Accreditation Report: The Genetic Pathology Program of the Royal College of Pathologists of Australasia

Specialist Education Accreditation Committee

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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 People 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 of Aotearoa New Zealand.

1. Introduction

1.1 The process for accreditation of a proposed specialist medical program

The AMC document *Procedures for assessment and accreditation of specialist medical programs by the Australian Medical Council 2024* (the Procedures) describes AMC requirements for accrediting specialist programs and their education providers. For new programs, the AMC will assess if the program likely complies with accreditation standards and if the provider can implement it.

The AMC's Specialist Education Accreditation Committee reviews the submission and may decide on one of the following options for accreditation:

i. Accreditation for a period up to one year after the full program has been implemented, subject to conditions being addressed within a specific period and depending on satisfactory annual monitoring submissions. The conditions may include a requirement for follow-up assessments to review progress in implementing the program. In the year the accreditation ends, the education provider will submit an accreditation extension submission. Subject to a satisfactory accreditation report, the AMC may grant a further period of accreditation, up to the maximum possible period, before a new accreditation assessment.

ii. Accreditation will be refused where the education provider has not satisfied the AMC that it can implement and deliver the program of study at a level consistent with accreditation standards. The AMC will give the provider written notice of the decision and its reasons, as well as the procedures available for reconsideration and internal review of the decision within the AMC.

The AMC and the Medical Council of New Zealand (MCNZ) work collaboratively to streamline the assessment of education providers that provide specialist medical training in Australia and Aotearoa New Zealand, and both have endorsed the accreditation standards. The two Councils have agreed to a range of measures to align the accreditation processes, resulting in joint accreditation assessments, joint progress and comprehensive reporting, and aligned accreditation periods. The AMC will continue to lead the accreditation process.

1.2 The recognition of genetic pathology as a new specialty

Genetic pathology became the eighth medical discipline of the Royal College of Pathologists of Australasia (RCPA) in 1999. The program has been administered under the same governance structures, policies, regulations and guidelines as other College-recognised specialties and uses the College's administrative, educational and information and communication technology resources.

In June 2025, Australian Health Ministers approved genetic pathology as a new field of specialty practice within the existing specialty of pathology. The full list of specialties, fields of specialist practice and related specialist titles is published on the Medical Board of Australia's website. The AMC can now assess and accredit education and training programs in genetic pathology, and organisations with education and training in the field may apply for accreditation.

As the recognition of genetic pathology as a new specialty applies only in the Australian context programs, Medical Council of New Zealand (MCNZ) standards were not included as part of this assessment. However, the College's Genetic Pathology Program is also delivered in Aotearoa New Zealand, and there are currently two genetic pathology trainees and two training sites there. Therefore, input from Aotearoa New Zealand trainees and members was sought during the accreditation process. Additionally, after consultation with the MCNZ, an MCNZ-recommended reviewer was included in the assessment team to provide an Aotearoa New Zealand perspective.

1.3 Decision on accreditation

Under the Health Practitioner Regulation National Law, the AMC can accredit a program of study if it is reasonably satisfied that:

a. the program of study and the education provider that provides the program of study meet the accreditation standards; or

b. the program of study and the education provider that provides the program of study substantially meet the accreditation standard and the imposition of conditions will ensure the program meets the standards 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.

Based on the accreditation submission provided, the AMC finds that the RCPA Genetic Pathology program substantially meets the accreditation standards.

The 19 February 2026 meeting of the Specialist Education Accreditation Committee resolved:

i. The Royal College of Pathologists of Australasia specialty medical program in the field of specialty practice of genetic pathology substantially meets the approved accreditation standards.
ii. The Royal College of Pathologists of Australasia's speciality medical program in the field of speciality practice of genetic pathology be granted accreditation **for two years to 31 March 2028**, aligning with the College's existing accreditation period for the specialty medical program of Pathology, subject to satisfying AMC monitoring requirements, including monitoring submissions and addressing accreditation conditions.

Condition	To be met by
Standard 1: Context of education and training	
1. Demonstrate genuine, sustained **and strategic** engagement with **both internal and external** Aboriginal and /or Torres Strait Islander and Māori stakeholders in **i. collaborating with Aboriginal and/or Torres Strait Islander and Māori stakeholders to recognise and understand the colonial**	2027

Condition	To be met by
impacts of Pathology on their communities and using this knowledge to guide improvements to the College's training and education programs (Standard 1.6.4 and 3.2.9) **ii. the development and integration of Aboriginal and/or Torres Strait Islander and Māori health and health equity in the RCPA educational purpose (Standards 2.1.2 and 2.1.3).** iii. the development, implementation and evaluation of the curriculum, particularly content related to cultural safety, **including aligned assessments** (Standards 1.6, 3.2.9 and 5.1.1). **UPDATED** *This Condition already applied to the College's overall accreditation and has been updated as a result of this accreditation. Updates are bolded for clarity.*	
Standard 2: Outcomes of specialist training and education	
3. Review outcomes for both Genetic Pathology Program streams to: i. explicitly define and document consolidated graduate outcomes (Standard 2.3.1) ii. develop and implement expected discipline-specific outcomes with explicit alignment to learning resources and assessments for each training stage, (Standards 2.3.1, 3.4.1 and 5.1.1) **NEW**	2027
Standard 6: Monitoring and Evaluation	
2. Develop and implement a systematic monitoring and evaluation framework to obtain feedback from internal and external stakeholders on all educational and training processes, including program and graduate outcomes (standards 6.1, 6.2, 6.3). **UNCHANGED**	2026

2. Royal College of Pathologists of Australasia

2.1 Accreditation history

The College's training programs were first accredited by the AMC in 2006. An overview of the College's accreditation and monitoring history is provided below.

Assessment type	Outcome
2006: Full assessment	Accreditation granted until 31 December 2010.
2010: Follow-up assessment	Accreditation extended until 31 December 2012.
2012: Accreditation extension submission	Extension of accreditation granted until 31 March 2016, subject to satisfactory monitoring submissions.
2016: Reaccreditation assessment	Accreditation granted for six years, until 31 March 2023, subject to satisfactory monitoring submissions. There were 36 conditions set on accreditation.
2022: Accreditation extension submission	Extension of accreditation granted until 31 March 2027.
2025: Extension of accreditation	Extension of accreditation granted until 31 March 2028 to align with implementation of new standards in 2026.

A copy of the 2022 RCPA accreditation report can be found here.

In August 2025, on the basis of the monitoring submission, the College was found to have substantially met the standards and the AMC set two new conditions on the College's accreditation:

Condition	To be met by
Standard 1: Context of education and training	
1. Demonstrate genuine and sustained engagement with Aboriginal and/or Torres Strait Islander and Māori stakeholders in the development, implementation and evaluation of the curriculum, particularly content relating to cultural safety (Standard 1.6.4, 3.2.9).	2026
Standard 6: Monitoring and evaluation	
2. Develop and implement a systematic monitoring and evaluation framework to obtain feedback from internal and external stakeholders on all educational and training processes, including program and graduate outcomes (standards 6.1, 6.2, 6.3).	2026

2.2 Assessment of the Royal College of Pathologists of Australasia's Genetic Pathology Program

In 2025, the AMC received an expression of interest from the RCPA to assess and accredit its Genetic Pathology Program. The College's education and training programs in the approved specialty of pathology and the following fields of specialty practice are currently accredited by the AMC:

- general pathology
- anatomical pathology (including cytopathology)
- chemical pathology

- forensic pathology
- haematology
- immunology
- microbiology

The AMC undertook a focused review of the College's Genetic Pathology Program, covering standards relevant to curriculum, assessment and related standards in other areas. Governance structures, assessment feedback details, monitoring, evaluation, communication with trainees, and the assessment of specialist international medical graduates were not fully included in the scope of this assessment; however, they will be subject to monitoring requirements. This limited scope was approved by the AMC Specialist Education Accreditation Committee under section 1.2(i) of the Procedures. A full list of standards included in this assessment is detailed in Appendix 1.

In 2027, the College and its accredited programs will undergo a reaccreditation assessment under the revised standards for specialist medical programs (planned for implementation in 2026). The reaccreditation assessment will be an opportunity for a contemporary review of all the College's accredited specialist training programs.

Assessment procedure

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

Given the focused scope of the review, the AMC undertook a smaller scale assessment process using a risk-based approach.

Below is a summary of the steps followed in this assessment:

- The AMC asked the College to lodge an accreditation submission against specified AMC accreditation standards deemed relevant to the Genetic Pathology Program.
- The AMC appointed an assessment team ('the team' hereafter) to complete the assessment, after inviting the College to comment on the proposed membership. A list of team members is provided in Appendix 2.
- The AMC consulted the MCNZ on their required involvement in the accreditation; the MCNZ recommended an independent Aotearoa New Zealand–based reviewer to consider relevant program elements.
- The team met in November 2025 to consider the College's accreditation submission.
- The team conducted two half days of virtual meetings in December 2025 with program stakeholders including trainees, supervisors, educators, staff, College office bearers and committees.

Appreciation

The team is grateful to the fellows, trainees and staff who prepared the accreditation submission and managed preparations for the assessment.

