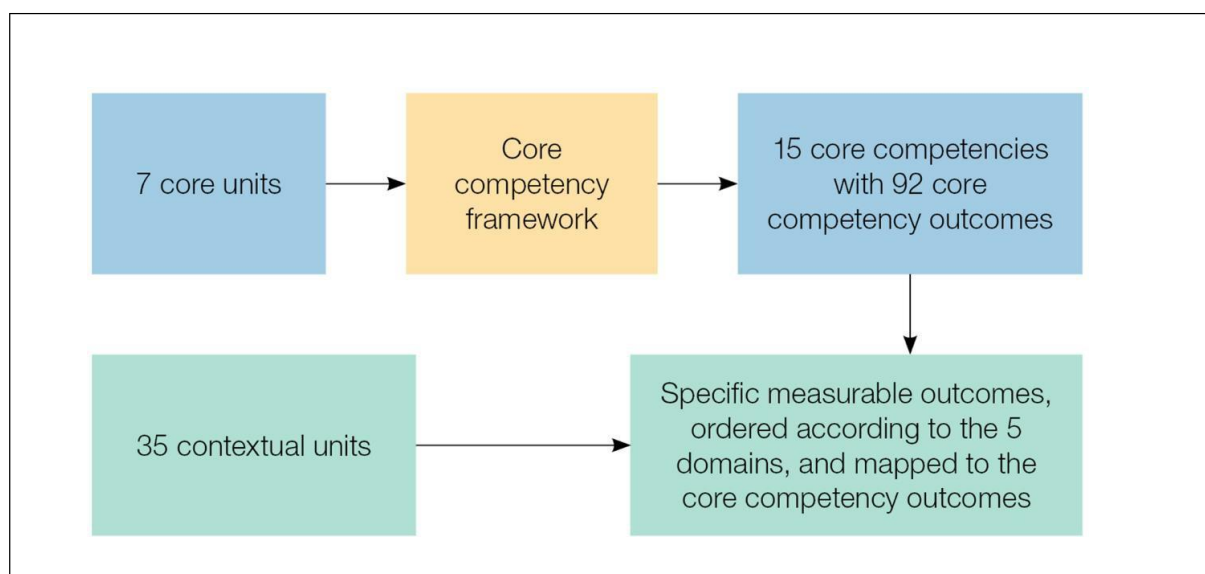
The RACGP has developed a comprehensive curriculum that aligns closely with all specialist medical program and graduate outcomes for the Fellowship of the Royal Australian College of General Practitioners (FRACGP). This well-defined curriculum framework is meticulously organised to reflect the defined program and graduate outcomes, and the curriculum and syllabus is publicly available on the College website. The curriculum is built on a foundation of educational imperatives that inform its guiding principles. These principles, in turn, provide direction for the guiding instruments and educational programs across the entire learning continuum.

The College has structured its various training programs—including the AGPT Program, RVTS and FSP—to facilitate the progressive achievement of curriculum outcomes. This approach allows for a consistent educational experience across different training pathways.

This structure ensures a thorough coverage of the depth and breadth of general practice. Importantly, all five training streams (pathways to FRACGP) follow this same curriculum, ensuring consistency in educational outcomes regardless of the training pathway chosen. The team found that the clear articulation of the core units and contextual units to associated rationales, learning outcomes and resources provided a strong educational basis for trainees, supervisors and educators.

The components of the curriculum and syllabus are at Figure 5.

Figure 5. Components of the curriculum and syllabus



Source: The Royal Australian College of General Practitioners. RACGP curriculum and syllabus for Australian general practice. East Melbourne, Vic: RACGP, 2022.

The seven core units are delivered across the following domains and subject matter articulating the RACGP’s core competency framework:

- Domain 1: Communication skills and the patient–doctor relationship
- Domain 2: Applied professional knowledge and skills
- Domain 3: Population health and the context of general practice
- Domain 4: Professional and ethical role
- Domain 5: Organisational and legal dimensions
- Aboriginal and Torres Strait Islander health
- Rural health.

The College has also mapped its curriculum and syllabus to the AMC standards to ensure alignment to accreditation requirements (Table 2).

The core competency framework also includes 35 contextual units built around clinical and non-clinical subjects; for example, cardiovascular health, emergency medicine, child and youth health, mental health, men’s and women’s health, and education and research in general practice.

Table 2. Mapping AMC Standards 3.2.1 to 3.2.10 to the RACGP curriculum and syllabus

AMC Standard	Requirement	RACGP Curriculum and Syllabus
3.2.1	Alignment to program and graduate outcomes	The alignment of the RACGP curriculum to program and graduate outcomes is described in the section on curriculum competencies and capabilities map.
3.2.2	Basis in scientific foundations and evidence-based practice	The RACGP curriculum core units Domain 2. Applied professional knowledge and skills and Domain 4. Professional and ethical role embed evidence-based practice throughout the entire RACGP curriculum.

AMC Standard	Requirement	RACGP Curriculum and Syllabus
3.2.3	Communication, clinical, diagnostic, management, and procedural skills to enable patient safety	RACGP curriculum units Domain 1. Communication skills and the patient-doctor relationship and Domain 2. Applied professional knowledge and skills detail clinical, diagnostic, management and procedural skills to enable patient safety.
3.2.4	Advances health and wellbeing of individuals and communities with patient centred care	RACGP curriculum units Domain 3: Population health and the context of general practice , Domain 2. Applied professional knowledge and skills and Domain 1. Communication skills and the patient-doctor relationship cover these areas. In particular, Domain 3 focuses on the community aspects of general practice health care, and Domain 1 focuses on patient centred care.
3.2.5	Prepares specialists for roles as professionals and leaders	Professionalism and leadership skills are covered in curriculum units Domain 4. Professional and ethical role and Domain 5: Organisational and legal dimensions
3.2.6	Prepares specialist to contribute effectively to the healthcare system	Effectively contributing to the health system is covered in RACGP curriculum units Domain 3: Population health and the context of general practice and Domain 5: Organisational and legal dimensions .
3.2.7	Prepares specialists for the role of teacher and supervisor	Teaching and supervision skills are covered in the curriculum units Domain 4. Professional and ethical role and Education in general practice .
3.2.8	Formal learning about research methodology and critical appraisal	Research and critical appraisal are covered in the curriculum units Domain 4. Professional and ethical role and Research in general practice . In addition, the RACGP Training Standard outcome 3.4.4 relates to the development of research literacy skills.
3.2.9	Develop substantive understanding of the health, history and culture of Aboriginal and Torres Strait Islander peoples.	The core curriculum unit Aboriginal and Torres Strait Islander health details these key areas and, in addition, embeds these learnings throughout every unit of the entire 2022 RACGP curriculum.
3.2.10	Develop understanding between culture and health.	Cultural health aspects of general practice are covered in curriculum unit Domain 1. Communication skills and the patient-doctor relationship and cultural considerations are embedded throughout the various units (for example, in the case consultation examples or the learning strategies).

Source: The Royal Australian College of General Practitioners. 2024 Reaccreditation Submission, East Melbourne, Vic: RACGP, 2024.

Aboriginal and Torres Strait Islander curriculum

The RACGP Aboriginal and Torres Strait Islander curriculum is a standout for its comprehensive approach to Aboriginal and Torres Strait Islander health, featuring:

- a dedicated core unit:
 - focused entirely on Aboriginal and Torres Strait Islander health

- providing in-depth coverage of specific health issues, cultural considerations and best practices
- integrated content across the curriculum:
 - with relevant Aboriginal and Torres Strait Islander health topics incorporated into all other curriculum units
 - that ensures consistent exposure to these important issues throughout medical training
- promotion of a holistic understanding of how Aboriginal and Torres Strait Islander health intersects with various medical specialties.

The College has made significant efforts to incorporate Aboriginal and Torres Strait Islander health into their curriculum, training programs and overall organisational structure. This commitment is evident through the following programs:

- Reconciliation Action Plan (RAP): a broader organisational commitment to reconciliation
- Yagila Wadamba Program: a program to provide a culturally safe environment for Aboriginal and Torres Strait Islander trainees to prepare for their exams and develop crucial GP skills.
- IGPTN: a network that runs workshops adjacent to the Yagila Wadamba exam preparation workshops, allowing trainees to benefit from both programs. IGPTN workshops include:
 - medical education sessions on clinical reasoning
 - learning planning
 - Medicare education
 - focused psychological therapies
 - mock CCEs
- Aboriginal and Torres Strait Islander Health Faculty initiatives:
 - Key Feature Problem (KFP) and Applied Knowledge Test (AKT) exam preparation workshop
 - one-on-one sessions for trainees
 - support for the AIDA and Pacific Region Indigenous Doctors Congress (PRIDoC) conferences to support Aboriginal and Torres Strait Islander GPs, trainees and potential future trainees
 - Aboriginal and Torres Strait Islander Censor-led individualised exam feedback session
 - Aboriginal and Torres Strait Islander ME team-led online pre- and post-exam support program.

The team found that these programs are collectively providing a comprehensive support system for Aboriginal and Torres Strait Islander trainees, fostering a culturally safe learning environment and addressing the unique needs of these future GPs. Indigenous trainees made particular mention of the importance of these supports. The Aboriginal and Torres Strait Islander Cultural and Health Training Framework promises to further enhance the College's approach to Aboriginal and Torres Strait Islander health education, and its finalisation is eagerly anticipated.

Growing professional skills and knowledge

The team heard from trainees consistently that more training around billing and navigating Medicare would benefit their in-practice learning. There are opportunities for learning through working with interdisciplinary and interprofessional colleagues in the curriculum; for example, through the older persons' health unit. Practical learning opportunities do appear to be ad hoc, so enhancing curriculum and assessment outcomes will be important to further support holistic development for GPs in

training. For instance, establishing interprofessional networks is only referenced as a core competency under Domain 3, 2.3 GPs collaborate and coordinate care and specifically under rural health. This might not be adequate to ensure trainees have core capabilities in diverse settings or can demonstrate ability to work with a broad range of colleagues in other professions.

Research

The RACGP Research Strategy 2021–2024 emphasises cultivating research and critical thinking skills among trainees through varied educational methodologies. Trainees can apply for AGPT academic posts, which are 12-month, part-time roles that offer academic experiences alongside clinical work, typically within university departments of general practice or rural health. There is also a specialised academic post annually available through AIDA for Aboriginal and Torres Strait Islander registrars. Both the academic institutions and the College support these roles with educational and networking opportunities. The team would like to see research integration across all training pathways strengthened to ensure uniform research literacy among trainees.

Regular curriculum review

Currently, the curriculum undergoes review every three to five years. However, given the rapidly evolving nature of medical practice and community health needs, the team notes more frequent reviews to reflect evolving community needs, medical advances and educational best practices would be of benefit to the College. This increased review frequency would help ensure that the curriculum remains current and responsive to changing healthcare landscapes.

3.3 Continuum of training, education and practice

The accreditation standards are as follows:

- There is evidence of purposeful curriculum design which demonstrates horizontal and vertical integration, and articulation with prior and subsequent phases of training and practice.
- The specialist medical program allows for recognition of prior learning and appropriate credit towards completion of the program.

3.3.1 Team findings

The *Progressive capability profile of the general practitioner* is central to articulating the progressive development of competencies across the training journey. This profile is structured around the four core roles of a GP (clinician, health advocate, ethical professional and scholar) and defines the specific competencies within each role. It outlines four key milestones (Entry, Foundation, Consolidation and Fellowship) that map the progressive expansion of a trainee’s capabilities and scope of practice, and is closely aligned to the competencies described in the RACGP curriculum, ensuring continuity across the training continuum.

