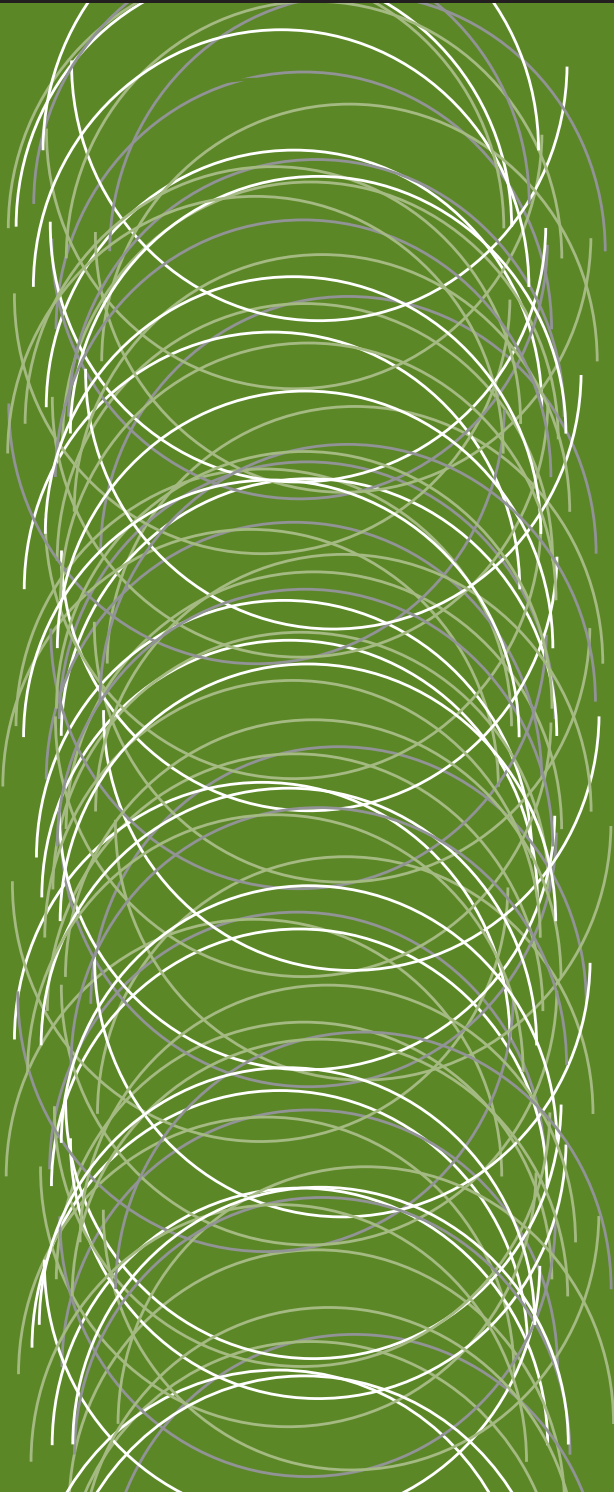


Australian Medical Council Limited

Accreditation Report: Training leading to Fellowship of the Royal Australian College of General Practitioners

AMC



Specialist Education Accreditation Committee
November 2013

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Executive Summary: Royal Australian College of General Practitioners

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

The training pathways leading to Fellowship of the Royal Australian College of General Practitioners (RACGP) and the Quality Assurance and Continuing Professional Development Programs were first assessed by the AMC in 2003, which was a time of great change in general practice training in Australia, with the Australian Government Minister for Health implementation of a regionalised contestable model of general practice training managed through General Practice Education and Training. The College was accredited for three years, until July 2006, subject to satisfactory progress reports and a number of conditions being met.

In 2006, the College underwent a follow-up assessment and its accreditation was extended to December 2009. Based on a comprehensive report submitted in 2009, accreditation was extended by four years to December 2013.

In 2013, an AMC team completed the reaccreditation assessment of the Royal Australian College of General Practitioners' general practice training pathways. The Team reported to the 28 October 2013 meeting of the Specialist Education Accreditation Committee. The Committee considered the draft report and made recommendations on accreditation to AMC Directors in accordance with the options described in the AMC accreditation procedures.

This report presents the Committee's recommendations, presented to the 21 November 2013 meeting of AMC Directors, and the detailed findings against the accreditation standards.

Following the 21 November 2013 meeting of AMC Directors that approved this report, the AMC edited the description of the pathways to fellowship on pages 43, 45-46 to clarify the place of the training programs of the Hong Kong College of Family Physicians and the Academy of Family Physicians of Malaysia that lead to fellowship of the Royal Australian College of General Practitioners. These changes do not affect the findings recorded.

Decision on accreditation

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

The AMC's finding is that the education and training pathways leading to fellowship of the Royal Australian College of General Practitioners and the Quality Improvement and Continuing Professional Development program substantially meet the accreditation standards.

The College is meeting its overall objective of producing skilled and competent general practitioners. The scope of general practice is clearly defined and articulated in the *RACGP Curriculum for Australian General Practice 2011*. The Team commends the College on a comprehensive curriculum document that reflects an evolving general practice landscape, as well as new training and educational processes.

The Team found that the range of assessment tools used in the fellowship examination is appropriate; however opportunities for workplace-based summative assessment are yet to be fully explored by the College. A priority for the College is the development of a comprehensive blueprint that maps assessment content to the entire curriculum, including the five domains of general practice. This will assist the College to identify content gaps in the fellowship examination, and highlight the potential value of a more formalised program of in-training assessments.

The requirements for the delegation of training and the need to accredit vocational training providers, trainers and training sites, add considerable complexity to this vocational training program. The educational governance structure of the College has the potential to lead to lack of clarity about roles and responsibilities of groups within and outside the College. The College should consider the establishment of committees with specific responsibility for international medical graduates and continuing professional development activities.

The College recognises that setting and maintaining standards in general practice education and training presents challenges. The vocational training provider accreditation process is the means by which the College ensures appropriate policies and processes are used in the delivery of training. In meeting its own quality assurance requirements, it is essential the College increase the monitoring function of vocational training providers in order to ensure standards continue to be met. There is an opportunity for the College to strengthen the processes of quality control for both educational delivery and the trainee experience.

The report recommends that the College develop an overarching framework for monitoring and evaluation to ensure focused and systematic evaluation. In addition, the College should implement formal mechanisms for seeking feedback, analysing it and acting upon the results. Input from key stakeholders including registrars, supervisors, relevant stakeholder groups and the community is required.

The November 2013 meeting of the AMC Directors resolved:

- (i) That following programs of the Royal Australian College of General Practitioners be granted accreditation to 31 December 2019, subject to satisfactory progress reports to the AMC: the Vocational Training Pathway, the General Practice Experience (Practice Eligible) Pathway, the Specialist Pathway Program and the Quality Improvement and Continuing Professional Development program.
- (ii) That this accreditation is subject to the conditions set out below:
 - (a) By the 2014 progress report, evidence that the College has addressed the following conditions from the accreditation report:
 - 8 Review the criteria and processes for vocational training providers to sign-off on requirements for progression and completion of training to ensure a high quality consistent training experience for all registrars. (Standard 4.1.1)

- 11 Develop a comprehensive blueprint that maps assessment content to the entire curriculum, including the five domains of general practice. (Standard 5.1)
 - 13 Having clarified the criteria and processes for vocational training provider sign-off of registrar progress (see condition 8) amend the *Examination Handbook for Candidates* accordingly. (Standard 5.1)
 - 15 Complete and report on the outcomes of the review of the Practice Based Assessment. (Standard 5.3)
 - 17 Develop a systematic process for reviewing examination performance data, with a view to identifying regions, training pathways and vocational training providers that may benefit from additional supports. (Standard 5.3)
 - 19 Clearly state and communicate to vocational training providers the impact of partially meeting or not meeting an accreditation standard. (Standard 6.1.1)
 - 21 Implement an overarching evaluation framework to ensure focused and systematic program monitoring and evaluation. (Standard 6.1)
 - 29 With registrar involvement, review the requirements for targeted communication to registrars. (Standard 7.3)
- (b) By the 2015 progress report, evidence that the College has addressed the following conditions from the accreditation report:
- 1 Review and report on the educational governance structure to demonstrate the hierarchy, relationships, reporting lines, demarcation of responsibilities and operational activities of all committees responsible for education, including international medical graduate assessment and continuing professional development. (Standard 1.1 and 1.2)
 - 2 Review and report on the breadth and depth of the roles and responsibilities of the National Standing Committee – Education. (Standard 1.1 and 1.2)
 - 3 Demonstrate how the College identifies and responds to current and future community needs. (Standard 2.1)
 - 5 Evaluate and monitor the interpretation and application of the recognition of prior learning policy by State Censors to ensure consistency. (Standard 3.4.2)
 - 6 Evaluate and monitor the application of the recognition of prior learning policy by vocational training providers to ensure its consistent application. (Standard 3.4.2)
 - 7 Review the educational opportunities and administrative processes for Australian Defence Force registrars to ensure equivalent training outcomes to those registrars in the Australian General Practice Training (AGPT) program. (Standard 4.1.1)
 - 9 Review the teaching, learning and support available for candidates in the General Practice Experience (Practice Eligible) Pathway in Australia to improve the cohort performance in the RACGP fellowship examination. (Standard 4.1.2)
 - 12 Review and report on the potential role of summative workplace-based assessment, based on the development of a comprehensive assessment blueprint. (Standard 5.1)

- 16 Respond to and report on the commissioned review of the use of simulated patients in the objective structured clinical examination (OSCE). (Standard 5.3)
 - 26 Monitor and report on the implementation of the revised selection criteria for general practice training. (Standard 7.1.2)
 - 27 Develop formal selection processes for registrar representation on College training-related committees to facilitate and support wider involvement of registrars in the governance of their training. (Standard 7.2)
 - 28 Develop mechanisms to improve registrar engagement with the College. (Standard 7.2)
 - 30 Strengthen the College's formal involvement in the appeals process to allow registrars to seek impartial review of training-related decisions. (Standard 7.4)
 - 31 Develop, implement and review solutions to address the increasing burden on supervisors, particularly in the context of projected increases in registrar numbers. (Standard 8.1)
 - 33 Progress and report on the findings of the review of the training post accreditation processes. (Standard 8.2.1)
- (c) By the 2016 progress report, evidence that the College has addressed the following conditions from the accreditation report:
- 4 Develop strategies to effectively engage more registrars in research, not just those registrars in Australian General Practice Training (AGPT) academic posts. (Standard 3.3)
 - 10 Review the training undertaken in Hong Kong and Malaysia leading to FRACGP, against the RACGP Vocational Training Standards, including the equivalence of the training and training outcomes to those in Australia. (Standard 4.1.2)
 - 14 Develop and report on strategies to enhance the quality and consistency of remediation processes across the vocational training providers. (Standard 5.2)
 - 18 Review the current process of assessing international medical graduates in order to increase effectiveness including a review of website content and access issues and report on outcomes. (Standard 5.4)
 - 20 Evaluate and report on the implementation of the RACGP Vocational Training Standards. (Standard 6.1.1)
 - 22 Develop, implement and review formal mechanisms for seeking and incorporating supervisor and registrar feedback in relation to all aspects of the training pathways to fellowship of RACGP. (Standard 6.1)
 - 35 Develop an overarching remediation policy for underperforming general practitioners. (Standard 9.3)
- (d) By the 2017 progress report, evidence that the College has addressed the following conditions from the accreditation report. The AMC will consider the College's progress against the accreditation standards including its response to these conditions through discussion between AMC representatives and appropriate College committees, staff and office bearers.

- 23 Implement processes for the systematic acquisition of feedback from health care administrators, health care professionals and consumers and report on how this feedback is acted upon. (Standard 6.1.1)
- 24 Develop and implement a process to collect data from newly qualified general practitioners. (Standard 6.2.1)
- 25 Engage with health care administrators, other health care professionals and consumers in the systematic evaluation of the training pathways leading to fellowship of RACGP. (Standard 6.2.2)
- 32 Strengthen formal processes for continuous quality improvement of supervisor performance, including via the accreditation of vocational training providers. (Standard 8.1)
- 34 Enhance the Quality Improvement and Continuing Professional Development (QI&CPD) program to ensure that it aligns with the College's strategic vision of general practice. (Standard 9.1.1)

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

Standard:	Condition:	To be met by:
Standard 1	1 Review and report on the educational governance structure to demonstrate the hierarchy, relationships, reporting lines, demarcation of responsibilities and operational activities of all committees responsible for education, including international medical graduate assessment and continuing professional development. (Standard 1.1 and 1.2)	2015
	2 Review and report on the breadth and depth of the roles and responsibilities of the National Standing Committee – Education. (Standard 1.1 and 1.2)	2015
Standard 2	3 Demonstrate how the College identifies and responds to current and future community needs. (Standard 2.1)	2015
Standard 3	4 Develop strategies to effectively engage more registrars in research, not just those registrars in Australian General Practice Training (AGPT) academic posts. (Standard 3.3)	2016
	5 Evaluate and monitor the interpretation and application of the recognition of prior learning policy by State Censors to ensure consistency. (Standard 3.4.2)	2015
	6 Evaluate and monitor the application of the recognition of prior learning policy by vocational training providers to ensure its consistent application. (Standard 3.4.2)	2015
Standard 4	7 Review the educational opportunities and administrative processes for Australian Defence Force registrars to ensure equivalent training outcomes to those registrars in the Australian General Practice Training (AGPT) program. (Standard 4.1.1)	2015

	8	Review the criteria and processes for vocational training providers to sign-off on requirements for progression and completion of training to ensure a high quality consistent training experience for all registrars. (Standard 4.1.1)	2014
	9	Review the teaching, learning and support available for candidates in the General Practice Experience (Practice Eligible) Pathway in Australia to improve the cohort performance in the RACGP fellowship examination. (Standard 4.1.2)	2015
	10	Review the training undertaken in Hong Kong and Malaysia leading to FRACGP, against the RACGP Vocational Training Standards, including the equivalence of the training and training outcomes to those in Australia. (Standard 4.1.2)	2016
Standard 5	11	Develop a comprehensive blueprint that maps assessment content to the entire curriculum, including the five domains of general practice. (Standard 5.1)	2014
	12	Review and report on the potential role of summative workplace-based assessment, based on the development of a comprehensive assessment blueprint. (Standard 5.1)	2015
	13	Having clarified the criteria and processes for vocational training provider sign-off of registrar progress (see condition 8) amend the <i>Examination Handbook for Candidates</i> accordingly. (Standard 5.1)	2014
	14	Develop and report on strategies to enhance the quality and consistency of remediation processes across the vocational training providers. (Standard 5.2)	2016
	15	Complete and report on the outcomes of the review of the Practice Based Assessment. (Standard 5.3)	2014
	16	Respond to and report on the commissioned review of the use of simulated patients in the objective structured clinical examination (OSCE). (Standard 5.3)	2015
	17	Develop a systematic process for reviewing examination performance data, with a view to identifying regions, training pathways and vocational training providers that may benefit from additional supports. (Standard 5.3)	2014
	18	Review the current process of assessing international medical graduates in order to increase effectiveness including a review of website content and access issues and report on outcomes. (Standard 5.4)	2016
Standard 6	19	Clearly state and communicate to vocational training providers the impact of partially meeting or not meeting an accreditation standard. (Standard 6.1.1)	2014

	20	Evaluate and report on the implementation of the RACGP Vocational Training Standards. (Standard 6.1.1)	2016
	21	Implement an overarching evaluation framework to ensure focused and systematic program monitoring and evaluation. (Standard 6.1)	2014
	22	Develop, implement and review formal mechanisms for seeking and incorporating supervisor and registrar feedback in relation to all aspects of the training pathways to fellowship of RACGP. (Standard 6.1)	2016
	23	Implement processes for the systematic acquisition of feedback from health care administrators, health care professionals and consumers and report on how this feedback is acted upon. (Standard 6.1.1)	2017
	24	Develop and implement a process to collect data from newly qualified general practitioners. (Standard 6.2.1)	2017
	25	Engage with health care administrators, other health care professionals and consumers in the systematic evaluation of the training pathways leading to fellowship of RACGP. (Standard 6.2.2)	2017
Standard 7	26	Monitor and report on the implementation of the revised selection criteria for general practice training. (Standard 7.1.2)	2015
	27	Develop formal selection processes for registrar representation on College training-related committees to facilitate and support wider involvement of registrars in the governance of their training. (Standard 7.2)	2015
	28	Develop mechanisms to improve registrar engagement with the College. (Standard 7.2)	2015
	29	With registrar involvement, review the requirements for targeted communication to registrars. (Standard 7.3)	2014
	30	Strengthen the College's formal involvement in the appeals process to allow registrars to seek impartial review of training-related decisions. (Standard 7.4)	2015
Standard 8	31	Develop, implement and review solutions to address the increasing burden on supervisors, particularly in the context of projected increases in registrar numbers. (Standard 8.1)	2015
	32	Strengthen formal processes for continuous quality improvement of supervisor performance, including via the accreditation of vocational training providers. (Standard 8.1)	2017
	33	Progress and report on the findings of the review of the training post accreditation processes. (Standard 8.2.1)	2015

Standard 9	34	Enhance the Quality Improvement and Continuing Professional Development (QI&CPD) program to ensure that it aligns with the College's strategic vision of general practice. (Standard 9.1.1)	2017
	35	Develop an overarching remediation policy for underperforming general practitioners. (Standard 9.3)	2016

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

In 2019, before this period of accreditation ends, the AMC will seek a comprehensive report from the College. The report should address the accreditation standards and outline the College's development plans for the next four to five years. The AMC will consider this report and, if it decides the College is continuing to satisfy the accreditation standards, the AMC Directors may extend the accreditation by a maximum of four years (to December 2023), taking accreditation to the full period which the AMC may grant between assessments, which is ten years. At the end of this extension, the College and its programs will undergo a reaccreditation assessment by an AMC team.

Overview of findings

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

Conditions imposed by the AMC so the College meets accreditation standards are listed in the accreditation decision (pages 2 to 8). The Team's commendations in areas of strength and recommendations for improvement are given below for each set of accreditation standards.

1. The Context of Education and Training (governance, program management, educational expertise and exchange, interaction with the health sector and continuous renewal)	This set of standards is SUBSTANTIALLY MET
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Standard 1.1 (governance) is substantially met. Standard 1.2 (program management) is substantially met.

Commendations

- A The College's review of its constitution and the manner in which this was conducted, including member engagement.
- B The College's induction process to prepare members of Council for their governance responsibilities, and the processes for monitoring the performance of Council.
- C The Council's strong links with the State/Territory-based Faculties supporting the engagement of fellows.
- D The commitment, inclusive approach and breadth of focus of the National Faculty of Specific Interests in fostering additional areas of interest expertise of general practitioners.
- E The enthusiasm and dedication of the College's education staff.

Recommendations for improvement

- AA Develop and implement strategies to engage wider consumer representation in College decision-making committees and / or consultation processes. (Standard 1.1.2)
- BB Review and report on the alignment of staff activity and the strategic direction of the College as set by Council. (Standard 1.2)
- CC Review whether the most appropriate reporting line for committees of fellows is to the CEO and/or Manager of Education. (Standard 1.2)
- DD Strengthen processes for the development, endorsement and implementation of policy and for the subsequent monitoring and evaluation of such policy. (Standard 1.2)
- EE Consider enhancing and formalising the relationship with the Royal New Zealand College of General Practitioners to facilitate educational exchange between the two colleges. (Standard 1.3)
- FF Progress and report on the findings of the review of Joint Consultative Committees. (Standard 1.3)

2. The Outcomes of the Training Program (purpose of the training organisation and graduate outcomes)	This set of standards is MET
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Standard 2.1 (purpose of the training organisation) is substantially met.

Commendations

- F The *RACGP Curriculum for General Practice 2011* identifies educational objectives and outcomes, and the knowledge, skills and professional attitudes to be acquired at all stages of the continuum of medical education.

Recommendations for improvement

Nil.

3. The Education and Training Program – Curriculum Content (framework; structure, composition and duration; research in the training program and continuum of learning)	This set of standards is MET
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Standard 3.3 (research in the training program) is substantially met. Standard 3.4.2 (policies on the recognition of prior learning) is substantially met.

Commendations

- G The *RACGP Curriculum for Australian General Practice 2011* is comprehensive, clear and publically available.
- H The program structure and training requirements offer considerable flexibility to registrars, including options for part-time and interrupted training.

Recommendations for improvement

- GG Review the usefulness of the curriculum to vocational training providers, supervisors and registrars including how often it is referred to and the extent to which it guides teaching and learning. (Standard 3.1)
- HH Consider opportunities to achieve greater strategic alignment of the education programs with emerging demographic, economic and workforce issues, and changing patterns of community health. (Standard 3.1 and 3.2)

4. The Training Program – Teaching and Learning	This set of standards is SUBSTANTIALLY MET
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Standard 4.1.1 (practice-based teaching and learning) is substantially met. Standard 4.1.2 (practical and theoretical instruction) is substantially met.

Commendations

- I The College oversees a strong practice-based vocational training program with registrars being well supervised by College fellows with the appropriate skills.
- J The College has established and maintained collegial and strong relationships with the vocational training providers to the benefit of the registrars' learning and teaching environment.
- K The College has excellent online learning resources for fellows and registrars, and has begun the process of mapping these to the curriculum domains and subject areas.

Recommendations for improvement

- II Establish a complete list of registrars and their stage of training in order to plan appropriate support, educational resources and examinations. (Standard 4.1.1)

5. The Curriculum – Assessment of Learning (assessment approach, feedback and performance, assessment quality, assessment of specialists trained overseas)	This set of standards is SUBSTANTIALLY MET
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Standard 5.1 (assessment approach) is substantially met. Standard 5.2 (performance feedback) is substantially met. Standard 5.3 (assessment quality) is substantially met. Standard 5.4 (assessment of specialists trained overseas) is substantially met.

Commendations

- L The requirement for External Clinical Teacher visits, which are a highly valued means of formative assessment and of providing feedback to registrars on the vocational training pathway.
- M The commitment of the College to ensure that examination content reflects presentation and disease patterns seen in Australian general practice.
- N Coordination and delivery of an objective structured clinical examination (OSCE) to a large number of candidates across multiple sites, including robust mechanisms to ensure consistency and quality assurance.

- O Clearly articulated processes for standard setting in relation to all fellowship examination components.
- P Introduction of the Specialist Pathway Program, resulting in greater clarity in the criteria and assessment processes for international medical graduates seeking recognition of specialist qualifications obtained overseas.
- Q Establishment of the Specialist Pathway Program Liaison Officer position, which provides advice and support to international medical graduates seeking admission to and progression through the Specialist Pathway Program.
- R The development of online learning modules to assist the orientation of Specialist Pathway Program candidates to the Australian healthcare environment.
- S The inclusion of an international medical graduate on the Appeals Committee when the matter involves an international medical graduate.

Recommendations for improvement

- JJ Review the adequacy of current arrangements for the oversight of the conjoint RACGP-Hong Kong College of Family Physicians (HKCFP) and RACGP-Academy of Family Physicians of Malaysia (AFPM) examinations. (Standard 5.1)
- KK Implement a process to ensure greater consistency between vocational training providers in the provision of formative assessments. (Standard 5.1)
- LL Consider mechanisms to further enhance the sharing of resources between vocational training providers, particularly with respect to formative assessment instruments and tools to track trainee progress. (Standard 5.2)
- MM Implement a process to ensure greater consistency between vocational training providers in the monitoring and early detection of underperforming registrars. (Standard 5.2)
- NN Review the educational and pastoral merits of setting a maximum limit on the number of times a candidate may sit each component of the fellowship examination. (Standard 5.3)
- OO Develop mechanisms to capture feedback from international medical graduates regarding College processes for assessing specialist qualifications obtained overseas and mechanisms of responding to such feedback. (Standard 5.4)
- PP Consider the extent to which greater national consistency can be achieved in the provision of educational supports for international medical graduates on the Specialist Pathway Program. (Standard 5.4)

6. The Curriculum – Monitoring and Evaluation (monitoring, outcome evaluation)	This set of standards is SUBSTANTIALLY MET
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Standard 6.1 (ongoing monitoring) is substantially met. Standard 6.2 (outcome evaluation) is substantially met.