3. Australian Medical Council findings

3.1 Summary of findings against the standards

The findings against the accreditation standards are summarised in Table 1. Explicit feedback on each standard is available in Section 3.2.

Findings from the 2025 monitoring submission have been included below for comparison; monitoring is conducted against all standards. The genetic pathology new program assessment only considered a focused set of standards (see Appendix 1).

Table 1. Findings of the 2025 monitoring submission and 2026 Genetic Pathology Program accreditation against the standards

Standard	Finding in 2025 monitoring submission	Finding in 2026 (genetic pathology accreditation)
1. Context of training and education	Substantially Met	Substantially Met
2. Outcomes of specialist training and education	Met	Substantially Met
3. The specialist medical training and education framework	Substantially Met	Substantially Met
4. Teaching and learning approach and methods	Met	Met
5. Assessment of learning	Met	Substantially Met
6. Monitoring and evaluation	Substantially Met	Substantially Met
7. Issues relating to trainees	Met	Met
8. Implementing the training program—delivery of education and accreditation of training sites	Met	Met
9. Assessment of specialist international medical graduates	Met	***Not assessed***

As a result of this assessment, the accreditation status and findings of the College will be updated to reflect the findings of the review. This impact is primarily due to findings against standards 2 and 5, which have influenced the College's accreditation.

While conditions have been applied specifically to the Genetic Pathology Program, the assessment has also highlighted several issues that appear to be College-wide in nature. These broader concerns have been documented and will be further explored during the next reaccreditation cycle, following the implementation of the new AMC specialist medical program standards.

3.2 Detailed findings against the standards

Standard 1: The context of training and education

Areas covered by this standard: governance of the College; program management; reconsideration, review and appeals processes; educational expertise and exchange; interaction with the health sector. **(Standards 1.1.1, 1.1.2, 1.1.6, 1.2.1, 1.3, 1.4, 1.6)**

Summary of accreditation status	2025: Substantially Met	2026: Substantially Met

Team findings

Genetic pathology is a rapidly evolving discipline that has implications across medicine and the health system, and for individuals and communities across Australia and Aotearoa New Zealand. The College recognises the growing demand for genetic pathology services and is commended for its workforce development through workforce surveys and advocacy with jurisdictions, along with upskilling those in other pathology disciplines in genetic pathology.

Governance (Standard 1.1), program management (1.2), reconsideration review and appeals processes (1.3), and educational expertise and exchange (1.4), as they relate to the Genetic Pathology Program, all appear appropriate. It is clear that this small program benefits from its position within the broader College, leveraging centralised policies and procedures while also contributing to the College overall.

In 2025, the AMC placed a condition on the College's overall accreditation that required the College to demonstrate genuine and sustained engagement with Aboriginal and/or Torres Strait Islander and Māori stakeholders in the development, implementation and evaluation of its curricula, with a particular focus on content relating to cultural safety (Standard 1.6). The team found that there remains significant work to progress this condition.

- Despite the specific implications of genetic pathology for Aboriginal and/or Torres Strait Islander Peoples and Māori individuals and communities (e.g. burden of genomic disease, history of eugenics, data sovereignty and return of ancestral remains), the team found varying understandings of the relevance of cultural safety and health equity to pathology practice and the College. There appeared to be a widespread misconception that cultural safety is unnecessary for pathologists due to their minimal direct patient contact. This represents a significant communication and change management piece with the College's internal stakeholders to build a foundation of understanding about the reasons why First Nations health equity and cultural safety is crucial in pathology.
- Aboriginal, Torres Strait Islander and Māori health is not explicitly mentioned in the College's 2024–2027 strategic plan. This indicates a lack of strategic consideration for the health needs of these communities in relation to pathology; the team strongly encourages the College to consider this when developing its next strategic plan.
- The team notes that the College's inaugural Reconciliation Action Plan (RAP) expired in 2022 and that a new plan is not expected to be presented to the College Board until early 2026.
- The team views these gaps in strategic governance as a risk to the College's ability to meet its stated educational purpose regarding First Nations health equity.

The new RCPA leadership recognises the importance of a high-level, strategic approach in this area relating to co-design, consent, data sovereignty, strengthening governance, workforce and pipeline approaches, working with external organisations, and building monitoring and evaluation

mechanisms. However, the College is at a very early stage in this work. The team recommends modification of the existing Condition 1 to be explicit about needing to involve both internal and external stakeholders (Standard 1.6), including in the College's educational purpose (Standard 2.1), curriculum content (Standard 3.2.9) and aligned assessments (Standard 5.1.1). It is crucial that this work is viewed with a long-term lens to ensure meaningful integration of the work across the College and its educational activities.

At several meetings, internal College stakeholders promoted the idea that matters relating to First Nations health equity and cultural safety are primarily the purview of the Aboriginal, Torres Strait Islander and Māori Health and Workforce Steering Committee, rather than the responsibility of the entire College. It was also not completely clear what the processes are for iterative consultation with this committee on relevant matters, and there was no mention of embedded co-design mechanisms for relevant curricular elements. The small number of Aboriginal, Torres Strait Islander and Māori fellows and trainees also creates the risk of significant cultural and colonial loading on these stakeholders and requires a sensitive and appropriately resourced response.

1.1 Governance

The RCPA is the peak body for pathology in Australia and Aotearoa New Zealand. It operates as a company limited by guarantee and is governed by an elected, member-based Board. Genetic pathology is a mature discipline and program within the College. Genetic pathology has been formally recognised as a subspecialty by the College since 1999 and holds equal status to other pathology disciplines within its governance framework. The program has two streams (medical genomics and biochemical genetics), which were developed following a major review in 2014.

The Genetic Pathology Program is one of the smallest at the College. For example, in 2025 there were only two new trainees added to a total complement of 19 trainees, only 32 fellows and, at times, there is only one candidate at an examination.

The College developed and published its inaugural Reflect RAP 2021–2022, which remains on the RCPA website. Key areas of the RAP were to

- determine the College's vision for reconciliation
- scope and reflect on how the organisation can contribute to reconciliation
- improve relationships with Aboriginal and Torres Strait Islander stakeholders
- improve culture and philosophy in how the RCPA conducts its business
- act within its sphere of influence to enhance reconciliation
- support the RAP through existing RCPA governance structures.

A new RAP is in development.

Genetic pathology is primarily represented within the College governance structure (Figure 1) as follows:

- The **Board of Education and Assessment** (BEA) carries primary responsibility for educational policies and practice (including workplace-based assessments) and reports directly to the RCPA Board; BEA membership includes the chief examiners for all disciplines, including the Chief Examiner for Genetic Pathology.
- The **Council** provides the RCPA Board with recommendations on strategy and policy.

- The **Genetic Pathology Examiner Committee**, chaired by the Chief Examiner for Genetic Pathology, develops examination items, sets standards, and scores exams and other assessments relevant to the program.
- The **Genetic Pathology Advisory Committee** reports directly to the Board oversees professional issues; provides expert advice on technical and quality issues related to genomics requested from the Board, President or Vice President; and represents the concerns of fellows in this field to the Board and Council. It solicits opinions and advice from fellows, and provides advice on fellow training and credentialing, pathology funding, and workforce. Genetic Pathology Advisory Committee membership includes a trainee representative, nominees from the BEA, Board of Professional Practice and Quality, and the Faculty of Science.
- The **Trainee Advisory Committee**, reporting to the BEA, with voting rights on the RCPA Council, seeks representation of trainees from as many disciplines and regions as possible, and currently includes a genetic pathology trainee.

The **Aboriginal, Torres Strait Islander and Māori Health and Workforce Steering Committee**, according to its terms of reference, 'enacts the College's commitment to achieving health equity for the Indigenous peoples (sic) of Australia and Aotearoa New Zealand', ensures the membership is 'educated and equipped with laboratory and cultural competencies required to serve the health needs of Aboriginal and Torres peoples (sic)' and 'ensures that priority is given to growing the Indigenous pathology workforce'. Its terms include monitoring progress with RAP deliverables and working with the Continuing Professional Development Committee, advising on continuing professional development–related enquiries as required. For more information on the RAP and Constitution, see commentary under Standard 2.1.

The Committee meets three to four times per year, primarily virtually, with a face-to-face meeting at the annual conference (Pathology Update). It is chaired by the President or their nominee, and includes the New Zealand Vice President (or nominee), and representation of at least one fellow from each country who is an RCPA director or major Board member. Members who identify as Aboriginal, Torres Strait Islander or Māori are strongly encouraged to participate. An external Aboriginal-community representative also sits on the committee.