While the College acknowledges the RACGP *Curriculum and syllabus for Australian general practice* comprises (1) *Standards for general practice training* and (2) *Progressive capability profile of the general practitioner*, the curriculum and progressive statements currently do not align and should be considered in the next iteration.

The different GP training programs—AGPT, PEP, FSP and RVTS—are structured to facilitate the progressive achievement of curriculum outcomes. While there are mechanisms for RPLE and competency development, this appears to be less clear for the RVTS and FSP pathways. Following the Kruk report, the team recommends adopting clearer recommendations for RPLE FSP and RVTS registrars, and for governments and regulators to alleviate shortages in the health workforce.

Recognition of prior learning and experience

- The AGPT program allows RPLE for up to 52 weeks full-time equivalent (FTE) for credit for hospital or extended skills terms.

- From the second intake in 2024 for the FSP stream, RPLE will only be available for experience in RVTS or AGPT.
- The PEP Specialist stream recognises prior learning and experience via the comparability assessment.

The team identified the need for clearer pathways regarding RPLE. While the mechanisms exist, they are less clear for the RVTS and FSP pathways. The team further notes that improvements such as developing clear guidelines for RPLE assessment for all pathways and ensuring consistent application of processes could help address health workforce shortages by streamlining the training process for qualified candidates. In addition, more could be done to recognise mandatory hospital terms to ensure alignment the overall medical education continuum and the National Prevocational Framework.

3.4 Structure of the curriculum

The accreditation standards are as follows:

- The curriculum articulates what is expected of trainees at each stage of the specialist medical program.
- The duration of the specialist medical program relates to the optimal time required to achieve the program and graduate outcomes. The duration is able to be altered in a flexible manner according to the trainee's ability to achieve those outcomes.
- The specialist medical program allows for part-time, interrupted and other flexible forms of training.
- The specialist medical program provides flexibility for trainees to pursue studies of choice that promote breadth and diversity of experience, consistent with the defined outcomes.

3.4.1 Team findings

The AGPT Program is a comprehensive three-year FTE program. It begins with one year of hospital-based training, providing a broad foundation in various medical specialties. This is followed by two years of training specifically in general practice settings. The general practice component is further divided into three general practice terms and one extended skills term. The extended skills term offers flexibility, allowing trainees to focus on general practice or explore a relevant area of personal interest, thus tailoring their training to their career aspirations.

In contrast, the FSP is structured as a two-year education program followed by a three-year post-education program. The initial two-year phase involves supervised training in accredited practices, coupled with various educational activities and work-based assessments. The subsequent three-year post-education program provides registrars with ample time to prepare for and successfully complete the RACGP Fellowship examinations, ensuring a thorough consolidation of their knowledge and skills.

Both the AGPT and FSP pathways share several common elements crucial to comprehensive GP training. These include mandatory in-practice and out-of-practice education, with a specific focus on Aboriginal and Torres Strait Islander cultural awareness and health training. This component reflects the College's commitment to cultural capability and addressing health disparities. Trainees in both programs also undergo rigorous WBAs, including multisource feedback and clinical audits, ensuring continuous evaluation and improvement. To provide diverse clinical experience, training typically involves placements in at least two different practices.

While the AGPT and FSP share many similarities, there are some distinctions in their structure and implementation. The AGPT pathway is well established with a clear selection process. However, the FSP, being a newer pathway, currently lacks a clearly defined selection process. The team has identified this as an area for improvement and notes efforts underway to revise the selection criteria for FSP candidates.

Flexibility is a key feature across all training pathways, including AGPT, RVTS, FSP and programs for practising GPs. The RACGP Rural Generalist Fellowship Training Handbook outlines specific options for adjusting training time, accommodating the diverse needs and circumstances of trainees. This flexibility ensures that the pathways can cater to a wide range of candidates while maintaining the rigorous standards expected of GPs.

2024 commendations, conditions and recommendations

Commendations

- H The comprehensive and robust integration of Aboriginal and Torres Strait Islander health into its training programs, demonstrates a regardful and dedicated approach to supporting Indigenous trainees and enhancing cultural safety and competency across general practice. This highly commendable commitment is exemplified through targeted initiatives such as:
 - i. The Reconciliation Action Plan
 - ii. The Yagila Wadamba Program
 - iii. The Indigenous General Practice Trainee Network.
- I The comprehensive and regardful approach to addressing the unique needs of Aboriginal and Torres Strait Islander medical trainees by combining specialised exam preparation, peer networking, and continued work on building culturally safe learning environments.
- J The Standards for the General Practice curriculum and syllabus are comprehensive and demonstrate an integrated framework for general practice training from medical school through to continuing progression development.
- K Significant efforts have been made to align curriculum to program and graduate outcomes applicable to AGPT, FSP and RVTS training programs.
- L The clear articulation of core units, aligned to domains, and contextual units to associated rationale, learning outcomes and resources provides a strong educational basis for both trainees, supervisors and educators.

Conditions to satisfy accreditation standards

- 6 Integrate research capabilities across all training pathways to ensure uniform research literacy among trainees, including enhancing learning outcomes. (Standard 3.2.8)
- 7 Develop and implement clear guidelines for recognition of prior learning assessment across all pathways to ensure consistent application of process to:
 - i. Improve the clarity and visibility of RPL pathways for each training program, particularly for the RVTS and FSP pathways.
 - ii. Provide easily accessible information about RPL options to prospective and current trainees. (Standard 3.3.2 and 7.1)

Recommendations for improvement

- EE Consider revising the frequency of curriculum reviews beyond the current three to five year cycle to maintain curriculum relevance and effectiveness in a rapidly changing healthcare landscape, utilising insights from regular evaluations and horizon scanning to inform these reviews. (Standard 3.2 and 3.3.1)
- FF Identify ways to expand training on billing and navigating Medicare to complement trainees' in-practice training. (Standard 3.2.5 and 3.2.6)

GG	Identify ways to enhance practical interprofessional learning (IPL) opportunities across different healthcare settings. (Standard 3.2.4 and 4.2)
HH	Review RPL processes to consider recognition of required hospital terms and alignment with the National Prevocational Framework. (Standard 3.2.2)

B.4 Teaching and learning

4.1 Teaching and learning approach

The accreditation standards are as follows:

- The specialist medical program employs a range of teaching and learning approaches, mapped to the curriculum content to meet the program and graduate outcomes.

4.1.1 Team findings

The specialist medical program designed by the College employs a diverse array of teaching and learning approaches that align with curriculum content to meet both programmatic and graduate outcomes. Education is facilitated both within and externally to the general practice environment. Out-of-practice learning activities are structured in accordance with the RACGP *Curriculum and syllabus for Australian general practice*.

The range of teaching and learning methods available to and suggested for trainees is to be commended. There is a diversity of methods available for trainees to engage with; however, there is a distinct focus on self-regulated learning and reflective practice as well as small group learning with MEs. Learning resources and suggested methods for teaching and learning are related directly to graduate outcomes and the syllabus and there are clear mechanisms for updating the resources available and ensuring they are accessible across the syllabus and the Learning Management System (LMS) (this includes RACGP and external resources). Some trainees report variability in the quality of the resources and reported seeking resources from other external educational sources.

The team learned about, and was impressed by, the wealth of information available on the College website and LMS. However, how stakeholders are effectively navigating and accessing the resources provided seems to be variable. Some reported ease of use and others were overwhelmed with the volume of information, which led to disengagement. The learning journey organisation of the AGPT LMS seeks to address this—the evaluation data about how stakeholders are accessing the LMS in this way will be interesting to see in future reviews. Likewise, evaluating how registrars (and supervisors and medical educators) engage with the curriculum, syllabus and online learning materials still remains unclear (creating potential for evaluation or learning analytics review).

The team learned that the curriculum and syllabus and the *Progressive capability profile of the general practitioner* are to be reviewed in 2025 and looks forward to hearing an update on this work which will be a valuable aid for greater alignment.

4.2 Teaching and learning methods

The accreditation standards are as follows:

- The training is practice-based, involving the trainees' personal participation in appropriate aspects of health service, including supervised direct patient care, where relevant.
- The specialist medical program includes appropriate adjuncts to learning in a clinical setting.
- The specialist medical program encourages trainee learning through a range of teaching and learning methods including, but not limited to: self-directed learning; peer-to-peer learning; role modelling; and working with interdisciplinary and interprofessional teams.
- The training and education process facilitates trainees' development of an increasing degree of independent responsibility as skills, knowledge and experience grow.

4.2.1 Team findings

Practice-based training

The College training is primarily practice-based, with supervised patient care in training environments across Australia including general practices, non-GP specialty practices, special training environments and Aboriginal health services. This workplace-based learning is core to general practice training. The local delivery of this across such diverse regions is a strength of the programs on offer.

Adjuncts to clinical learning

The adjuncts to learning in the clinical setting across the College programs include both in-practice and out-of-practice teaching, which is also linked to the syllabus. The syllabus for the core and contextual units is highly relevant, clearly mapped to the program outcomes and well detailed. The out-of-practice teaching (e.g. approximately 125 hours in AGPT) includes activities such as workshops, small group learning and Aboriginal and/or Torres Strait Islander health on Country activities. This teaching and learning is primarily delivered by MEs (particularly for AGPT and FSP programs). Other out-of-practice adjuncts to learning such as mandatory skills courses (e.g. basic life support [BLS], advanced life support [ALS], cultural awareness training, mental health skills training) are also appropriate. In-practice teaching is delivered primarily by supervisors, but also other practice staff.

There is some variability in the adjuncts to learning reported by trainee cohorts across the College. This includes access, frequency of teaching and support resources and this variability may result in a perceived inequity among candidates (i.e. access to related handbooks for FSP candidates).

Increasing independence

The current program does structure training to develop an increase in independence as trainees progress through the program. The *Progressive capability profile of the general practitioner* exemplifies this and supports registrars, supervisors and MEs to identify the most appropriate learning plan (e.g. the clinical supervision plan and early assessment for safety and learning [EASL] seek to ensure the graded level of independence).

The reduction in teaching time also indicates this increasing independence (i.e. AGPT GPT1: minimum 3 hours per week shifting to AGPT GPT3: 30 minutes per week; FSP year one: 1 hour per fortnight shifting to FSP year two: 1 hour per month). However, the team received feedback from supervisors and trainees that often more in-practice teaching is occurring in many settings.

Exam preparation resources

Exam preparation resources are available to all candidates (e.g. information from MEs, Self-Assessment Progress Tests, national webinars on AKTs/KFPs, webinars following Self-Assessment Progress Tests, practice AKT/KFP papers, practice CCEs with feedback, exam support program modules). Trainees are strongly encouraged to undertake Self-Assessment Progress Tests to familiarise themselves with the exam format (AKT and KFP) as well as build on the body of feedback candidates require to identify areas of strength and weakness.

The College provides comprehensive support and resources for exam preparation, including practice exams and webinars. Candidates are encouraged to use these resources to familiarise themselves with the exam format and hone their exam techniques. The publication of exam standards, psychometrics and examination dates on the [*College website*](#) support trainees in their preparation.

Despite the College providing these resources to candidates, many choose to enrol with private education services for exam preparation, at considerable expense, to supplement their exam preparation. The main reasons cited by trainees for using these services include its structured approach, high level of engagement and peer pressure. The team notes there are also trainees who indicate satisfaction with the College's resources, so with differing trainee perspectives on exam

preparation resources, the College could enhance communication and evaluation to improve reach and impact for trainee preparation.

It is also observed there may be conflicts of interest inherent with individuals involved in the private examination preparation services as well as in College educational activities. It is expected the College manages these conflicts of interest actively under its Conflict of Interests and Related Party Transactions Policy.

2024 commendations, conditions and recommendations

Commendations

- M The impressive diversity of teaching and learning methods outlined for all core and contextual units, plus the associated resources.
- N The Progressive Capability Profile supports the development of independence as trainees progress along their path to fellowship.