Commendations

- T The development of the RACGP Vocational Training Standards, particularly the consultation and mapping processes undertaken.

Recommendations for improvement

- QQ Develop mechanisms to further contribute to the annual General Practice Education Training (GPET) survey, and to obtain and act on the results. (Standard 6.1)
- RR Increase monitoring of the quality of provision of the vocational training program between accreditation visits, through incorporation of more rigorous and effectively aligned reporting requirements. (Standard 6.1)

7. Implementing the Curriculum - Trainees (admission policy and selection, trainee participation in governance of their training, communication with trainees, resolution of training problems, disputes and appeals)	This set of standards is SUBSTANTIALLY MET
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Standard 7.1.2 (processes for selection into the training program) is substantially met. Standard 7.2 (trainee participation in governance) is substantially met. Standard 7.3 (communication with trainees) is substantially met. Standard 7.4 (resolution of training problems and disputes) is substantially met.

Commendations

- U The communication and support provided to registrars and fellows of Aboriginal and Torres Strait Islander background.

Recommendations for improvement

- SS Consider the formation of a Trainee Committee within the College to assist with engagement and communication with registrars. (Standard 7.2)

8. Implementing the Training Program – Delivery of Educational Resources (supervisors, assessors, trainers and mentors; and clinical and other educational resources)	This set of standards is MET
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Standard 8.1 (supervisors, assessors, trainers and mentors) is substantially met. Standard 8.2.1 (processes to select and recognise sites and posts for training purposes) is substantially met.

Commendations

- V The College's standards specifically related to the quality of supervision.
- W The dedication and enthusiasm of directors of training, supervisors and medical educators who support, mentor and educate RACGP registrars.
- X The strengthening of the working relationship between the RACGP and the Australian College of Rural and Remote Medicine as evidenced by work towards the Bi-College accreditation process.

Recommendations for improvement

- TT Explore solutions to address the potential tension between the employment and educational aspects of the trainee-general practice supervisor relationship, particularly with respect to vulnerable registrars. (Standard 8.1.1)

- UU Reconsider the educational rationale for the five-year stand-down until a new fellow can be appointed as a supervisor. (Standard 8.1.2)
- VV Address the technical issues (including browser compatibility) that limit the accessibility of online resources. (Standard 8.2.3)

9. Continuing Professional Development (programs, retraining and remediation)	This set of standards is MET
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Standard 9.1.1 (professional development programs responding to scientific developments in medicine as well as changing societal expectations) is substantially met. Standard 9.3 (remediation) is substantially met.

Commendations

- Y The College's work in ensuring that Category 1 Quality Improvement and Continuing Professional Development (QI&CPD) activities are educationally robust.
- Z The College's progress in mapping *gplearning* to the *RACGP Curriculum for General Practice 2011* as part of the development of the Quality Improvement and Continuing Professional Development (QI&CPD) program.

Recommendations for improvement

- WW Continue to improve the education framework of Category 2 Quality Improvement and Continuing Professional Development (QI&CPD) activities. (Standard 9.1)
- XX Enhance the College's Quality Improvement and Continuing Professional Development (QI&CPD) program so participants can identify and address learning needs relevant to their area of practice. (Standard 9.1.1)

Introduction: The AMC accreditation process

The Australian Medical Council (AMC) was established in 1985. It is a national standards body for medical education and training. Its purpose is to ensure that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community.

The process for accreditation of specialist medical education and training

The AMC implemented the process for assessing and accrediting specialist medical education and training programs in response to an invitation from the Australian Government Minister for Health and Ageing to propose a new model for recognising medical specialties in Australia. A working party of the AMC and the Committee of Presidents of Medical Colleges was established to consider the Minister's request, and developed a model with three components:

- a new national process for assessing requests to establish and formally recognise medical specialties
- a new national process for reviewing and accrediting specialist medical education and training programs
- enhancing the system of registration of medical practitioners, including medical specialists.

The working party recommended that, as well as reviewing and accrediting the training programs for new specialties, the AMC should accredit the training and professional development programs of the existing specialist medical education and training providers – the specialist medical colleges.

Separate working parties developed the model's three elements. An AMC consultative committee developed procedures for reviewing specialist medical training programs, and draft educational guidelines against which programs could be reviewed. In order to test the process, the AMC conducted trial reviews during 2000 and 2001 with funding from the Australian Government Department of Health and Ageing. These trial reviews covered the programs of two colleges.

Following the success of these trials, the AMC implemented the accreditation process in November 2001. It established a Specialist Education Accreditation Committee to oversee the process, and agreed on a forward program allowing it to review the education and training programs of one or two providers of specialist training each year. In July 2002, the AMC endorsed the guidelines, *Accreditation of Specialist Medical Education and Training and Professional Development Programs: Standards and Procedures*.

In 2006, as it approached the end of the first round of specialist medical college accreditations, the AMC initiated a comprehensive review of the accreditation guidelines. In June 2008, the Council approved new accreditation standards and a revised description of the AMC procedures. The new accreditation standards apply to AMC assessments conducted from January 2009. The relevant standards are included in each section of this report.

A new National Registration and Accreditation Scheme for health professions began in Australia in July 2010. The Ministerial Council, on behalf of the Medical Board of Australia, has assigned the AMC the accreditation functions for medicine.

From 2002 to July 2010, the AMC process for accreditation of specialist education and training programs was a voluntary quality improvement process for the specialist colleges that provided training in the recognised specialties. It was a mandatory process for bodies seeking recognition of a new medical specialty. From 1 July 2010, the *Health Practitioner Regulation National Law Act* makes the accreditation of specialist training programs an essential element of the process for approval of all programs for the purposes of specialist registration. Similarly, the Medical Board of Australia's registration standards indicate that continuing professional development programs that meet AMC accreditation requirements meet the Board's continuing professional development requirements.

From 1 July 2010, the AMC presents its accreditation reports to the Medical Board of Australia. The Medical Board of Australia's approval of a program of study that the AMC has accredited forms the basis for registration to practise as a specialist.

Assessment of the training pathways leading to fellowship of the Royal Australian College of General Practitioners

The AMC first assessed the education and training pathways leading to fellowship of the Royal Australian College of General Practitioners (RACGP) and the College's Quality Assurance and Continuing Professional Development program in 2003. The 2003 assessment resulted in accreditation of the College for a limited period of three years until July 2006, subject to satisfactory progress reports and a number of conditions being met.

In 2006, the College underwent a follow-up assessment and its accreditation was extended to December 2009. In 2009, the College submitted a comprehensive report to the AMC. AMC accreditation procedures provide for colleges to submit this report in the last year of their accreditation. In the report, the College is required to provide evidence that it continues to meet the accreditation standards and outlines its plans for development for the next four to five years. If on this basis the AMC considers that the College continues to meet the accreditation standards, it may extend the accreditation. On the basis of the comprehensive report, the AMC extended the College's accreditation by four years to 31 December 2013 taking accreditation to the full period of ten years.

Between formal accreditations, the AMC monitors developments in education and training and professional development programs through progress reports from the accredited colleges. Since the 2003 assessment, the College has submitted progress reports in 2005, 2010 and 2012. These reports have been reviewed by a member of the AMC Team that assessed the program in 2003 and 2006, and the reviewer's commentary and the progress report is then considered by the AMC progress reports working party. The AMC has considered these reports to be satisfactory.

In 2012, on the advice of the Specialist Education Accreditation Committee, the AMC appointed Professor John Kolbe to chair the 2013 assessment of the College's training pathways. The AMC and the College commenced discussions concerning the arrangements for the assessment by an AMC Team.

The AMC assesses specialist medical education and training and continuing professional development programs using a standard set of procedures. For this assessment, the timing of these steps was as follows:

- The AMC asked the College to lodge an accreditation submission encompassing the three areas covered by AMC accreditation standards: the training pathways to achieving fellowship of the Royal Australian College of General Practitioners; College processes to assess the qualifications and experience of overseas-trained general practitioners; and College processes and programs for continuing professional development.
- The AMC appointed an assessment team (called ‘the Team’ in this report) to complete the assessment after inviting the College to comment on the proposed membership. A list of the members of the Team is provided at Appendix 1.
- The Team met on 29 April 2013 to consider the College’s accreditation submission and to plan the assessment.
- The AMC gave feedback to the College on the Team’s preliminary assessment of the submission, the additional information required, and the plans for site visits and meetings with College committees.
- The AMC surveyed RACGP registrars, supervisors of training and candidates on the General Practice Experience (Practice Eligible) Pathway. The AMC also surveyed overseas trained general practitioners whose qualifications had been assessed by the College in the last three years.
- The AMC invited other specialist medical colleges, medical schools, health departments, professional bodies, medical trainee groups and health consumer organisations to comment on the College’s programs.
- The Team met by teleconference on 2 August 2013 to finalise arrangements for the assessment.
- The Team held site visits and meetings in New South Wales, Queensland, Victoria, Tasmania, the Australian Capital Territory and Western Australia in August 2013.

The assessment concluded with a series of meetings with the College office bearers and committees from 19 to 22 August 2013. On the final day, the Team presented its preliminary findings to College representatives.

Appreciation

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

The AMC also thanks the organisations that made a submission to the AMC on the College’s training programs. These are listed at Appendix 2. Summaries of the program of meetings and visits for this assessment are provided at Appendix 3.

1 The context of education and training

The accreditation standards concerning the context in which education and training are delivered are as follows:

- The education provider's governance structures and its education and training, assessment and continuing professional development functions are defined.
- The governance structures describe the composition and terms of reference for each committee, and allow all relevant groups to be represented in decision-making.
- The education provider's internal structures give priority to its educational role relative to other activities.
- The education provider has established a committee or committees with the responsibility, authority and capacity to direct the following key functions:
 - planning, implementing and reviewing the training program(s) and setting relevant policy and procedures
 - setting and implementing policy and procedures relating to the assessment of overseas-trained specialists
 - setting and implementing policy on continuing professional development and reviewing the effectiveness of continuing professional development activities.
- The education provider's education and training activities are supported by appropriate resources including sufficient administrative and technical staff.
- The education provider uses educational expertise in the development, management and continuous improvement of its education, training, assessment and continuing professional development activities.
- The education provider collaborates with other educational institutions and compares its curriculum, training program and assessment with that of other relevant programs.
- The education provider seeks to maintain constructive working relationships with relevant health departments and government, non-government and community agencies to promote the education, training and ongoing professional development of medical specialists.
- The education provider works with healthcare institutions to enable clinicians employed by them to contribute to high quality teaching and supervision, and to foster peer review and professional development.
- The education provider reviews and updates structures, functions and policies relating to education, training and continuing professional development to rectify deficiencies and to meet changing needs.

1.1 General Practice Education in Australia

The funding and delivery of vocational general practice training in Australia differs from that of other specialist medical training programs. The following provides a brief outline of the structure and management of general practice training.

The Royal Australian College of General Practitioners (RACGP) was founded in 1958 and, as stated in the College's accreditation submission, 'the original aims of setting and

maintaining the standards of general practice education, training, quality care and research for the Australian community is unchanged.’ Vocational training in general practice began in Australia in 1973 with the program managed by RACGP and funded annually, under contract, by the Australian Government.

General practice has been recognised as a specialty in Australia since 1978, when the National Specialist Qualification Advisory Committee stated that ‘general practice is a specific and defined discipline in medicine’. It is recognised on the Medical Board of Australia’s List of Australian Recognised Medical Specialties.

In 2002, General Practice Education and Training (GPET) was established to deliver the Australian General Practice Training (AGPT) program. GPET is a Commonwealth company limited by guarantee, with one shareholder (the Minister of Health) and governed by a Board of Directors, appointed by the Minister of Health. The Board includes two nominees of each of the two Colleges engaged in general practice training: RACGP and the Australian College of Rural and Remote Medicine (ACRRM). GPET’s mission is ‘General Practice Education and Training delivered through high quality, innovative and regionally-based programs to produce a workforce that meets the primary health care needs of the Australian community’.

There is a regional contestable model of general practice training delivered by regional training providers (RTPs) which are independent business entities that contract with GPET. RTPs are usually formed by a consortium of general practice groups (some based on the previous Divisions of General Practice boundaries), universities and sometimes members of the community. RTPs are selected by GPET following a tender process. The number of RTPs has varied somewhat since inception; there are currently 17. The RTPs are required to participate in monitoring, accreditation, review, evaluation and reporting processes according to RACGP and ACRRM standards. The accreditation process is currently overseen by GPET, according to standards defined by the RACGP, ACRRM and GPET. Although the accreditation process will continue to be conducted against College-defined standards, the standards and the process will change in 2014.

GPET distributes training places across Australia in response to workforce imperatives, the demand for places and community needs. There is a quota of funded general practice training positions. The number of funded posts has increased from 600 in 2008, 700 in 2010 to the current level of 1200. However in view of the ‘generous part-time training’ and ‘family-friendly’ approach, the number of full-time equivalents (FTEs) is substantially lower.

Two Colleges provide training programs leading to a vocational qualification in general practice. The AGPT program prepares registrars for fellowship of either (or both) of the colleges accredited by the AMC as education providers for the specialty of general practice: Fellowship of the Royal Australian College of General Practitioners (FRACGP) or Fellowship of the Australian College of Rural and Remote Medicine (FACRRM). The majority of registrars train for FRACGP. Training in the AGPT program, leading to FRACGP, is based on RACGP curricula, and accreditation of RTPs, trainers and training posts is against RACGP-defined criteria.

The AGPT program has two training pathways: a general pathway and a rural pathway. Doctors are offered an AGPT training place with a particular RTP in either pathway. The general pathway is for doctors who wish to train primarily in urban areas. The rural pathway is for doctors who wish to undertake the majority of their training in rural/remote locations:

Australian Standard Geographical Classification Remoteness Areas 2 to 5. Additional financial incentives are provided for rural pathway registrars.

The Regional Vocational Training Scheme (RVTS) is an organisation, funded by the Australian government, separate to GPET that supports the acquisition of vocational qualifications by doctors based in rural and regional Australia. Its aim is to retain the workforce in rural and remote locations by supporting the vocational training of doctors already established in rural and remote Australia without requiring them to move to larger centres. It achieves this through distance education and remote supervision, supplemented by twice yearly, week-long workshops (attended by registrars and supervisors).

RACGP provides other training pathways to assist doctors to become general practitioners. The General Practice Experience (Practice Eligible) Pathway is a pathway for general practitioners who have been working for a significant period of time in general practice and may be eligible to enrol for the RACGP fellowship assessments. The Specialist Pathway Program is a pathway for international medical graduates based on an assessment of their previous training and experience in general practice.

1.2 Royal Australian College of General Practitioners (RACGP)

RACGP is a company limited by guarantee, headquartered in Melbourne, which is governed by the College Council in accordance with the constitution (which was reviewed in 2009). The Council comprises the President, Vice-President, President-elect, Chair of Council, Censor-in-Chief, the Chairs of State/Territory Faculties and the Chairs of other Faculties (National, Rural, Aboriginal and Torres Strait Islander), Chair of Finance, Audit and Risk Management Committee, a general practice registrar and additional co-opted members as allowed under the constitution. The term of the President is two years and the President-elect is elected by the membership, with voting eligibility being determined by the constitution.

Members of Council undergo a day-long induction and are required to undertake the five-day Australian Institute of Company Directors course.

Categories of membership of the College include Fellowship, Membership, Associateship, Registrar Associateship, Honorary Fellowship and Membership, and Affiliates (including medical students). According to the College's accreditation submission, in 2011–12, the College had 12,312 fellows, 1,052 members, 3,973 associates, 2,015 registrar associates, 83 IMG affiliates and 695 students.

The College Council is supported by three sub-committees: the Finance, Audit and Risk Management Committee; Awards Committee; and Archives Committee.

The College has six National Standing Committees (NSCs) that act on behalf of the general practice profession in the areas of:

- Education
- GP Advocacy and Support
- Quality Care
- Research
- Standards for General Practice

- e-Health.

The National Standing Committees report to Council via a National Standing Committee Chairs Liaison Group. This group has an important strategic role in defining policy needs.

At the state/territory level the College is organised into Faculties. The State/Territory-based Faculties provide support for College educational and training activities, including RACGP examination preparation courses. There are strong and effective links between College Council and State/Territory Faculties.

1.3 Program management

The College's education committees relevant to setting and maintaining standards and organising College educational activities are:

- National Standing Committee – Education
- Board of Censors
- Board of Assessment
- Rural Education Committee (which reports to the National Rural Faculty Board)
- Aboriginal and Torres Strait Islander Health Committee (which reports to the National Faculty of Aboriginal and Torres Strait Islander Health Board).

The committee terms of reference describe the composition and roles and responsibilities of the committee.

The **National Standing Committee – Education (NSC-Ed)** is the overarching education committee responsible for all aspects of general practice education. The broad roles include provision of strategic advice and policy direction to Council and ongoing evaluation and renewal of the College's curriculum. The Committee ensures that the College's educational products, services and programs reflect the curriculum and that the College meets ongoing academic governance requirements. This includes monitoring performance in the sub-contracted delivery of the College's curriculum through processes such as accreditation of vocational training providers and the accreditation of training posts and trainers. This Committee also oversees continuing professional development activities.

The **Board of Censors (BoC)** assesses the experience and training in general practice and eligibility for fellowship. The Board of Censors oversees the processes for development, review and implementation of curricula, training, and assessment. The terms of reference do not include requirements for registrar representation.

The **Board of Assessment (BoA)** is an advisory board responsible for assessing candidate competency with regard to admission to fellowship. It contributes to overseeing the process for assessment. The terms of reference include requirements for registrar representation.

Joint Consultative Committees

The Joint Consultative Committees are bi/tripartite committees, for which there are terms of reference that demonstrate collaboration between RACGP and other colleges. In all cases the activity relates to the up-skilling of general practitioners in an important area of extended practice and in some cases the function of the committee relates to a qualification from another College e.g. Royal Australian and New Zealand College of Obstetricians and

Gynaecologists (RANZCOG) certificate. Requirements for ongoing CPD in the particular area are variable.

The Joint Consultative Committees (JCCs) listed in the College's accreditation submission as currently being operational, are:

- JCC on Anaesthesia
- JCC on Emergency Medicine
- JCC on Medical Acupuncture
- JCC in Radiology and Radiography
- RACGP – Australasian Integrative Medicine Association (AIMA) Joint Working Party
- JCC on Surgery.

National Faculty of Specific Interests

The National Faculty of Specific Interests was established in 2008 and brings together groups/networks of general practitioners with a common interest in an area of clinical practice. There are currently 16 endorsed networks and three endorsed working groups comprising 880 members. As well as providing collegial support, these groups facilitate learning, develop resources, provide input to the curriculum and develop examination material. Currently only Military Medicine is regarded as a Chapter.

RACGP Education Department Team

The College has an Education Department to support educational activities. The Education Department consists of five teams: Project Office; Assessment; Policy Service Support; QI&CPD; and Educational Standards. The department has a staff of 35, which includes seven medical educators (part-time general practitioners) and nine non-medical staff with tertiary qualifications in education.

1.4 Team findings

The College stated in its accreditation submission that monitoring and evaluating training within the complex stakeholder environment of Australian general practice presents challenges to setting and maintaining standards and quality of general practice education and training. It was clear through site visit discussions, that the College takes these challenges seriously.

Notwithstanding these challenges, some of the features of the devolved training model may add to its strength as an approach to general practice training in Australia. The separation of responsibilities and accountabilities allows each party to focus on developing, maintaining and applying the skills it has developed. The College is able to concentrate on the establishment of training standards and their application in the accreditation process. The devolved training model also enables the College to focus its attention on managing a process of summative assessment that is a significant challenge in a number of respects. Similarly, those stakeholders employed by vocational training providers are able to work to their strengths, in the application of the College standards in program development, individual learning and supervision plans for registrars, and appropriate formative assessment and progression determination. The vocational training providers are able to leverage local talent to meet local needs, as well as identify and resolve local issues in ways that would be difficult

for a distant and/or centralised structure. During site visits, the Team also noted that there was significant overlap in personnel between the supervisor pool, vocational training provider management and/or governance, regional Faculty Boards, examiners, and leadership roles in the central College itself. There were many instances of the same individuals frequently wearing different ‘hats’. The Team found that this led to strengthening of relationships.

The College is commended for the review of its constitution in 2009 and the manner in which this was conducted. This involved considerable consultation and engagement of fellows of the College.

The College is commended for the induction process to prepare members of Council for their governance responsibilities, and the processes for monitoring the performance of Council. These, and the requirement for Council members to undertake the Australian Institute of Company Director’s course, reflect the College’s commitment to good governance.

The multi-level nature of general practice training, the requirements for the delegation of training and the need to accredit vocational training providers as well as trainers and training sites, add considerable complexity to the training program pathways. While educational committees have appropriate prominence in the governance structure of the College, the complexity of the training environment and the separation of roles and responsibilities referred to above, have the potential to lead to fragmentation and lack of clarity about roles and responsibilities of groups within and outside the College. It is therefore especially important that the governance structure for education in the College clearly defines which body is responsible for the development of policy, the roles and responsibilities of College bodies, the reporting lines, and where decisions are made and acted upon within the College. This was not always the case as discussed in further detail below.

It is also essential that fellows and staff share the same strategic vision for the College, as determined by Council. The Team noted that there is not always clear alignment between staff activity and the strategic direction of the College. Fellow members of committees were sometimes unaware of policies that had been developed by staff in relation to the functioning of their committee.

A lack of clear and unambiguous policies and procedures has led to inconsistent advice to registrars on training requirements. The Team acknowledges that there have been recent improvements in this regard, for example, the review of policies on paediatric experience and recognition of prior learning. The College is encouraged to continue efforts to strengthen processes for the development, endorsement and implementation of policy and for the subsequent monitoring and evaluation of such policy.

As the peak education committee, the NSC-Ed has a strategic role in the determination of education policy development. However in practice the NSC-Ed is responsible for a broad range of important education portfolios including teaching and learning, curriculum development and review, RACGP Vocational Training Standards input, as well the Quality Improvement and Continuing Professional Development (QI&CPD) program. This broad range of activity is in part due to the NSC-Ed subsuming the responsibility of the sub-committees. Such is the depth and breadth of its role, the NSC-Ed needs to determine priorities with the inevitable consequence that some important issues are not addressed. The current situation threatens the efficient and effective development and implementation of

education policy throughout the College. While the Censor-in-Chief is a member of Council, the chair of NSC-Ed is not.

The hierarchy and reporting lines of education committees are not clear and there are some overlap in their roles and responsibilities. In the College's operational structure diagram (supplied to the Team), NSC-Ed, BoC and BoA are on the same level and do not have direct reporting lines (although there is some sharing of membership). As illustrated in the diagram and confirmed by the terms of reference, these committees report directly to the CEO (and/or Manager of Education), although the NSC-Ed also reports to Council via the National Standing Committee Chairs Liaison Group. Similarly the National Faculty of Special Interests and the Joint Consultative Committees report directly to the CEO. The reason given for committees of fellows reporting to the CEO was to facilitate the development of business plans for policies being brought to Council. The Team recommends that the College consider whether the most appropriate reporting line for the principal education committees is to the CEO and/or Manager of Education, while acknowledging the important role of the CEO and staff in the development of business plans.

The delineation of responsibility between the BoC and BoA is not clear. This lack of clarity of responsibilities is reflected in the fact that under *Roles* in the terms of reference, there are two clauses common to both. The membership of the BoA is also the membership of the BoC plus the Assessment Panel Chairs of each State/Territory. Sign-off for completion of requirements for fellowship is by State Censors, reporting to the Board of Censors and then to Council.

The strong and effective links between Council and State/Territory Faculties are facilitated by the presence of the Chairs of State/Territory Faculties on the Council, along with the clear delegation of certain activities to the Faculties; most specifically the conduct of the clinical examination which is a major logistic exercise. These Faculties provide a variety of supports for IMGs, provide educational material for fellows and registrars and run examination preparation workshops. While there is some sharing of resources and best practice amongst the Faculties, there is potential for further development in this area.