Figure 1. RCPA governance structure

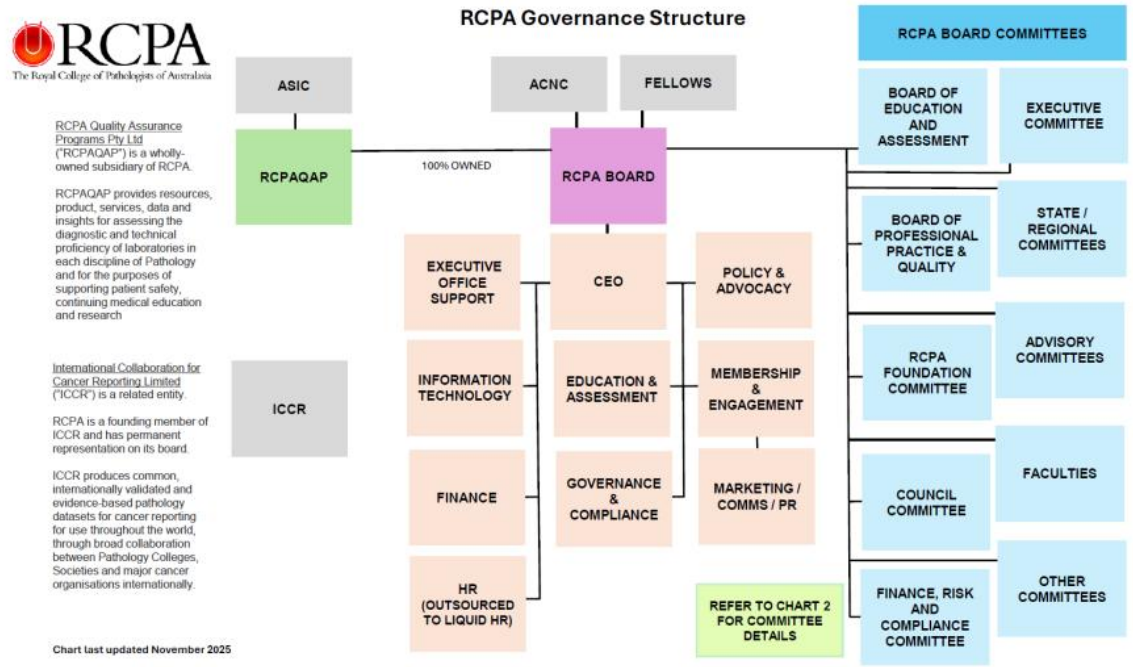
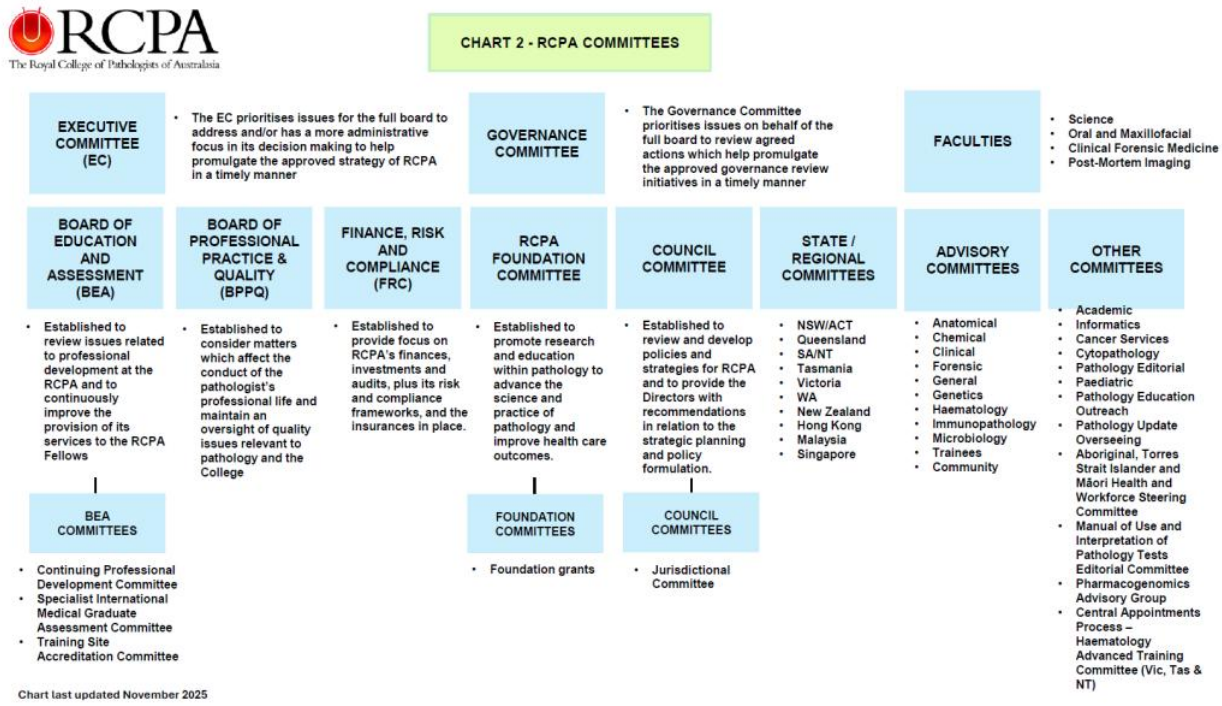


Figure 2. RCPA Committee Structure



1.2 Program management

The program has access to all College resources and staff and is integrated into the College's overall governance structure, with specific bodies tasked with responsibility for genetic pathology.

1.3 Reconsideration, review and appeals processes

The College has a documented reconsideration, review and appeals (RRA) process that applies to any decision of an examiner, committee or other College body. A log of de-identified RRA requests is kept and reviewed annually by the Board of Education and Assessment, and the Board of Directors.

1.4 Educational expertise and exchange

The program is supported appropriately by those with educational expertise, including genetic pathologists and educationalists. This small program benefits from educational frameworks and policies that are applied across the various disciplines and training programs within the College. An example is the three non-discipline-specific curriculum domains that are incorporated into all RCPA specialist training programs (i.e. Manager, Research and Scholarly Activities, and Professional Qualities).

1.6 Interaction with the health sector

An external Aboriginal consumer representative sits on the Aboriginal, Torres Strait Islander and Māori Health and Workforce Steering Committee, and the College engages a Consumer Advisory Committee. Engagement with the broader health sector, particularly the First Nations health sector, appeared limited.

Commendations, conditions and recommendations

Commendations

A The resourcing of the Genetic Pathology Program which benefits from its position within the broader College, and contributes to the broader governance of the College, despite its small size.

B The strategic commitment to workforce development and expanding training opportunities in genetic pathology, recognising the importance of the specialty to broader community and the health system, as well as the specialty's rapid evolution.

Conditions to satisfy accreditation standards

1 Demonstrate genuine, sustained and strategic engagement with both internal and external Aboriginal and /or Torres Strait Islander and Māori stakeholders in

i. Collaborating with Aboriginal and/or Torres Strait Islander and Māori stakeholders to recognise and understand the colonial impacts of Pathology on their communities, and using this knowledge to guide improvements to the College's training and education programs (Standard 1.6.4 and 3.2.9)
ii. The development and integration of Aboriginal and/or Torres Strait Islander and Māori health and health equity in the RCPA educational purpose. (Standard 2.1.2 and 2.1.3)
iii. The development, implementation and evaluation of the curriculum, particularly content related to cultural safety, including aligned assessments. (Standard 1.6, 3.2.9 and 5.1.1)

Recommendations for improvement

AA Engage in Board-level strategic planning to consider how the College can contribute to the health and health equity of Aboriginal and/or Torres Strait Islander Peoples and Māori. (Standard 1.1 and 1.6)

BB Prioritise the development and implementation of the new Reconciliation Action Plan to ensure Aboriginal and Torres Strait Islander Health as a component of formally embedding strategic priorities in governance. (Standard 1.1 and 1.6)

Standard 2: The outcomes of specialist training and education

Areas covered by this standard: educational purpose of the educational provider; and program and graduate outcomes. **(Standards 2.1, 2.2, 2.3)**

Summary of accreditation status	2025: Met	2026: Substantially Met

Team findings

2.1 Educational purpose

The program's educational purpose is to ensure the supply of medically trained laboratory practitioners who support the provision of genetic diagnostic services. This aligns with the College's constitutional objectives (updated in 2024), which include setting and promoting high standards in training, education, assessment and professional practice in pathology. The College articulates this purpose in its Constitution and training handbooks, emphasising the study and practice of pathology. Specifically, the Genetic Pathology Program aims to equip pathologists to contribute to research, teaching and professional leadership.

The team observed that the College's educational purpose does not explicitly address Aboriginal, Torres Strait Islander, or Māori Peoples and their health, and this omission influences how fellows and trainees of the Genetic Pathology Program understand the program's purpose. Given the implications of genetic pathology, specifically, and pathology more broadly for Aboriginal and/or Torres Strait Islander and Māori Peoples (outlined in Standard 1), this is an RCPA-wide issue. It is sufficiently fundamental to require an amendment to the existing condition.

In addition to there being no mention of an RAP in the College's strategic plan, as well as an absence of a current RAP, the College's Constitution currently lacks explicit inclusion of Aboriginal, Torres Strait Islander and Māori Peoples. The RCPA regulation *Needs of Aboriginal, Torres Strait Islander and Māori People*, introduced in 2018, identifies these groups as having specific healthcare needs and links to an object in the Constitution—'to seek improved health for all people by developing and advocating health policy in partnership with health consumers'. The team found this regulation insufficient in addressing this standard. The regulation does not adequately embed Aboriginal, Torres Strait Islander or Māori health and equity as a central purpose of the College, nor does it explain its importance across pathology disciplines in delivering care to individuals and communities in Australia and Aotearoa New Zealand.