Conditions to satisfy accreditation standards

Nil

Recommendations for improvement

- II As part of regular monitoring and evaluation:
 - i. Examine engagement by trainees, medical educators, supervisors, and practice managers are engaging with the Learning Management System, curriculum and syllabus, to explore appropriateness of teaching and learning methods and uptake of adjuncts to learning.
 - ii. Explore variability to resources and adjuncts to clinical learning across cohorts to ensure all trainees have access to resources appropriate to meet program and graduate outcomes.
 - iii. Include opportunity for trainees to provide feedback about the knowledge of, and utility of examination preparation resources. (Standard 4.2 and 6.1)
- JJ Optimise the involvement of members of the healthcare team in supervision and teaching (Standard 4.2.3 and 8.1)

B.5 Assessment of learning

5.1 Assessment approach

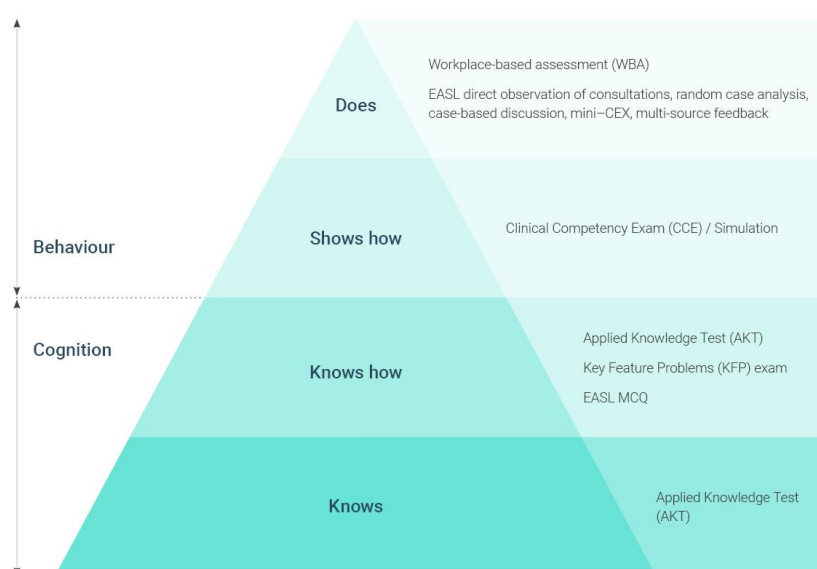
The accreditation standards are as follows:

- The education provider has a program of assessment aligned to the outcomes and curriculum of the specialist medical program which enables progressive judgements to be made about trainees' preparedness for specialist practice.
- The education provider clearly documents its assessment and completion requirements. All documents explaining these requirements are accessible to all staff, supervisors and trainees.
- The education provider has policies relating to special consideration in assessment.

5.1.1 Team findings

The College's approach to assessing the competence of an independent GP in Australia is underpinned by both progressive and summative assessment. The College employs a wide range of assessment methodologies to all levels of Miller's pyramid (Figure 6), which are well aligned with the stated learning outcomes. The Progressive Assessment Framework and Summative Assessment Framework enables progressive judgements about trainees' preparedness for independent general practice.

Figure 6. Miller's pyramid



Source: The Royal Australian College of General Practitioners. Assessor handbook: Workplace-based assessment program. East Melbourne, Vic: RACGP, 2024.

The progressive assessment framework (Figure 3) uses frequent low-stakes assessments to ensure that learning is ongoing and that registrars receive essential feedback throughout their training. Assessment and completion requirements under the progressive assessment framework are clearly outlined on the College website and Training Management System (TMS). Progress through the assessment program is documented on the TMS, which is accessible by staff. Thorough training is provided by the College for all staff and trainees accessing the TMS.

Summative assessment is used to determine trainee competency to practise safely in unsupervised general practice through end-point Fellowship examinations. This is assessed according to the RACGP Fellowship Exams Policy, and the Examination Guide outlines standards, processes and features used to develop each examination.

Special consideration policies are in place, which are objective, fair and available for all on the College website. Special consideration policies cover trainees with learning difficulties, physical impediments and exam technique problems. Examples of exam mitigations include additional time, small rooms, sitting on the outside of the group, and use of a dyslexia-friendly font and different-coloured backgrounds on examination documents.

5.2 Assessment methods

The accreditation standards are as follows:

- The assessment program contains a range of methods that are fit for purpose and include assessment of trainee performance in the workplace.
- The education provider has a blueprint to guide assessment through each stage of the specialist medical program.
- The education provider uses valid methods of standard setting for determining passing scores.

5.2.1 Team findings

The College employs a suite of assessment tools which are fit for purpose.

- Assessment for learning conducted in the workplace including EASL, mini-clinical evaluation exercise (mini-CEX), multisource feedback and random case analysis, among others, which enable identification of learning needs early on in training and identify registrars who are struggling. This data is shared with in-practice supervisors and informs all remediation activities.
- The summative assessment program involves written exams AKT, KFP and the CCE. These examinations (AKT/KFP and CCE) are a central part of the program for Fellowship, and are clearly described and available to all stakeholders on the College website.

Training is provided to supervisors and MEs who deliver the WBA program. The various WBAs inform level of supervision, stimulate trainee learning, assess performance and inform remediation in practice.

Supervisors and MEs delivering WBA embrace the program and feel well supported by the College in their efforts.

The scope and comparability of assessment practices across training sites appears well described in the assessment program. Supervisors and examiners receive training and ongoing professional development in assessment practices.

Blueprinting and standard setting

The assessment program has undergone blueprinting against the curriculum, and referencing of the international medical assessment evidence base has enabled the appropriate assessments to be matched to the appropriate task and setting. The team considered the methods chosen to have high validity and reliability.

The competency rubrics for EASL and WBA are documented in the *[RACGP workplace-based assessment program assessor handbook](#)*, articulating competencies, requirements and assessment activities (Figure 7) for the AGPT and FSP pathways. Competencies in Aboriginal and Torres Strait Islander health, additional rural skills training and emergency medicine training are also articulated. This is a comprehensive document, which supports the assessor, supervisor and ME to implement the assessment, and the trainee to complete the requirements.

Figure 7. Workplace-based assessment competencies outlined in the assessor handbook



Source: The Royal Australian College of General Practitioners. Assessor handbook: Workplace-based assessment program. East Melbourne, Vic: RACGP, 2024.

The College's written exams, which include the AKT and the KFP exams, were delivered in a paper-based format at designated exam venues. Candidates received printed exam booklets and hand wrote their responses. With time, these exams will move fully online. The College uses the borderline regression method to set the pass scores for the CCE and the modified Angoff method for the AKT and KFP. These methods are well researched and have been internationally validated.

Post-examination procedures provide performance measures for the CCE and AKT exams. These are in line with best practice. Results of this analysis inform the continual improvement of the exam. Appropriate evaluation of candidate experience of the exam, procedural conduct of the exam and performance characteristics of each question are analysed.

There is a clear process to collect multiple formative trainee data points through the training journey that are mapped to the curriculum and are competency-based assessments. There are mechanisms in place to ensure appropriate levels of supervision and trainee feedback, although feedback at all levels can always be improved. Summative assessment, which is also mapped to the curriculum, is added to the formative data towards completion of the training journey.

Clinical Competency Exam

The College has successfully moved its CCE online and is to be commended for this achievement. This move addressed several difficulties and logistical challenges involved in staging the previous Objective Structured Clinical Examination (OSCE) and has produced a clinical exam of high quality. Increasing difficulties finding suitable venues to stage the exam, managing the logistics and cost of the movement of examiners and actors, and dealing with the reality of COVID-19 have all been mitigated by the move to online delivery. Extensive consultation with international experts in the field of assessment was conducted and has resulted in an exam of high quality.

The team found the cases to be well constructed according to the blueprinting process, with a focus on covering the common presentations in a way that explores the processes of clinical reasoning. Other positive observations include:

- examiner training is well researched and delivered online and face to face
- standard-setting processes are workshopped with assessors in small groups

- quality assurance activities are well embedded in the process
- the performance of actors and examiners is continually monitored during the exam and appropriate measures are taken to mitigate any problems as they arise in real time.

The delivery of the CCE online has introduced new processes, which have extended to delivering entry-stage testing to candidates overseas in several jurisdictions.

5.3 Performance feedback

The accreditation standards are as follows:

- The education provider facilitates regular and timely feedback to trainees on performance to guide learning.
- The education provider informs its supervisors of the assessment performance of the trainees for whom they are responsible.
- The education provider has processes for early identification of trainees who are not meeting the outcomes of the specialist medical program and implements appropriate measures in response.
- The education provider has procedures to inform employers and, where appropriate, the regulators, where patient safety concerns arise in assessment.

5.3.1 Team findings

Feedback to trainees

Feedback mechanisms are well embedded in all stages of the program. The College's commitment is to provide feedback 'for learning' (formative) and 'of learning' (summative). The process of identifying trainees who are not meeting the outcomes starts early on and continues throughout the program.

As this is an apprenticeship model of training, the opportunities for trainees to receive feedback are presented daily due to the close supervision offered. The supervisor closely observes the trainee during the orientation phase of training by sitting-in on consultations both ways, and case-by-case discussion. Supervisors receive comprehensive training on how to appropriately give feedback.

Progress in WBAs is captured on the TMS, which is available to all supervisors. The TMS is an excellent resource which enables planning and coordination of assessment activities, and the College is to be commended on its employment.

Feedback to supervisors

There are processes to provide feedback to MEs of performance characteristics in CCE and AKT exams. The process involves a diagnostic educational assessment, and candidates are identified as having either training or exam-related issues. Post-exam reflection and training advice is formalised for all AGPT candidates who are unsuccessful in the exam.

Supervisors receive feedback from MEs regarding performance of their trainees in WBAs in several ways. Informal contact during external clinical teaching visits, reports from MEs and the Progression Review Committee keep the supervisors informed.

WBAs such as random case analysis, case-based discussions, mini-CEX, multisource feedback and other direct observational and reflective exercise methods enable early identification of underperformance against the outcome measures. Supervisors receive feedback from the Progression Review Committee on decisions regarding their trainees. All of this information is available to staff on the TMS.

AGPT supervisors can access WBAs for their registrars via the TMS, while FSP supervisors can access WBAs for their registrars via email.

Remediation and reporting

Appropriate measures are offered to trainees identified as needing extra assistance. There are educational support handbooks available for trainees in AGPT, FSP and RVTS pathways. Examples involve online modules, increasing their exposure to certain patient types, and gaining access to resources not available in the surgeries where they work (e.g. procedural skills training).

Appropriate remediation through a post-examination support plan is provided according to the problems identified for those in the AGPT Program. This is not available for those in the FSP stream and there does not appear to be a plan for FSP trainees to gain equal access to this remediation resource.

A remediation framework has been developed over the past six months for FSP registrars; this process is different in that it is self-funded (consistent with FSP being self-funded).

In the event of demonstrable incompetence and unethical practice, the College has the mechanisms to report directly to the regulators or employers. This process is supported by the [*RACGP Adverse Event*](#) (including critical incident reporting) guidance documents.

5.4 Assessment quality

The accreditation standards are as follows:

- The education provider regularly reviews the quality, consistency and fairness of assessment methods, their educational impact and their feasibility. The provider introduces new methods where required.
- The education provider maintains comparability in the scope and application of the assessment practices and standards across its training sites.

5.4.1 Team findings

The quality, consistency and fairness of assessment methods within the College are regularly reviewed to ensure their educational impact and feasibility. Exam psychometrics are evaluated to identify areas for development, and ongoing quality assurance is supported by reviewing prior exam trends. Resulting standards, pass marks and other psychometrics from summative examinations are publicly available on the [*College website*](#).