The College does not have a specific committee for IMG matters, apart from assessment of IMGs. The College indicates that issues for IMGs are dealt with by all RACGP Education Committees. However the Team notes that in the educational governance structure, there is a lack of clarity about policy development, responsibilities and operational activities in the areas of IMG teaching and learning and support. Nor is there a specific committee for continuing professional development (CPD); this function being part of the roles and responsibilities of the NSC-Ed. In view of the importance of these areas of educational activity, it is recommended that the College review the current education committee structure and consider the establishment of committees with the responsibility, authority and capacity to direct educational activities related to IMGs and CPD.

While there is registrar representation on Council and on a number of committees, the absence of a Trainees' Committee that sits within the College is noted. The issue of trainee representation and the relationship with General Practice Registrars Australia (GPRA) is addressed under Standard 7.

The Team did not identify a mechanism for the systematic acquisition of community input, nor a mechanism for acting upon any such input. This is also addressed under Standard 2.1

and Standard 6. The College does not have a lay advisory committee or such committee. While noting that the Council includes an independent person (non-general practitioner) with financial expertise, there is no community representation on the Council. A community representative is included in the membership of the Aboriginal and Torres Strait Islander Education Committee but the Team notes there is no community representation on the other principal education and training committees. The Team recommends that the College develop strategies to engage wider consumer representation on College decision-making committees.

The groups/networks comprising the National Faculty of Specific Interests have developed from ‘the ground up’. The support of such groups is seen as a retention strategy; to keep these groups within the College as well as providing opportunities for mid-career advancement. These networks may provide the basis for the future development of diploma programs. The College is considering whether membership of these groups should be expanded to other health professional groups to reflect multi-disciplinary health delivery in the specific areas. The Team was impressed by the commitment, inclusive approach and breadth of focus of the National Faculty of Specific Interests in fostering additional areas of interest and expertise of general practitioners, and in doing so, enhancing engagement with the College. This is an area for future development.

Site visit discussions on numerous occasions and responses to AMC surveys indicated that the majority of registrars and fellows do not regard training as a direct activity of the College, and nor do they see the College as a source of information or providing mechanisms to resolve training issues. While to some extent this is because of the complexity of general practice training and the multiple agencies involved, the impact of this on future engagement of registrars and fellows with the College and its educational activities needs to be considered. In relation to this, the educational rationale for the five-year stand-down until a new fellow can be a supervisor (even in a mentoring relationship) should be reviewed. This is further addressed under Standard 8.

Committees of fellows are supported by professional and competent staff. The Team was impressed with the enthusiasm and dedication of staff and the high level of activity in many areas. While the number of staff in the Education Department is small for a College of this size, the current model of training needs to be recognised. It needs to be borne in mind that a very considerable educational human resources resides within the vocational training providers. A challenge for the College is how to most appropriately harness these valuable resources. In its response to the draft accreditation report, the College indicates a working party has been established to look at streamlining data collection across the two colleges (RACGP and ACRRM) and GPET to facilitate information sharing between RTPs. The working party membership consists of GPET, RACGP, ACRRM and the RTP Chief Executive Officers. The AMC looks forward to updates on these initiatives in progress reports.

1.5 Educational expertise and exchange

The College’s accreditation submission outlines examples of stakeholders sharing educational and health expertise. The College is represented on a number of general practice education and training boards.

The College has longstanding relationships with the Hong Kong College of Family Physicians (HKCFP) and the Academy of Family Physicians of Malaysia (AFPM). There are

training programs in Hong Kong and Malaysia leading to fellowship of RACGP. This is further addressed under Standards 4 and 5.

The College has entered into agreements with the Fiji College of General Practitioners and the Irish College of General Practitioners. The National Rural Faculty has provided support for doctors in New Guinea and Timor-Leste.

As part of the review of the *RACGP Curriculum for General Practice*, the College undertook comparisons with international examples, particularly those in the United Kingdom and Canada. In the recent review of the Quality Improvement and Continuing Professional Development (QI&CPD) program, the College engaged an external consultant, conducted a literature review and undertook an international comparison.

The Joint Consultative Committees (JCCs) are also a vehicle for educational cooperation and collaboration with other colleges.

1.5.1 Team findings

While the College does have interactions with other colleges in the Asia-Pacific region, there is little in the way of formal educational exchange. Relations with the Royal New Zealand College of General Practitioners (RNZCGP) are cordial and collegial, but ad hoc. There has been some sharing of examination material and further developments in this relationship with RNZCGP are encouraged. Some College representatives suggested to the Team that the College could consider formalising its relationship with RNZCGP to facilitate improved educational exchange between the two colleges. The Team encourages the College to consider enhancing and formalising its relationship with RNZCGP.

The Team received inconsistent information regarding the roles, current functioning and future activity of the JCCs. There has been little or no activity in some JCCs in recent years. The future role of JCCs in their current, or a different, format is unclear. Some may have an educational role while others may have more of a medico political emphasis. The JCCs represent an opportunity for greater collaboration between Colleges and feedback from stakeholders indicated that there is the potential to expand into other areas that are highly relevant to general practitioners and that would benefit registrars and fellows. The Team commends the College on its plans for a review of JCCs.

1.6 Relationships to promote education, training and professional development of specialists

The College is responsible for training in a particularly complex environment. It is therefore essential that the College develop and maintain collaborative and sustainable working relationships with all key stakeholders.

ACRRM is the other College engaged in vocational training for the specialty of general practice. The two Colleges have registrars in positions within the same vocational training providers, and some registrars are undertaking dual training. Supervision may be by fellows of either College.

The external stakeholders, including governments, medical councils/boards and Health Workforce Australia, were listed in the College's accreditation submission. RACGP is a

member of the Committee of Presidents of Medical Colleges (CPMC). The College is also represented at the CPMC CEOs' forum.

The College collaborates with other national organisations with an interest in general practice through membership of United General Practice Australia, a multi-sector national stakeholder group. This group comprises RACGP, ACRRM, GPRA, GPET, Australian Medical Association (AMA), Rural Doctors Association of Australia (RDAA) and Australian Medicare Local Alliance (AML Alliance).

The College interacts with the health sector at various levels. Of the 65 requests for representatives in 2012, 14% were from the federal government, 8% from state/territory governments and 8% from state/territory organisations. Engagements with the state/territory health sector are via the State/Territory Faculties and the level of this interaction is variable.

1.6.1 Team findings

The maturation of, and improvement in, the relationships between RACGP and ACRRM are reflected in the increased collaboration between the colleges, specifically in the areas of accreditation. The two colleges will need to continue to work collaboratively to ensure that training requirements are known and implemented at the training provider level and by individual trainers/supervisors. While there has been the development of a collaborative Bi-College accreditation process and the colleges are working together on a new selection into training policy, there is the need for this relationship to mature further.

There has also been considerable maturing of the relationship between GPET and the College. This is reflected in the planned process for accreditation of vocational training providers to be implemented in 2014 and being conducted by RACGP and ACRRM. The College nominees on the GPET Board felt that they have been able to favourably influence the strategic direction of that organisation.

There are RACGP members on the training boards of the vocational training providers however they are not official nominees of the College and nor is there a mechanism for them to report relevant information to the College.

Overall most external stakeholders indicated to the Team that they had little ongoing interaction with the College, that any interaction was 'needs-based' and that the College was not generally proactive in seeking opinion or engaging in strategic discussions. There were no clear mechanisms for supplying feedback to the College. Considering the importance of this issue to RACGP, the Team recommends that the College report on the mechanisms for the systematic acquisition of feedback from external stakeholders and how this is acted upon. This is discussed in further detail under Standard 6 of this report.

1.7 Continuous renewal

The College's accreditation submission outlines a variety of ways that the College periodically reviews its structures, functions and policies. The constitution was reviewed in 2009, the curriculum was reviewed in 2011, the QI&CPD program undergoes review every three years and the RACGP Vocational Training Standards have been recently reviewed. There have also been recent changes to the assessment process (including the provision of online examinations), as well as considerable discussion and planning to meet future

challenges, including the capacity issues in relation to supervision and the clinical examination.

The College engages in an annual strategic planning exercise in conjunction with major stakeholders.

1.7.1 Team findings

While the College undertakes a variety of reviews, these are not conducted within a clearly defined monitoring and evaluation framework. This is further addressed under Standard 6.

The College is well aware of the risks associated with the supervisor and examination capacity required to cope with the increased number of registrars. A number of strategies have already been discussed and will be implemented. The College is also aware that this issue will require a multi-faceted strategy over time and is engaged in ongoing review of the situation.

The strategic analysis conducted by the College will need to focus on the future needs of general practice, how to meet the challenges and how this will influence the continuum of education within the College. This is addressed under Standards 2 and 3.

Commendations

- A The College's review of its constitution and the manner in which this was conducted, including member engagement.
- B The College's induction process to prepare members of Council for their governance responsibilities, and the processes for monitoring the performance of Council.
- C The Council's strong links with the State/Territory-based Faculties supporting the engagement of fellows.
- D The commitment, inclusive approach and breadth of focus of the National Faculty of Specific Interests in fostering additional areas of interest expertise of general practitioners.
- E The enthusiasm and dedication of the College's education staff.

Conditions to satisfy accreditation standards

- 1 Review and report on the educational governance structure to demonstrate the hierarchy, relationships, reporting lines, demarcation of responsibilities and operational activities of all committees responsible for education, including international medical graduate assessment and continuing professional development. (Standard 1.1 and 1.2)
- 2 Review and report on the breadth and depth of the roles and responsibilities of the National Standing Committee – Education. (Standard 1.1 and 1.2)

Recommendations for improvement

- AA Develop and implement strategies to engage wider consumer representation in College decision-making committees and / or consultation processes. (Standard 1.1.2)

BB	Review and report on the alignment of staff activity and the strategic direction of the College as set by Council. (Standard 1.2)
CC	Review whether the most appropriate reporting line for committees of fellows is to the CEO and/or Manager of Education. (Standard 1.2)
DD	Strengthen processes for the development, endorsement and implementation of policy and for the subsequent monitoring and evaluation of such policy. (Standard 1.2)
EE	Consider enhancing and formalising the relationship with the Royal New Zealand College of General Practitioners to facilitate educational exchange between the two colleges. (Standard 1.3)
FF	Progress and report on the findings of the review of Joint Consultative Committees. (Standard 1.3)

2 Organisational purpose and outcomes of the training programs

The accreditation standards are as follows:

- The purpose of the education provider includes setting and promoting high standards of medical practice, training, research, continuing professional development, and social and community responsibilities.
- In defining its purpose, the education provider has consulted fellows and trainees, and relevant groups of interest.
- The education provider has defined graduate outcomes for each training program including any sub-specialty programs. These outcomes are based on the nature of the discipline and the practitioners' role in the delivery of health care. The outcomes are related to community need.
- The outcomes address the broad roles of practitioners in the discipline as well as technical and clinical expertise.
- The education provider makes information on graduate outcomes publicly available.
- Successful completion of the program of study must be certified by a diploma or other formal award.

2.1 Organisational purpose

The mission of the College is clearly defined and available on the College's website.

The College's mission is to improve the health and wellbeing of all people in Australia by supporting general practitioners, general practice registrars and medical students through its principal activities of education, training and research, and by assessing doctors' skills and knowledge, supplying ongoing professional development activities, developing resources and guidelines, helping general practitioners with issues that affect their practice, and developing standards that general practices use to ensure high quality healthcare.

The objectives of the College are also listed in the constitution and a number of these relate to aspects of education including training, continuing professional development and research. The objectives of College are as follows:

- To improve the health and wellbeing of individuals and communities by supporting the pursuit of clinical excellence and high quality patient care, clinical practice, education, and research for general practice.
- To establish and maintain high standards of knowledge, experience, competence, learning, skills, and conduct in general practice.
- To set the standards for and provide training and continuing professional development programs in relation to general practice and related areas to improve the knowledge and skill in those fields or to extend knowledge and raise standards of learning and patient care.
- To set the standards for and provide undergraduate and post-graduate educational programs in general practice and related subjects at or in any general practice, community-based medical practice, medical college, other professional college, university, medical school, hospital, laboratory or other educational institution.

- To provide grants or in-kind support in scholarly subjects related to general practice.
- To support and publish research by any persons (whether members of the College or not) into general practice and related subjects.
- To encourage suitably trained persons to enter the specialty of general practice.
- To promote social intercourse, good fellowship and peer support amongst members of the College and amongst persons engaged in general practice and to promote good relations between such members and persons and the community.
- To advocate on any issue which affects the ability of members of the College to meet their responsibilities to patients and to the community.

The *RACGP Curriculum for Australian General Practice* provides a clear definition of general practice. The definition was last updated in 2012. The definition is: ‘general practice provides person centred, continuing, comprehensive and coordinated whole person healthcare to individuals and families in their communities.’

The College has updated the RACGP website to include a section entitled *Becoming a GP* which provides information for prospective registrars and also includes more general information on general practice in Australia.

2.1.1 Team findings

The purpose of the College is clearly articulated and strongly promoted. There is extensive information about the College’s role on its website.

In defining its purpose, the College is required to consult broadly with relevant stakeholder groups. The Team found that registrars and fellows are represented on some College committees including Council, and therefore there are mechanisms in place for their views to be reflected in the College’s organisational purpose. There are, however, no formal mechanisms in place to elicit community input into defining the purpose of the College. The Team encourages the College to implement formal mechanisms for seeking and incorporating community input into defining the purpose of the College and maintaining its relevance to the needs of the community. This was also discussed under Standard 1 of this report.

Consideration could be given to making the information in the section entitled *Becoming a GP* more readily accessible on the website.

2.2 Graduate outcomes

The accreditation standards require that the College has defined graduate outcomes for each training program and that these outcomes are based on the nature of the discipline and the practitioners’ role in the delivery of health care. The overarching statements and learning outcomes of the *RACGP Curriculum for Australian General Practice* specifically address these issues.

The curriculum outlines the five domains of general practice: communication skills and the patient-doctor relationship; applied professional knowledge and skills; population health and the context of general practice; professional and ethical role; and organisational and legal dimensions. This is discussed in further detail under Standard 3 of this report.

High-level training outcomes are defined for each of the five domains of general practice and specific training outcomes across these five domains are also defined for each area of the curriculum. This provides a clear view of the necessary attributes of a general practitioner in Australia.

2.2.1 Team findings

The College sought input from a number of internal and external stakeholders in the revision of the 2011 curriculum. The curriculum is publically available to the community via the College's website.

The curriculum includes a section, *Rationale and General Practice Context* for each statement area of the curriculum that outlines how the statement area relates to the context of Australian general practice. This addresses the issue of how the continuum of education supported by the College addresses the needs of the community. The curriculum is applicable across the continuum of learning in general practice; from medical student to the continuing professional development of vocationally registered general practitioners. For each stage there are generic learning objectives for each of the five domains but also learning outcomes for each stage for each of the statement areas. The curriculum clearly outlines the learning outcomes at each stage of the 'professional learning life' and also reflects contemporary general practice.

During the assessment, the Team had considerable discussion with College committees about the emerging demographic, economic and workforce issues, and the changing patterns of community health. The Team encourages the College to take a more proactive role in developing a strategic vision of the general practitioner of the future so that this can be reflected in appropriate learning outcomes.

The numbering of competencies and learning objectives should assist in the mapping of the curriculum to training programs, but the Team heard during site visits that only some vocational training providers had mapped their training syllabus to the curriculum. The outcomes-based RACGP Vocational Training Standards will require vocational training providers to map their syllabus to the curriculum as one of the required outcomes of meeting the education and training standard. The Team strongly supports this development.

During site visits, supervisors and registrars indicated they had access to the curriculum document. Some registrars reinforced the accessibility of this document and confirmed that it informed the development of their learning plans in response to the multilevel feedback that they received on their performance. For others, the curriculum had little influence on their learning plans.

The College also offers the Fellowship of Advanced Rural General Practice (FARGP). It is a qualification awarded by the College beyond fellowship (FRACGP) and is not intended as a stand-alone qualification. FARGP recognises that additional advanced rural skills training is required to provide comprehensive care for Australia's remote communities. The FARGP program is outcomes-based and this enables all activities and assessments to be mapped transparently. This program is discussed under Standard 3 of this report.

Commendations

- F The *RACGP Curriculum for General Practice 2011* identifies educational objectives and outcomes, and the knowledge, skills and professional attitudes to be acquired at all stages of the continuum of medical education.

Conditions to satisfy accreditation standards

- 3 Demonstrate how the College identifies and responds to current and future community needs. (Standard 2.1)

3 The education and training program – curriculum content

The accreditation standards are as follows:

- For each of its education and training programs, the education provider has a framework for the curriculum organised according to the overall graduate outcomes. The framework is publicly available.
- For each component or stage, the curriculum specifies the educational objectives and outcomes, details the nature and range of clinical experience required to meet these objectives, and outlines the syllabus of knowledge, skills and professional qualities to be acquired.
- Successful completion of the training program must be certified by a diploma or other formal award.
- The training program includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, and encourages the trainee to participate in research.
- The training program allows appropriate candidates to enter research training during specialist education and to receive appropriate credit towards completion of specialist training.
- The program structure and training requirements recognise part-time, interrupted, and other flexible forms of training.
- There are opportunities for trainees to pursue studies of choice, consistent with training program outcomes, which are underpinned by policies on the recognition of prior learning. These policies recognise demonstrated competencies achieved in other relevant training programs both here and overseas, and give trainees appropriate credit towards the requirements of the training program.
- The education provider contributes to articulation between the specialist training program and prevocational and undergraduate stages of the medical training continuum.

3.1 Curriculum framework, structure and duration

The current *RACGP Curriculum for Australian General Practice* was published in 2011, building on the previous 2007 edition, and the *RACGP Training Program Curriculum 1998*.

This comprehensive document comprises two main sections. The first describes the background and context in five key areas:

- definition, purpose and development
- the context of Australian general practice
- the learning life of general practitioners
- the domains of general practice
- ‘the star of general practice’ and development of the new framework.

The second section describes the thirty-six curriculum statements.

The curriculum includes a guide to its use. A background section provides the basis for the content, structure and development of the curriculum.

Definition and purpose

The curriculum describes three key elements of vocational training: details of what vocational general practitioners need to learn throughout the general practice learning life; the knowledge, skills and attitudes that general practitioners require; and the preparation of general practitioners who:

- are competent to work in unsupervised general practice
- meet their community's healthcare needs, and
- support current national health priorities and the future goals of the Australian healthcare system.

The curriculum emphasises self-directed learning, the development of critical self-reflection and lifelong learning skills, and the maintenance of professional practice standards.

The five domains of general practice

The curriculum describes the five domains of general practice as 'the critical areas of knowledge, skills and attitudes necessary for competent unsupervised general practice. They are relevant to every general practice consultation'. These domains contribute to the underlying ethos of general practice as a unique discipline within medicine. All curriculum statements are structured around the teaching and learning objectives, at each of the four stages of the general practitioner's learning life, in each of these five domains. As such it provides a practical reference point for the present, and a solid foundation for future development.

The five domains of general practice are:

- Communication skills and the patient-doctor relationship (e.g. communication skills, patient centeredness, health promotion, whole person care).
- Applied professional knowledge and skills (e.g. physical examination and procedural skills, medical conditions, decision-making).
- Population health and the context of general practice (e.g. epidemiology, public health, prevention, family influence on health, resources).
- Professional and ethical role (e.g. duty of care, standards, self-appraisal, teacher role, research, self-care, networks).
- Organisational and legal dimensions (e.g. information technology, records, reporting, confidentiality, practice management).

The star of general practice and development of the new curriculum framework

The star of general practice describes a conceptual framework linking these five domains with lifelong learning, and the particular educational needs at each stage of the general practitioner's professional development.

Curriculum statements

There are two general curriculum statements, and thirty-four specific statements, arranged into three major sections: people and their populations; presentations; and processes of general practice.

Each statement is divided into key areas:

- Definition: the role of a particular area of health within the general practice setting.
- Curriculum in practice: case studies illustrating how the statement relates to general practice.
- Rationale and general practice context: how the statement relates to Australian general practice.
- Training outcomes of the five domains of general practice: specific attributes (knowledge skills and attitudes) expected of learners.
- Learning objectives across the general practitioner's professional life: the objectives of education and training for each stage of the general practitioner's learning life.

General statements

The two general statements offer context for the specific statements. Firstly, 'common training outcomes', outlines key educational principles and concepts that underpin the programs of learning, describes important similarities and differences in common patient presentations, and introduces the domains of general practice and expected training outcomes for each. Secondly, 'philosophy and foundations of general practice', outlines the basis of general practice; the philosophy, concepts and principles that underpin the discipline, and the role of general practice in the Australian health system.

Specific statements

Specific statements are grouped in three areas. The 2011 edition of the curriculum introduces six new statements, highlighted in bold below.

'People and their populations', describe how patients are both individual citizens with unique health needs, and also members of a population group that might have its own more general but common needs. Populations can be defined here by several characteristics, for example age, gender, ethnicity, particular health need and so on. Consideration of a patient's health needs from both an individual and group perspective can enrich the quality of health care provided. Groupings identified so far are as follows:

- **Aboriginal and Torres Strait Islander Health** (introduced in the 2011 curriculum)
- Aged care
- Children and young people's health
- Disability
- Doctor's health
- Genetics
- Men's health

- Multicultural health
- Population health and public health
- Rural general practice
- Women's health.

'Presentations' describe the most common clinical conditions seen in general practice, in 13 groups as follows:

- Acute serious illness and trauma
- Chronic conditions
- Dermatology
- Drug and alcohol medicine
- Eye and ear medicine
- Mental health
- Musculoskeletal health
- Occupational medicine
- Oncology
- Palliative care
- Pain management
- Sexual health
- Sports medicine.

'Processes of general practice' are as follows:

- Critical thinking and research
- **Undifferentiated conditions** (introduced in the 2011 curriculum)
- E-health
- **Multidisciplinary care** (introduced in the 2011 curriculum)
- Integrative medicine
- **Quality and safety** (introduced in the 2011 curriculum)
- Practice management
- **Procedural skills** (introduced in the 2011 curriculum)
- **Quality use of medicines** (introduced in the 2011 curriculum)
- Teaching, mentoring and leadership in general practice.

Duration of vocational training

The majority of registrars participate in the AGPT program, delivered by RTPs. The structure and duration of the AGPT program is detailed in the *Australian General Practice Handbook 2014*. The requirements of the training program are successful completion of: three years of

full-time training in either the general or rural pathway; training in early management of trauma and advanced life support; and RACGP required assessments. The training pathways are described in Standard 4 of this report.

RACGP Vocational Training Standards

The *RACGP Standards for General Practice Education and Training: Programs and Providers (2005)* and *Standards for General Practice Education and Training: Trainers and Training Posts (2005)* set out the minimum requirements for trainers, training posts, programs and providers in general practice education. Since 2009, the College has been in the process of developing the RACGP Vocational Training Standards which provide clearer links to the RACGP quality and safety framework and a focus on outcomes rather than inputs. The revised standards provide more flexibility for vocational training providers in the delivery of training which is most appropriate to the needs of the registrar in the context in which they practice. There is no change to the fundamental tenets or components of general practice vocational training. The time taken to complete training remains at three years and the current hospital and general practice units remain.

3.1.1 Team findings

The curriculum is available on the College's website, <http://curriculum.racgp.org.au/>. The website also invites individuals and organisations to provide feedback to the College to inform ongoing curriculum development.

The curriculum is comprehensive, clearly laid out and well described. The background sections provide important context, outlining the particular characteristics of general practice and its place in the Australian health system.

The curriculum document opens with a list of acknowledgments. It is immediately apparent that this document is the product of considerable endeavour, by many people. The Team congratulates the College on an impressive effort, and a comprehensive document.

The curriculum builds on earlier editions, and there is a clear commitment to continuing development. The 2011 version heralds important changes, reflecting an evolving general practice landscape, as well as new training and educational processes. There is an increased focus on competency-based training which moves away from the traditional apprenticeship model, as well as the identification of new competencies that need to be incorporated into today's general practitioner skill set. These include management, quality and safety, teamwork, e-health and leadership.