Moreover, the absence of formal consultation processes with Aboriginal, Torres Strait Islander and Māori stakeholders, both internal and external to the organisation (Standard 1.6), suggests limited engagement in defining the College's educational purpose. This gap is particularly concerning for the Genetic Pathology Program, as the specialty has unique implications for Aboriginal, Torres Strait Islander and Māori Peoples. The College has acknowledged this limitation and indicated this as a priority area of focus in the immediate future. The team looks forward to future developments in this area.

2.2 Program outcomes

The program has well-described program outcomes for each of its streams, as shown in Table 2.

Table 2. Program outcomes for genetic pathology

Discipline-specific functions	
Medical genomics	**Biochemical genetics**
• Foundational knowledge and skills of genetics • Collection, testing, management and processing of genetic specimens • Constitutional genetic disorders • Cancer genetics • Bioinformatics and biostatistics	• Foundational knowledge and skills of genomics and epigenetics • Inherited metabolic disease • Knowledge required to evaluate biochemical genetic tests • Pre-analytical processes • Laboratory procedures • Neonatal bloodspot screening • Clinical investigative skills
Role as a manager in a laboratory	
• Leadership • Quality management and patient safety • Workplace health and safety	• Regulation and legal requirements • Utilisation of resources • Information fundamentals
Research and scholarship	
• Appraising and applying evidence • Contributing to research and innovation	• Learning and continuing professional development • Educating others
Professional qualities	
• Professional interactions and communication • Ethical principles • Professional conduct • Patient privacy, confidentiality and consent	• Disclosure and handling of error • Public health promotion and protection • Cultural competence and safety • Self-care

Program outcomes are structured around a 'scaffolding approach', moving trainees from Foundation to Core, then Transition to Fellowship. This progression moves from mastering technical scope and skills early in the program to developing higher-level competencies in clinical leadership, management and research as the trainee advances. Development is supported by embedding trainees within laboratories alongside competent scientists and medical pathologists, allowing for a gradual increase in autonomy. The assessment of these outcomes is structured through tools such as the assessment matrix (Figure 2), which outlines how specific outcomes are evaluated at different training stages.

Figure 3. RCPA biochemical genetics assessment matrix

	Outcomes to be assessed	Assessment method									
		Part I			Part II			E-portfolio			
	(Outcomes are organised according to the RCPA common curriculum framework)	Written exam (SAQ)	Dry practical exam	Structured oral exam	Research project: scientific investigation	Research thesis, (e.g. PhD)	Structured oral exam	DOPS	CbD	DOCS	Suggestions for e-portfolio evidence of activity*
1.1	Normal cell biology, protein and enzyme function	Y							Y		2,4
1.2	Normal physiology and biochemistry	Y							Y		2,4
1.3	Inherited metabolic disease	Y	Y	Y			Y		Y	Y	2,3,4
1.4	Evaluate biochemical genetic tests	Y	Y	Y			Y			Y	5,9
1.5	Pre-analytical processes	Y								Y	
1.6.1	Handling, storage and retrieval of laboratory samples, reagents and data		Y					Y			
1.6.2	Analysis & validation of laboratory data	Y	Y	Y			Y	Y		Y	5,9
1.6.3	Developing and reporting a professional opinion	Y	Y	Y			Y	Y			3,9
1.7	Neonatal bloodspot screening	Y	Y	Y			Y	Y	Y	Y	2,3,5,6
1.8.1	Clinical investigative skills	Y	Y	Y			Y		Y	Y	2,3
1.8.2	Investigation of inborn errors of metabolism	Y	Y	Y				Y	Y	Y	
2.1	Leadership						Y	Y		Y	5,7,9
2.2	Quality management and patient safety						Y			Y	1,5,9
2.3	Workplace health and safety						Y			Y	9
2.4	Regulation and legal requirements									Y	6,9
2.5	Utilisation of resources									Y	6,9
2.6	Information fundamentals		Y	Y			Y	Y	Y		5
3.1	Research and critical appraisal				Y	Y				Y	4
3.2	Undertake self-education and CPD	Y	Y	Y			Y				9
3.3	Educate colleagues staff, patients/families								Y	Y	9,8
3.4	Provide data for planning and evaluation				Y	Y				Y	9
4.1	Ethics and confidentiality								Y	Y	7
4.2.1	Communication - oral								Y	Y	3
4.2.2	Communication – report writing										7
4.2.3	Communication – academic writing				Y	Y					4
4.3	Collaboration and teamwork								Y	Y	3
4.4	Cultural competence								Y	Y	2,3,6,7,8,9

*** E-portfolio categories**

1: Safety checklist, incident reports
2: Patient consultations
3: Attendance/presentations at clinical/multidisciplinary meetings
4: Research and scholarship activities
5: Quality activities
6: Attendance at management meetings
7: Written communication, management and ethics log
8: Teaching sessions log
9: Activity reflection

The curriculum, reviewed in 2023 for medical genomics and in 2024 for biochemical genetics, aligns with community needs by addressing the rapid evolution of genomic medicine. Feedback from trainees suggests that the 2023 and 2024 curriculum renewal delivered substantial enhancements, providing greater structure and clearly defined, targeted learning requirements.

2.3 Graduate outcomes

While the training handbooks outline the functions of a genetic pathologist, the team noted a lack of a consolidated graduate outcomes statement specific to the genetic pathology discipline. The current outcomes are embedded within the 'Transition to Fellowship' milestones rather than existing as a standalone reference for the specific specialty. This has been identified for inclusion in the next curriculum renewal. However, the next curriculum renewal for genetic pathology is not scheduled until 2028–2029, creating a significant delay in formalising outcomes specific to the newly recognised specialty.

While the cross-discipline generic domains (Manager, Research and Scholarly Activities, and Professional Qualities) are appropriately mapped to curriculum, teaching and learning resources, and assessments at each stage of training (Foundation, Core and Transition to Fellowship), this is not the case for the discipline-specific domain in each genetic pathology stream. The discipline-specific functions of the biochemical geneticist in the laboratory (starting on page 7 of the biochemical genetics handbook) and the discipline-specific knowledge, skills and laboratory processes (starting on page 9 of the medical genomics handbook) are not mapped to stage of training, teaching and learning resources, or assessments. This lack of mapping creates uncertainty about how trainees progressively acquire and demonstrate these critical discipline-specific competencies throughout the program. At present, there is an implicit/hidden understanding of what is expected, rather than explicit expectations via clear descriptions of outcomes for each training stage.

Commendations, conditions and recommendations

Commendations

C The active support provided by the Aboriginal, Torres Strait Islander and Māori Health and Workforce Steering Committee in guiding internal policy.

D Program outcomes which are well described, comprehensive and well understood by trainees and their supervisors.

Conditions to satisfy accreditation standards

3 Review outcomes for both Genetic Pathology Program streams to:

i. explicitly define and document consolidated graduate outcomes (Standard 2.3.1)
ii. develop and implement expected discipline-specific outcomes with explicit alignment to learning resources and assessments for each training stage, (Standards 2.3.1, 3.4.1 and 5.1.1) **NEW**

Recommendations for improvement

CC Explicitly include the College's commitment to improving health equity and cultural safety for Aboriginal and Torres Strait Islander and Māori communities in the RCPA Constitution. (Standard 2.1.2)

Standard 3: The specialist medical training and education framework

Areas covered by this standard: curriculum framework; curriculum content; continuum of training, education and practice; and curriculum structure. **(Standards 3.1, 3.2, 3.3, 3.4)**

Summary of accreditation status	2025: Substantially Met	2026: Substantially Met

Team findings

3.1 Curriculum framework

The program is five years full-time equivalent in length and primarily takes place in accredited diagnostic laboratories, supervised by qualified fellows and senior scientific staff. The genetic pathology curriculum framework is structured around three different phases: Foundation, Core and Transition to Fellowship.

The curriculum framework is organised according to program and graduate outcomes. Comprehensive trainee handbooks for both medical genomics and biochemical genetics, which describe the general aims and requirements of the training program, learning outcomes, recommended training activities, and an overview of assessments, are publicly available. The handbooks also outline the use of an ePortfolio and workplace-based assessments (WBAs), which indicate a programmatic approach to learning.

The framework encompasses four broad functions of genetic pathology training: discipline-specific knowledge, skills and laboratory processes (with a syllabus of specific topics under this heading), professional qualities (Table 2 under Standard 2 details these last three cross-college curriculum domains).

For the non-discipline-specific areas, outcomes are arranged for each stage of training (Foundation, Core and Transition to Fellowship). The team found that this alignment and mapping of learning activities to outcomes was not present in the discipline-specific knowledge area of the curriculum framework. Enhancing clarity and consistency for trainees, their supervisors and assessors, and other stakeholders requires alignment of discipline-specific aspects of the Genetic Pathology Program with the structure applied to other domains (see also commentary and new condition under Standard 2).