To maintain comparability and moderation in assessment practices across different sites, AKT and KFP assessments are hosted at multiple venues, while the CCE is conducted remotely with clear guidelines to ensure a consistent candidate experience. Examiners receive specific training focused on fairness, and Quality Assurance Examiners monitor exam delivery, allowing for real-time adjustments and retraining if necessary to uphold standards.

Workplace-based assessments

WBAs appear to have been developed from a robust evidence base. It is a large change for trainees, supervisors and MEs. The program has not been completely implemented, and initial implementation has primarily been focused on feasibility and acceptability with a staggered rollout, focused professional development about WBAs for all stakeholders. There is evidence of some quality assurance activity at the level of ME and Progression Review Committee, and the next phase will focus more on validity and reliability.

The monitoring of WBA quality and consistency appears to be insufficiently developed at this stage. Supervisors reported inconsistent monitoring of their teaching activities. This is an activity which underpins much of the progressive assessment framework and requires a high level of consistency across the country. It is expected that a comprehensive feedback and evaluation framework will emerge as the program is rolled out.

2024 commendations, conditions and recommendations

Commendations

- O The successful transition and delivery of the online Clinical Competency Exam (CCE) improves trainee experience while maintaining a quality and seamless assessment process.
- P The Training Management System and Learning Management System are both excellent resources facilitating communication, learning and coordination of assessment activities.
- Q The public availability of various assessment and handbooks as well as examination reports demonstrates commitment to transparency and accountability of the College's processes.
- R The comprehensive WBA Assessor Handbook is an excellent and clearly articulated resource for those involved in training and for trainees.

Conditions to satisfy accreditation standards

- 8 Develop and implement processes for feedback to FSP trainees who fail the Fellowship exams containing sufficient detail to form the basis for an appropriate remediation plan. (Standard 5.3)
- 9 Implement evaluation mechanisms to determine the quality, fairness and consistency of workplace-based assessment in the assessment of trainee competence across training sites, aligned with the progressive assessment framework. (Standard 5.4 and 8.1)

Recommendations for improvement

Nil

B.6 Monitoring and evaluation

6.1 Monitoring

The accreditation standards are as follows:

- The education provider regularly reviews its training and education programs. Its review processes address curriculum content, teaching and learning, supervision, assessment and trainee progress.
- Supervisors contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses supervisor feedback in the monitoring process.
- Trainees contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses their confidential feedback on the quality of supervision, training and clinical experience in the monitoring process. Trainee feedback is specifically sought on proposed changes to the specialist medical program to ensure that existing trainees are not unfairly disadvantaged by such changes.

6.1.1 Team findings

The RACGP Education and Training Monitoring and Evaluation Framework informs all the College's evaluation and quality assurance activities for all education and training pathways. This framework was developed by the RACGP's Evaluation, Quality and Research Team, and the AMC team notes an Aboriginal and Torres Strait Islander identified researcher role is being added to support ongoing activities (Figure 4).

The team heard that staffing in the evaluation unit over the last few years has increased, with 10 FTE roles now dedicated to evaluation, and there is a clearly defined Evaluation Lead who works with this team and the education/assessment leads to set priorities. The evaluation staff are part of the Evaluation, Quality and Research Team, and are supported to undertake research training and professional development. This team has developed the 2024 AGPT national evaluation framework, which is being implemented to evaluate the experience of MEs, supervisors and registrars within the College.

Guiding principles of the framework aid the planning, conduct and reporting of RACGP evaluations to ensure best-practice methods. There are evaluation plans and activities for AGPT, FSP and PEP pathways, as well as focused evaluation for RACGP assessments and exams, including the CCE. A recent large curriculum evaluation, review and alignment with assessment was undertaken as part of the preparation for transition to College-led training. User experience for the TMS, LMS and CPD content and interface is also monitored, with learning and progress analytics collected at the level of the TMS and LMS for trainees and within CPD for fellows. Multilevel monitoring of trainees and supervisors occurs cross-sectionally and longitudinally. Accreditation of practices includes a review of teaching capabilities and clinical services on a regular basis.

Continuous monitoring and evaluation of trainee and supervisor experience is part of usual college processes. The team were able to review the updated 2024 evaluation strategy. The methodologies used are predominantly cross-sectional and longitudinal surveys and operational data, and are supplemented with focus groups. The focus is on evaluation of each of the AGPT, PEP Specialist and FSP streams rather than geographical or jurisdictional variations in experience or outcomes. Given the nationalisation of training, this may be an area for development.

Fellow feedback

Feedback from Fellows occurs informally through the College's special interest groups regarding evolving needs of practice in the real-world setting. A considered approach to agile integration of new curricula via feedback from Fellows, where relevant, is in place. A three- to five-yearly curriculum

review cycle is in place, which may benefit from a shorter review cycle. The team heard of evaluation work around selection into training for Aboriginal and/or Torres Strait Islander Fellows as well as training experience for these Fellows.

Supervisor feedback

There are opportunities for supervisors to provide feedback on experiences with training programs and proposed strategies through various surveys and focus groups. It is unclear if these are structured or ad hoc exercises; however, Fellows who are also supervisors within committees contribute to evaluation planning, as well as participate in special interest groups to highlight areas for innovation and development.

Registrar Liaison Officers (RLOs) serve an important function by elevating confidential concerns raised by registrars to discussions with Supervisor Liaison Officers (SLOs) who can identify where a supervisor may be impaired or require further support and training. The network of RLOs and SLOs may be functioning more optimally in some jurisdictions (i.e. Queensland and South Australia) than others. The education team are actively working to harmonise this across all jurisdictions.

Patients, trainees, SLOs and MEs can nominate GP supervisors for care and supervision for awards at regional, jurisdictional and national levels. Practice Manager Liaison Officers (PMLOs) are a new role, and are critical for collating information and the bidirectional flow of data between practices, supervisors and the College itself.

Trainee feedback

The College regularly seeks feedback from trainees during training and at the end of term. The team learned particularly of the value of end-of-term confidential trainee feedback to guide conversations or remediations where practices may not be meeting education standards. The College's education team acknowledged the reluctance of some trainees at the mid-cycle to raise concerns that they feel may impact on their own progression. The MEs also meet with groups of registrars to discuss training quality and quantity. The GPIT Wellbeing Committee, which supports registrars in training, may also mitigate.

The most recent AGPT end-of-term surveys identified a series of themes and areas of potential improvement. These included communications on training requirements, usability of the TMS, exam support and resources, WBA preparedness, more education around Medicare billing and legal paperwork. While the team noted and welcomed the actionable insights the College has collated, it was not clear how the assurance that these were being addressed by the relevant teams would be explicit and reported on to the executive level of the College.

The trainee committee and the newly formed SIMG committee will also be a key source of high-level feedback information to the Board. It is unclear why the SIMG committee will not have direct Board representation, as is the case with AGPT trainee committee.

The College uses Medical Training Survey results to drive enhancements in its training programs. These findings inform key areas such as registrar wellbeing and training effectiveness, demonstrating a commitment to fostering supportive learning environments and addressing challenges within its training framework.

Evaluation design and articulation of data to evaluation framework

There is evidence of co-design of evaluation in some areas. The team heard of extensive stakeholder engagement for evaluation of post-vocational training (i.e. CPD) wherein Fellows and trainees were engaged at multiple levels to guide the development of these resources, and the design of the web interface and app. This was then extensively evaluated by the College evaluation team with very high user satisfaction rates with content and user interface. The evaluation process was co-designed with trainees and Fellows on the Post-Vocational Education Committee.

Overall, there was less evidence of a broader co-design process at the level of pre-Fellowship evaluation strategy. The Board's 'horizon scanning' capabilities may be an area for review, as identified by the Chair and senior leadership. The team did not hear of community or trainee representation in the design of the national evaluation framework and identified a need for improvement.

It was also unclear as to how these rich qualitative and quantitative datasets articulate with and feed into the overall evaluation framework. Data are obtained as part of assessment and monitoring, but how these might be incorporated in the overall evaluation framework may require more delineation. The key questions related to the program evaluation could be further articulated. The decision to evaluate distinct programs (i.e. FSP and AGPT) is useful; however, given the newly nationalised program, geographical and regional benchmarking may be useful.

6.2 Evaluation

The accreditation standards are as follows:

- The education provider develops standards against which its program and graduate outcomes are evaluated. These program and graduate outcomes incorporate the needs of both graduates and stakeholders and reflect community needs, and medical and health practice.
- The education provider collects, maintains and analyses both qualitative and quantitative data on its program and graduate outcomes.
- Stakeholders contribute to evaluation of program and graduate outcomes.

6.2.1 Team findings

The College's graduate outcomes are clearly defined and aligned with the standards. Graduate outcomes are monitored especially in terms of distribution and workforce. The College is active in mapping workforce and rural community needs and is an active participant in supporting solutions to national workforce issues through various initiatives, such as:

- efforts to spread accredited training practices geographically widely
- initiatives to encourage trainees to take up rural and remote placements
- partnership with ACRRM.

The College is responsive to the needs of Aboriginal and/or Torres Strait Islander communities through strong engagement and strong Aboriginal and/or Torres Strait Islander leadership within the College. The team heard of proposed work to further map place-based needs with strategic planning, and the College is in a unique position to monitor performance of Fellows via CPD and potentially to link prevocational performance with post-vocational progress.

Community consultation

Extensive community consultation, including rural, regional and Aboriginal community consultation, was undertaken as part of the recent curriculum review and development of the *Progressive capability profile of the general practitioner*. Community representation within the organisation is identified in two high-level committees that report to the board.

Deeper and more formal community engagement and consultation in other areas was identified as an area for development. Current processes or future intentions to monitor the perception and progress of recent Fellows by stakeholders, Primary Health Networks, communities and practices were not identified by the team.

Some of the emerging priorities of the sector are often covered by education research funding. Multisource, 360-degree review of trainees occurs as part of training requirements.

Practice evaluation

As a function of three-yearly accreditation of practices, the College surveys practices in terms of patient experience as part of the clinical accreditation of practices. The panel did not hear of an aggregated review of consumer experience. A completion-of-training survey is administered immediately post-Fellowship at an early stage of practice. Evaluation of CPD is reported to the Education Workforce Committee.

Multisource progress data, feedback and monitoring is in evidence at many levels, including WBAs (including mini-CEX) and end-of-term feedback. As the program evaluation strategy matures, a careful review of the breadth and depth of this data and purposive selection of data to build evidence and respond to defined evaluation questions will be important.

The College is in an excellent position given its educational oversight of the longitudinal learning journey post-Fellowship to build in early evaluation of the impact of the revised curriculum on preparedness for practice.

It will be important to see how the Aboriginal and Torres Strait Islander Cultural and Health Training Framework positively impacts on the program and graduate outcomes in areas such as the evaluation of cultural safety assessments as well as having an ongoing evaluation on the programs of the JCTS.

6.3 Feedback, reporting and action

The accreditation standards are as follows:

- The education provider reports the results of monitoring and evaluation through its governance and administrative structures.
- The education provider makes evaluation results available to stakeholders with an interest in program and graduate outcomes, and considers their views in continuous renewal of its program(s).
- The education provider manages concerns about, or risks to, the quality of any aspect of its training and education programs effectively and in a timely manner.

6.3.1 Team findings

The College's evaluation processes are integrated into program management, following the Education and Training Monitoring and Evaluation Framework to maintain educational quality and oversight. Governance is primarily provided by the Education Workforce Committee, which oversees evaluation and quality activities through dedicated training and assessment forums, with specific mechanisms documented in evaluation plans.