The curriculum clearly identifies educational objectives and outcomes, the nature and range of clinical experience required to meet these objectives and the knowledge, skills and professional qualities to be acquired.

A new section describing training outcomes has been added to the 2011 curriculum. This is in line with the trend towards outcomes-based training. A training outcome is a specific focus on a particular attribute (knowledge, skill or attitude), expected of learners at the end of each stage of general practice training. Each training outcome is identified with a specific code to assist in the development of specific educational requirements, and the mapping of the curriculum to the training programs of the individual training providers.

New curriculum statements have been introduced, reflecting the growing importance of quality and safety, multidisciplinary care, and the gap in health outcomes between Aboriginal and Torres Strait Islanders and other Australians.

Vocational training providers, supervisors and registrars have access to the curriculum however many interviewed by the Team were not familiar with its contents. Only some vocational training providers had mapped their training syllabus to the curriculum. In addition there was limited evidence that the curriculum is used consistently in planning teaching sessions, workplace assessment and the examination process as discussed under Standards 4 and 5. The Team recommends that the College review the usefulness of the curriculum to vocational training providers, supervisors and registrars including how often it is referred to and the extent to which it guides teaching and learning.

The Team had extensive discussions with the College regarding the future evolving role of the general practitioner. Following a strategic analysis, the Team recommends that the College consider opportunities to achieve greater strategic alignment of its education programs with the future direction of general practice. This is also discussed under Standard 2.2 of this report.

3.2 Subspecialties and joint training programs

The Fellowship in Advanced Rural General Practice (FARGP) is a post vocational award in a specific application of the specialty of general practice: rural primary medical care. This is in effect a post fellowship diploma and replaced the Graduate Diploma in Rural General Practice in 2006. It was launched in 2012 and is based on the advanced rural skills curriculum, *Working in Rural General Practice*. The FARGP program is undertaken either during general practice training or after completing the FRACGP.

This program requires the completion of a number of activities including 12 months of advanced rural skills training in an accredited post. Registrars may complete this time before obtaining the FRACGP but are not eligible for the FARGP until they have obtained the FRACGP. An extra 12 months of training must be completed i.e. the time cannot be counted towards both the FRACGP and the FARGP.

In June 2011, the College conducted a review of the FARGP seeking feedback from a range of stakeholders. The main findings were the need to make the FARGP more flexible, relevant, engaging and achievable for rural and remote general practice. The College launched the new program in April 2012 and followed up in October 2012 with learning resources and assessment tools available on the College's *gplearning* platform.

FARGP is governed by the National Rural Faculty's Rural Education Committee. This Committee provides advice to the National Rural Faculty in relation to education and vocational training issues in the program. The Committee will review the FARGP every three years to ensure relevance for candidates, medical educators and vocational training providers.

3.2.1 Team findings

As the Fellowship in Advanced Rural General Practice (FARGP) does not lead to a qualification for practice in a recognised medical specialty, the AMC does not accredit the program. However, the AMC does include a limited assessment of this program in relation to

the accreditation standards around governance, college purpose, program management and jurisdictional relationships.

The Team heard during site visits that the FARGP has proved to be a popular training program and qualification. In January 2012, 449 fellows held the FARGP. Twenty-seven candidates obtained the FARGP in 2012 and a further 443 doctors are currently enrolled, 72 practising general practitioners and 371 registrars.

The Team notes that registrars in the Rural Generalist Pathway/Program administered by the Queensland and New South Wales Governments increase the number of registrars enrolled in the program. The registrars in these pathways complete an extra 12 months of training in advanced skills posts which also fulfils the time requirement for the FARGP. Some therefore enrol but do not complete the other requirements for the FARGP.

3.3 Research in the training program

The College recognises that research and evidence-based medicine are the foundation of, and are fundamental to, general practice. There is a curriculum statement on ‘Critical thinking and research’ which details the skills required by general practitioners as critical thinkers and researchers.

The College’s National Standing Committee – Research provides research advice and policy direction, in order to strengthen the culture of research and to provide a sound evidence base for policy development. The RACGP Research Department supports and progresses the research programs of the National Standing Committee – Research and its sub-committees. There is also a National Research and Evaluation Ethics Committee which assesses the ethics principles for research in the primary care setting.

The AGPT offers opportunities for general practice registrars to undertake advanced research skills training through academic posts. AGPT academic posts are salaried, part-time research placements over 12 months (five sessions per week) for research and teaching. Currently GPET is supporting 25 academic registrar posts. Time spent in academic posts is accounted for as an extended skill option.

3.3.1 Team findings

The importance of critical appraisal is well reflected in the curriculum statement ‘Critical thinking and research’ in the chapter on processes of general practice. The Team acknowledges the support the College offers through the National Standing Committee – Research, and the RACGP Research Department, and the National Research and Evaluation Ethics Committee.

In addition, the College supports academic training posts, through recognition as an extended skills option, but this option is available to only a very small proportion of registrars. Registrars in academic posts spoke highly of their experience, and the College is commended for working with GPET to facilitate this opportunity.

The Team acknowledges that critical appraisal and research skills are taught to registrars by their vocational training provider. Nevertheless, the Team considers that there is scope for further development in these areas. The Team found little evidence that registrars, other than the small number in academic posts, were engaged in research. The College could place

greater emphasis on the value of registrars engaging in research during training. The Team recommends that the College explore strategies to effectively engage more registrars in research, not just those registrars in AGPT academic posts.

3.4 Flexible training and recognition of prior learning

The program structure and training requirements provide registrars with considerable flexibility. There are several routes for recognition of vocational training and awarding of the FRACGP; in addition to the AGPT. General practitioners who have been working for a significant period of time in general practice may enter the General Practice Experience (Practice Eligible) Pathway, and international medical graduates with general practice qualifications attained outside of Australia may enter the Specialist Pathway Program.

GPET sets out a number of training related policies for the AGPT program. The AGPT program has options for flexible training as detailed in the following policies and available on the AGPT website:

- *Full Time Equivalence Policy 2010*
- *Leave Policy 2010*
- *Extension of Training Time Policy 2010*
- *Training Outside of AGPT Policy 2010*
- *Transfer Policy 2010*
- *Withdrawal from AGPT Policy 2010.*

The College sets the *RACGP Recognition of Prior Learning Policy*. The policy was last reviewed in 2013 and is available on the College's website. The policy describes the requirements and guidelines for the application and assessment of recognition of prior learning for AGPT registrars. The College acknowledges that some registrars may have had prior training in posts similar to those required in the general practice training program. The recognition of prior learning application is initially assessed by two Medical Educators of the vocational training provider and then submitted to the College State Censor for approval. Registrars are eligible to be considered for retrospective recognition of the requirements for either:

- hospital terms up to a maximum of 52 weeks; or
- extended skills posts up to a maximum of 26 weeks; or
- both hospital and extended skills posts up to a combined maximum of 52 weeks.

Recognition of prior learning can reduce a registrar's overall time in the AGPT program. Applications must be made in the first year of training, not prior to the commencement of training.

3.4.1 Team findings

The Team commends the efforts to provide registrars with flexible options to complete training requirements. However, the Team heard from registrars who perceived inconsistent application of flexible training policies between vocational training providers.

Another area of inconsistency for registrars is the decisions made by the vocational training providers and College State Censors in the recognition of prior learning (RPL). The Team

heard some examples of similar recognition of prior learning applications being accepted in some vocational training providers and not in others. Registrars also indicated that the final decision made by the College Censor is sometimes inconsistent. The Team acknowledges that RPL decisions are complex.

The College's recognition of prior learning policy allows some latitude in interpretation. If the registrar does not agree with the decision, they can discuss this with the training provider's Medical Educators and / or State Censor. The College also has a process for State Censors to refer decisions to the Chief Censor at the discretion of the State Censor. None the less, variation in decisions between State Censors is occurring for all registrars including Australian Defence Force (ADF) registrars. The Team noted that while the policy on RPL was updated in February 2013 in response to concerns, it was not clear if the issues experienced by registrars have been resolved. The Team recommends that further guidance and training for State Censors in interpretation of this policy is needed.

The College should carefully monitor and evaluate the application of these policies as part of its accreditation of vocational training providers.

3.5 The continuum of learning

The curriculum explicitly recognises that the vocational training program is a component, albeit an essential one, in the lifelong learning and professional development of all general practitioners. The vocational training program is not considered in isolation, what happens before, and after vocational training is also relevant. The curriculum offers a template for the development of seamless professional development throughout the practising life of a general practitioner.

This curriculum identifies the general practitioner's learning life in four stages as follows:

- medical student
- prevocational doctor
- vocational general practice registrar
- continuing professional development.

GPET on behalf of the Australian Government manages the Prevocational General Practice Placements Program (PGPPP). This program is facilitated through the regional training providers. The aim is to enhance junior doctor's understanding of general practice and the role general practitioners play in the delivery of health services at the primary and secondary health care levels. The *PGPPP Practice Guidelines* are available on the GPET website.

The program provides three-month rotations to general practices for junior doctors in PGY1 (postgraduate year 1) and PGY2 as part of their hospital rotations. A term of this type can be counted towards the one year of hospital training for the vocational training pathway and may contribute towards the paediatric requirement. It cannot be used as part of the 18 months of core general practice training.

3.5.1 Team findings

The Team was impressed with the effort the College has made in the design of the curriculum to support life-long learning; this is a strength of the current curriculum. Each curriculum statement identifies specific learning objectives at each stage of the general practitioner's

professional life. This approach places the vocational training program within a continuum of life-long learning. The curriculum was also cross-checked against the *Australian Curriculum Framework for Junior Doctors* and the College continues to contribute to the ongoing development of this framework.

The College monitors the continuum of learning in the vocational training program via the RACGP accreditation process and according to the *RACGP Standards for General Practice Education and Training: Programs and Providers 2005*.

Commendations

- G The *RACGP Curriculum for Australian General Practice 2011* is comprehensive, clear and publically available.
- H The program structure and training requirements offer considerable flexibility to registrars, including options for part-time and interrupted training.

Conditions to satisfy accreditation standards

- 4 Develop strategies to effectively engage more registrars in research, not just those registrars in Australian General Practice Training (AGPT) academic posts. (Standard 3.3)
- 5 Evaluate and monitor the interpretation and application of the recognition of prior learning policy by State Censors to ensure consistency. (Standard 3.4.2)
- 6 Evaluate and monitor the application of the recognition of prior learning policy by vocational training providers to ensure its consistent application. (Standard 3.4.2)

Recommendations for improvement

- GG Review the usefulness of the curriculum to vocational training providers, supervisors and registrars including how often it is referred to and the extent to which it guides teaching and learning. (Standard 3.1)
- HH Consider opportunities to achieve greater strategic alignment of the education programs with emerging demographic, economic and workforce issues, and changing patterns of community health. (Standard 3.1 and 3.2)

4 Teaching and learning methods

The accreditation standards are as follows:

- The training is practice-based involving the trainees' personal participation in relevant aspects of the health services and, for clinical specialties, direct patient care.
- The training program includes appropriately integrated practical and theoretical instruction.
- The training process ensures an increasing degree of independent responsibility as skills, knowledge and experience grow.

4.1 Practice-based teaching and learning

All training towards fellowship of the RACGP is practice-based with the majority of time spent outside the hospital system. For the majority of registrars, training is in community-based practices.

For registrars in Australia there are three main pathways to fellowship, with subgroups in each:

- Vocational Training Pathway
 - Australian General Practice Training (AGPT)
 - Remote Vocational Training Scheme (RVTS)
- General Practice Experience (Practice Eligible) Pathway (PEP)
 - Australian graduates registered before 1996
 - International medical graduates (IMGs) working in Australia
- Specialist Pathway Program (SPP)
 - Doctors with a recognised overseas general practice qualification
 - Doctors who have completed another overseas general practice training program.

There are also trainee groups with specific requirements which are accommodated within the vocational training pathway. They include registrars who are full-time members of the Australian Defence Force and registrars on the Rural Generalist Program/Pathway.

There are training programs in Hong Kong and Malaysia that lead to fellowship of the RACGP. These are the training programs of the:

- Hong Kong College of Family Physicians (HKCFP); and
- Academy of Family Physicians of Malaysia (AFPM).

The Hong Kong training program is considered by the College to sit under the vocational training pathway. Trainees in the Malaysia training program are considered to be PEP trainees.

Vocational Training Pathway

The vocational training pathway requires completion of three years of accredited training including 12 months of hospital experience after completion of postgraduate year 1 (PGY1),

18 months of core general practice experience, and 6 months of extended skills training. No more than 12 of the 18 months core general practice experience can be undertaken in special training environments. These environments include Australian Defence Force posts and rural hospitals accredited for general practice training. The core general practice experience is defined as three terms each of 6 months full-time equivalent training – GPT1, GPT2 and GPT3.

Prior to entry to general practice vocational training, applicants must complete one year of hospital rotations in addition to and after completing the first postgraduate year (PGY1, or intern year), or both parts of the Australian Medical Council examination. These hospital posts must be accredited by the College and/or state or territory Post graduate Medical Council or equivalent. In addition there is a minimum paediatric requirement within this experience to ensure that the registrar will meet minimum standards for patient safety in clinical practice when dealing with children. These requirements are detailed in the *RACGP Registrar's Handbook*.

The paediatric experience requirements that all registrars must have are defined in the *RACGP Paediatric Term Requirements Policy*. This pre-requisite is completed by most registrars in PGY1 or PGY2, while they are still working in a hospital setting. Registrars who enroll in the AGPT training program after completion of PGY2 may apply for RPL to obtain credit for 12 months of hospital based training and their paediatric experience.

Australian General Practice Training (AGPT) Program

As detailed under Standard 1, the Australian Government funds AGPT through GPET. GPET contracts the delivery of general practice training to regional training providers (RTPs) who are required to participate in monitoring, accreditation, review, evaluation and reporting processes. There are currently 17 RTPs in the AGPT training pathway across Australia, varying in size and in their exposure to rural and remote training posts.

The accreditation of RTPs is the means by which the College can ensure that appropriate policies and processes are used by RTPs in the delivery and monitoring of training. The accreditation standards document *RACGP Standards for General Practice Education and Training Programs and Providers 2005* is available on the College website. This document describes the standards relevant to training programs, education and training providers, selection of registrars and supervisors, support for registrars and the performance of registrars. In the area of teaching and learning, time-based minimum requirements are stipulated for peer/group learning, face-to-face meetings, out of practice activities, individual supervisor teaching and external clinical teacher visits for direct trainee observation in the workplace.

Since the inception of AGPT, GPET has had the full responsibility for accrediting RTPs. Both ACRRM and the RACGP provide trained accreditation reviewers to undertake the on-site accreditation visit. However, due to confidentiality requirements, the opportunity to share information with both colleges about the processes and outcomes of RTP accreditation has been limited. This lack of opportunity to exchange information about the accreditation process and outcomes has been problematic for all stakeholders. A recent review of the existing RTP accreditation model has resulted in a new Bi-College accreditation process which will be implemented from 2014, as detailed under Standard 8.

The RTPs accredit training posts and supervisors with reference to the College standards

document, *Standards for General Practice Education and Training - Trainers and Training Posts 2005*. This is also further discussed under Standard 8 of this report. Training providers also upskill medical educators, and provide teaching and learning resources and support for registrars and trainers. The RTPs also certify completion of training which, in addition to passing the RACGP fellowship examinations, is necessary to be eligible to be granted fellowship.

Australian Defence Force (ADF) Registrars

Registrars who are full-time members of the Australian Defence Force are included in the AGPT program. Such registrars are required, as far as is practical, to complete the same broad educational requirements as civilian trainees. Specific arrangements and concessions are available to these registrars due to their service requirements and commitments, as outlined in the combined RACGP, ADF and GPET policy document, *AGPT (Transition) Policies 2008 – 3.1 Training for Registrars who are Full-Time Members of the Australian Defence Force*.

Rural Generalist Pathway/Program

The Queensland and New South Wales Governments each administer a Rural Generalist Pathway/Program to provide general practice services in rural and remote areas, to equip trainees to practise in rural and remote areas, and to encourage them to choose to practise in a rural and remote area after completion of training. Trainees in these pathways complete their training for FRACGP and FARGP within the RTP structure. Trainees in Queensland may also choose to do this via the Remote Vocational Training Scheme (RVTS). Additional compulsory hospital-based terms are required and are quarantined for these trainees by the jurisdictions.

Remote Vocational Training Scheme (RVTS)

The Australian Government funds the Remote Vocational Training Scheme (RVTS) separately. The RVTS has its own application process and intake quota separate from the AGPT program. The training provided meets the requirements for fellowship of both RACGP and ACRRM. In 2012, the RVTS underwent accreditation as part of a pilot process for the development of a Bi-College accreditation process being developed between the RACGP and ACRRM. This is further addressed under Standard 6 of this report.

Much of the training in this pathway is achieved by distance learning and remote supervision through telephone contact with trained advisors. Most registrars in this pathway work in one practice for all of their training time.

The RVTS is a general practice vocational training provider independent of the AGPT. There are 50 registrars in the RVTS pathway. Approximately 90% of registrars achieve fellowship.

A total of 612 registrars from these combined pathways in the vocational training program achieved fellowship in 2012.

Hong Kong College of Family Physicians Training Program

The College accredits the training program of the Hong Kong College of Family Physicians (HKCFP). The examination format is the same as that of the vocational training pathway in Australia with College fellows and senior staff attending the annual clinical examination in Hong Kong. The period of training for a vocational qualification in general practice in Hong

Kong is one year longer than in Australia. In addition, recognition as a specialist family physician in Hong Kong requires fellowship of the Hong Kong Academy of Medicine which involves an additional two years of training and assessment. This is a local requirement to be consistent with the training requirements of other specialist colleges in Hong Kong. The program is accredited in accordance with the *RACGP Standards for General Practice Education and Training Programs and Providers 2005*. These are the same standards used to accredit the other two vocational training programs – AGPT program and the RVTS.

Successful completion of the Hong Kong-based program leads to FRACGP with 22 medical practitioners achieving fellowship in 2012.

General Practice Experience (Practice Eligible) Pathway (PEP)

General practitioners who have been working for a significant period of time in general practice may be eligible to enrol for the RACGP fellowship assessments via the General Practice Experience (Practice Eligible) Pathway. Eligibility extends to Australian graduates who were registered prior to 1996 and international medical graduates who have general registration in Australia.

This pathway requires seven years of postgraduate experience including five years of full-time equivalent general practice experience in the last ten years with restrictions on part-time training and requirements for recency of practice. At least one of the five years of general practice must have been worked in Australia. Of these requirements, four years of general practice experience, including one year undertaken in Australia is required for eligibility to sit for the Fellowship assessments.

The numbers of applications for entry into the PEP for 2010–12 are detailed in the table below.

General practice experience assessment	2010	2011	2012
Australian experience	100	191	328
Overseas experience	235	161	114
Overseas and Australian experience		50	167
Total	335	402	609

The College offers two means of assessment for fellowship to candidates in the PEP. Most registrars complete the College fellowship examination with 285 achieving fellowship in 2012. An alternative Practice Based Assessment (PBA) is available for doctors in this pathway with 27 achieving fellowship by this route in 2012. The PBA is discussed in further detail under Standard 5 of this report.

Academy of Family Physicians of Malaysia Training Program

The Academy of Family Physicians of Malaysia (AFPM) conducts a four-year training program, which is not accredited by the College. Trainees undertaking this training program are considered to be on the Practice Experience (Practice Eligible) Pathway of the RACGP. They sit the College examinations with the OSCE held once per year in Malaysia. College fellows and senior staff attend these examinations.

Successful completion of the Malaysian-based program leads to FRACGP with 26 trainees achieving fellowship in 2012.

Specialist Pathway Program (SPP)

The College offers alternative pathways to fellowship for international medical graduates outside Australia who have completed an overseas general practice training program. This is further detailed under Standard 5.4 of this report.

4.1.1 Team findings

Vocational Training Pathway

Registrars in the AGPT and RVTS pathways work all of their three years of training in clinical practice.

Prior to entry to general practice vocational training, applicants must complete one year of hospital rotations in addition to and after completing the first post-graduate year (PGY1, or intern year), or both parts of the Australian Medical Council examination. These hospital posts must be accredited by the College and/or state or territory Post graduate Medical Council or equivalent. In addition there is a minimum paediatric requirement within this experience to ensure that the registrar will meet minimum standards for patient safety in clinical practice when dealing with children.

One year of hospital-based training is required for registrars and during this time most complete their paediatric requirement.

Registrars may then work for two years in community general practice, some registrars working up to 12 months of this time in rural hospitals accredited as general practice for training or in the Australian Defence Force. Alternatively some registrars will work for 18 months in community practice and 6 months in a special skills post. Almost all training involves direct supervision by one or more accredited supervisors. All registrars have their interactions with patients assessed at external clinical teacher (ECT) visits for a minimum of half a day on five occasions, with feedback given to registrars and their supervisor. During the accreditation visit, the Team heard positive feedback on ECT visits as a beneficial formative educational assessment for registrars.

The decentralised model of training within 17 RTPs and the RVTS is working well for registrars. Educators, supervisors and registrars feel well supported by their training provider. The Team heard during site visits that registrars feel less supported by the College with whom they have little, if any, contact in relation to training matters. It is recognised that while most supervisors and educators are fellows of the College, not all are.

The Team identified the following concerns with the College's role in this process as the accredited provider of general practice training.

Communication between the College and registrars

The vocational training program model creates a particular difficulty for the College in communicating with its registrars. Registrars nominate to their vocational training provider that they are working towards FRACGP but do not need to contact the College at the time of initial application to the AGPT program. Some registrars join the College as voting members

at the commencement of GPT1, but many do not join until they are preparing for the fellowship examinations in GPT3. Membership of the General Practice Registrars Australia (GPRA) is also optional for registrars.

The College therefore does not have a direct or indirect line of communication with all registrars. The Team recommends the College explore a solution so that it has a complete list of registrars and their stage of training in order to plan for appropriate support, educational resources and examinations.

Early recognition of underperforming registrars and remediation

The processes for early detection and remediation of underperforming registrars are established by the vocational training providers based on RACGP standards, and there are substantial differences between providers. Some vocational training providers have detailed tracking systems using ‘traffic lights’ or ‘flags’ which allow all vocational training provider educators to follow the performance of their registrars over time, while others rely on voluntary contact from supervisors. This is further discussed under Section 5.2 of this report.

The Team also noted that there is variability in approaches to remediation. Some supervisors mentioned that they were not compensated for providing additional education and training to registrars in difficulty. GPET funding for remediation is only available if training has been suspended. There is therefore no funding available to support the substantial remediation provided by vocational training providers prior to any suspension, or early remediation which prevents a trainee reaching the point of being suspended.

Trainee progression

The College provides little direction on the standards required for trainee progression in the training program although the outcomes-based RACGP Vocational Training Standards, once implemented, may address this. The standards are discussed in detail under Standard 6 of this report.

Examination eligibility

The College requirements for examination eligibility are essentially time-based. Some vocational training providers are assessing the readiness of their registrars to sit the examinations and advising candidates accordingly but there is limited clarity and little consistency in this process from one provider to another. Further details are provided under Standard 5 of this report.

Completion of training

Completion of training is assessed and signed off by the vocational training providers. There are a number of registrars who pass the fellowship examinations and do not have their training signed off at the completion of the year in which the examinations are passed. Strengthening of the processes around progression and examination eligibility should reduce the number of registrars in this position. It is recommended that the College assess ways to strengthen these processes and improve consistency across vocational training providers and the states/territories to ensure a high quality training experience for all registrars. This is further addressed under Standard 5 of this report.

Australian Defence Force (ADF) registrars

The Team observed that ADF registrars do not fit easily into the training requirements of the AGPT pathway and shares the concerns expressed by registrars and the College regarding the educational opportunities and administrative processes for ADF registrars.

Work on a military base does not encompass the breadth of community general practice and there are challenges for registrars, regional training providers (RTPs) and the College in ensuring achievement of the same training outcomes as others in the AGPT pathway.