3.2 The content of the curriculum

The trainee handbooks outline content that aligns with the requirements of the Genetic Pathology Program and its graduate outcomes. This includes building a strong scientific foundation for the specialty, developing skills in evidence-based practice, and fostering the scholarly growth and ongoing maintenance of specialist knowledge. In this respect, the team found the trainee handbooks to be comprehensive.

The framework demonstrates attention to developing communication, clinical, diagnostic, management and procedural skills essential for safe patient care. However, the team found that the progression of these competencies across the stages of training could be more clearly mapped and signposted for trainees, particularly the discipline-specific competencies.

Given the nature and size of the specialty, which lends itself to an apprenticeship model, the curriculum prepares specialists to take on roles as teachers and supervisors of students, junior medical staff, trainees and other health professionals. The team observed that this aspect of the curriculum is

well embedded in practice, with both supervisors and trainees reporting that the apprenticeship model is effective in supporting learning and skills development.

The submission states that the curriculum 'prepares specialists to protect and advance the health and wellbeing of individuals through patient-centred and goal-oriented care'; however, the team felt greater clarity and explanation was needed within the curriculum and associated assessments to ensure this. The team considered this an appropriate outcome but could not determine how curriculum content, delivery or assessment methods support this aim in practice.

Furthermore, the team felt that greater clarity and explanation was required as to how the curriculum equips specialists for their ongoing roles as professionals and leaders, and for contributing to the effectiveness and efficiency of the healthcare system through knowledge and understanding of issues associated with delivering safe, high-quality and cost-effective care across diverse health settings within the Australian and/or Aotearoa New Zealand health systems. The team recommends that the College explicitly map these learning outcomes to curriculum content, teaching strategies and assessment methods, and provide clear evidence of how trainees are prepared for leadership roles and system-level responsibilities in both countries (see Condition 1(ii) under Standard 1).

The team found a significant lack of substantive learning related to the cultural competence and safety outcome. Current activities include a generic cultural safety eLearning module, with trainees able to opt for cultural competence or safety training provided by their employer; and a requirement to 'access and use information about indigenous populations (sic), their histories and specific health issues as the context for understanding culture and health interactions'. The team considered these activities inadequate in supporting trainees to meet the learning outcome. The cultural safety modules do not appear to have been developed by Aboriginal and/or Torres Strait Islander Peoples or Māori, and the content is not contextualised to the specialty of genetic pathology or to the specific concerns and issues relating to genomics and genetics for Aboriginal and/or Torres Strait Islander Peoples or Māori. The team recommends that the College co-design cultural safety learning activities with Aboriginal, Torres Strait Islander and Māori experts and ensure the content is specialty-specific, addressing genomics and genetics issues relevant to Aboriginal and/or Torres Strait Islander Peoples and Māori.

3.3 Continuum of training, education and practice

Overall, the curriculum is purposefully designed, with learning activities and outcomes arranged across the three stages of training—Foundation, Core and Transition to Fellowship. However, the team found that discipline-specific knowledge, skills and laboratory processes are not clearly defined and aligned by stage. While the team commends the College for developing a standardised curriculum across pathology specialties, further work is needed to deliberately embed discipline-specific requirements and ensure learning activities are aligned with graduate outcomes (see Condition 2 under Standard 2).

Recognition of prior learning (RPL) arrangements appear appropriate. Trainees who have trained in areas of relevance to genetic pathology, trained in another pathology discipline (e.g. haematology or anatomical pathology), or trained in genetic pathology in a similar organisation to the College may be granted RPL years of approved training.

Trainees who have gained a fellowship from the Royal Australasian College of Physicians (RACP) in clinical genetics (general or cancer) may also access retrospective accreditation of training time. This aligns well with the reciprocal training arrangement with the RACP Clinical Genetics Fellowship, which enables trainees to complete both Fellowships concurrently and reduces overall training time by two

years. Overall, this relationship appears to function effectively, albeit at an arms-length. The team heard minor concerns that dual training with RACP is not always seamless, with challenges including the use of different online systems and duplication of fees. The College acknowledged these issues and appeared to be working collaboratively with trainees to develop practical solutions.

3.4 Structure of the curriculum

While trainees appeared to have a clear understanding of what is expected of them at each stage of the program, this was less clear to the team, especially for the discipline-specific aspects of the curriculum (see Condition 2(ii) under Standard 2). While curriculum content and delivery had some forms of vertical and horizontal integration, improvements could be made around how learning outcomes are designed, developed and delivered across the Foundation, Core and Transition to Fellowship parts of training.

The program is five years in length, which appears appropriate. The team heard from supervisors and trainees that the College was very supportive of part-time, interrupted and other flexible forms of training. The College also has a policy to support part-time, interrupted and withdrawal from training.

Additionally, trainees felt they were supported and encouraged to pursue a wide breadth of studies, with supervisors working collaboratively across sites to ensure trainees can be exposed to a diversity of assays and genomic tests, some of which are only available in specific laboratories. While this informal arrangement appears to work well, trainees indicated that targeted learning resources would be beneficial to support understanding of specialised tests, especially when appropriate placements are not available.

Commendations, conditions and recommendations

Commendations

E Structured and consistent approach to curriculum renewal, supported by broad input from internal stakeholders.

F The reciprocal training arrangement with the RACP Clinical Genetics Fellowship, enabling trainees to efficiently develop expertise across multiple areas of genetics while reducing overall training time.

G The Program's culture of flexible training, highly valued by trainees, supports work–life balance and contributes to positive training experiences.

H The standardised curriculum across all pathology disciplines, covering the generic domains of Manager, Research and Scholarly Activities, and Professional Qualities, which ensures consistency in the capabilities of Pathology fellows across the college.

Conditions to satisfy accreditation standards

Nil.

Recommendations for improvement

DD Collaborate with genetic pathology trainees to design and develop targeted learning resources that enhance access to rare or specialised learning experiences typically limited to certain laboratories, ensuring equitable training opportunities across all settings. (Standard 3.2.2)

EE Review and enhance curriculum areas that equip specialists in contributing to the effectiveness and efficiency of the health system through knowledge and understanding of

	issues associated with delivering safe, high-quality and cost-effective care across diverse health settings within the Australian and Aotearoa New Zealand health systems. (Standard 3.2.6)
FF	Co-design cultural safety learning activities with Aboriginal and Torres Strait Islander experts and ensure the content is specialty-specific, addressing genomics and genetics issues relevant to Aboriginal and/or Torres Strait Islander Peoples and Māori, in order to support the outcome cultural competency and safety. (Standard 3.2.9)

Standard 4: Teaching and learning approach and methods

Areas covered by this standard: teaching and learning approach; teaching and learning methods. **(Standards 4.1, 4.2)**

Summary of accreditation status	2025: Met	2026: Met

Team findings

4.1 Teaching and learning approach

The program uses a supervised learning approach, informed by situated learning theory, which asserts the value of learning occurs in a community of practice while the learner is moving from the periphery of genetic pathology to its core. As experience is gained, skills are learnt and increasingly deployed in the sociocultural practices of the community as the trainee internalises the process to form a professional identity as a genetic pathologist. Supervisors use a cognitive apprenticeship model, where trainees learn through observation, practice and feedback.

Teaching and learning within the program are supported by a collaborative hybrid supervisor model, which ensures trainees have access to diverse training environments and varied teaching styles. Supervisors described regular discussions on how to best rotate trainees to ensure each trainee was able to access different learning experiences required for the program. Trainees are mature, engaged and well supported by supervisors, contributing to a positive and constructive learning environment. While an apprenticeship model carries inherent risks due to the close supervisory relationships it necessitates, the program has successfully cultivated a collaborative and constructive training culture that is widely acknowledged by both supervisors and trainees. The team commends the fellows and trainees of this program for these achievements.

Trainees are encouraged to be proactive and outline any concern or difficulties they are experiencing, and they demonstrated a willingness to provide feedback during the assessment process. This reflects a strong commitment to bidirectional learning and continuous improvement. The program also leverages the advantages of being a small and dynamic specialty, where collaborative communication is essential not only for effective training outcomes but also for scientific progress. While trainees and supervisors appeared to understand how teaching aligns with the curriculum, this alignment was less evident to the team and could be more explicitly documented and communicated.

4.2 Teaching and learning methods

The program employs a practice-based training model that emphasises active trainee participation in laboratory settings. Central to this approach is the apprenticeship model, which incorporates WBAs and a ‘see one, do one, teach one’ method of experiential learning. Trainees are actively involved in advising clinicians on test selection and interpretation of results, attending departmental meetings, and contributing to audits and other quality assurance activities. These activities provide authentic learning experiences that reinforce technical competence and professional judgement.

To support learning in clinical settings, the program uses appropriate adjuncts, most notably the College’s ePortfolio platform, risr/advance. This system provides structured guidance and tracking of learning for both trainees and supervisors. The ePortfolio is comprehensive and accessible, containing all required forms and enabling trainees to clearly identify outstanding requirements. Supervisors and trainees expressed confidence in the platform, and the team noted its functionality and the competence of the supporting staff. While the platform primarily serves as a repository for WBA forms

and documentation, it also facilitates oversight by senior supervisors when trainees encounter difficulties, while maintaining appropriate confidentiality. The ePortfolio records evidence of technical skill development and professional values, attitudes and behaviours that are not readily assessed through formal examinations. Prerequisites for eligibility for the Part I and Part II examinations are clearly outlined within the system.