The subsequent reporting to other committees is less clear, and how the executive or Board responds to evaluation outcomes was not clearly delineated. Equally, the linking back of evaluation strategy and outcomes within the governance structure is less clear. While the team learned that the Evaluation, Quality and Research Team provides reports to the Education Workforce Committee, the destination of any standing evaluation reports is less clear.

The team heard of some dissemination of CPD evaluation through newsletters and the AGPT journal and website. At the time of this visit, the national evaluation strategy was still evolving. It would be useful to develop processes for dissemination and feedback of whole-of-program evaluation results as well as regional and FSP, PEP and AGPT program outcomes and experience to all important stakeholders, including trainees, Fellows and the community.

Risk management

To manage risks associated with training programs, the College uses a three-lines risk management framework, empowering operational departments in addition to regular audits by an external service.

Risk registers at strategic, business unit and departmental levels facilitate comprehensive risk identification and monitoring.

The College benefits from very strong local regional networks and leadership, which can be locally and rapidly responsive where issues arise. The national AGPT Program and the FSP are both relatively new to the College and, at the time of this assessment, it may be too early to comment on whole-of-system responses to identified quality improvement opportunities. The AMC looks forward to the College providing more information on how it manages risk for issues related to educational quality that may arise through its existing risk management framework.

2024 commendations, conditions and recommendations

Commendations

- S The Educational and Training Monitoring and Evaluation Framework is underpinned by the College’s Educational Framework that expresses key principles and values in approach to educational standards that drill down through evaluation guiding tools.
- T There is strong commitment to all levels of education quality aligned to program outcomes with rich multisource data, feedback and monitoring evident at many levels.
- U The College is highly responsive and engaged with community needs and feedback in relation to rural and regional workforce.
- V The localised delivery of education and training has the inherent strength of rapid feedback with strong local connectivity/intelligence contributing to the review of programs.

Conditions to satisfy accreditation standards

- 10 Develop and implement a process for broader community, employer feedback/evaluation on the effectiveness of education and training programs and processes on the producing quality specialist general practitioners. (Standard 6.2.1 and 1.6.4)
- 11 Develop and implement processes:
 - i. For systematic reporting on monitoring and evaluation outcomes are reported to the Board and relevant committees. (Standard 6.3.1)
 - ii. To “close the loop” on evaluation, feedback and quality assurance on education and training programs with key stakeholders. This includes dissemination to fellows, trainees (current and prospective) and the community. (Standard 6.3.2)

Recommendations for improvement

- KK Consider a meta-evaluation of the National Evaluation Framework to determine the effectiveness of the evaluation strategy and define the key questions that are guiding the strategy. (Standard 6.1)

B.7 Trainees

7.1 Admission policy and selection

The accreditation standards are as follows:

- The education provider has clear, documented selection policies and principles that can be implemented and sustained in practice. The policies and principles support merit-based selection, can be consistently applied and prevent discrimination and bias.
- The processes for selection into the specialist medical program:
 - use the published criteria and weightings (if relevant) based on the education provider's selection principles
 - are evaluated with respect to validity, reliability and feasibility
 - are transparent, rigorous and fair
 - are capable of standing up to external scrutiny
 - include a process for formal review of decisions in relation to selection which is outlined to candidates prior to the selection process.
- The education provider supports increased recruitment and selection of Aboriginal and Torres Strait Islander and/or Māori trainees.
- The education provider publishes the mandatory requirements of the specialist medical program, such as periods of rural training, and/or for rotation through a range of training sites so that trainees are aware of these requirements prior to selection. The criteria and process for seeking exemption from such requirements are made clear.
- The education provider monitors the consistent application of selection policies across training sites and/or regions.

7.1.1 Team findings

AGPT entry pathway

The College has implemented for AGPT a national entry assessment composed of a Candidate Assessment and Applied Knowledge Test (CAAKT) that assesses both knowledge and situational judgement testing (SJT) plus a further multiple mini-interview (MMI) component. Both assessments are used to contribute to the order of merit for whether applicants receive an offer to train in their region of preference. It was good to see evaluation of these processes and changes made to align with the domains of general practice and the curriculum more broadly, with a focus also on Aboriginal and/or Torres Strait Islander health and rural health.

It is noted that to support the Training Programs Entry Policy, there is a publicly available AGPT Program eligibility and application guide which illustrates clear eligibility criteria including general registration and residency/citizenship requirements.

RVTS entry pathway

RVTS has two streams, remote and AMS, with ranking according to Indigenous status, RVTS category based on residency and registration and Modified Monash Model (MMM) classification. Candidates are then invited to participate in an SJT and interview process. RVTS has targeted recruitment strategies where registrars can apply for available placements.

FSP entry pathway

The team noted the FSP selection process is being reviewed (particularly after removing the previous PEP Entry Assessment) and were aware of some areas of confusion about eligibility between the

various training pathways that need to be clarified. In addition, the team considers there needs to be appropriate support and responsiveness provided for candidates (both domestic and international) to ensure they are placed in the most suitable pathway.

The review of the FSP selection process and further support for trainees entering the various College pathways is required to ensure they are placed in the pathway that best suits their personal, education and training needs. With the implementation of various pathways post-College transition, there is benefit to monitoring selection policies for consistent application more closely.

Placement Policy

The placement process for both AGPT and FSP is described in the Placement Policy and is supported by the Placement Process Guide for Registrars and Placement Process Guide for Practices. Practices update their availabilities and registrars update their intention to train. Registrars are then placed into groups according to training needs, who can then select relevant practices. Practices then select candidates to interview (if required). The team noted that for the most part, trainees must have trained in at least two practices during training.

Increasing recruitment of Aboriginal and Torres Strait Islander trainees

It is noted that the College has several initiatives to increase the recruitment and selection of Aboriginal and/or Torres Strait Islander trainees. However, the number of Aboriginal and/or Torres Strait Islander trainees, while encouraging, can continue to be improved. The College is asked to prioritise recruitment and advertising strategies targeted at Aboriginal and/or Torres Strait Islander prevocational and medical students in collaboration with the Aboriginal and Torres Strait Islander Health Faculty and training team.

Trainee concerns

The team noted that concerns were raised by trainees about the national consistency of recognising prior learning (in Standard 3.3.2) and mandatory hospital rotations, and further the delays and sometimes onerous and rigid processes of taking into consideration prior learning experiences. Given the potential to dissuade future GP training, and further the introduction of the National Prevocational Framework, the College is asked to review its processes to ensure alignment with the overall medical education and training continuum from the prevocational space, while maintaining standards of safety.

7.2 Trainee participation in education provider governance

The accreditation standards are as follows:

- The education provider has formal processes and structures that facilitate and support the involvement of trainees in the governance of their training.

7.2.1 Team findings

There is trainee representation in College governance, represented by the GPiT Faculty, along with participation in College business as discussed in Standard 1.1. The GPiT Faculty works with RLOs to represent registrars on pastoral care and industrial matters. The team noted that defining the role of the RLOs and the GPiT Faculty to ensure adequate links and collaboration is required to ensure the trainee voice within the College is strengthened, and that the wider trainee body is aware of the various roles and who to communicate with for support and advocacy where required. This would further be important to ensure the wider trainee body are aware of who their representatives are and how best to contact them for support.

The team also heard some RLOs were not aware of their regional contact lists for registrars, and therefore are not able to proactively communicate and inform the wider registrar body of key information. The RLOs could be better supported in terms of role clarity, orientation and further

training regarding how to best support registrars in a psychologically safe manner, and particularly from a work health and safety perspective, with consideration of mental health first-aid training.

7.3 Communication with trainees

The accreditation standards are as follows:

- The education provider has mechanisms to inform trainees in a timely manner about the activities of its decision-making structures, in addition to communication from the trainee organisation or trainee representatives.
- The education provider provides clear and easily accessible information about the specialist medical program(s), costs and requirements, and any proposed changes.
- The education provider provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.

7.3.1 Team findings

There are several communication methods with the wider trainee body, including a monthly GPiT Faculty newsletter; a private, community-led Facebook group; webinars; and workshops. Communication methods with prospective trainees include informative pages on the College website, such as 'A career in general practice' and 'Become a GP'. Furthermore, the College runs a national 'Become a GP' campaign and includes career events held within hospitals and universities and further information sessions/webinars—the number of engagements in this space is impressive.

The College has multiple communication channels with trainees including electronic direct mail and newsletters. Educational events and social media are also used. In addition, RLOs communicate directly with their peers. Training fees are publicly listed on the College website with further supports and subsidies available. The team noted the high cost of FSP fees, though there are payment options for registrars who experience financial hardship.

Recent exam date changes for the 2025 AKT/KFP resulted in potential impacts to registrars preparing for their exams. The team noted that the GPiT Faculty was not consulted on this process and the College should ensure that there should be adequate and timely communication with registrars regarding significant changes to training to give registrars adequate notice, and that key trainee bodies including the GPiT Faculty are included and actively contribute to the formation of communication strategies.

7.4 Trainee wellbeing

The accreditation standards are as follows:

- The education provider promotes strategies to enable a supportive learning environment.
- The education provider collaborates with other stakeholders, especially employers, to identify and support trainees who are experiencing personal and/or professional difficulties that may affect their training. It publishes information on the services available.

7.4.1 Team findings

The College has a multi-pronged approach to supporting registrar wellbeing, including a GPiT Wellbeing Committee (established in late 2023), a GPs in Training Safety and Wellbeing Policy (developed with the transition), dedicated support staff (TCs and MEs), an Employee Assistance Program service (RACGP GP support program) and via training post, practice and supervisor accreditation. The GPiT Wellbeing Committee has a significant program of work and, being a relatively new committee, the team recommends the College prioritise and allocate appropriate support for this work moving forward.

All trainee progress is overseen by the Progression Review Committee for quality assurance purposes. If a local team or supervisor raises concerns about a registrar for any reason, they may seek advice from the Progression Review Committee. Advice or recommendations from the Committee will be shared with the registrar, generally through their local ME and in writing.

It is commendable that the College has a GPs in Training Diversity, Equity and Inclusion Policy. It is also good to see Fellowship Exam Support including specific support for Aboriginal and/or Torres Strait Islander registrars, international medical graduate (IMG) registrars (with a communication skills specialist) and ADF registrars. The College is further commended on its robust structures of support for registrars and supervisors with various roles including MEs, TCs, RLOs, SLOs, PMLOs and Regional Directors of Training (RDoTs).

7.5 Resolution of training problems and disputes

The accreditation standards are as follows:

- The education provider supports trainees in addressing problems with training supervision and requirements, and other professional issues. The education provider's processes are transparent and timely, and safe and confidential for trainees.
- The education provider has clear impartial pathways for timely resolution of professional and/or training-related disputes between trainees and supervisors or trainees and the education provider.

7.5.1 Team findings

The College currently has multiple mechanisms in place to monitor practices and supervisors, including term feedback by registrars, formal and informal discussion with MEs, TCs and RLOs, and adequate completion of various assessment activities including WBAs. Resolution of training disputes are governed by the Dispute, Reconsideration and Appeals Policy and trainees are made aware of this process in the AGPT and FSP handbooks. There is also a Complaints Policy that covers any other disputes not covered by other College dispute resolution or academic policies. The Complaints Policy was highlighted by the National Health Practitioner Ombudsman (NHPO) as a 'sophisticated complaint handling system for managing administrative complaints that is transparent, clear and accessible' (*Processes for progress – College specific analysis and recommendations*).

Trainees can access TCs for support with concerns about placement, and there is a standard in the *Standards for general practice training* that governs site accreditation related to pastoral care. The AGPT and FSP placement process and employment procedures support the identification and management of conflicts of interest during placements. Notification of potential conflicts of interest is managed through the Conflicts of Interests Guidance Policy. These policies and procedures are available on the College website.