Although there is a good deal of variation in the experience of individual registrars, there are some areas of consistent difficulty, albeit with considerable variation between RTPs and states/territories. These include, moving between RTPs, recognition of prior learning, supervision on deployment, application for credit for time on deployment, in-training assessment and feedback, monitoring of performance, and release from base to work in a community practice. The Team recommends the College undertake a review of the educational opportunities and administrative processes for ADF registrars in the training program and report on the findings.

General Practice Experience (Practice Eligible) Pathway (PEP)

There is strong support among candidates for the retention of the Practice Eligible Pathway (PEP). Approximately 10% of candidates in this pathway complete fellowship through the Practice Based Assessment with 90% completing the fellowship examinations process. Eighty percent of trainees in this pathway are IMGs.

Doctors who are currently enrolled in the PEP fall into two main groups – Australian graduates who obtained their medical degree prior to 1996, and overseas trained doctors.

Australian graduates have usually been working for many years, sometimes in rural or remote areas. For these doctors the PEP offers a means of obtaining fellowship of the RACGP without having to leave their community without a doctor while they relocate to a training centre for three years. The training requirements assist these doctors in identifying areas where their experience, knowledge and skills can be improved, but there is little support for these doctors and the patients they see will continue to be those normally seen in their practices. These doctors may complete their whole training time in one practice.

Overseas trained doctors who do not have a general practice qualification prior to coming to Australia are eligible to enrol in the PEP. Some credit may be given by the RACGP for experience outside Australia. The PEP allows these doctors to work in a practice, often a solo practice in a rural or remote area, while also working towards fellowship of the RACGP. These doctors often complete all of their training time in Australia in one practice and their experience will be limited to patients seen in that practice.

Overseas trained doctors who have completed a general practice qualification overseas may choose to apply for training and assessment via the PEP, notwithstanding they may also be eligible to apply via the Specialist Pathway Program (SPP). These doctors are then in the same group as those overseas trained doctors described above who do not hold a general practice qualification.

Hong Kong and Malaysia Training Programs

The Team understands that there are historical reasons for the commencement of the two training programs in Hong Kong and Malaysia but has concerns about the quality of these training programs and the robustness of the examination processes. The style of clinical practice does not provide exposure to the full breadth of experience of a trainee in Australia.

The Hong Kong program commenced 26 years ago. In Hong Kong the training is entirely in hospital general practice clinics where chronic conditions and minor acute conditions are seen. Patients with acute or complex presentations are seen at the Family Medicine Clinic, which trainees do not attend. Training rarely includes any experience in private community-based practice. Although this program was accredited in 2012 significant issues were raised in the report in relation to supervision, formative assessment and feedback, breadth of experience, and remediation. Many accreditation standards were only partially met and a number were not assessed. The program does not use the RACGP curriculum. The format of the examination is the same as the AGPT pathway in Australia. This is further detailed under Standard 5.1.

The Malaysia program commenced 31 years ago. The College does not accredit the training program in Malaysia. Very little information was available about this program with no information about the curriculum used, style of practice, supervision, formative assessment, progression rules or exact structure of the examination.

4.2 Practical and theoretical instruction

Vocational Training Pathway

Practical and theoretical instruction is provided by the trainee's supervisor in the workplace for all clinical rotations, in group learning sessions via the vocational training provider and online on the RACGP website. The supervisor assists the trainee in developing an individual learning plan at the commencement of each six-month period of training.

A minimum time period is quarantined for direct education by the supervisor in the practice. Registrars seem to be largely receiving this, and often more, from their enthusiastic and committed supervisors. The minimum requirement depends on the year of training and allows for increasing independence with training progression.

A strength of this model of training is the high standard of group teaching and group learning opportunities offered by the vocational training providers at a local level consistent with the requirements placed on them by the College in the accreditation standards. Training providers must provide at least 125 hours of peer/group learning over 18 months from GPT1 to GPT3, at least 48 hours of which must be face-to-face meetings. The program must also include regular out-of-practice group contact opportunities for registrars on at least two occasions per month facilitated by the training provider.

The RACGP Vocational Training Standards require five external clinical teacher visits during the vocational training program. Registrars value highly the learning from these half-day sessions of direct observation (in person or on videotape) with feedback to the trainee and supervisor. This is a labour intensive assessment and feedback process. The Team commends the visits and notes that it may be possible to establish broader assessment and feedback from these visits, complementary to that which takes place during the end of training assessments.

The College provides an excellent online learning resource for registrars and fellows in *gplearning*. This impressive program is kept updated with new scenarios by an in-house team at the College and is a valuable resource for registrars.

General Practice Experience (Practice Eligible) Pathway (PEP)

The PEP trainees may access *gplearning* if they are members of the College and also have access to an adequate internet connection and appropriate browser. There is no structured access to group teaching or learning, and no workplace teaching as most are solo practitioners.

4.2.1 Team findings

Vocational Training Pathway

Registrars in the AGPT and RVTS pathways are offered workplace and group teaching and learning opportunities as required in the RACGP Vocational Training Standards. This system is working well with positive feedback from registrars, educators and training providers.

There are wide variations in the amount and style of teaching offered by supervisors in the workplace. Registrars are resourceful and mostly work around this, however consideration should be given to ways to ensure some consistency of educational experience occurs in the face of increasing numbers of registrars.

Many registrars do not feel any connection with the College during their training and those who choose not to become members of the RACGP early in training are not accessing the excellent online learning resources of the College until they are preparing for the fellowship examinations.

As discussed above, there is little evidence that vocational training providers' teaching sessions are deliberately based on the curriculum. Although training providers and registrars have access to the curriculum many are not familiar with its contents and the Team only identified a limited number of syllabi based on the curriculum at the vocational training provider level. The College has begun the process of using the curriculum to plan the contents of *gplearning* by mapping the existing content to the curriculum and identifying gaps. The Team was not able to identify a blueprint or similar documentation of the manner in which the curriculum is used in planning the examination process. The Team considers that maximum benefit is not being obtained from the curriculum as an overarching document to drive assessment and therefore learning.

There is a general perception among trainers and registrars that the curriculum, training and examinations are well aligned. This alignment would be strengthened and clarified by a more consistent approach to curriculum-driven teaching, learning, workplace assessment and examinations.

General Practice Experience (Practice Eligible) Pathway (PEP)

The high cost of travel and accommodation to attend courses and meetings, and the lack of alternative medical cover for patients in rural and remote areas is a significant barrier to PEP candidate's participation in educational activities with other registrars and contact with medical educators.

The PEP candidates receive less support than other registrars. Some IMGs receive support through the optional and separately funded Overseas Trained Doctors National Education and Training (OTDNET) program, through the Fellowship Support Program in South Australia and other state/territory/regional programs. Candidates speak highly of OTDNET, which offers a strong support network along with group learning opportunities. The Team acknowledges the complexity of the challenges facing PEP candidates compared to vocational training pathway registrars. The Team is aware of significant improvements made for some of these doctors in the past through other projects providing mentors, workshops and networks. The College should proactively engage in the discussion on this issue to ensure improvements are made in teaching, learning and support for these doctors in their training pathway.

Many PEP candidates have infrequent contact with medical educators or supervisors, receive little feedback about their progress and have no exposure with other trainees. They also lack access to the resources, mandated group learning and individual teaching time which are required to be provided by accredited vocational training providers. Candidates report that communication is a major issue and describe problems running the website applications, and a significant gap in support and feedback.

The College provided the Team with the pass rates for the last seven iterations of each of the three fellowship examinations sorted by de-identified vocational training provider. The figures below include combined pass rates for all of the 18 vocational training providers and another combined figure for trainees with no training provider. Overall registrars with no vocational training provider affiliation constitute 40-42% of candidates at each of these examinations. This will include small numbers of doctors in the Specialist Pathway Program (SPP) Category 2 and 3, along with those on the PEP.

While the Team acknowledges the limitations of interpretation of this data for comparison between vocational training providers, trainees with no vocational training provider affiliation have a consistently and significantly lower pass rate (average 52-59%) compared with all other registrars (average 86-87%) in each of these examinations.

Applied Knowledge Test (AKT)	Number of candidates	Average pass rate %	Range of pass rates %
No Vocational Training Provider	1696	59.0	55 – 71
All Vocational Training Providers	2466	86.0	79 – 90

Key Feature Problems (KFP)	Number of candidates	Average pass rate %	Range of pass rates %
No Vocational Training Provider	1777	55.1	42 – 67
All Vocational Training Providers	2461	87.0	79 – 95

Objective Structured Clinical Exam (OSCE)	Number of candidates	Average pass rate %	Range of pass rates %
No Vocational Training Provider	1677	52.2	44 – 59
All Vocational Training Providers	2396	86.6	83 – 90

The Team is concerned that the PEP may not be preparing candidates for fellowship at a standard comparable with other registrars. The College is asked to investigate ways to improve the learning opportunities for PEP candidates to ensure they receive a high standard of training relevant to, and based in, the communities in which they will work.

4.3 Increasing degree of independence

Vocational Training Pathway

This highly structured pathway, which complies with the accreditation standards of the College, enables increasing independence for registrars both in their clinical work and their learning choices. Standards for and barriers to progression are not explicit, with some vocational training providers having their own processes for this assessment.

General Practice Experience (Practice Eligible) Pathway (PEP)

This pathway relies on recognition of prior learning. There is no structured progression. Candidates are mostly working in rural and remote areas in solo practices where no other medical care is available to their patients.

4.3.1 Team findings

Vocational Training Pathway

The Vocational Training Pathway is well structured to allow registrars an increasing degree of independence as they progress through their training time and as they acquire skills. There are, however, variations between vocational training providers in the assessment of performance and progression from each stage of training to the next. The implementation of outcomes-based RACGP Vocational Training Standards offers an opportunity to address the issue of progression requirements to ensure that they are explicit and more consistent.

General Practice Experience (Practice Eligible) Pathway (PEP)

The General Practice Experience (Practice Eligible) Pathway does not have the same structure as the vocational training program and candidates work independently throughout their training time. More formal learning opportunities and support structures should enable these trainees to recognise their increasing knowledge and skills, and apply these in the workplace as well as defining and addressing any learning needs.

Commendations

- I The College oversees a strong practice-based vocational training program with registrars being well supervised by College fellows with the appropriate skills.
- J The College has established and maintained collegial and strong relationships with the vocational training providers to the benefit of the registrars' learning and teaching environment.
- K The College has excellent online learning resources for fellows and registrars, and has begun the process of mapping these to the curriculum domains and subject areas.

Conditions to satisfy accreditation standards

- 7 Review the educational opportunities and administrative processes for Australian Defence Force registrars to ensure equivalent training outcomes to those registrars in

	the Australian General Practice Training (AGPT) program. (Standard 4.1.1)
8	Review the criteria and processes for vocational training providers to sign-off on requirements for progression and completion of training to ensure a high quality consistent training experience for all registrars. (Standard 4.1.1)
9	Review the teaching, learning and support available for candidates in the General Practice Experience (Practice Eligible) Pathway in Australia to improve the cohort performance in the RACGP fellowship examination. (Standard 4.1.2)
10	Review the training undertaken in Hong Kong and Malaysia leading to FRACGP, against the RACGP Vocational Training Standards, including the equivalence of the training and training outcomes to those in Australia. (Standard 4.1.2)
<i>Recommendations for improvement</i>	
II	Establish a complete list of registrars and their stage of training in order to plan appropriate support, educational resources and examinations. (Standard 4.1.1)

5 The curriculum – assessment of learning

The accreditation standards are as follows:

- The assessment program, which includes both summative and formative assessments, reflects comprehensively the educational objectives of the training program.
- The education provider uses a range of assessment formats that are appropriately aligned to the components of the training program.
- The education provider has policies relating to disadvantage and special consideration in assessment, including making reasonable adjustments for trainees with a disability.
- The education provider has processes for early identification of trainees who are underperforming and for determining programs of remedial work for them.
- The education provider facilitates regular feedback to trainees on performance to guide learning.
- The education provider provides feedback to supervisors of training on trainee performance, where appropriate.
- The education provider considers the reliability and validity of assessment methods, the educational impact of the assessment on trainee learning, and the feasibility of the assessment items. It introduces new assessment methods where required.

5.1 Assessment approach

Summative assessment

For registrars on the vocational training pathway, summative assessment consists of the fellowship examination with three components:

- applied knowledge test (AKT)
- key feature problems (KFP)
- objective structured clinical examination (OSCE).

Overseas trained specialists in Categories 2 and 3 of the Specialist Pathway Program (SPP) also sit this examination. The assessment of overseas trained specialists is further discussed under Standard 5.4.

Candidates on the General Practice Experience (Practice Eligible) Pathway (PEP) are able to choose between the fellowship examination and practice-based assessment (PBA). The two assessment pathways are independent of one another, such that candidates cannot substitute components of one process for the other. PBA is only open to candidates who qualify via the Practice Eligible Pathway route and is not available to registrars on the AGPT pathway.

Fellowship examination

The fellowship examination process is described in the *Examination Handbook for Candidates*. Candidates apply directly to the College in order to sit examination components. The three components of the examination are independent; however candidates are only eligible to sit the OSCE if they successfully pass the AKT.

For registrars on the vocational training pathway, additional information is provided in the *Registrar Handbook*. Vocational training providers are required to sign-off that registrars are eligible to sit the examination, and generally use supervisor reports, performance in teaching sessions and other formative assessments to inform this decision.

For candidates on the PEP undertaking the fellowship examination, eligibility requirements are defined in the *General Practice Experience (Practice Eligible) Pathway Handbook*. These are consistent with the criteria detailed in the relevant RACGP policies.

The AKT and KFP are completed online in supervised examination centres across Australia, and in remote locations according to demand. There are two sittings per year. The OSCE is held approximately 12 weeks following the two written examinations.

Processes for content development, standard setting, examiner training and quality assurance are described under Standard 5.3. For the OSCE, individual stations are only used once per triennium such that material is not repeated from one examination to the next. General practice examiners frequently act as role-players, actors are sometimes used and actual patients are rarely, if ever, used.

Examination content is mapped to International Classification of Primary Care (ICPC) codes, using the latest edition of the classification system (ICPC-2). The relative proportions of ICPC-2 areas that feature in RACGP examinations are determined by Bettering the Evaluation and Care of Health (BEACH) data. This reflects a commitment by the College to ensure that examination content is evidence-based and reflects contemporary presentation and disease patterns seen in Australian general practice.

Since 2009, each examination has been independently mapped to ICPC areas. This process relies on matrices that relate BEACH data and ICPC-2 chapter headings to examination questions.

The College's accreditation submission notes that a review of the best practice matrix and blueprinting is currently being undertaken to ensure that teaching, learning and assessment continue to be linked. The Team also heard that a review has been commissioned to consider the potential role for simulated patients in the OSCE.

The *Examination Handbook for Candidates* states that the training for general practice occurs in the work setting, not in a library. To supplement in-practice learning however, the handbook lists certain educational resources that might assist candidates in their examination preparation, such as the *gplearning*, the *check* program and Faculty-run pre-examination courses. Shortened practice examination papers are also available online.

The Team heard that examination candidates rely heavily on these resources in their preparation for the summative assessments. Many also use *Australian Family Physician* to guide their learning. In addition, candidates told the Team that they extensively use clinical guidelines developed by Australian health organisations (including the RACGP), particularly in relation to preventative health and chronic disease management.

The number of registrars sitting both the written and OSCE examinations has increased in recent years, and is expected to grow further. Capacity to deliver the OSCE remains a

concern for the College, although significant thought has been given to how this might be addressed and Council is well informed about this issue.

The College has policies for special consideration, which appear to be applied in a transparent and objective manner. These are documented in the relevant handbooks and on the College website.

As discussed under Standard 4, there are significant and persisting discrepancies in the pass rates for all examination components between candidates in the vocational training program and those on the PEP. The College acknowledges this issue.

The absence of a limit on the number of times that a candidate can sit the examinations may contribute to the ongoing disparity in pass rates. The Team heard that the College has had initial discussions regarding the educational and pastoral merits of setting a maximum number of attempts.

Practice Based Assessment (PBA)

Doctors on the PEP are able to elect to complete the Practice Based Assessment (PBA) as a pathway to fellowship. Historically, the numbers of candidates undertaking the PBA have been relatively small. The requirements of the PBA pathway are defined in the *Practice Based Assessment Handbook*. Assessment consists of three components, which must be completed within a three-year period:

- Examiner Clinical Visits
- Recorded Video Consultations
- Viva.

The College is currently reviewing the requirements for the PBA to ensure that it remains fit for purpose. This may result in the assessment instruments being updated. The College acknowledges that the PBA is a resource intensive process, but considers it an appropriate assessment pathway for candidates with extensive experience in general practice.

Fellowship examination – Hong Kong and Malaysia

The pathways to fellowship of the Hong Kong College of Family Physicians (HKCFP) and the Academy of Family Physicians of Malaysia (AFPM) have been described under Standard 4 of this report.

Summative assessment for medical practitioners in Hong Kong occurs via the conjoint RACGP-HKCFP examination. The format is the same as the RACGP fellowship examination (i.e. AKT, KFP and OSCE). Under the memorandum of understanding between RACGP and HKCFP, the Board of Censors of RACGP and the Board of Examination and Assessment of HKCFP approve the material and standards for the examination components. In addition, two RACGP nominees must participate in the clinical segments and be involved in discussing the results of the examination.

Medical practitioners in Malaysia follow the PEP, but can only undergo summative assessment by examination (including AKT, KFP and OSCE). The requirements for this examination are outlined in a memorandum of understanding between RACGP and AFPM

and are the same as those required for HKCFP as described above. There are always two RACGP quality assurance examiners at the OSCE.

Formative assessment

The College has no direct role in the provision of formative assessments. The requirements for vocational training providers to provide in-training assessment are captured in the *RACGP Standards for General Practice Education and Training: Programs and Providers 2005*. These will shortly be replaced by the outcomes-based RACGP Vocational Training Standards.

The three-year accreditation cycle for vocational training providers provides the primary mechanism through which standards are enforced and monitored. The College's accreditation submission includes data on vocational training provider performance against these standards, which is discussed under Standard 5.2 of this report.

The RACGP standards that are concerned with feedback and formative assessment include:

- P10 - An integral and critical part of the education and training in the program must be high quality, regular formative assessment with constructive feedback to registrars on their performance.
- P42 - Relates to the 'Standards of performance during training'.

In addition, standard P6 requires that training programs must provide a minimum of five half-day sessions or equivalent of direct or videotaped observation of registrar consultations by medical educators along with written feedback in the first 18 months of general practice experience. The External Clinical Teacher (ECT) visits are also discussed in Standard 4 of this report.

Beyond ECT visits, various vocational training providers also employ a variety of other mechanisms to formatively assess candidates. There is significant variation between vocational training providers in the types of formative assessment instruments, and the frequency of use.

There are no formative assessment requirements for candidates on the PEP, including those in Malaysia. The requirements for formative assessment in Hong Kong are those defined in the *RACGP Standards for General Practice Education and Training: Programs and Providers 2005*, against which the HKCFP is accredited.

5.1.1 Team findings

Summative assessment

Fellowship examination

The College's summative assessment processes are well defined, and the provision of a comprehensive examination handbook is commended. In the AMC accreditation survey of registrars, the majority agreed that summative assessment requirements are clearly documented.

The Team heard that the requirement for vocational training provider sign-off prior to registrar enrolment in the examination has helped ensure that candidates do not present to the

summative assessment prematurely. This has reduced the number of registrars who, despite a pass in the examination, are assessed as requiring additional training time before progressing to fellowship.

Notwithstanding this improvement in process, there still remains a lack of clarity regarding the criteria used by vocational training providers to determine that registrars are eligible and ready to sit the examination. As discussed under Standard 4, the Team heard that sign-off is based on completion of training time and satisfactory performance in formative assessments. The specific requirements are not clearly defined in the *Examination Handbook for Candidates*. There appears to be variation between vocational training providers in terms of the evidence required to demonstrate readiness to sit the examination.

Registrar feedback in this accreditation assessment indicated there were significant delays in communications from the College in regard to examinations, including receipt of application, confirmation of venue and receipt of results. The Team acknowledges the complexities in coordinating the examination components for such a large number of candidates, and notes the efforts undertaken to streamline administrative processes where possible. It also acknowledges the communication strategy implemented by the College and looks forward to updates in progress reports to the AMC.

The fellowship examination is broadly aligned to the educational objectives of the training program. The Team notes the commitment of the College to ensure examination content is linked to contemporary presentation and disease patterns seen in Australian general practice. The use of BEACH (Bettering the Evaluation and Care of Health) data to determine content proportions within the examination components is commendable.

However, the Team could not find evidence of a comprehensive blueprint that maps assessment content to the curriculum, including the five domains of general practice. Matrices are used appropriately to determine examination proportions, but are limited in the extent to which they facilitate sampling from the full breadth of the curriculum. This creates a problem in ensuring that non-technical aspects of general practice (particularly the domains of: communication skills and the patient-doctor relationship; professional and ethical role; organisational and legal dimensions) are adequately assessed across the examination components.

The Team also reflected on the extent to which the use of general practice examiners to role-play patients impacts on the validity of the assessment process, insofar as it limits the examination of certain populations (for instance paediatric and geriatric patients). The College's plans to undertake a review to investigate the potential for simulated patients are supported by the Team.

Overall, the Team considered that the range of assessment tools used in the fellowship examination is appropriate. It notes, however, that the AKT, KFP and OSCE are concentrated at the end of the AGPT training pathway, and that the opportunities for workplace-based summative assessment are yet to be fully explored. The development of a comprehensive blueprint would help identify content gaps in the fellowship examination, and highlight the potential value, in a more formalised program, of in-training assessments. The latter may facilitate the assessment of knowledge and skill sets that are underrepresented in the current examination components.

Some registrars reported that there are insufficient practice examinations. A number of recent candidates also suggested that some of the examination questions were ambiguous. To a large extent, these concerns were reflected in the feedback captured in the AMC accreditation surveys. The College indicates it is aware of these findings, takes them seriously and believes it may partly reflect registrars reporting their challenges with the examination. The Team encourages the College to continue to monitor this issue and looks forward to updates in progress reports to the AMC.

The Team observed OSCEs in Melbourne and Brisbane in May 2013. The Team was universally impressed by the organisation of these examinations. The logistical challenges of conducting an OSCE for such a large number of candidates are acknowledged, and the College's efforts in examiner training, quality assurance and preparation of stations are commended.

The capacity to meet demand for the OSCE represents a significant challenge for the College, and the College is attempting to project requirements. Considerable thought has also been given to expanding the number of examiners, and the potential need for a third examination sitting each year. The College will need processes to monitor requirements on an ongoing basis.

The Team has some concerns about variability in formative assessment. The ECT visit program seems to be one of few forms of in-practice assessment and feedback that is common to all vocational training providers. These concerns are discussed under Standard 5.2.

The provision of policies relating to special consideration in assessment are adequate. They are clearly described in the relevant handbooks and on the College website. The Team heard no particular concerns regarding the application of these policies. Comments in relation to appeals processes for SPP candidates are detailed under Standard 5.4.

The significant and persisting discrepancy between pass rates for the vocational training and practice eligible pathways is of serious concern. This issue has been highlighted in recent AMC reviews, and has failed to attract a substantial response from the College. This issue was addressed under Standard 4. The relative merits of setting a maximum limit on the number of times a candidate may sit the fellowship examination are also yet to be fully explored.

Practice Based Assessment (PBA)

The Team heard from several groups that there is a clear place for an alternate assessment pathway in the form of the PBA. Currently this assessment is only available to candidates on the PEP; however some registrars on the AGPT pathway expressed a preference for completing the PBA as an alternative to sitting the fellowship examination. The College's plan to review the PBA assessment components is supported by the Team. This will provide an opportunity to re-evaluate the validity and reliability of the PBA pathway as well as its resourcing requirements, particularly in relation to the supply of examiners.