Additional adjuncts to learning include recorded online weekly webinars, podcasts, case-based group discussions and mock examinations. These resources complement workplace learning and provide opportunities for reinforcement and self-directed study.

The program encourages learning through a variety of methods. The small trainee cohort fosters strong peer relationships, and the team observed clear evidence of peer-to-peer learning and support. Trainees reported feeling well prepared for independent practice, that their education was prioritised and that there is a clear progression toward competency and autonomy. The College has recognised the importance of programmatic learning methods, such as WBAs, and is committed to further developing these approaches to facilitate increasing levels of independent responsibility as trainees advance in skills, knowledge and experience.

The program is currently reviewing its examination structure and considering a shift toward programmatic assessment. While this approach may offer benefits, particularly given the highly specialised and bespoke nature of genetic pathology, there is a risk in overemphasising one assessment modality at the expense of others. A balanced approach that integrates multiple assessment strategies will be essential.

Future developments in teaching and assessment should consider the unique context of genetic pathology, where direct patient interaction is limited. Strategies such as self-directed learning, peer collaboration and interdisciplinary engagement will remain critical.

Although it was not specifically addressed during the visit, the impact of the growing use and influence of generative artificial intelligence is recognised across the whole of the educational sector. The program should explore how these technologies can be integrated in a balanced and authentic manner to enhance learning without compromising core professional competencies.

Commendations, conditions and recommendations

Commendations

I Mature and engaged trainees, who are well supported and educated, and appear confident to practice once attaining Fellowship.

J A positive and collaborative learning culture that supports strong relationships between trainees and supervisors, encourages open communication, and promotes bidirectional learning.

K Effective and comprehensive ePortfolio, supported by knowledgeable and competent staff.

Conditions to satisfy accreditation standards

Nil.

Recommendations for improvement

Nil.

Standard 5: Assessment of learning

Areas covered by this standard: assessment approach; assessment methods; performance feedback; assessment quality. **(Standards 5.1, 5.2, 5.3.3, 5.3.4)**

Summary of accreditation status	2025: Met	2026: Substantially Met

Team findings

5.1 Assessment approach

Assessment takes place at different stages of the program, and aligns with its three phases—Foundation, Core and Transition to Fellowship.

- **Basic Pathological Sciences (BPS) examination**

  This examination assesses foundational knowledge and can be taken at any time, including during medical school. Trainees must either pass or be exempt from the BPS exam before attempting the Part II examinations.

- **Part I and Part II examinations**

  These are major summative written and oral assessments conducted in the third and final years of the program, respectively. They focus on determining a trainee's readiness for independent practice.

- **Programmatic assessment**

  To complement the high-stakes examinations above, multiple assessment modalities are deployed throughout the program, including:

  - an **ePortfolio** of WBAs (e.g. safety checklist, direct observation of practical skills, case-based discussions, quality assurance activities, teaching sessions and eLearning modules)
  - **supervisor reports** (annual, post-laboratory rotation and pre-exam)
  - a **research project**.

In general, assessments are aligned with program outcomes, and methods are selected based on the nature of the knowledge, skills and attributes being assessed (see also Condition 2 under Standard 2). Detailed guidance is provided in the training handbooks for each stream, which trainees have reported as being comprehensive and useful.

Future of Exams initiative

The College is undertaking a comprehensive review of all assessments in collaboration with the Australian Council for Educational Research (ACER). This initiative aims to streamline the number of examinations and place greater emphasis on competence and programmatic assessment.

The team commends the College's commitment to trainee consultation and its willingness to modernise assessment practices. Although the review is in its early stages, the team anticipates that many of the gaps identified during this assessment may be addressed through this process.

The team notes that, under a programmatic approach, the number of assessed items may increase. The critical challenge lies in how data from these assessments will be collated and triangulated to inform progression decisions. Staff expressed strong support for modernising the curriculum in this

way, while also raising appropriate concerns about how such changes will be managed from both pedagogical and resource perspectives.

The team perceived that knowledge and stewardship of the review currently reside at a very senior level within the College and have not yet been widely communicated to members and staff. While this is understandable at an early stage, the team encourages the College to consider strategies to mitigate potential risks associated with key person dependency.

The AMC looks forward to the outcomes of the Future of Exams initiative and the resulting reforms to assessment and the College is asked to report on this in its next monitoring submission.

Role of supervisors in assessment

Given the small number of trainees, progression is highly dependent on supervisor reports and, in some cases, supervisor-led assessments. The teaching model is largely apprentice based, fostering close trainee–supervisor relationships. Additionally, many of the examiners are known to trainees in the program and have dual roles as supervisors and assessors. While this closeness can enhance learning and standardisation, it also introduces potential conflicts of interest that must be managed to ensure fairness in progression decisions. Current arrangements appear to manage these conflicts effectively, but the team noted a lack of formal structures to address such issues. This challenge is common in colleges with small cohorts, where familiarity can lead to bias, but it also offers benefits such as direct supervision and consistency across assessors. The team found that, currently, the program effectively leverages the strengths of its small size to its advantage, although careful and structured management of risks is required to maintain this.

Special consideration in assessment

The College has an 'examination candidates in need of consideration' policy that allows candidates reasonable adjustments on grounds of illness, accident or disability, or compassionate grounds. Adjustments include allowing extra time, allowing a scribe, facilitating alternative examination venues, and extension of examination exemption to the subsequent cycle. This is appropriate, although the team noted that the policy only applies to examinations, rather than all assessments. In light of the Future of Exams review and the potential for greater emphasis on programmatic assessments in the future, this policy should cover other types of assessment, such as WBAs.

Assessment of cultural safety

Although cultural competence and cultural safety are identified as learning outcomes of the program, the team observed that assessable content in this area is very limited—see Condition 1(ii). While generic cultural safety modules are available, these are not contextualised to the specialty and may therefore be perceived as having limited relevance.

Trainees also have the option to complete cultural safety training provided by their employer. The College notes that this approach offers flexibility; however, the team expressed concern that this approach may result in a lack of standardised quality assurance across different training sites.

5.2 Assessment methods

A combination of examinations and programmatic WBAs is used throughout the program. The BPS exam is multiple-choice format, and the Part I and Part II examinations include written and oral components.

WBAs evaluate 'real-world' competence across tasks such as technical skills, professionalism, reporting and communication, with outcomes recorded in the ePortfolio. Supervisor reports, completed annually or at the end of rotations, provide a summative review of trainee progress.

Additionally, trainees undertake research, scholarly or quality assurance projects to demonstrate competence in these domains. A suite of eLearning modules supports further required learning throughout the program.

Policies and standard setting

College-wide policies and guides provide high-level assessment blueprints and approaches to standard setting. However, in the Genetic Pathology Program, the very small number of exam candidates makes direct application of these policies to specific assessments challenging.

Assessments incorporate marking guides, rubrics and calibration (where feasible for written components), and standard-setting processes have been considered. Nevertheless, traditional methods such as Angoff or borderline regression are often impractical for such small cohorts. While these constraints are acknowledged by the College, it would strengthen transparency and confidence in the process if the College clearly articulated and justified the alternative approaches adopted to ensure fairness, consistency and alignment with best practice.

The College provides an overall high-level blueprint for assessments across the program, mapping learning outcomes to assessment methods (Part I examination, Part II examination, and ePortfolio). However, the team found it unclear how individual formal examinations are specifically blueprinted to ensure comprehensive curriculum coverage within each exam cycle.

To strengthen transparency and alignment, the College should consider clearly documenting and formally communicating the blueprinting process for each formal examination. This would demonstrate how curriculum outcomes are addressed and ensure comprehensive coverage across exam cycles. As the program grows, this will become increasingly important, and the Future of Exams review represents a positive step towards greater standardisation.

The team commends the introduction of examiner workshops (first held in 2024) aimed at promoting best practice and consistency. In light of this positive development and to improve the efficacy of these workshops, the team recommends examiners consider how the program can ensure standardisation across sites, given that both fellows and scientists can act as assessors.

5.3 Performance feedback

The College has policies in place for examination feedback and for managing trainees in difficulty. Given the very small number of trainees and fellows, the program is highly personalised. Trainees reported feeling comfortable raising concerns and were aware of the appropriate channels for doing so.

The process for managing trainees experiencing difficulty is clearly outlined, including escalation procedures involving employment and mandatory reporting. A dedicated 'trainee in difficulty' document defines scope, terminology and procedures; however, additional contextualisation may be needed given the lack of direct patient interaction and associated safety considerations. The team remains concerned about how judgements are made in such a small program, where training locations and supervisors are limited, and how potential bias and conflicts of interest are managed.

Currently, there is no formal mechanism for providing performance feedback to examiners, with the implicit assumption that being invited back indicates satisfactory performance. The team recommends

introducing structured feedback and ongoing training for all examiners as part of the College's Future of Exams initiative.