The team noted some trainees have raised concerns about the variable quality of supervision as well as some underperforming training practices and the challenges of managing this. Furthermore, there were some uncertainties about which College personnel or complaints pathway was best for resolving various trainee concerns. Given the potential impact on trainees' quality of education, training and overall wellbeing, the College should formalise mechanisms to triangulate and use collected monitoring evidence to support practice and supervisor improvement. This should include regular feedback given to all supervisors, and, where possible, ensuring that trainees are made aware of the progress of their feedback/complaint, noting the need to respect aspects of confidentiality and privacy and the principles of natural justice. This is explored in Standard 8.1.

2024 commendations, conditions and recommendations

Commendations

- W The College has structured and embedded processes for selection with clear policies for prospective trainees and successful strategic efforts to recruit into the specialty.
- X The work of the GPiT Wellbeing Committee with a wide range of initiatives and strategies to support the wellbeing of registrars, supervisors and the wider College body.
- Y There are robust structures of support for registrars and supervisors with various supporting roles including Medical Educators, Training Coordinators, Registrar Liaison Officers, Supervisor Liaison Officers, Practice Manager Liaison Officers and Regional Directors of Training.

Conditions to satisfy accreditation standards

- 12 Undertake the review of the FSP selection process and ensure:
- i. Clear distinction between all training pathways to guide prospective trainees in their application.
 - ii. Increased support and appropriate information provided for prospective trainees (Australian and International) to select the most suitable pathway.
 - iii. Trainees are placed in the pathway that best suits their personal, education and training needs
 - iv. Monitoring of the consistency of the application of selection policies for all pathways. (Standard 7.1)
- 13 Implement strategies to prioritise recruitment and advertising strategies targeted at Aboriginal and/or Torres Strait Islander prevocational doctors and medical students, in collaboration with the College's Aboriginal and Torres Strait Islander Faculty and dedicated education and training team, and other relevant external stakeholders. (7.1.3)
- 14 Prioritise support for trainee representatives in their roles by:
- i. Defining and elevating the role of the Registrar Liaison Officer and the GPiT Faculty Representative within the College and trainee cohort to ensure increased awareness of their different roles for trainee advocacy and support. (Standard 7.2.1)
 - ii. Implementing structured orientation and training for Registrar Liaison Officers, especially on how to best support registrars in a psychologically safe manner, from a WHS perspective, and with consideration of Mental Health First Aid training. (Standard 7.2.1)

Recommendations for improvement

- LL Identify ways to prioritise and allocate practical support for the significant program of work of the GPiT Wellbeing Committee as a relatively new committee. (Standard 7.4 and 1.1)

B.8 Implementing the program – delivery of education and accreditation of training sites

8.1 Supervisory and educational roles

The accreditation standards are as follows:

- The education provider ensures that there is an effective system of clinical supervision to support trainees to achieve the program and graduate outcomes.
- The education provider has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the specialist medical program and the responsibilities of the education provider to these practitioners. It communicates its program and graduate outcomes to these practitioners.
- The education provider selects supervisors who have demonstrated appropriate capability for this role. It facilitates the training, support and professional development of supervisors.
- The education provider routinely evaluates supervisor effectiveness including feedback from trainees.
- The education provider selects assessors in written, oral and performance-based assessments who have demonstrated appropriate capabilities for this role. It provides training, support and professional development opportunities relevant to this educational role.
- The education provider routinely evaluates the effectiveness of its assessors including feedback from trainees.

8.1.1 Team findings

System of supervision and defining responsibilities

The system of supervision available to support trainees meet the program and graduate outcomes of the RACGP program is extensive. Trainees are supported in different ways by the following roles at local, regional and national levels:

- supervisor
- Practice Manager
- medical educator (ME)
- training coordinator (TC)
- Regional Director of Training (RDoT)
- Regional Operations Manager (ROM)
- Registrar Liaison Officer (RLO)
- Supervisor Liaison Officer (SLO)
- Practice Manager Liaison Officer (PMLO).

The roles within the system of supervision are taken up locally in practices, at a state level regionally, nationally and also via remote means. Communication about program and graduate outcomes is available to all members across this system. The panel learned that the above roles have existed in some jurisdictions predating the return to College-led training, and in some locations this is new.

It was evident that the responsibilities of all these roles were not always understood across Australia, impacting national consistency. For example, the clarity of role and capabilities of the ME across Australia seems to be emerging. As this becomes more established, the team would like to see how this role is being managed consistently in each region, while also being responsive to trainee and local

needs. Additionally, the role and recognition of the Practice Manager in the effective system of clinical supervision to support trainees to achieve the program and graduate outcomes is also not clearly defined or consistent.

While process charts exist, and also named support is present on the TMS landing page, there still appears to be some challenges in that trainees do not know the appropriate person or pathway for raising concerns. This is captured elsewhere in the report (see Standard 7.5), but has implications here related to the effectiveness of the system of clinical supervision, and may also indicate a challenge to clarity surrounding the responsibilities of each of these support roles.

The liaison officers are regional roles that provide a conduit role between the College and the registrars (RLOs), supervisors (SLOs) and Practice Managers (PMLOs); they are also a direct contact/support person for those respective stakeholder groups. The panel learned that there are opportunities for these liaison officers to meet at a national level to provide support and professional development for each other. These roles are remunerated by the College. Of note, they have strong relationships providing them with external supports including GPRA, General Practice Supervisors Australia and Australian Association of Practice Management.

Supervisor selection and support

The accreditation process for supervisors for AGPT is comprehensive. The training, support and professional development of supervisors, particularly in the AGPT Program, is commendable. For example, the breadth of resources and professional development for MEs in the AGPT program is also impressive and should be commended. An added bonus is the recognition of this professional development as part of CPD for these FRACGP Fellows; however, this is not the case for all supervisors. The panel did note a desire to have greater face-to-face opportunities for professional development.

There appears to be clear guidelines and processes for selecting trainees, supervisors and practices that are appropriate for the remote supervision model. This model appears to be functioning well.

The team learned of the variability across support, training and professional development of supervisors. Supervisors and registrars reported unclear expectations for supervisors. Supervisors also reported some unmet training and professional development needs; for example, decreased support for FSP supervisors to access ongoing professional development through the College, and challenges to orientation and support for this cohort of supervisors as well as PEP Specialist supervisors.

Supervisor effectiveness

The team learned of excellent examples of supervision in general practice training, as well as some concerns about supervision quality. It is understood that the College is aware that quality of supervision can be variable, as experienced by trainees (discussed in Standard 7.5), which may be reflective of the highly devolved program of education. While feedback from trainees about supervisor effectiveness is collected at end-of-term evaluation, this information appears to be for College purposes only and does not make its way back to the supervisor until the aggregated information is part of the practice and supervisor accreditation (every three years). External clinical teaching visits also seem to capture informal information about teaching plans and supervisor capacity. However, there does not currently appear to be a process for returning feedback information to supervisors promptly, and many supervisors reported a desire to have feedback on their roles.

The team recommends a formal mechanism for evaluation, including trainee feedback, be developed and implemented, noting the need to respect aspects of confidentiality, privacy and the principles of natural justice. Trainees should be kept in the loop on the outcomes or impacts of feedback provided on supervision and/or practice effectiveness.

Micro-evaluation of supervision within the education team is commencing the use of an excellent and authentic approach wherein supervisors can submit a video of themselves providing feedback or performing an assessment, although it is unclear how this articulates with the overall evaluation

framework discussed in Standard 6.1. In this evaluation activity, monitoring of supervision quality occurs via feedback from supervisors in their own professional development. Supervisor reports are signed off by MEs who consider the quality and themes in the report. Timely feedback can be delayed, however, as registrars are reluctant to share concerning feedback during the term.

Supervisor feedback processes, even for high-performing supervisors, is an area for development in some jurisdictions, although it appears to be working well in others. The team was impressed with the early initiatives of the education team to seek video submissions by supervisors to monitor supervision skills, and would be interested in hearing the progress of this initiative.

The ME communities of practice described sound useful for consistency, for near-peer learning for MEs and for developing the capabilities of this group. There are a range of processes in place for capturing feedback on the ME approach, including feedback from registrars.

Assessor selection and support

There is evidence of a comprehensive selection and support process (including professional development opportunities) for those Fellows involved in the CCE, AKT and KFP examinations. This includes managing potential conflicts of interest with this group of people and potential external providers, such as those outlined in the candidate guidelines for the CCE. The team learned of the extensive work involved in item generation for these examinations.

Assessor effectiveness

The effectiveness of assessors in the above examinations is also assessed using quality assurance processes (including audits of marking, direct observation and periods of supernumerary assessing at the commencement of the role). The team were unaware of feedback mechanisms from trainees regarding assessor effectiveness.

Of note, WBAs are primarily completed by MEs and supervisors. The effectiveness of these assessors is captured in earlier comments about supervisor effectiveness (i.e. communities of practice and captured feedback). As the WBA program is still in the implementation phase, the reliability and validity of these assessments (and the related assessors), has not been evaluated by the College. As the WBA rollout comes to completion, the AMC would value seeing data on the utility of these assessments as identified in Standard 5.

8.2 Training sites and posts

The accreditation standards are as follows:

- The education provider has a clear process and criteria to assess, accredit and monitor facilities and posts as training sites. The education provider:
 - applies its published accreditation criteria when assessing, accrediting and monitoring training sites
 - makes publicly available the accreditation criteria and the accreditation procedures
 - is transparent and consistent in applying the accreditation process.
- The education provider's criteria for accreditation of training sites link to the outcomes of the specialist medical program and:
 - promote the health, welfare and interests of trainees
 - ensure trainees receive the supervision and opportunities to develop the appropriate knowledge and skills to deliver high-quality and safe patient care, in a culturally safe manner

- support training and education opportunities in diverse settings aligned to the curriculum requirements including rural and regional locations, and settings which provide experience of the provisions of health care to Aboriginal and Torres Strait Islander peoples in Australia and/or Māori in New Zealand
- ensure trainees have access to educational resources, including information communication technology applications, required to facilitate their learning in the clinical environment.
- The education provider works with jurisdictions, as well as the private health system, to effectively use the capacity of the health care system for work-based training, and to give trainees experience of the breadth of the discipline.
- The education provider actively engages with other education providers to support common accreditation approaches and sharing of relevant information.

8.2.1 Team findings

The College has a clearly documented and comprehensive national framework for accreditation for both training sites and supervisors which aligns with the standards of training for AGPT and FSP programs. The RACGP's 2022 National Accreditation Framework was developed to provide a nationally consistent approach. All general practice training posts must be accredited against the RACGP *Standards for general practice training*, and all accreditation documents are publicly available on the College website.

The standards explicitly address accreditation of Aboriginal and/or Torres Strait Islander health posts and require mandatory cultural safety training/education for all primary supervisors. All training site staff are also provided onsite and offsite cultural safety training.

The standards include a focus on ensuring a supportive and safe environment for trainees and appropriate resourcing in terms of staffing and educational resources by the College as well as by the practice.

There are defined roles and responsibilities of organisations and teams involved in accreditation with terms of reference for accreditation panels, including RLOs who are trainees, and SLOs. The team noted that RLOs/trainees may not always be available to attend the meetings or be involved in accreditation activities. It is noted while the College provides papers for feedback, the frequency of trainee response to these papers is unclear. The College should consider mechanisms to ensure the trainee voice is clearly included in accreditation reviews or visits or in their outcomes. This may involve expanding the pool of trainees currently included and involved in the assessment of training sites.

The close involvement of local College personnel in the accreditation and monitoring of practices enables early intervention at a local level when issues are identified, thus avoiding the need for escalation except in serious or intractable matters. All staff and trainees were aware of the avenues for escalation when necessary.