Fellowship examinations – Hong Kong and Malaysia

The College is clearly committed to the enhancement of general practice training in Asia. There are established processes for the approval of examination material in Hong Kong and

Malaysia, and the Team saw evidence of College review and critique of recent OSCEs held in both countries.

Given that the Hong Kong and Malaysian pathways both lead to FRACGP, the Team considers that current levels of College involvement in HKCFP and AFPM training and assessment processes should be increased. These concerns have been discussed under Standard 4. The College is encouraged to continually review its mechanisms for quality assurance of the examinations leading to FRACGP in Hong Kong and Malaysia.

Formative assessment

The Team's findings in relation to formative assessment and performance feedback are discussed under Standard 5.2.

5.2 Performance feedback

Vocational Training Pathway

Given that the fellowship examination is delivered at the end of the program, progressive feedback on performance relies on supervisor reports, formative assessment and other methods of appraisal. As described above, the requirements for feedback, formative assessment and remediation processes are defined in the *RACGP Standards for General Practice Education and Training: Trainers and Training Posts 2005*, particularly P10 and P42. Standard P6 requires that training programs must provide a minimum of five half-day sessions or equivalent of direct or videotaped observation of registrar consultations by medical educators along with written feedback in the first 18 months of general practice experience.

Regional Training Provider (RTP) performance against these standards has improved between accreditation rounds two (2006–9) and three (2010–12). Two RTPs partially met each of standards P10, P31 and P42 in the latest cycle.

Beyond vocational training providers, the *RACGP Standards for General Practice Education and Training: Trainers and Training Posts 2005* define the requirements for the provision of feedback at the practice level. As with the equivalent standards for programs and providers, these will shortly be replaced by the outcomes-based RACGP Vocational Training Standards.

The College's accreditation submission notes that the problem of candidate underperformance not being detected until the time of the fellowship examination is continuing. The College has had initial discussions with GPET about developing additional forms of assessment to assist in the earlier identification of underperforming registrars.

Through visiting vocational training providers, the Team observed a variety of approaches to formative assessment, detection of underperformance, progress monitoring and remediation. Vocational training providers typically use a suite of tools to track trainee performance.

For instance, one vocational training provider employed the following:

- A clinical knowledge test at an orientation workshop, with the results provided to medical educators and supervisors to guide future learning.
- Regular engagement of registrars at educational release sessions, allowing medical educators to continually track progress.

- A multi-source feedback assessment within the first 12 months of general practice training.
- ECT visits, with the results being distributed to registrars, supervisors and medical educators.
- Supervisor reports.
- A trainee log-book.
- An electronic, longitudinal tracking program utilising a traffic light system to monitor progress and flag underperforming registrars.

Resource sharing between RTPs is facilitated by a number of mechanisms, including the Australian Medical Educator Network (AMEN) and the GPET Convention. The Team understands that sharing of formative assessment tools and remediation strategies have improved significantly in recent years.

The College's accreditation submission details processes for providing feedback to registrars following the fellowship examination. All candidates who fail components of the examination are invited to receive feedback from the State Censor. Methods to deliver this feedback vary between faculties. Candidates who fail the examination three times are strongly encouraged, but not required, to receive feedback.

Although the program of the Hong Kong College of Family Physicians (HKCFP) is not a subset of the vocational training pathway, HKCFP is accredited by RACGP against the same standards that apply to vocational training providers. The most recent accreditation visit by the College has identified issues in relation to remediation and the provision of formative assessment as discussed under Standard 4.

General Practice Experience (Practice Eligible) Pathway (PEP)

There are limited opportunities for formative assessment of candidates on the PEP. This reflects that doctors on the PEP often work in isolated settings, and have limited links with vocational training providers. Candidates undertaking the PBA have some access to progressive feedback because summative assessment occurs sequentially.

5.2.1 Team findings

Vocational Training Pathway

There is a strong accreditation framework in which the College stipulates requirements for feedback, detection of underperformance and remediation. These requirements are clearly defined in the relevant standards documents. Practice-based training ensures that registrars are closely supervised, with opportunities for regular performance review and appraisal. The AMC survey of general practice registrars identified that they are generally satisfied with the provision of feedback at the practice-level.

Almost uniformly, registrars and medical educators rated the ECT visits as a highly valuable component of the vocational training pathway. Vocational training providers also reported that the requirement for regular supervisor reports enhances their capacity to track registrar performance.

The Team observed differing practices between, and within, vocational training providers in relation to the provision of formative assessment. This was a source of concern for registrars, who frequently expressed a desire for more formal feedback. Previous AMC accreditation reports have also noted that delivery of formative assessment and remediation processes differ between vocational training providers.

Despite the variation in the application of assessment tools, the Team observed many examples of innovation in monitoring of registrar performance. For example, the Team was impressed by the various longitudinal tracking programs used to monitor the progress of registrars.

Previous AMC reports have commented that the processes for sharing educational and assessment resources between vocational training providers could be improved. The Team was pleased to hear that there is a growing culture of collaboration, with enhanced exchange of material and experiences between vocational training providers. This is occurring via a number of mechanisms, including AMEN. There may be room to further develop these processes in the interests of disseminating high quality resources, and maximising the value derived from the educational expertise embedded in vocational training providers. As reported under Standard 1, a working party has been established to look at streamlining data collection across RACGP, ACRRM and GPET to facilitate information sharing between RTPs. The AMC looks forward to updates on these initiatives in progress reports.

Supervisors who met the Team were generally satisfied with the feedback they were provided on trainee performance and examination outcomes. The Team found that vocational training providers work hard to maintain effective relationships and open communication lines with general practice supervisors.

The most recent RACGP accreditation cycle for the HKCFP identified some concerns in relation to feedback, formative assessment and remediation processes. The accreditation report stated that there did not appear to be a strong system for structured written feedback to registrars at points along their training or following direct observation, and that there is not a documented remediation process including steps for registrars whose progress remains unsatisfactory after remediation. The College is aware of these issues. The Team recommends the College develop strategies to enhance the quality and consistency of remediation processes across the vocational training providers.

General Practice Experience (Practice Eligible) Pathway (PEP)

The Team's concerns regarding the provision of support for candidates on the PEP have been outlined under Standard 4. In addition to a lack of structured training, there is no requirement for formative assessment. This may partly explain the marked differences in examination pass rates between the vocational training and practice eligible pathways.

While there is evidence of effective educational and assessment support for IMGs in some areas, it is patchy and largely dependent on targeted funding. Further comments on the provision of support and formative assessment for IMGs, including the establishment of OTDNET, can be found under Standard 5.4.

5.3 Assessment quality

Fellowship examination

College processes for ensuring assessment quality are detailed in the *Examination Handbook for Candidates*. There has been limited change since the AMC's last accreditation visit in 2006.

The validity of the fellowship examination rests on content being mapped to International Classification of Primary Care, Second edition (ICPC-2) areas based on BEACH data, as described above. To enhance validity of stations within the OSCE examination, a weighting is applied to the performance domains of particular interest. Examiners are blinded to this weighting.

Examination content is developed internally specifically for the fellowship examination. Individual stations are only used once per triennium such that material is not repeated from one examination to the next.

For the written examinations, standard setting is criterion referenced. This occurs via the Modified Angoff method, which involves at least 20 subject matter experts making item-based judgements about the performance of minimally competent candidates. Standard setting for the OSCE occurs using the borderline groups method, using statistical analysis of performance domain scores against overall scores.

The reliability of the fellowship examination rests on a combination of factors, including the use of structured questions, objective question design, multiple assessment instruments, examiner training, multiple examiners and quality assurance examiners.

For the OSCE examination, rigorous processes to ensure consistency across examination centres further enhance reliability. Examination content is approved centrally, but faculties have opportunities to review and amend examination material in advance of each sitting. As described above, there is limited use of 'real' and simulated patients, partly in the interests of minimising variability between stations and examination centres. As previously noted, the College is currently investigating the potential role of simulated patients, and has commissioned a study for this purpose.

The College's processes for monitoring the fellowship examinations in Hong Kong and Malaysia have been described above.

Practice Based Assessment (PBA)

The processes for ensuring assessment quality in the Practice Based Assessment are described in the *Practice Based Assessment Handbook*. Validity is ensured primarily by the candidate undergoing the bulk of their assessment in the course of their usual practice. Candidates are encouraged to review BEACH data to ensure their experience maps to national presentation and disease patterns. Reliability is maintained through a combination of multiple assessment instruments, large numbers of assessed consultations, examiner training and the use of multiple examiners.

5.3.1 Team findings

Fellowship examination

The Team was impressed by the assessment expertise within the College. There is a widespread commitment to ensuring that assessment tools are robust and provide a valid and reliable means of determining suitability for unsupervised general practice.

The lack of a comprehensive assessment blueprint is concerning, and may compromise the validity of the fellowship examination as a whole. Development and review of a blueprint may provide an opportunity to consider the role of alternative assessment modalities. The Team learnt that there have been preliminary discussions regarding the potential role for workplace-based summative assessments.

The Team notes that, according to the accreditation submission, ‘a review of best practice matrix and blueprinting is currently being undertaken to ensure that teaching, learning and assessment continue to be linked.’ The outcomes of this review, along with the commissioned study into the potential role for simulated patients, will be of interest to the AMC.

The College has established mechanisms for standard setting, which are clearly articulated in the *Examination Handbook for Candidates*. The Team was impressed by the rigour of these processes, and the consistency with which they are applied.

Despite the expertise of the College in regard to assessment, the Team found that the processes for the systematic review of performance data could be improved. Systems could be enhanced to identify regions, training pathways and vocational training providers that may benefit from additional supports.

This accreditation standard also requires demonstration of the educational impact of the assessment on trainee learning. The suboptimal pass rates for the PEP suggest that the nexus between training and assessment for candidates on this pathway requires review and attention.

Comments have been made under Standard 5.1 regarding the feasibility of assessment, particularly as it pertains to increasing candidate numbers.

Practice Based Assessment (PBA)

The Team endorses the view of many stakeholders that there is a clear place for an alternate assessment pathway in the form of PBA. Overall, the PBA appears to be a valid and reliable means of assessing a subset of candidates on the PEP. The outcomes of the review of the PBA components will be of interest in future reports to the AMC.

Commendations

- | | |
|---|---|
| L | The requirement for External Clinical Teacher visits, which are a highly valued means of formative assessment and of providing feedback to registrars on the vocational training pathway. |
| M | The commitment of the College to ensure that examination content reflects presentation and disease patterns seen in Australian general practice. |

- N Coordination and delivery of an objective structured clinical examination (OSCE) to a large number of candidates across multiple sites, including robust mechanisms to ensure consistency and quality assurance.
- O Clearly articulated processes for standard setting in relation to all fellowship examination components.

Conditions to satisfy accreditation standards

- 11 Develop a comprehensive blueprint that maps assessment content to the entire curriculum, including the five domains of general practice. (Standard 5.1)
- 12 Review and report on the potential role of summative workplace-based assessment, based on the development of a comprehensive assessment blueprint. (Standard 5.1)
- 13 Having clarified the criteria and processes for vocational training provider sign-off of registrar progress (see condition 8) amend the *Examination Handbook for Candidates* accordingly. (Standard 5.1)
- 14 Develop and report on strategies to enhance the quality and consistency of remediation processes across the vocational training providers. (Standard 5.2)
- 15 Complete and report on the outcomes of the review of the Practice Based Assessment. (Standard 5.3)
- 16 Respond to and report on the commissioned review of the use of simulated patients in the objective structured clinical examination (OSCE). (Standard 5.3)
- 17 Develop a systematic process for reviewing examination performance data, with a view to identifying regions, training pathways and vocational training providers that may benefit from additional supports. (Standard 5.3)

Recommendations for improvement

- JJ Review the adequacy of current arrangements for the oversight of the conjoint RACGP-Hong Kong College of Family Physicians (HKCFP) and RACGP-Academy of Family Physicians of Malaysia (AFPM) examinations. (Standard 5.1)
- KK Implement a process to ensure greater consistency between vocational training providers in the provision of formative assessments. (Standard 5.1)
- LL Consider mechanisms to further enhance the sharing of resources between vocational training providers, particularly with respect to formative assessment instruments and tools to track trainee progress. (Standard 5.2)
- MM Implement a process to ensure greater consistency between vocational training providers in the monitoring and early detection of underperforming registrars. (Standard 5.2)
- NN Review the educational and pastoral merits of setting a maximum limit on the number of times a candidate may sit each component of the fellowship examination. (Standard 5.3)

5.4 Assessment of specialists trained overseas

The accreditation standard is as follows:

- The processes for assessing specialists trained overseas are in accordance with the principles outlined by the AMC and the Committee of Presidents of Medical Colleges Joint Standing Committee on Overseas Trained Specialists (for Australia) or by the Medical Council of New Zealand (for New Zealand).

Since the 2006 AMC accreditation, there have been substantial changes to the assessment of overseas trained specialists. The College's accreditation submission notes that the process has been rationalised and streamlined in accordance with the principles outlined by the AMC and the Committee of Presidents of Medical Colleges Joint Standing Committee on Overseas Trained Specialists.

The new Specialist Pathway Program (SPP) was launched on 1 February 2010 with three different entry categories:

- Category 1 (Substantially comparable, leading to Fellowship ad Eundum Gradum)
- Category 2 (Partially comparable)
- Category 3 (Partially comparable).

The pathways to fellowship for each of the categories are summarised in the diagram at the end of Standard 5.4. Detailed information about entry, self-categorisation and progression requirements is provided on the College's website.

Category 1

Doctors who hold one of a list of recognised overseas general practice qualifications may be eligible to apply for Fellowship ad Eundem Gradum (FAEG). If assessed as fully comparable by the College an applicant may be granted fellowship (FAEG) with some requirements to be fulfilled in the first 12 months in practice in Australia in order to maintain fellowship. If assessed as substantially comparable a period of further training or other education may be required. In 2012 a total of 348 doctors from Category 1 were granted fellowship.

Category 2

These doctors hold one of a second list of overseas general practice qualifications. These IMGs are considered to be at the level of an Australian trained advanced trainee in general practice and will require further training/supervised practice and assessment to be regarded as fully comparable. These doctors must attend a Fitness for Intended Clinical Practice Interview (FICPI) conducted by the College and must complete a personalised learning plan prior to a training program being confirmed. Completion of some or all of the fellowship examinations is required.

Category 3

Doctors who hold qualifications from a third list of overseas general practice qualifications will be considered to be at the level of an Australian trained basic trainee and will require further training/supervised practice and assessment to be regarded as fully comparable. These doctors must pass the Applied Knowledge Test (AKT) component of the fellowship examination, attend a Fitness for Intended Clinical Practice Interview (FICPI) conducted by the College and complete a personalised learning plan prior to a training program being

confirmed. Completion of the remaining components of the fellowship examination is required. Doctors who hold any other overseas general practice qualifications may apply to the College for recognition as Category 3 IMGs on a case-by case-basis.

In 2012 two candidates obtained fellowship from the combined Category 2 and 3 pathways.

International medical graduates who currently hold Australian general registration or are practising in Australia are not eligible for admission to the SPP. Oversea trained specialists are also able to apply for the General Practice Experience (Practice Eligible) Pathway (PEP), provided they meet the eligibility criteria. As described previously, attainment of fellowship via the PEP requires completion of the fellowship examination or Practice Based Assessment. Among other requirements, candidates on the SPP are required to undertake *Orientation to Australian General Practice Online Modules*. These have been purpose-built for orientating IMGs to the Australian healthcare environment.

The College has introduced a Specialist Pathway Program Liaison Officer who is available to liaise with IMGs, faculty members and general practice supervisors regarding assessment processes and pathway requirements. The College communicates with the AMC regarding IMG assessments via regular Assessment of Overseas Trained Specialists (AOTS) reports. This is the mechanism by which the College confirms that the training and experience of Category 1 applicants is substantially comparable to that of an Australian trained general practitioner.

The College has recently reviewed its appeals processes to ensure that they are consistent with the recommendations in the *Lost in the Labyrinth* report. These are comprehensively detailed in the accreditation submission, and are available on the College's website.

Faculties and sub-Faculties of the College offer workshops, courses and advice for IMGs on the SPP. There are also a range of educational and assessment resources available on the College's website, including the QI&CPD accredited activities.

There have also been developments in the provision of educational support at a local level, including the establishment of the Overseas Trained Doctors National Education and Training (OTDNET) program. Administered by GPET and partly funded by the Australian Government, OTDNET links a limited number of IMGs with RTPs and provides:

- induction into the OTDNET program by the regional training provider
- medical educator visits and/or external clinical teacher visits
- structured mentoring
- education and training activities and support
- simulation examination/assessment training.

The College's accreditation submission notes that the Board of Censors is involved in the continuous review of IMG assessment pathways. A project team has been established to progress a body of work that seeks to:

- reduce complexity by simplifying pathways and facilitating navigation
- increase the robustness and transparency of current processes in relation to the assessment of candidate qualification and experience

- improve educational and customer service outcomes by providing more tailored support for candidates
- improve the efficiency and effectiveness of pathways by simplifying administration in terms of resources, time, skills, processes and costs.

5.4.1 Team findings

The Team's overall impression is that processes for assessing overseas trained specialists have improved considerably since the last AMC assessment. The redesigned SPP provides greater clarity for IMGs regarding the requirements for achieving fellowship of the College.

The process involves the AMC, RACGP and Australian Health Practitioner Regulation Agency (AHPRA) who each require separate sets of documents translated and certified including duplicates of previously supplied material. The requirements for each step in the process are not always clear to applicants at the beginning resulting in material being sought repeatedly. The Team heard during site visits that, of the three organisations involved in the assessment and registration of overseas trained specialists, the College performs most efficiently. However, the Team found evidence that IMGs remain frustrated by elements of the College's process finding it expensive, repetitious and slow.

The AMC accreditation survey of doctors with recent experience of the SPP identified significant concerns regarding some aspects of the self-categorisation stage. Less than half thought that the College provided clear information regarding 'the stages of the categorisation process and the approximate time that the categorisation process takes'. A large number of comments were made in relation to application requirements and timelines, with respondents using terms such as 'gruelling', 'tedious' and 'overly bureaucratic'.

Survey respondents were more positive about other aspects of the process, in that a majority thought that the College provided clear information with respect to eligibility for the SPP. However, several IMGs indicated that the information on the College website could be more expansive, and that there were issues accessing certain pages with particular browsers. The section for UK applicants is also confusing for readers. The College is encouraged to review its website, for both content and technical issues, on a regular basis.

The AMC survey also asked IMGs to respond to a series of questions regarding post-categorisation processes. There were variable responses between the three categories. While response rates limit the extent to which this data can be interpreted, candidates appeared broadly satisfied with the assessment requirements and provision of supervision.

The College is to be commended for supporting the Specialist Pathway Program Liaison Officer role, which provides a valuable source of support and advice to IMGs seeking recognition of specialist qualifications obtained overseas.

The College acknowledges that there are ongoing challenges in this area, and rightly reports that 'the RACGP is only one step in the application process'. While the College is aware of concerns regarding assessment timeframes, the lack of formal feedback processes for SPP candidates may limit the extent to which it can address emerging issues. Despite this, the College's responsiveness to the *Lost in the Labyrinth* report demonstrates a willingness to review and improve processes where possible.

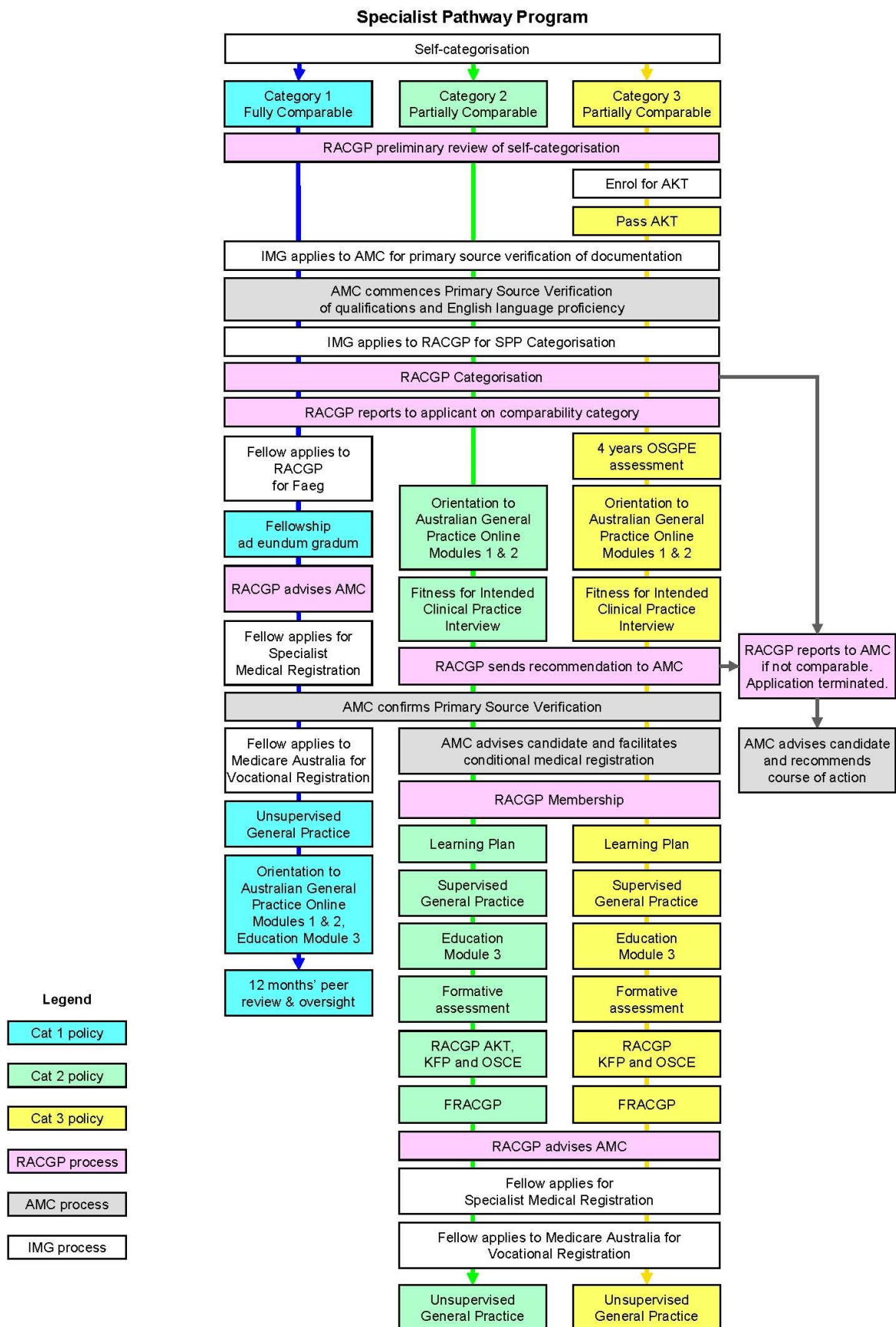
The College is also to be commended for developing the *Orientation to Australian General Practice Online Modules*. The Team was impressed by the quality of these modules, along with the *gplearning* program more broadly.

An ongoing issue for IMGs on both the PEP and SPP is access to local educational support. As outlined above, these doctors are frequently employed in remote settings and suffer from professional isolation. The work of Faculties and sub-Faculties to provide educational support and examination preparation activities for IMGs is recognised, but there are ongoing challenges in meeting the complex needs of this diverse and dispersed group.

While the Team saw examples of excellent IMG training programs, it observed significant variation across the country. To a large extent, this reflects differing funding for IMG support initiatives between states and territories. The Team identified that, as with the PEP, there would be benefit in greater linkages between SPP candidates and vocational training providers. OTDNET, which facilitates learning needs assessments and tailored training programs for a limited number of IMGs, is an example of a program that is realising this opportunity.

The College has reviewed its appeals processes for consistency with the *Lost in the Labyrinth* report. IMG registrars often have unique issues which require additional support, particularly in relation to understanding remediation and appeals processes. The decision to include an IMG holding full membership of the College on any review committee that involves an appeal by an international medical graduate is strongly supported.

The College's intention to further review the efficiency and effectiveness of IMG assessment pathways is encouraging. The Team notes that the Board of Censors has established a project team to progress this work and supports this initiative.