Commendations, conditions and recommendations

Commendations

L Future of Exams' Review, in collaboration with ACER, aimed at reviewing the role of exams and ensuring robust evaluation of assessment quality and effectiveness.

M The examinations are of high quality and rigor. Trainees consistently described the examinations as challenging yet fair.

N The introduction of examiner workshops, representing a significant step toward enhancing best practice and promoting consistency in examination processes within a small specialty.

Conditions to satisfy accreditation standards

Nil.

Recommendations for improvement

GG Engage with internal and external Aboriginal and Torres Strait Islander stakeholders to co-design culturally appropriate and specialty-relevant assessment methods for cultural safety within the Genetic Pathology Program. (Standard 5.1.1 and 1.6.4)

HH Implement formalised and structured peer feedback processes for examiners to support continuous improvement, enhance consistency, and strengthen the quality of assessment practices. (Standard 5.1.1)

II Expand the scope of the *Examination Candidates in Need of Consideration for Illness, Accident, Disability, or Compassionate Grounds* Policy to include other types of assessments, such as Work-based assessments. (Standard 5.1.3)

JJ Formalise the specific blueprinting of individual examinations to ensure comprehensive curriculum coverage within each exam cycle. (Standard 5.2.2)

KK In light of the size of the Genetic Pathology cohort, strengthen transparency and confidence in the examination process by clearly articulating and justifying the alternative standard setting approaches adopted to ensure fairness, consistency, and alignment with best practice. (Standard 5.2.3)

LL Consider how the Program can ensure standardisation across sites, given that both fellows and scientists can act as assessors, consider how the Program can ensure standardisation of Work-Based Assessment practices across training sites. (Standard 5.4.2)

Standard 6: Monitoring and evaluation

Areas covered by this standard: risk and quality management. **(Standard 6.3.3)**

Summary of accreditation status	2025: Substantially Met	2026: Substantially Met

Team findings

The College has an existing condition on its overall accreditation relating to developing a systematic monitoring and evaluation framework under Standard 6.1.

This focused accreditation has evaluated only Standard 6.3.3: '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 Feedback, reporting and action

The College has an overall risk management framework that applies across the organisation, including the Genetic Pathology Program. No concerns were raised by stakeholders or identified by the team.

Multiple stakeholders commended the responsiveness of trainee support provided by the College's Education Advisor. The Trainee Representative on the Genetic Pathology Advisory Committee and Trainee Advisory Committee is responsive to trainee concerns, and the College appears to take trainee concerns seriously and act on them.

Commendations, conditions and recommendations

Commendations

O The Education Advisor role is highly responsive to trainee concerns and feedback, and trainees perceive the College as attentive to their issues and proactive in addressing them.

Conditions to satisfy accreditation standards

2 Develop and implement a systematic monitoring and evaluation framework to obtain feedback from internal and external stakeholders on all educational and training processes, including program and graduate outcomes. (Standard 6.1, 6.2 and 6.3) **UNCHANGED**

Recommendations for improvement

Nil.

Standard 7: Issues relating to trainees

Areas covered by this standard: trainee admission policy and selection. **(Standard 7.1)**

Summary of accreditation status	2025: Met	2026: Met

Team findings

7.1 Admission policy and selection

The College operates under a unique selection model in which candidates must first secure a position with an accredited laboratory before applying to the College. The primary criteria for selection include being postgraduate year 3, holding medical registration, and demonstrating relevant interest and experience during the interview process. The College employs a merit-based, national selection policy specific to the Genetic Pathology Program. Candidates rank available positions nationally, and a panel comprising representatives from participating laboratories and the College conducts interviews to match candidates to positions. This process appears transparent and rigorous, with trainees reporting a supportive environment regarding entry into the program.

The College has implemented a guaranteed interview scheme in which all Aboriginal, Torres Strait Islander and Māori applicants who meet the registration standards automatically proceed to the interview stage. The College is also aiming to address financial barriers through fee waivers for the BPS exam and a pending A$5000 scholarship initiative. The College provides grants to support Aboriginal, Torres Strait Islander and Māori medical students and junior doctors to attend its Annual Scientific Meeting. Additionally, a A$2000 grant is available for Aboriginal, Torres Strait Islander and Māori medical students undertaking pathology-related projects. While the guaranteed interview scheme for identified applicants is a positive procedural step, the result (one Māori trainee, and no Aboriginal and/or Torres Strait Islander trainees) demonstrates that the policy largely relies on passive applications, rather than actively building a pipeline of First Nations applicants.

The College advised that recruitment of Aboriginal, Torres Strait Islander and Māori trainees is a challenge, as genetic pathology training positions are limited to major cities. Furthermore, the College cited a general awareness gap regarding the specialty among Aboriginal, Torres Strait Islander and Māori medical students. Despite awareness of some structural barriers preventing Aboriginal, Torres Strait Islander and Māori medical graduates from applying to the program, the team saw no evidence of a targeted strategy to address this. Although the College has several initiatives to support recruitment, it has yet to achieve the substantive goal of increasing the number of Aboriginal, Torres Strait Islander and Māori pathologists. This is critical for genetic pathology, given the historical and cultural significance of this specialty to many First Nations communities.

As part of strengthened engagement with internal and external Aboriginal, Torres Strait Islander and Māori stakeholders (under Condition 1), the College is strongly encouraged to strengthen its approach to recruitment and retention to the specialty.

Commendations, conditions and recommendations

Commendations

P The introduction of the 'Interview Guarantee' policy for Aboriginal, Torres Strait Islander, and Māori applicants.

Q The provision of financial support mechanisms, including exam fee waivers and conference scholarships, to reduce barriers to entry for and retention of Aboriginal, Torres Strait Islander and Māori trainees

Conditions to satisfy accreditation standards

Nil.

Recommendations for improvement

MM Engage with internal and external Aboriginal, Torres Strait Islander, and Māori stakeholders to develop further recruitment and retention strategies for Aboriginal, Torres Strait Islander and Māori trainees. (Standard 7.1.3)

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

Areas covered by this standard: supervisory and educational roles; training sites and posts. **(Standards 8.1.1, 8.2.1, 8.2.2)**

Summary of accreditation status	2025: Met	2026: Met

Team findings

8.1 Supervisory and educational roles

The team found that the College has an effective system of supervision to support trainees in the program, with dedicated supervisors committed to ensuring a good training experience through collaboration across sites.

Supervisors are predominantly fellows of the College, and their roles and responsibilities are clearly documented in the *Resource Manual for Supervisors*, with links to relevant College policies and supervisor training requirements.

Supervisors must attend a supervisor workshop every five years and complete mandatory training on bullying, anti-discrimination, harassment, and either an employer-organised course or College module on cultural competence. Additional training on the 'trainee in difficulty' policy and how to provide feedback is also available.

The team noted that there is no formal training on how to mitigate bias in supervision and recommends that the College consider this, given the small cohort of trainees and supervisors and the elevated risk of conflicts of interest within this discipline.

Supervisors and trainees commented on the collegial and collaborative nature of the training program in a rapidly evolving and dynamic discipline. Supervisors described informal collegial relationships between themselves, which ensure their trainees can rotate to other private or public laboratories to address identified gaps of learning not covered by their home laboratory. Trainees reported that this culture of shared supervision effectively supported trainees and ensured adequate exposure to other, often niche, genetic pathological techniques such as specialised assays or cases.

Supervisors expressed satisfaction with the processes available for monitoring trainee progress through WBAs.

While supervisors do not have direct access to the trainee's ePortfolio dashboard, key information can be exported into supervision forms, which must be completed at designated training milestones. This process facilitates meaningful reflection, supports training plan reviews, and enables constructive bidirectional feedback between supervisors and trainees.

Trainees have access to formal mechanisms for raising supervisory concerns, including the support of a highly regarded Education Advisor within the College. Both trainees and supervisors provided extremely positive feedback on the Education Advisor role, and trainees felt confident to raise concerns discreetly and appropriately through this channel.

8.2 Training sites and posts

Accreditation of training sites for the discipline of genetic pathology or other pathology training programs occurs as documented within the College policy Accreditation of Sites for Training Programs. This policy includes the procedure for accreditation of a new site which may result in 'full', 'provisional', or 'not RCPA accredited' status. Site visits may or may not be required.

Sites are currently accredited for a maximum of five years, according to specified accreditation criteria, including governance and management requirements, supervision and clinical experience, and educational opportunities.

Accreditation and reaccreditation decisions, including suspending, limiting or withdrawing accreditation, are subject to the College's reconsideration, review and formal appeal processes.

In addition, the College accredits training site laboratories in conjunction with the National Association of Testing Authorities in Australia and International Accreditation New Zealand in Aotearoa New Zealand. A College fellow assesses the suitability of the training site, which includes interviews with trainees, and a report is provided to the College. Trainees spoke positively of their ability to input to this process.

The team acknowledged that the College will be among the early adopters of the new *Model Standards for Specialist Medical College Accreditation of Training Settings*. In alignment with these standards, the College has recently established a Training Site Accreditation Committee, tasked with overseeing the accreditation of training sites as outlined in its terms of reference. The team look forward to reviewing feedback on the committee's effectiveness in the next monitoring submission and during the 2027 reaccreditation visit.