Response to NHPO recommendations

The 2023 NHPO report (see Standard 7.5) indicated a number of recommendations for the College to improve accreditation processes. The College indicated it has already responded to several recommendations, including publishing all accredited practices for the AGPT Program, and is progressing towards doing the same for the FSP program. The College's continuing response to these recommendations will be of interest to the AMC.

Transition to College-led training

The transition to College-led training has enabled a 'locally delivered, regionally supported and nationally consistent' approach, which appears to be working well across jurisdictions and has been generally welcomed with the aim to increase training positions across the whole country, particularly

in rural and remote areas where well-trained GPs are most needed. The team noted some of the innovative work being done by the College to familiarise trainees with the potential benefits of working rurally and remotely, and encourages further development and evaluation of such activities.

The team noted a high number of practices not applying for reaccreditation, but was reassured that this attrition was expected by the College and consistent as part of the redistribution aimed across metropolitan, regional and rural sites. The number of accredited training sites available is sufficient to accommodate all trainees.

Collaboration with other specialist medical colleges

There is evidence of collaboration with other specialist medical colleges on common or joint accreditation approaches, where possible, to reduce duplication. For example, regular meetings with ACRRM are held to enable sharing of information between the two accreditation teams. This includes for hospital-based general practice training sites for the first year or AGPT training.

2024 commendations, conditions and recommendations

Commendations

- Z There is a comprehensive framework of supervision to support trainees meet the program and graduate outcomes. The accreditation process for AGPT supervisors is thorough with excellent training, support and professional development is provided for supervisors and medical educators.
- A1 There are clear guidelines and processes for selecting supervisors and practices that are appropriate for remote supervision model.
- B1 There is a comprehensive assessor selection and support process (including professional development opportunities) for those fellows involved in the CCE, AKT and KFP examinations. The effectiveness of examination assessors is assessed using many approaches.
- C1 The notion of 'locally delivered, regionally supported and nationally consistent' education and training is executed well and with consideration for local approaches across jurisdictions.

Conditions to satisfy accreditation standards

- 15 Develop and implement a process to formalise mechanisms for evaluation on supervisor and/or practice effectiveness and improvement. A "close the loop" process should be incorporated for trainees to be aware of action steps taken. (Standard 8.1.4 and 6.3.2)
- 16 Develop and implement process to evaluate WBA assessor effectiveness, including feedback from trainees. (Standard 8.1.6)

Recommendations for improvement

- MM Incorporate into existing communication and feedback mechanisms ways to ensure:
 - i. The defined responsibilities of each role within the delivery of the programs is consistently understood and delivered across the regions. (Standard 8.1.2)
 - ii. The support and training needs across the diverse pool of supervisors involved in the College programs are being sufficiently met. (Standard 8.1.3)
- NN Consider ways to ensure the trainee voice or availability of RLOs is consistently included in the process of accreditation and monitoring of training practices. (Standard 8.2 and 7.2)

B.9 Assessment of specialist international medical graduates

9.1 Assessment framework

The accreditation standards are as follows:

- The education provider's process for assessment of specialist international medical graduates is designed to satisfy the guidelines of the Medical Board of Australia and the Medical Council of New Zealand.
- The education provider bases its assessment of the comparability of specialist international medical graduates to an Australian- or New Zealand- trained specialist in the same field of practice on the specialist medical program outcomes.
- The education provider documents and publishes the requirements and procedures for all phases of the assessment process, such as paper-based assessment, interview, supervision, examination and appeals.
- Additional MCNZ criteria: Recognition and Assessment of International Medical Graduates (IMGs) applying for registration in a vocational scope of practice

9.1.1 Team findings

The College's PEP Specialist stream evaluates SIMGs for comparability to Australian-trained GPs. The program categorises applicants as substantially comparable, partially comparable or not comparable. Substantial comparability allows independent practice with limited oversight, while partial comparability requires a supervised practice period to achieve equivalence within 24 months. Those assessed as not comparable can consider other pathways or reassessment opportunities if they meet specific conditions.

The College provides detailed policy and procedural information related to the PEP Specialist stream on its website. This includes guidelines for supervision, examination, recency and appeals. The team noted the College plans to improve and streamline these assessments by reducing unnecessary requirements and enhancing documentation and orientation, particularly regarding Aboriginal and Torres Strait Islander Health, as part of its future strategies aligned with the recommendations from the 2023 report on Australia's regulatory settings related to overseas practitioners by Ms Robyn Kruk AO.

The assessment framework satisfies the Medical Board of Australia guidelines and is fundamentally the same for all training pathways. There is a clear process for assessment of IMG trainee comparability in place. The team noted program handbooks and website information are of high quality and clearly outline the training and assessment process as well as costs involved. There are high-quality administrative teams to assist with queries.

The team heard some SIMGs on the substantially comparable pathway voicing concerns regarding a lack of acceptance of their previous experience, whereas the trainees on partially comparable pathway expressed higher satisfaction in the process and the supervised practice period.

Pastoral care is clearly a priority for the College and the team notes the positive addition of a national IMG committee in addition to the state-based committees in South Australia and Victoria. The commitment to ensuring cultural safety training is well described in the material provided, although specific training in understanding Australian local rural culture is an area that could be enhanced for this somewhat vulnerable cohort.

RVTS training pathway

RVTS is a program for experienced trainees (many who are SIMGs) that is partially supported by the College with input from the rural censor and summative assessment system. Trainees in all pathways

have opportunities for enhanced rural training experiences and to complete a rural generalist Fellowship.

Impact of changes to the registration pathway for SIMGs

Since 2013, there have been significant changes in College's specialist pathway programs. The transition from the Specialist Pathway Program to the Specialist Recognition Program in 2018 included a more detailed assessment method and introduced WBAs. While comparability criteria have become less stringent, maintaining patient safety through rigorous competence evaluation remains a priority. These amendments aim to facilitate better access and integration of IMGs into the Australian healthcare system.

The team recognises the challenging SIMG journey of arriving in Australia and satisfying stringent medical board requirements. This process is lengthy and expensive, and any efficiencies to ensure smooth and timely processing of applications will make it less stressful for the applicants. Financial assistance for these trainees also needs careful attention as the rising cost of living impacts on affordability of the assessment and subsequent training process.

The proposed Federal Government expedited specialist registration pathway for SIMGs in general practice is an area of significant uncertainty relating to governance, curriculum, selection, accreditation and assessment. The AMC will be interested in the College's response and any significant changes to policies and processes as a result of the expedited pathway or the 2023 independent review by Ms Robyn Kruk AO on Australia's regulatory settings related to overseas health practitioners.

9.2 Assessment methods

The accreditation standards are as follows:

- The methods of assessment of specialist international medical graduates are fit for purpose.
- The education provider has procedures to inform employers, and where appropriate the regulators, where patient safety concerns arise in assessment.

9.2.1 Team findings

The assessment requirements for PEP Specialists assessed as substantially comparable or partially comparable are detailed in the [PEP – Requirements for Fellowship Policy](#). The education requirements are based on the definitions of comparability and detailed in the following handbooks:

- [*PEP Participant Handbook – Substantially Comparable Stream*](#)
- [*PEP Participant Handbook – Partially Comparable Stream*](#).

Assessment tools used for SIMGs are the same as for all trainees with WBAs, supervisor term reports, case-based discussion/random case analysis, mini-CEX, learning needs analysis and multisource feedback. The summative assessments (AKT/CCE/KFP) are also common to all streams except for the PEP Specialist substantially comparable cohort; the assessment tools are used for summative purposes to award Fellowship. These assessment instruments result in multiple assessment data points that are robust, defensible and fit for purpose.

The College has procedures to identify and support trainees in difficulty, which extend to all SIMGs and, if necessary, involve appropriate regulatory bodies as required to protect patient safety. The reporting pathway may involve self-reporting, supervisor and ME concerns, concerns from 365 feedback of practice team or patient input.

9.3 Assessment decision

The accreditation standards are as follows:

- The education provider makes an assessment decision in line with the requirements of the assessment pathway.
- The education provider grants exemption or credit to specialist international medical graduates towards completion of requirements based on the specialist medical program outcomes.
- The education provider clearly documents any additional requirements such as peer review, supervised practice, assessment or formal examination and timelines for completing them.
- The education provider communicates the assessment outcomes to the applicant and the registration authority in a timely manner.

9.3.1 Team findings

Comparability assessment

The comparability assessment for SIMGs evaluates the SIMG's practice continuity, professional development and clinical experience compared to an Australian-trained GP. SIMGs classified with substantially comparable qualifications are exempt from formal exams but must complete six months of FTE supervision and a program incorporating WBAs. If candidates fail to demonstrate competence, they are reclassified as partially comparable, requiring them to pass the RACGP exams.

The six-month program for both substantially and partially comparable SIMGs includes online learning units covering the Australian healthcare system, cultural awareness and in-practice activities, coupled with multisource feedback and clinical assessments such as mini-CEX. These assessments are paired with supervisor reports and reviewed by independent assessors to ensure quality standards are met. If performance is unsatisfactory, remedial actions or reclassification may follow. Future enhancements include small group learning support.

Completion of BLS within a year and ALS within four years before Fellowship application is mandatory, ensuring readiness. All requirements and resources are outlined in the PEP Resources and Specialist Stream Participant Guide, providing clarity on achieving Fellowship eligibility upon meeting all program stipulations.

The team noted the College has worked to improve communication on assessment outcomes over the last 12 months, but acknowledged more could be done to improve comparability assessment timeframes and coordination with AHPRA.

9.4 Communication with specialist international medical graduate applicants

The accreditation standards are as follows:

- The education provider provides clear and easily accessible information about the assessment requirements and fees, and any proposed changes to them.
- The education provider provides timely and correct information to specialist international medical graduates about their progress through the assessment process.

9.4.1 Team findings

The College provides clear and detailed information regarding all training pathways that includes entry, fees and assessment requirements. There are online program booklets and opportunities to discuss with the RACGP team responsible for each program.

Feedback from participants gathered in 2022 and 2023 has informed changes in the 2024 program to enhance peer networking opportunities and overall participant experience.

Formative assessment feedback, as well as day-to-day monitoring to formulate supervisor reports, appears to be positive. However, in the self-funded programs (i.e. PEP and FSP pathways), there were reports of concerns regarding timely assistance to complete mandatory requirements, supervisor orientation to the program and levels of supervision.

At the time of writing, a monitoring and evaluation plan for the PEP Specialist program post-transition to College-led training was in development with results to be collected.

2024 commendations, conditions and recommendations

Commendations

- D1 The Practice Experience Program is a quality program for specialist international medical graduates, supported by a culture of evidence-based education and training, and assessment methods.
- E1 A significant volume of policy work has been completed to improve recognition of the specific vulnerability and support mechanisms SIMGs need as they develop capability in the Australian healthcare system.

Conditions to satisfy accreditation standards

Nil

Recommendations for improvement

- OO Through monitoring and evaluation, identify ways to further improve efficiencies in the SIMG process to ensure smooth and timely processing of applicants and communication about pathways to fellowship. (Standard 9.3 and 9.4)

Professor Michelle Leech AM (Chair), MBBS(Hon), FRACP, PhD.

Deputy Dean (Medicine) & Head of Medical Course, Faculty of Medicine, Nursing and Health Sciences, Monash University. Vice President, Medical Deans Australia. Chair, Post Graduate Medical Council of Victoria.

Emerita Professor Kirsty Foster OAM (Deputy Chair), BSc (Medical Science), MBChB, FRCGP, DRCOG, MEd, PhD.

Professor Emerita, University of Queensland. Honorary Professor, Hanoi Medical University Vietnam. Member, McGraw Hill Medical Education Advisory Board.