Commendations

- P Introduction of the Specialist Pathway Program, resulting in greater clarity in the criteria and assessment processes for international medical graduates seeking recognition of specialist qualifications obtained overseas.
- Q Establishment of the Specialist Pathway Program Liaison Officer position, which provides advice and support to international medical graduates seeking admission to and progression through the Specialist Pathway Program.
- R The development of online learning modules to assist the orientation of Specialist Pathway Program candidates to the Australian healthcare environment.
- S The inclusion of an international medical graduate on the Appeals Committee when the matter involves an international medical graduate.

Conditions to satisfy accreditation standards

- 18 Review the current process of assessing international medical graduates in order to increase effectiveness including a review of website content and access issues and report on outcomes. (Standard 5.4)

Recommendations for improvement

- OO Develop mechanisms to capture feedback from international medical graduates regarding College processes for assessing specialist qualifications obtained overseas and mechanisms of responding to such feedback. (Standard 5.4)
- PP Consider the extent to which greater national consistency can be achieved in the provision of educational supports for international medical graduates on the Specialist Pathway Program. (Standard 5.4)

6 The curriculum – monitoring and evaluation

The accreditation standards are as follows:

- The education provider regularly evaluates and reviews its training programs. Its processes address curriculum content, quality of teaching and supervision, assessment and trainee progress.
- Supervisors and trainers contribute to monitoring and to program development. Their feedback is systematically sought, analysed and used as part of the monitoring process.
- Trainees contribute to monitoring and to program development. Their confidential feedback on the quality of supervision, training and clinical experience is systematically sought, analysed and used in the monitoring process. Trainee feedback is specifically sought on proposed changes to the training program to ensure that existing trainees are not unfairly disadvantaged by such changes.
- The education provider maintains records on the outputs of its training program, is developing methods to measure outcomes of training and is collecting qualitative information on outcomes.
- Supervisors, trainees, health care administrators, other health care professionals and consumers contribute to evaluation processes.

6.1 Monitoring and evaluation of the training pathways

The College's accreditation submission describes current monitoring and evaluation initiatives designed to ensure the quality of education and training programs.

As a result of this evaluation, the College has simultaneously commenced two significant projects. The first is the Bi-College Accreditation process, which is a joint undertaking with Australian College of Rural and Remote Medicine (ACRRM) to accredit vocational training providers and is described in more detail under Standard 8. The second major project is development of the outcomes-based RACGP Vocational Training Standards.

As previously discussed, the development of the outcomes-based RACGP Vocational Training Standards is aimed at providing more flexibility for local delivery settings. In December 2012, the College formed two groups that will support the implementation phase of the RACGP Vocational Training Standards: Program Review Committee (PRC) and Project Advisory Group (PAG). The PRC will screen and approve any pilot projects submitted by vocational training providers addressing new standards while demonstrating how they uphold the quality of the 2005 standards. The PAG is a multi-stakeholder group, tasked with supporting the project. The PAG provided expert advice in the development of the documentation that supports the standards and assists vocational training providers in implementing the new standards. The PAG provided expert advice in the development of the criteria and evidence required to support the standards. Following endorsement by the College Council, the College plans to have comprehensive guides to assist the implementation of the RACGP Vocational Training Standards in late 2013.

The College's accreditation submission outlines a number of ways feedback is sought on the training program from general practice supervisors, trainers and registrars.

- Monitoring of formal feedback processes through the accreditation of training providers.

- Ongoing consultation with Australian Medical Educators Network, General Practice Supervisor Liaison Officer Network and National General Practice Supervisor Association and General Practice Registrar Australia (GPRA) seeking feedback on RACGP Vocational Training Standards.
- Informal and ad hoc feedback arising from regular contact with the key general practice supervisor and medical educator organisations and GPRA.
- Trainee feedback on the RACGP training program through registrar representatives on key RACGP committees and working groups.
- Formal feedback from registrars through the GPET survey of registrar training.

As detailed under Standard 3, the *RACGP Curriculum for General Practice* was published in 2011, building on the 2007 and 1998 editions. The 2007 *RACGP Curriculum for General Practice* was a major project funded by General Practice Education and Training (GPET) involving RACGP Council, RACGP National Standing Committee – Education, and the establishment of RACGP Curriculum Working Group. The 2007 curriculum review involved wide stakeholder consultation and significant community feedback was incorporated into the curriculum.

The 2011 curriculum renewal project recognised the previous curriculum was robust and sound, but needed to include newer, core competencies necessary for general practice training. The curriculum was launched in October 2011 and implemented in 2013. The College will review the curriculum on a three-year cycle as a continuing responsibility of the National Standing Committee – Education.

6.1.1 Team findings

The College indicated that monitoring and evaluating training within the complex stakeholder environment of Australian general practice presents challenges to setting and maintaining standards and quality of general practice education and training.

The sole mechanism of formal accountability of the vocational training providers to the College is governed by the process of the three to four yearly training provider accreditation cycles, currently run by GPET, with representation from RACGP and ACRRM. There is clear intent and appropriate division of responsibilities between the College, ACRRM and GPET although frequently shared personnel drive a collaborative approach to training provision.

The College has undertaken a great deal of work in developing the current accreditation standards. There is an overall positive trend in vocational training provider compliance with the standards, however the consequences facing vocational training providers that ‘partially meet’ one or more standards is unclear. The College is encouraged to clearly state and communicate the impact of partially or not meeting an accreditation standard.

Vocational training providers hold the discretion to tailor their overall training program and that of each trainee in order to most effectively meet the standards, align training with the College curriculum, and prepare registrars for both the summative assessment and independent practice. This discretion is necessary to enable the most effective use of local resources and overcome local challenges (i.e. workforce, trainee profile, problem areas, etc.).

The College monitors performance and compliance with standards between accreditation cycles. This monitoring consists of proforma reporting for all accredited vocational training providers, and/or specific monitoring mandated by issues or non-compliance identified at the accreditation visit. This process functions well and facilitates direct contact between the College and vocational training providers in ongoing monitoring. The College's monitoring function is critical in ensuring vocational training providers are accountable for and address non-compliance issues.

The College indicated that it was not always able to close the loop on performance of vocational training providers and hold them accountable for performance. It is clearly the responsibility of the College to make such structural or process changes as necessary to remedy this.

College representatives also expressed some concern that the College's role in monitoring and control was constrained to the point of accreditation inspection and decision. The Team was of the view that there is potential for more robust ongoing monitoring of the quality of provision of the training program between accreditation visits, through incorporation of more rigorous and effectively aligned reporting requirements. The Team suggests the College invoke a stronger role in the robust monitoring of vocational training providers between accreditation visits.

While the Team was impressed by the development and content of the RACGP Vocational Training Standards which should align training more effectively with the requirements of Australian general practice, and provide greater flexibility to vocational training providers to tailor their training programs, two specific concerns exist. The College will need to be more stringent in the application of the accreditation standards. A move towards outcomes, and away from the current 'transactional' model of progression, will demand a more sophisticated system of accreditation and ongoing monitoring. The Team heard during site visits that there is a concern that the outcomes-based process will lead to an increased burden on supervisors. The College acknowledges that there is a potential for an increased burden not only for supervisors, but for all stakeholders with the introduction of the RACGP Vocational Training Standards. The College has examined the impact on supervisor workloads and no additional burdens were identified. With the significant impact the RACGP Vocational Training Standards are expected to have on both the delivery of training and the end product, the Team recommends the College must effectively evaluate the standards and their impact within a reasonable timeframe after implementation.

While the College undertakes a variety of reviews, these are not conducted within a clearly defined monitoring and evaluation framework. In 2006, the AMC recommended that the College develop an overarching framework for evaluation to provide strategic oversight of reviewing and improving College functions. The College was encouraged to draw on existing frameworks to underpin this work and identify how existing structures and resources could contribute to the process. The Team notes this framework has not been developed by the College. The Team recommends the College as a matter of urgency implement a framework for monitoring and evaluation to ensure focused and systematic program evaluation.

In 2006 the AMC also recommended that the College define and endorse the requirements for feedback from registrars and their supervisors, and strengthen processes to incorporate feedback into its review of general practice education and training. This formal mechanism

for seeking feedback, analysing it and acting upon the results i.e. completing the loop, has not been implemented and the Team suggests this must be done as a matter of urgency.

Many registrars who met the Team felt they had little or no relationship directly with the College. With the exception of those closely involved in College governance, registrars saw their relationship as wholly with the vocational training provider. The College also expressed concerns that increasing contact with the registrars would undermine the vocational training provider. While it can be argued that ‘interference’ from the College in the vocational training provider’s provision of training would constitute undermining that function, to not have a well-developed mechanism of obtaining trainee feedback, independent of the vocational training providers, prevents a reliable and independent analysis of the trainee experience. The Team recommends that the College implement a process in order to seek trainee feedback.

While there is some opportunity for trainee feedback at some points (e.g. training post accreditation visits), and informal mechanisms, a formalisation of the trainee feedback system would assist with:

- vocational training provider accreditation decisions, and conditions applied between visits
- quality control of training, ranging from individual relationships to concerns over unmet or partially met standards
- identification of issues relating to individual or multiple vocational training providers
- formative and summative assessment development and refinement.

An opportunity also exists for the College to work more collaboratively with GPET, particularly in relation to the annual survey of registrars. This would provide a ready source of information from registrars especially given the association of GPET with all registrars, not simply those registered with the College. The RACGP should seek to enhance ways in which to feed into the development of the GPET survey, and mechanisms to receive results and act on these.

The College sought input from a number of internal and external stakeholders in the revision of the 2011 curriculum. The College website allows individuals and organisations to provide feedback to the College to inform ongoing curriculum development. Most external stakeholders indicated they had little ongoing interaction with the College, and that the College was not proactive in seeking feedback. The Team noted that there is no mechanism for the systematic acquisition of input from health care administrators, other health care professionals and consumers, nor a mechanism for acting upon any such input. As discussed under Standard 1, the College should implement processes for the systematic acquisition of feedback from external stakeholders and how this feedback is acted upon.

6.2 Outcome evaluation

The College notes outcome evaluation measures present new challenges for RACGP when trying to determine how effectively learning measures address the health needs of the community. The National Standing Committee – Education has commenced preliminary discussions on the evaluation of health service impacts of ongoing graduate education. These discussions were part of the review of the 2010–2013 Triennium focusing on the importance of linking health outcomes to education and training.

The College sought feedback widely on its curriculum reviews from key stakeholders, including consumers. The College communicates its consultations and training program changes to stakeholders including health care organisations, other health professional and consumers via College publications such as *FridayFacts*. The College also receives regular requests for information from various organisations including health complaints commissions, professional organisations and consumers. The College has mechanisms to respond to these requests in a timely fashion.

The College keeps records on examination pass rates. It monitors the pass rates of each component of the examination and by training pathway. The pass rate for the Practice Eligible Pathway candidates is considerably lower than those of the other pathways. As previously noted under Standard 5, the College will need to ensure that candidates in the Practice Eligible Pathway receive appropriate teaching, learning and support that leads to an improvement in performance in the fellowship examination. The College is encouraged to proactively engage in the discussion on this issue to ensure improvements are made in teaching, learning and support for these doctors.

The College does not collect formal qualitative information on the outcomes of training.

6.2.1 Team findings

The College maintains records of the number of registrars completing its training program but does not actively survey graduates for outcome evaluation. The Team acknowledges that measuring the outputs of any training program is difficult. The College may wish to consider implementing formal processes for evaluating the training program and the extent to which it prepares the newly graduated fellow for practice.

A further challenge for the College in assessing the appropriateness of both the training program and the summative assessment is the alignment of the output (i.e. the independently practising general practitioner), with the needs (current and future) of the Australian community. The Team heard from Faculty, vocational training providers and supervisor representatives, that general practitioners, and most notably those in practices with a rural or Indigenous focus, are very well informed of their local community's needs. It is however unclear how these local community needs are incorporated into the College's organisational view of how the curriculum and standards should evolve to align more closely with these needs.

The Team notes the outcomes focus of the RACGP Vocational Training Standards will serve to give a greater degree of central certainty that graduate outcomes are achieved. As discussed under Standard 6.1, the risks and challenges associated with the RACGP Vocational Training Standards will require a structured and thorough evaluation of their implementation and impact.

As previously discussed under Standard 2, the College does not systematically engage with the community in relation to graduate outcomes. The Team encourages the College to consider strategies for gathering feedback from health care professionals, health care administrators and consumers on the outcomes of the training program including the quality of newly graduated fellows.

Commendations

- T The development of the RACGP Vocational Training Standards, particularly the consultation and mapping processes undertaken.

Conditions to satisfy accreditation standards

- 19 Clearly state and communicate to vocational training providers the impact of partially meeting or not meeting an accreditation standard. (Standard 6.1.1)
- 20 Evaluate and report on the implementation of the RACGP Vocational Training Standards. (Standard 6.1.1)
- 21 Implement an overarching evaluation framework to ensure focused and systematic program monitoring and evaluation (Standard 6.1)
- 22 Develop, implement and review formal mechanisms for seeking and incorporating supervisor and registrar feedback in relation to all aspects of the training pathways to fellowship of RACGP. (Standard 6.1)
- 23 Implement processes for the systematic acquisition of feedback from health care administrators, health care professionals and consumers and report on how this feedback is acted upon. (Standard 6.1.1)
- 24 Develop and implement a process to collect data from newly qualified general practitioners. (Standard 6.2.1)
- 25 Engage with health care administrators, other health care professionals and consumers in the systematic evaluation of the training pathways leading to fellowship of RACGP. (Standard 6.2.2)

Recommendations for improvement

- QQ Develop mechanisms to further contribute to the annual General Practice Education and Training (GPET) survey, and to obtain and act on the results. (Standard 6.1)
- RR Increase monitoring of the quality of provision of the vocational training program between accreditation visits, through incorporation of more rigorous and effectively aligned reporting requirements. (Standard 6.1)

7 Implementing the curriculum - trainees

The accreditation standards relating to selection into the training program are as follows:

- A clear statement of principles underpins the selection process, including the principle of merit-based selection.
- The processes for selection into the training program:
 - are based on the published criteria and the principles of the education provider concerned
 - are evaluated with respect to validity, reliability and feasibility
 - are transparent, rigorous and fair
 - are capable of standing up to external scrutiny
 - include a formal process for review of decisions in relation to selection, and information on this process is outlined to candidates prior to the selection process.
- The education provider documents and publishes its selection criteria. Its recommended weighting for various elements of the selection process, including previous experience in the discipline, is described. The marking system for the elements of the process is also described.
- The education provider publishes its requirements for mandatory experience, such as periods of rural training, and/or rotation through a range of training sites. The criteria and process for seeking exemption from such requirements are made clear.
- The education provider monitors the consistent application of selection policies across training sites and/or regions.

The accreditation standards relating to trainee involvement in governance of their training are as follows:

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

The accreditation standards relating to communication with trainees are as follows:

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

The accreditation standards concerning dispute resolution are as follows:

- The education provider has processes to address confidentially problems with training supervision and requirements.
- The education provider has clear impartial pathways for timely resolution of training-related disputes between trainees and supervisors or trainees and the organisation.

- The education provider has reconsideration, review and appeals processes that allow trainees to seek impartial review of training-related decisions, and makes its appeals policies publicly available.
- The education provider has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.

7.1 Selection processes

The process for selection of registrars depends on the training pathway. The majority of vocational registrars enter via the Australian General Practice Training (AGPT) program although small numbers of vocational registrars are managed through the Remote Vocational Training Scheme (RVTS).

The AGPT program selection process is managed by General Practice Education and Training (GPET). There is a clearly documented process in the *Australian General Practice Training Applicant Guide* which is updated annually. The 2014 selection process occurred from April to August 2013.

Selection is a three-phase process:

- 1 Application and eligibility check. An application and supporting documentation is required. The eligibility requirements are in relation to citizenship, medical qualification, current medical registration and training program qualifications. Applicants apply to train in either the rural pathway or the general pathway.
- 2 National assessment. This involves a face-to-face assessment at a national assessment centre, from which a standardised selection score is determined.
- 3 Regional Training Provider (RTP) selection and placement. The application and selection score, is used by the RTP to determine offers of placement. Additional information may be sought to assist in making placement decisions.

There are defined criteria for entry to the Remote Vocational Training Scheme (RVTS) and applicants are assessed against the eligibility criteria. The RVTS website and particularly the *RVTS 2012 Handbook* describe the training experience required and the mechanism for achieving recognition of prior learning. The handbook states that ‘RVTS expects that all registrars enrol with both the RACGP and ACRRM at commencement of training’.

A panel of RVTS representatives interview selected applicants by telephone or videoconference. Applicants are assessed against the following criteria, and asked to provide examples:

- interest in rural and remote practice
- professional development
- communication skills
- time management skills
- clinical competence
- willingness to receive feedback and learn from it
- ethical practice.

RACGP training entry requirements are set and monitored by the Board of Censors. The College documents the requirements for entry into general practice training through the *RACGP Registrar Handbook*, the *RACGP Paediatric Term Requirements Policy*, the *RACGP Recognition of Prior Learning Policy*, and the *AGPT Applicant Handbook* which is updated regularly, to ensure consistency with the *RACGP Entry Requirements into General Practice*. The *RACGP Recognition of Prior Learning Policy* also includes information on the RACGP appeals process.

The College monitors standards for selection and enrolments are monitored through the RACGP training provider accreditation process, against the *RACGP Standards for General Practice Education and Training: Programs and Providers 2005*. The standards are as follows:

- P21 There are clearly documented policies and procedures for selection into training, which are developed and monitored in collaboration with key stakeholders.
- P22 Documented policies are consistent with best practice in other specialist colleges and other comparable institutions.
- P23 There is a reliable and valid process for selection into training.
- P24 The selection process operates in accordance with national and international standards for entry to postgraduate medical training.

These standards have been incorporated into the revised RACGP Vocational Training Standards.

7.1.1 Team findings

The AGPT and RVTS selection processes appear to be valid, reliable, fair and consistently applied across all applicants. There is a link from the College website to the RVTS and AGPT websites to access relevant information. The *AGPT Applicant Guide* includes information on the application process and uses visual aids such as checklists and flow charts. There is also a telephone contact provided if further assistance is required.

There is a clearly defined and documented complaints and appeals procedure. The *AGPT Registrar Complaints and Appeals Procedure* outlines the aspects of the selection processes about which applicants may complain and the areas where complaints will not be considered.

Neither RACGP nor ACRRM are actively involved in the selection of candidates to the AGPT program and to RTPs. While actual involvement in selection may not be necessary, it does increase the importance and relevance of the RACGP Vocational Training Standards and of monitoring the application of those standards in relation to registrar selection.

The AGPT selection process is used by RTPs to shortlist and offer placements to applicants. Registrars interviewed by the Team did not comment on the RTP selection process but noted that some RTPs were more attractive to registrars than others. This was due to significant differences in processes and available resources across the various RTPs.

As the demand for general practice places is increasing, GPET, RAGGP and ACRRM have considered it timely to review the selection criteria for general practice training with the prospect of having common selection criteria. The discussions are at an early stage and are

expected to conclude by mid-2014. The College will be required to report on the implementation of registrar selection processes in progress reports to the AMC.

7.2 Trainee participation in the governance of general practice training

The College has processes for involving registrars in College governance processes with registrars being elected to Council and the National Standing Committee – Education (NSC-Ed). Registrars are also represented on the following education committees and faculties:

- Aboriginal and Torres Strait Islander Education Committee
- National Aboriginal and Torres Strait Islander Faculty
- Rural Education Committee
- National Rural Faculty; and
- State-based Faculties.

Each of the vocational training providers have mechanisms for registrar participation in the governance of the training program, and have Registrar Liaison Officers (RLOs) to support registrar participation and resolutions of issues.

Nationally, General Practice Registrar Australia (GPRA) is the peak body representing general practice registrars on a range of issues. GPRA started as part of the RACGP training program in the early 1970s and was formally known as the National Training Association. In 2004, GPRA became incorporated as a public company limited by guarantee. GPRA provides feedback on registrar issues to relevant stakeholders. The GPRA Council is largely made up of RLOs.

7.2.1 Team findings

The Team noted that registrars are involved in the College governance processes including the Council and NSC-Ed. However registrars are not represented on all College committees.

The Team heard from both College and GPRA representatives that the relationship between GPRA and the College has varied since GPRA became a separate company. The Team was pleased to hear that this relationship has improved over the last three years. However it appears that this improvement is personality-based rather than as a result of a formalised process. Nevertheless GPRA is an organisation separate to the College. There is no College body that represents registrars.

An expression of interest is used to select registrar nominees for College Council. However, registrars represented on committees and working groups are selected by ‘word of mouth’ or ‘tap on the shoulder’, therefore limiting the opportunity for registrars to select their own representatives.

The Team notes that each vocational training provider has an RLO however the relationship between RLOs and the College is not formalised. While the College has mechanisms to engage registrars on key committees, the majority of registrars appear to align with their vocational training provider. Some registrars indicated that they had no voice in the College and little contact with the College until the fellowship examination.

The fact that registrars do not need to identify early as College registrars presents a significant challenge for the inclusion of registrars in College governance processes. The College reported that approximately 60% of registrars align with the College early in their training and the remainder join prior to the fellowship examination. The Team considers that development of College processes for the early identification of registrars would enable greater trainee participation in the governance of general practice training.

7.3 Communication with registrars

Both the RTPs and RVTS have processes in place to communicate with registrars. The College has established accreditation standards relating to expectations concerning communication with registrars. Monitoring of the standards is assessed via accreditation visits.

Training requirements and costs of training are clearly documented.

According to the College's accreditation submission, it communicates with registrars about training issues via:

- the *Australian General Practice Training Handbook* (reviewed annually)
- College newsletters, including targeted communications and *FridayFacts*
- College website publications, including the registrar and examination handbooks
- the GPRA Advisory Council who communicates outcomes from Council after every meeting.

7.3.1 Team findings

Despite the College's mechanisms for disseminating information, registrars appear to receive almost all the required information directly from their training provider. Most of the registrars interviewed by the Team identified the vocational training provider as the organisation they contacted for advice and support.

The Team notes there is a lack of registrar-specific communication directly from the College. The Team was concerned that the relationship between the College and registrars appears to be underdeveloped with registrars reporting minimal contact with the College until they prepare for the fellowship examination. The College should consider ways in which to improve direct communication with all RACGP registrars.

As discussed under Standards 4 and 5, the Team commends the processes used by some vocational training providers for monitoring training status and progress, including performance, of registrars. There are detailed tracking systems in place using 'traffic lights' or 'flags' which allow the medical educators to see the performance of their registrars over the course of the training program. Through this process early identification of underperformance is identified which enables early intervention and support for the trainee. The Team notes that such processes are not used by all training providers and would support their implementation across the vocational training pathway.

The Team was impressed with the communication and support provided to registrars of Aboriginal and Torres Strait Islander (ATSI) backgrounds through the National Faculty of Aboriginal and Torres Strait Islander Health. The Team heard in many cases the support

provided resulted in those of ATSI backgrounds meeting all training requirements including completion of the fellowship examination.

7.4 Resolution of training problems and disputes

The *AGPT Remediation Policy 2010* is available on the GPET website. The remediation policy applies when:

- A registrar has been assessed by the RTP as not being able to attain the required level of knowledge, skills and attitudes without additional training time and a planned educational intervention.
- The incident, event or issue is significant and requires that the registrar is moved directly into a remediation arrangement.
- There is an agreed remediation plan to address the identified deficiencies.
- There is a need for additional resources to address the identified deficiencies.
- The deficiencies identified are considered remediable and do not warrant a withdrawal of the registrar from the AGPT program.

The processes for resolving training problems and disputes are monitored through the RACGP accreditation of training providers.

The College has an independent appeals process which is used when the appeal directly involves a College decision. Appeals are managed using a three-tier appeals process of reconsideration, review and appeal. The appeals are collectively referred to as ‘exceptions’ and are managed in accordance with a framework of policies and procedures available on the College’s website. Since the last AMC accreditation, the College reported it has only had one appeal relating to the recognition of prior learning.