Commendations, conditions and recommendations

Commendations

R Collaborative, collegial, and supportive supervisors who are highly esteemed and respected by their trainees.

S Accreditation processes effectively incorporating trainee perspectives, ensuring their voices contribute meaningfully to quality improvement and decision-making.

Conditions to satisfy accreditation standards

Nil.

Recommendations for improvement

NN Develop and implement formal training on mitigating bias in supervision, ensuring the program mitigates potential conflicts and personal biases that may arise within a small discipline. (Standard 8.1.3)

Standard 9: Assessment of specialist international medical graduates

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

Not assessed.

Appendix 1: AMC Standards included in this Assessment

Standard 1: Context of education and training	
1.1 Governance	
1.1.1	The education provider's corporate governance structures are appropriate for the delivery of specialist medical programs, assessment of specialist international medical graduates.
1.1.2	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.
1.1.6	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.
Standard 1.2 Program Management	
1.2.1	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.
1.3 Reconsideration, review and appeals processes	
1.3.1	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
1.3.2	The education provider has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.
1.4 Educational expertise and exchange	
1.4.1	The education provider uses educational expertise in the development, management and continuous improvement of its training and education functions.
1.4.2	The education provider collaborates with other educational institutions and compares its curriculum, specialist medical program and assessment with that of other relevant programs.
1.6 Interaction with the health sector	
1.6.1	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
1.6.2	The education provider works with training sites to enable clinicians to contribute to high-quality teaching and supervision, and to foster professional development.
1.6.3	The education provider works with training sites and jurisdictions on matters of mutual interest.
1.6.4	The education provider has effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector to support specialist training and education.
Standard 2: The outcomes of specialist training and education	
2.1 Educational purpose	
2.1.1	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.

2.1.2	The education provider's purpose addresses Aboriginal and Torres Strait Islander peoples of Australia and/or Māori of New Zealand and their health.
2.1.3	In defining its educational purpose, the education provider has consulted internal and external stakeholders.
2.2 Program outcomes	
2.2.1	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.
2.2.2	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.
2.3 Graduate outcomes	
2.3.1	The specialist medical program 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 education provider makes information on graduate outcomes publicly available.
Standard 3: The specialist medical training and education framework	
3.1 Curriculum framework	
3.1.1	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.
3.2 The content of the curriculum	
3.2.1	The curriculum content aligns with all of the specialist medical program and graduate outcomes.
3.2.2	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.
3.2.3	The curriculum builds on communication, clinical, diagnostic, management and procedural skills to enable safe patient care.
3.2.4	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.
3.2.5	The curriculum prepares specialists for their ongoing roles as professionals and leaders.
3.2.6	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.
3.2.7	The curriculum prepares specialists for the role of teacher and supervisor of students, junior medical staff, trainees, and other health professionals.
3.2.8	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.

3.2.9	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).
3.2.10	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.
3.3 Continuum of training, education and practice	
3.3.1	There is evidence of purposeful curriculum design which demonstrates horizontal and vertical integration, and articulation with prior and subsequent phases of training and practice.
3.3.2	The specialist medical program allows for recognition of prior learning and appropriate credit towards completion of the program.
3.4 Structure of the curriculum	
3.4.1	The curriculum articulates what is expected of trainees at each stage of the specialist medical program.
3.4.2	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.
3.4.3	The specialist medical program allows for part-time, interrupted and other flexible forms of training.
3.4.4	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.
Standard 4: Teaching and learning	
4.1 Teaching and learning approach	
4.1.1	The specialist medical program employs a range of teaching and learning approaches, mapped to the curriculum content to meet the program and graduate outcomes.
4.2 Teaching and learning methods	
4.2.1	The training is practice-based, involving the trainees' personal participation in appropriate aspects of health service, including supervised direct patient care, where relevant.
4.2.2	The specialist medical program includes appropriate adjuncts to learning in a clinical setting
4.2.3	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.
4.2.4	The training and education process facilitates trainees' development of an increasing degree of independent responsibility as skills, knowledge and experience grow.
Standard 5: Assessment	
5.1 Assessment approach	
5.1.1	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.
5.1.2	The education provider clearly documents its assessment and completion requirements. All documents explaining these requirements are accessible to all staff, supervisors and trainees.
5.1.3	The education provider has policies relating to special consideration in assessment.
5.2 Assessment methods	

5.2.1	The assessment program contains a range of methods that are fit for purpose and include assessment of trainee performance in the workplace.
5.2.2	The education provider has a blueprint to guide assessment through each stage of the specialist medical program.
5.2.3	The education provider uses valid methods of standard setting for determining passing scores.
5.3 Performance feedback	
5.3.3	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.
5.3.4	The education provider has procedures to inform employers and, where appropriate, the regulators, where patient safety concerns arise in assessment.
Standard 6: Monitoring and evaluation	
6.3 Feedback, reporting and action	
6.3.3	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.
Standard 7: Trainees	
7.1 Admission policy and selection	
7.1.1	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.
7.1.2	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.
7.1.3	The education provider supports increased recruitment and selection of Aboriginal and Torres Strait Islander and/or Māori trainees.
7.1.4	The education provider publishes the mandatory requirements of the training 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.
7.1.5	The education provider monitors the consistent application of selection policies across training sites and/or regions
Standard 8: Implementing the training program—delivery of educational resources	
8.1 Supervisory and educational roles	
8.1.1	The education provider ensures that there is an effective system of clinical supervision to support trainees to achieve the program and graduate outcomes.
8.2 Training sites and posts	
8.2.1	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.

8.2.2 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.

Standard 9: Assessment of specialist international medical graduates

The College was not required to provide information under this standard in this accreditation submission.

Appendix 2: Membership of the 2025 AMC assessment team

Name	Role
Dr Lindy Roberts AM (Chair) MBBS (Hons), BMedSci (Hons), FANZCA, FFPMANZCA, FAICD, MMed, CertClinEd	Specialist Anaesthetist & Specialist Pain Medicine Physician
Emeritus Professor Nick Glasgow BHB, MBChB, GradDipFamMed (Monash), GradCertEdStudies (Sydney), MD, MD (Hon), FRNZCGP, FRACGP, FAChPM	Emeritus Professor, School of Medicine and Psychology, Australian National University, Chair, Canberra Regional Medical Education Council
Associate Professor Stuart Lane MBBS, PhD, FCICM, AFRACMA, MeduLdr, MQHR	Director MD Program, Professor of Medical Education and Head of Intensive Care Medicine, Sydney Medical School. Senior Staff Specialist in Intensive Care, Nepean Hospital, Sydney
Sophie Pitt BHealthSc, MPH	Senior Lecturer, Indigenous Health, Graduate School of Medicine, University of Wollongong
Dr Ainsley Goodman MBChB PGDip Community Emergency Medicine FRNZCUC FRNZCGP,	Elected health practitioner member, Medical Council of New Zealand
Juliana Simon	Head, Accreditation Assessments
Ciara O'Sullivan	Policy and Programs Officer, Accreditation Assessments
Melissa Johnson	Cultural Strategic Facilitator, Indigenous Policy and Programs
Sabine O'Connor	Program Coordinator, Specialist Education Accreditation

Appendix 3: Summary of the 2025 AMC team's accreditation program

Dr Lindy Roberts AM (Chair), Professor Stuart Lane, Sophie Pitt, Dr Ainsley Goodman, Juliana Simon (AMC Staff), Ciara O'Sullivan (AMC Staff), Melissa Johnson (AMC Staff), Sabine O'Connor (AMC Staff)

Meetings	Attendees
Wednesday 3 December 2025	
Standards 1, 2 and 7.1 Governance, Outcomes of Specialist Training and Assessment, and Trainee Selection	Head of Policy and Advocacy Education Quality and Accreditation Lead Officer Education Development Manager Administration Manager Education and Membership Lead Chief Examiner, Genetic Pathology Network Training Coordinator Genetic Advisory Committee Representatives Trainee Representative
Standard 1,2,3,7, 8 Indigenous Health Issues	Head of Policy and Advocacy Education Quality and Accreditation Lead Education Development Manager Education and Membership Lead President, RCPA Aboriginal, Torres Strait Islander and Māori Steering Committee Representative Chief Examiner, Genetic Pathology Genetic Advisory Committee Representatives
Meeting with Supervisors of Training	Supervisor Representatives
Meeting with Examiners	Examiner Representatives
Thursday 4 December 2025	
Standard 3 and 4 Curriculum, Teaching and Learning	Administration Manager Education Development Manager Education Developer Education Quality and Accreditation Officer Education Systems Coordinator Education and Membership Lead Chief Examiner, Genetic Pathology Network Training Coordinator Genetic Advisory Committee Representatives Supervisor of Training Representatives
Standard 5 Assessment	Administration Manager Education Development Manager Education Developer Education Quality and Accreditation Lead

Meetings	Attendees
	Education Systems Coordinator Senior Administrator Governance & Reporting Examiner Representatives
Meeting with RCPA Genetics Advisory Committee	Genetic Advisory Committee Representatives
Meeting with Trainees	Trainee Representatives

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