Dr Hashim (Hash) Abdeen, MBBS, FRACP.

Staff Specialist Rheumatologist, Gold Coast Hospital & Health Service. Chief Medical Registrar & Medical Administration Registrar, Gold Coast Hospital and Health Service.

Dr Charlotte Denniston, BPhysio (Hons), PhD, AFANZAHPE.

Senior Lecturer, Melbourne Medical School, Department of Medical Education, University of Melbourne.

Dr Peter Fleischl, MBChB, DipObst, FRNZCGP, DipGerMed, MClined.

Locum General Practitioner, New Zealand.

Associate Professor Michael Nowotny, B Med Sci(hons), MBBS, Grad Cert (HlthProfEd), FRACP.

Paediatrician and Allergy Specialist, Peninsula Paediatrics and Allergy.

Mr Tom Symonds, MSc (Hons), MBA (Health), GAICD.

Innovation Ecosystem Manager – Lot Fourteen Innovation District. Department of Premier & Cabinet, SA Government

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Ms Juliana Simon

Manager Specialist Medical Program Assessment

Mr Simon Roche

Program Support Officer, Specialist Medical Program

Mrs Marguerite Smith

Program Coordinator, Specialist Medical Program

Appendix Two**List of Submissions on the Programs of the Royal Australian College of General Practitioners**

Australian and New Zealand College of Anaesthetists
Australian College of Rural and Remote Medicine
Australian Medical Acupuncture College
Australian Medical Association
Department of Health Tasmania
Faculty of Medicine, Dentistry and Health Sciences of the University of Melbourne
General Practice Supervision Australia
Health Workforce Division
Leaders in Indigenous Medical Education (LIME) Network
Ministry of Health NSW Local Health
Northern Territory Health
Office of the Deputy Director-General, Policy and Transformation, ACT Health Directorate
Office of the Health Ombudsman
Postgraduate Medical Council of Western Australia
Queensland Health
Royal Australasian College of Physicians
Royal Australian and New Zealand College of Obstetricians and Gynaecologists
Royal Australian and New Zealand College of Psychiatrists
University of Queensland
Victorian Department of Health
Western Australia Department of Health

Appendix Three

Summary of the 2024 AMC Team's Accreditation Program

Program of Meetings	Team Members Attending
Wednesday 24 July 2024 VICTORIA (VIRTUAL)	
CPD Provider - University of Melbourne, Dept. of General Practice	Emerita Professor Kirsty Foster (Deputy Chair) Dr Peter Fleischl Mr Simon Roche (AMC Staff)
CPD Provider – Cancer Council Victoria	
AGPT Queensland Medical Educators	
AGPT Registrars	
AGPT Supervisors	
AGPT Medical Educators	
AGPT Regional Director of Training and Regional Operations Manager	
Thursday 25 July 2024 NORTHERN TERRITORY (VIRTUAL)	
CPD Provider – MyHealth NSW	Dr Hash Abdeen Dr Charlotte Denniston Mr Simon Roche (AMC Staff)
AGPT Registrars	
AGPT Supervisors	
AGPT Medical Educators	
AGPT Regional Director of Training	
Tuesday 6 August 2024 PEP SPECIALISTS (VIRTUAL)	
Participants	Professor Michelle Leech (Chair) Mr Tom Symonds Mr Simon Roche (AMC Staff)
NCL and Senior Admin	
Medical Educators	
Wednesday 7 August 2024 QUEENSLAND & WESTERN AUSTRALIA (VIRTUAL)	
AGPT Queensland Registrars	Emerita Professor Kirsty Foster (Deputy Chair) Dr Peter Fleischl Mr Simon Roche (AMC Staff)
AGPT Western Australia Registrars	
AGPT Western Australia Supervisors	
AGPT Western Australia Medical Educators	
AGPT Western Australia Regional Director of Training and Regional Operations Manager	
Thursday 8 August 2024 SOUTH AUSTRALIA (VIRTUAL)	
FSP Supervisors (National)	Dr Hash Abdeen Dr Charlotte Denniston Mrs Marguerite Smith (AMC Staff)
AGPT Registrars	
AGPT Supervisors	
AGPT Medical Educators	

Program of Meetings	Team Members Attending
AGPT Regional Director of Training and Regional Operations Manager	
Friday 9 August 2024 QUEENSLAND, AUSTRALIAN CAPITAL TERRITORY & NEW SOUTH WALES (VIRTUAL)	
AGPT Queensland Regional Director of Training and Regional Operations Manager	Dr Charlotte Denniston Professor Maree Toombs Mr Simon Roche (AMC Staff)
AGPT ACT & NSW Registrars	
AGPT ACT & NSW Supervisors	
AGPT ACT & NSW Medical Educators	
AGPT ACT & NSW Regional Director of Training and Regional Operations Manager	
Wednesday 14 August 2024 TASMANIA (VIRTUAL)	
AGPT Registrars	Emerita Professor Kirsty Foster (Deputy Chair) Mr Tom Symonds Mr Simon Roche (AMC Staff)
AGPT Medical Educators	
AGPT Regional Director of Training and Regional Operations Manager	
Thursday 15 August 2024 FELLOWSHIP SUPPORT PROGRAM (VIRTUAL)	
AGPT Queensland Supervisors	Professor Michelle Leech (Chair) Dr Peter Fleischl Mr Simon Roche (AMC Staff)
FSP Registrars	
FSP Medical Educators	
FSP Operations and National Clinical Lead	

AMC Team Meetings with RACGP Committees and Staff

Monday 19 to Thursday 22 August 2024

Professor Michelle Leech (Chair), Emerita Professor Kirsty Foster OAM (Deputy Chair), Dr Hashim Abdeen, Dr Charlotte Denniston, Dr Peter Fleischl, Associate Professor Michael Nowotny, Mr Tom Symonds, Professor Maree Toombs, Ms Juliana Simon (AMC Staff), Mr Simon Roche (AMC Staff), Mrs Marguerite Smith (AMC Staff)

Meeting	Attendees
Monday 19 August 2024	
Meeting with specialist international medical graduates	Specialist international medical graduate representatives
Meeting with Australian Health Departments	Health Department representatives
Meeting with Australian consumer groups	Consumer Groups representatives
Meeting with College CEO	President Board Chair CEO Censor in Chief

Meeting	Attendees
<u>Standard 1.1, 1.2, 2.1 and 6.3</u> Governance, Program Management and Educational Purpose, Feedback, Action and Reporting	President Board Chair CEO Censor in Chief Chair GPs in Training faculty National Director of Training Acting Chief GP Training Officer Acting Chief Education Officer Finance Audit and Risk Management (FARM) Representative Chief Member Experience Officer Acting Chief People Officer Company Secretary
<i>Tuesday 20 August 2024</i>	
<u>Standards 2.2, 2.3 and 3.1 3.2</u> Program and Graduate Outcomes, and Curriculum Content	CEO Censor in Chief National Director of Training Snr Academic Advisor Medical Education National Clinical Lead Education Strategy and Dev National Clinical Head Aboriginal & Torres Strait Islander Training Acting Chief GP Training National Clinical Head of Rural Pathways in Medical Education National Medical Education Manager
<u>Standard 1,2,3,7 & 8</u> Aboriginal and/or Torres Strait Islander Peoples Health, Equity and Cultural Safety	Manager Aboriginal & Torres Strait Islander Health General Manager Joint Colleges Training Services Deputy General Manager Joint Colleges Training Services NC Head Aboriginal & Torres Strait Islander Training Snr Medical Educator and National Clinical Lead Aboriginal & Torres Strait Islander Health Training NCL Aboriginal & Torres Strait Islander Health Training Censor - National Aboriginal & Torres Strait Islander Faculty
<u>Standard 3 and 4</u> Curriculum and Teaching and Learning	National Director of Training National Deputy Director of Training National Clinical Lead Education Strategy and Development

Meeting	Attendees
	Senior Education Advisor National Clinical Lead Medical Educator Core Education Program National Clinical Lead, Fellowship Support Program National Medical Education Manager
<u>Standard 9</u> Assessment of SIMGS	Censor in Chief National Clinical Lead, Assessment Operations and Education Governance National Clinical Lead, Practice Experience Program (PEP) Specialist National Clinical Lead Assessment Education Support Lead Head of Assessment
<u>Standard 5</u> Assessment of Learning: Examination	Censor in Chief National Clinical Lead, Assessment Acting National Deputy Director of Training VIC State Censor Education Executive Officer Head of Assessment
<u>Standard 7</u> Committees	National Deputy Director of Training National Clinical Head of Rural Pathways National Director of Training Acting Chief GP Training Officer National Clinical Lead-FSP
<u>CPD Homes</u> Continuing Professional Development Programs	Chair Post Vocational Education Committee Acting Chief Education Officer Acting Head of CPD Nat Clinical Lead CPD CPD Project Manager
<u>Standard 6</u> Monitoring and Evaluation	Censor in Chief National Director of Training Head of Education Governance and Development Manager Evaluation Quality and Research Risk and Compliance Manager
<u>Standard 2, 6 and 9</u> Meeting with New Fellows	Chair GPiT Committee Deputy Chair
FSP Registrars	FSP Registrars
<i>Wednesday 21 August 2024</i>	
<u>Standard 4</u> Teaching and Learning Teaching and Learning Resources Demonstration	Manager Digital Education Medical Education eLearning Experience Lead Training Programs Lead

Meeting	Attendees
	National Lead Medical Educator National Clinical Lead Medical Educator National Deputy Director of Training Senior Medical Educator, FSP
<u>Standard 8.1</u> Supervisory & Educational roles	National Director of Training National Clinical Lead, Supervisors and Practice Support National Clinical Lead, Practice and Supervisor Accreditation National Lead Medical Educator, Remote Supervision Deputy Director of Training National Clinical Lead, Fellowship Support Program National Clinical Head of Rural Pathways
<u>Standard 8.2</u> Accreditation of Training Sites	Censor in Chief National Planner GP Training Workforce Accreditation Manager Acting Chief GP Training Officer National Clinical Lead, Fellowship Support Program
<u>Standard 5 and 8.1</u> Assessment of Learning: WBAs	National Director of Training National Assessment Advisor, Workplace based assessment (WBA) National Deputy Director of Training National Clinical Lead, Assessment
<u>Standard 1.5</u> Educational Resources	Chief Financial and Corporate Services Officer Acting Chief Education Officer Acting Chief GP Training Officer
<u>Standard 7</u> Trainees Issues relating to Trainees	Acting Chief GP Training Officer (Acting Chief GP Training attended as proxy) National Manager Marketing GP Training National Deputy Director of Training National Lead Medical Educator - Post Exam Lead & Senior Regional Medical Educator-Performance Management National Clinical Lead, Performance Management Program Resource Lead Faculty Manager GP in Training (Chair of the GPiT attended as proxy)
<u>Standard 1.6, 3.2, 7.1.4, 8.2.2</u> Issues relating to Rural Health	GP Training Executive Officer National Clinical Head of Rural Pathways Rural Censor

Meeting	Attendees
	Manager Rural Pathway and Rural Generalist Training Training Programs Lead
Site visit to Melbourne Metro	Melbourne Metro representatives
GPSA Members	Supervisor Liaison Officer
GPiT Wellbeing Committee	Deputy Director of Training Manager GP in Training Faculty (Deputy Chair of the GPiT Wellbeing Committee attended as proxy)
Meeting with College CEO	President CEO Censor in Chief
Registrar Liaison Officers	Registrar Liaison Officers
Practice Managers Liaison Officers	Practice Manager Liaison Officers
<i>Thursday 22 August 2024</i>	
AMC Team prepares preliminary statement of findings	AMC Team
Team presents preliminary statement of findings	College Representatives