GPET provides registrars with an appeals process to review decisions made by RTPs that relate to a registrar’s progress through the AGPT program. Registrar appeals are heard by an Appeals Panel convened by GPET according to the *AGPT Registrar Appeals Policy 2010*. The Appeals Panel is chaired by a GPET board member who will appoint up to seven other members as follows:

- an RTP CEO, who is from another RTP relevant to the registrar’s appeal
- a medical educator, who is from another RTP relevant to the registrar’s appeal
- a college member drawn from the registrar’s chosen vocational training program
- a board member of GPRA or nominee
- a board member of National General Practice Supervisors Association (NGPSA) or nominee
- one non legal member nominated by the registrar
- one non-legal member nominated by GPET, if requested by GPET.

The GPET National General Manager Quality and Education will be an ex officio member of the Appeals Panel.

7.4.1 Team findings

The vocational training providers have clear, well documented processes for dispute resolution including remediation policies. These policies are readily available on their websites. The registrars interviewed by the Team indicated that while the processes for resolution of training problems and disputes were clear and readily available, concern was expressed about consistency of decisions, and variability in remediation processes used across vocational training providers. The Team recommends the College strengthen its role in ensuring that these processes are managed appropriately by the vocational training providers.

Registrars commented that while vocational training providers have mechanisms in place to engage and support registrars, particularly in relation to supervisor/practice-based issues, there was concern that there is no mechanism by which an issue with a vocational training provider could be voiced. Improving the relationship and direct communication between registrars and the College may provide registrars with the voice needed to express training concerns.

The College reported it does not have access to appeals data unless the appeal directly involves the College. The College should consider mechanisms by which College representatives on the GPET Appeals Committee can, without divulging confidential information, feed back to the relevant College body and for that body to modify processes and policies on the basis of that feedback.

To meet the requirements as an accredited education provider, the Team recommends that the College strengthen its formal involvement in the appeals processes to ensure consistent application of appeals relating to training decisions.

Commendations

- U The communication and support provided to registrars and fellows of Aboriginal and Torres Strait Islander background.

Conditions to satisfy accreditation standards

- 26 Monitor and report on the implementation of the revised selection criteria for general practice training. (Standard 7.1.2)
- 27 Develop formal selection processes for registrar representation on College training-related committees to facilitate and support wider involvement of registrars in the governance of their training. (Standard 7.2)
- 28 Develop mechanisms to improve registrar engagement with the College. (Standard 7.2)
- 29 With registrar involvement, review the requirements for targeted communication to registrars. (Standard 7.3)
- 30 Strengthen the College's formal involvement in the appeals process to allow registrars to seek impartial review of training-related decisions. (Standard 7.4)

Recommendations for improvement

- SS Consider the formation of a Trainee Committee within the College to assist with engagement and communication with registrars. (Standard 7.2)

8 Implementing the training program – delivery of educational resources

The accreditation standards relating to supervisors, assessors, trainers and mentors are as follows:

- The education provider has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the training program, and the responsibilities of the College to these practitioners.
- The education provider has processes for selecting supervisors who have demonstrated appropriate capability for this role. It facilitates the training of supervisors and trainers.
- The education provider routinely evaluates supervisor and trainer effectiveness, including feedback from trainees, and offers guidance in their professional development in these roles.
- The education provider has processes for selecting assessors in written, oral, and performance-based assessments who have demonstrated relevant capabilities.
- The education provider has processes to evaluate the effectiveness of its assessors/examiners including feedback from trainees, and to assist them in their professional development in this role.

The accreditation standards relating to clinical and other educational resources are as follows:

- The education provider has a process and criteria to select and recognise hospitals, sites, and posts for training purposes. The accreditation standards of the education provider are publicly available.
- The education provider specifies the clinical and/or other practical experience, infrastructure and educational support required of an accredited hospital/training position, in terms of the outcomes for the training program. It implements clear processes to assess the quality and appropriateness of the experience and support offered to determine if these requirements are met.
- The education provider's accreditation requirements cover: orientation, clinical and/or other experience, appropriate supervision, structured educational programs, educational and infrastructure supports such as access to the internet, library, journals and other learning facilities, continuing medical education sessions accessible to the trainee, dedicated time for teaching and training, and opportunities for informal teaching and training in the work environment.
- The education provider works with the health services to ensure that the capacity of the health care system is effectively used for service-based training, and that trainees can experience the breadth of the discipline. It uses an appropriate variety of clinical settings, patients, and clinical problems for the training purposes, while respecting service functions.

8.1 Supervisors, assessors, trainers and mentors

Training provider standards for general practice supervisors, assessors, trainers and mentors are monitored during RACGP training provider accreditation, according to the *RACGP Standards for General Practice Education and Training: Programs and Providers 2005*. These are incorporated into Standards P35–P41. The training provider must ensure that:

- There are sufficient accredited trainers and training posts in the region to provide for registrars' needs and adequate succession planning for trainers and training posts.
- General practitioners are supported in seeking accreditation and prepared adequately for taking up the role of trainer.
- Trainers have at least three days of meetings (or pro rata equivalent) annually to enable trainers to come together and develop teaching skills.
- The required expertise, responsibilities and duties of trainers are clearly described and made available to prospective trainers.
- The special contribution of individual trainers to general practice education and training is brought to the attention of their colleagues and to the college.
- Trainers are supported in undertaking a higher degree in general practice or medical education.
- The training provider establishes a peer group of trainers that meets regularly to provide support and educational opportunities.

The standards relating to the roles and responsibilities of general practice training providers are described in the *RACGP Standards for General Practice Education and Training Trainers and Training Posts 2005*. These include standards relating to:

- recruitment, appointment, monitoring and support of trainers and training posts
- skill level of the supervisor
- teaching requirements including frequency of training related to level of experience
- clinical experience requirements
- accreditation of training posts.

Supervisors work in accredited training practices or with vocational training providers. Each registrar is linked to an RACGP-accredited supervisor who provides supervision, clinical skills training, monitoring, support and feedback. Medical educators are general practitioners employed by a training provider. They provide education, training and support for registrars helping them prepare for the fellowship examination.

8.1.1 Team findings

In accrediting the vocational training providers, the College has developed a number of standards that apply to supervisors, assessors, trainers and mentors. An issue that has arisen for the College relates to standard P35, 'There are sufficient accredited trainers and training posts in the region to provide for registrars' needs and adequate succession planning for trainers and training posts.'

In reviewing College progress reports, the AMC has raised concerns with RACGP about the high and increasing burden on supervisors within the current training environment. These concerns were echoed by supervisors met by this AMC Team. The College acknowledges the demands placed on supervisors, which is echoed by the National General Practice Supervisors Association. There are significant challenges in providing effective and sufficient general practice supervision. These include, but are not limited to:

- increasing trainee numbers

- infrastructural challenges, both within practices and across vocational training providers
- decreasing clinical exposure opportunities
- a potentially shrinking supervisory capacity, both through funding constraints, attitudinal shifts and demographic/work-life considerations within the supervisor pool.

With the imminent increase in the number of training positions from 1100 places in 2013 to 1200 places in 2014, it is highly likely that, without significant infrastructure support and potentially a change in the model of supervision, the burden on supervisors will become unsustainable. While the provision of an effective and appropriate supervisory environment for registrars is within the remit of vocational training providers, the ultimate responsibility rests with the College as the accredited education provider. The solution to this issue requires a collaborative approach between the College and vocational training providers. Some mechanisms that might be explored to address the issue include undertaking an analysis of areas of particular pressure on supervisors; identifying mechanisms whereby current supervisors might be better supported; and increasing the pool of available supervisors. In relation to increasing the pool of supervisors the College may wish to reconsider the educational rationale for the five-year stand-down until a new fellow can be appointed as supervisor.

The feedback received from registrars on the dedication, commitment, and expertise of their supervisors was overwhelmingly positive. Nevertheless, some registrars did raise concerns about variability in the quality of supervision. Examples of concerns include access to protected teaching time, occasional over-emphasis of service over training, and occasional interpersonal conflicts. Some registrars would like the College to assume a stronger role in the quality control of the supervisor/trainee relationship. The College may wish to consider using the conditions placed on vocational training providers through the accreditation process to ensure registrars have consistent exposure to good quality supervision.

The Team also recommends that the College strengthen its formal processes for the continuous quality improvement of supervisor performance. There is a lack of clarity on how feedback from registrars on their supervisors is handled by vocational training providers, considered by the College in its own quality assurance processes, and how it leads to improvements in the training experience. In addition, the lack of direct trainee feedback to the College means that the College does not obtain direct information on the quality of supervisors or on the supervision experience. To meet its own quality assurance requirements, the College should consider how it can strengthen this process through the accreditation process of training providers.

In general practice training, the general practitioner assumes the role of both supervisor and employer, creating the potential to exploit a vulnerable trainee. The College recognises this is an issue. This is especially relevant to registrars in later years left to negotiate their own service contracts. The Team felt that a reliance on registrars to raise these issues through their vocational training providers potentially left the College unaware of, or unable to address concerns of this nature. The Team encourages the College to put formal systems in place to ensure the College is aware of trainee concerns in the workplace.

Commendations

- V The College's standards specifically related to the quality of supervision.
- W The dedication and enthusiasm of directors of training, supervisors and medical educators who support, mentor and educate RACGP registrars.

Conditions to satisfy accreditation standards

- 31 Develop, implement and review solutions to address the increasing burden on supervisors, particularly in the context of projected increases in registrar numbers. (Standard 8.1)
- 32 Strengthen formal processes for continuous quality improvement of supervisor performance, including via the accreditation of vocational training providers. (Standard 8.1)

Recommendations for improvement

- TT Explore solutions to address the potential tension between the employment and educational aspects of the trainee-general practice supervisor relationship, particularly with respect to vulnerable registrars. (Standard 8.1.1)
- UU Reconsider the educational rationale for the five-year stand-down until a new fellow can be appointed as a supervisor. (Standard 8.1.2)

8.2 Clinical and other educational resources

RACGP accredits general practice training providers against the *RACGP Standards for General Practice Education and Training: Programs and Providers 2005* using the same accreditation processes since the last AMC accreditation in 2009. The standards are grouped as follows:

- Standards for Training Programs
- Standards for Education and Training Providers
- Standards for Selection and Enrolment
- Standards for Support for Registrars
- Standards for Support for Trainers.

Full accreditation occurs on a three to four yearly cycle, in conjunction with GPET and ACRRM. The training provider accreditation visit occurs simultaneously, each organisation accredits the training provider according to its own training standards.

The Bi-College accreditation process proposes a joint accreditation between the two Colleges, RACGP and ACRRM, independent of GPET. The College anticipates that Bi-College accreditation will streamline this process through reducing administrative tasks; improving site visits, information gathering and data sharing; and increasing focus on quality improvement and the feedback loop.

In March 2012, the RACGP Council, ACRRM Board and GPET Board approved the proposal to develop a Bi-College led regional training provider (RTP) accreditation framework. In June 2012 GPET, RACGP and ACRRM signed the Bi-College led RTP Accreditation Deed (Deed) and the Transition Agreement for the Bi-College led RTP Accreditation (Agreement). These documents formed the basis for moving to the next stage of planning and implementing a joint RACGP and ACRRM RTP accreditation model.

The review of the existing RTP accreditation model is timely in that three full accreditation cycles have been completed for many RTPs. GPET is refocusing its role on contract and performance management of training providers. Therefore the role of ACRRM and the RACGP becomes critical in jointly leading the accreditation process and ensuring clear oversight of the education and training accreditation outcomes.

In 2012 the Remote Vocational Training Scheme (RVTS) underwent formal accreditation for the first time. RACGP and ACRRM performed the accreditation as part of the pilot process of the new Bi-College accreditation process. The Colleges viewed the process as successful and are now monitoring the training standards. The Colleges are planning to fully implement the new Bi-College accreditation process in 2014.

General practice training posts are accredited against the *RACGP Standards for General Practice Education and Training: Trainers and Training Posts 2005*. Since 2009, the major change in training post accreditation is that vocational training providers, not the College, accredit general practice training posts. It was determined by the College that vocational training providers are in a better position to determine the suitability of the training posts and supervision that can be provided at the post. There are over 1,500 accredited training posts.

The College has undertaken a review of the training post accreditation processes and identified areas that can be streamlined and simplified. Reducing the burden for vocational training providers, training posts and trainers is viewed as critical considering the forthcoming rise in general practice registrar numbers. The College highlighted a number of areas it will address:

- Develop streamlined, consistent contracts with RTPs for the accreditation of trainers and training posts.
- Develop an RACGP web-based portal for RTPs to input accreditation data that can be forwarded by the RACGP to GPET for reporting purposes.
- Publish onto the College website information that will assist RTP accreditation officers complete the requirements of the contracts and report on outcomes.
- Investigate ways of increasing direct registrar input into training post monitoring and accreditation.

The clinical experience, educational resources standards are monitored according to the *RACGP Standards for General Practice Education and Training: Programs and Providers 2005*. The relevant standards are P5–9, P14, and P27.

- The program must provide at least 125 hours of peer/group learning via face-to-face meetings, teleconferences or video conferences over 18 months in general practice. Of this, at least 48 hours must be via face-to-face meetings.

- The program must provide a minimum of five half-day sessions or equivalent of direct or videotaped observation of registrar consultations by medical educators along with written feedback during the first 18 months of general practice experience.
- The program must include regular out of practice group contact opportunities for registrars (for the purpose of education or general support) on at least two occasions per month, facilitated by the training provider.
- The program must have a calendar of educational events developed by program staff in collaboration with trainers and registrars that is published in advance and updated at appropriate intervals.
- The training provider must ensure a broad range of experience is available to registrars by establishing training opportunities in diverse primary care settings.
- Registrars are supported in securing quality hospital rotations and special interest posts that will support their ability to provide quality primary care in the future.
- Relevant, high quality educational resources should be available to support registrar learning.

8.2.1 Team findings

The Team commends the College for its work in developing and implementing the Bi-College accreditation process. The Team recognises that accreditation, both in process and content, will evolve as the new process matures. In addition to reinforcing the accountability of the vocational training providers to the College for the delivery of training programs against the standards and the curriculum, the Bi-College process has the potential to offer:

- clearer alignment with the respective Colleges' educational relevance and purpose
- distinction between GPET's roles as contract and performance manager of the RTPs and the accreditation function of the Colleges against training standards; and
- a more efficient use of College resources.

The process also indicates the strength of the relationship between the RACGP and ACRRM, and the Team noted this should be a benefit to training and registrars.

Through the devolved training model, vocational training providers are accredited to provide the clinical experience, structured educational programs, educational and infrastructure supports such as access to the internet, library, journals and other learning facilities, continuing medical education sessions, dedicated time for teaching and training, opportunities for informal teaching and training in the work environment and other educational resources required to prepare for the fellowship examination. Various online pre-examination resources are provided directly by the College.

Vocational training providers are responsible for accrediting the individual training posts and supervisors. There are significant benefits in devolving these responsibilities to vocational training providers. These benefits include: local knowledge, networks and connections developed by vocational training providers; the understanding of the local context of general practice and how it is shaped by local geographical, political and/or service provision factors; an awareness of the prevailing issues that may have affected the region and/or individual practices; and embedded relationships with key stakeholders such as Medicare Locals,

College Faculty and others. Such benefits make the role of vocational training provider as the accreditor of training posts the most appropriate arrangement within an already complex environment.

This model is also supported by the underlying need to align, where possible, accountability and authority. For the vocational training provider to be held accountable for the delivery of clinical and educational resources to the registrars under its purview, it needs to have a measure of authority over the primary source of delivery, namely the accreditation of training practices.

The College engages effectively with the process of accreditation of vocational training providers, recognising that this is its primary lever to effect change and ensure quality in training, and takes seriously its role as the standard setter. However, it seems that the period between accreditation visits presents a challenge. The Team heard during site visits with registrars and supervisors that adherence to standards may waver between accreditation visits. The College acknowledges these concerns. The Team recommends the College increase the monitoring of vocational training providers between site visits in order to ensure standards continue to be met. This is related to increasing the monitoring function for the College under Standard 6.

While no specific issues were raised, this acknowledged concern over the accountability gaps presents an opportunity for the College to strengthen the processes of quality control for both educational delivery and registrar experience. It is hoped that the Bi-College accreditation process, in addition to more clearly aligning the Colleges with the accreditation activities, will lead to a streamlining of administrative processes and address any gaps in accountability.

The Team was impressed with the excellent quality of the online educational resources provided by the College to both fellows and registrars. Registrars spoke very highly of the online resources available to assist them in preparing for the fellowship examination. The only concerns raised related to some impediments in accessing the resources, particularly the compatibility with some common operating systems and browsers. The College should address these technical issues to ensure wide access to these high quality resources.

Similarly, the feedback on the resources for fellows, most notably *gplearning*, was uniformly positive. The Team viewed a presentation of the user friendly, intuitive, content rich system. *Gplearning* is effective as not only a source of case-based and didactic resources, but a well-embedded learning management solution. While the strengths of the *gplearning* solution in supporting QI&CPD is discussed under Standard 9, the Team commends the College on the development of such a strong source of educational content delivery.

Commendations

- X The strengthening of the working relationship between the RACGP and the Australian College of Rural and Remote Medicine as evidenced by work towards the Bi-College accreditation process.

Conditions to satisfy accreditation standards

- 33 Progress and report on the findings of the review of the training post accreditation processes. (Standard 8.2.1)

Recommendations for improvement

- VV Address the technical issues (including browser compatibility) that limit the accessibility of online resources. (Standard 8.2.3)

9 Continuing professional development

The accreditation standards concerning continuing professional development (CPD) are as follows:

- The education provider's professional development programs are based on self-directed learning. The programs assist participants to maintain and develop knowledge, skills and attitudes essential for meeting the changing needs of patients and the health care delivery system, and for responding to scientific developments in medicine as well as changing societal expectations.
- The education provider determines the formal structure of the CPD program in consultation with stakeholders, taking account of the requirements of relevant authorities such as the Medical Board of Australia and the Medical Council of New Zealand.
- The process and criteria for assessing and recognising CPD providers and/or the individual CPD activities are based on educational quality, the use of appropriate educational methods and resources, and take into consideration feedback from participants.
- The education provider documents the recognised CPD activities of participants in a systematic and transparent way, and monitors participation.
- The education provider has mechanisms to allow doctors who are not its fellows to access relevant continuing professional development and other educational opportunities.
- The education provider has processes to counsel fellows who do not participate in ongoing professional development programs.

The accreditation standards relating to retraining are as follows:

- The education provider has processes to respond to requests for retraining of its fellows.

The accreditation standards relating to remediation are as follows:

- The education provider has processes to respond to requests for remediation of its fellows who have been identified as under-performing in a particular area.

9.1. RACGP Quality Improvement and Continuing Professional Development Program

The College introduced a Quality Assurance (QA) program in 1987 and has reviewed it regularly to meet the evolving needs of general practice and general practitioners. Since 1989, all vocationally registered general practitioners have been required to participate in an authorised QA program.

Over time, the focus has shifted from quality assurance to quality improvement which is reflected in the change of its name to the Quality Improvement & Continuing Professional Development (QI&CPD) program.

As detailed in the College's accreditation submission, the objectives of the QI&CPD program are to:

- provide GPs with opportunities and support to participate in quality improvement cycles that lead to improved health outcomes for patients and the community

- embed the concept and value of quality improvement (QI) into general practice
- assist and encourage GPs to fulfil their personal and vocational continuing professional development needs
- credit GP involvement in QI&CPD activities
- evaluate the effectiveness of the QI&CPD program
- ensure the delivery of effective QI&CPD activities
- promote the attributes of the QI&CPD program to general practitioners and relevant stakeholders.

The QI&CPD program 2011–13 triennium handbook outlines the program’s educational principles, the types of activities and the requirements for participation.

The National Standing Committee – Education reviews and evaluates the program. During the 2008–10 triennium review, the College Council endorsed a six-year process of incorporation of quality improvement (QI) activities (and this was reflected in the change to the name of the program).

The program is based on a triennial points system. The CPD requirements are clear; participants are required to obtain a minimum of 130 points per triennium with at least two Category 1 activities (worth 40 points each) and to undertake a basic cardiopulmonary resuscitation (CPR) activity. Category 1 activities are structured, quality education opportunities directed at achieving demonstrable changes in performance, knowledge, skills, behaviours and attitudes. Category 2 activities are allocated 2 points per hour, have a minimum duration of 1 hour and are capped at a total of 30 points. Quality improvement activities include rapid ‘plan, do, study, act’ (PDSA) cycles and clinical audits.

No distinction is made between the CPD point requirements for full-time or part-time participants based on the principle that the standard of practice required is the same regardless of whether a participant works part-time or full-time.

Continuing compliance with the QI&CPD program is required to maintain access to Medicare A1 higher rebates and the College reports those non-compliant with the program to Medicare on a triennial basis.

The College engaged a consultant to review the literature and international best practice to inform the development of the QI&CPD program for the 2014–16 triennium. Changes for the next triennium include the incorporation of a mandatory requirement for a quality improvement activity, the introduction of an optional peer review activity (which the College recognises as relevant to any future requirements for revalidation) and improved accessibility to QI&CPD members through enhancements to the College’s website.

The current QI&CPD program is supported by a number of activities provided by the College, various Faculty events, RACGP’s online learning portal *gplearning*, the ‘check’ independent learning program produced monthly by RACGP (each unit including 5–8 clinical cases with answers, followed by 10 multiple choice questions), the online journal (Australian Family Physician) and the RACGP Annual Conference. As outlined under Standard 1, the National Faculty of Specific Interests fosters the development of additional areas of interest and expertise of general practitioners, and the Joint Consultative Committees

(JCCs) are a mechanism for general practitioners to obtain additional skills through collaboration with another College.

The College also has a process to accredit external providers, to provide CPD activities that meet the College standards. Providers complete online applications. These are sent to the College for approval unless the staff of the provider organisation has undergone training and the College has delegated the authority to 'sign-off' on activities. Accredited activities are loaded into the QI&CPD database by the provider after completion of the activity and completion of any required post-session activity. Non-accredited activities can be recorded online by the individual or an application submitted to QI&CPD staff to lodge. The College undertakes 10% random quality assurance audits of all QI&CPD activities on offer.

In the College's accreditation submission, the number of points accrued by participants in the 2008–10 RACGP QI&CPD program are as follows:

Number of accrued QI&CPD Points in 2008–10 Triennium	Number of QI&CPD participants accruing points	Percentage of total number of QI&CPD participants (%)
<130	337	1.6
130–200	7885	36.3
201–499	11859	54.6
500+	1640	7.5
Total	21721	100

RACGP QI&CPD participation from 2009–13 are as follows:

Year	RACGP Participant	Total	Members	Non Members
2009	Fellows	9,762	8,119	1,643
	VR	10,427	4,360	6,067
	Others	3,107	2,655	452
	Sub-total	23,296	15,134	8,162
2010	Fellows	10,817	9,117	1,700
	VR	10,723	4,677	6,046
	Others	4,122	3,328	794
	Sub-total	25,662	17,122	8,540
2011	Fellows	11,830	10,093	1,737
	VR	10,157	4,485	5,672
	Others	4,202	3,962	240
	Sub-total	26,189	18,540	7,649
2012	Fellows	12,950	11,181	1,769
	VR	10,158	4,621	5,537
	Others	3,952	3,813	139
	Sub-total	27,060	19,615	7,445

VR = Vocationally Registered, After Hours and Rural Other Medical Practitioners
 Others = Non Recognised, Inactive Fellows, Inactive VR

9.1.1 Team findings

The standards for Category 1 activities are educationally robust and based on adult, self-directed learning models. Each activity includes a predisposing activity, interactive learning, and a post activity that promotes reflective learning and behaviour change. Category 1 activities are mapped to the curriculum.

Category 2 activities generally use a didactic rather than an interactive teaching method; and while some activities may include a reflection activity, most do not.

The College seeks feedback from participants after all CPD activities. The Team heard from some CPD providers during site visits that it would not be difficult to include a simple reflection exercise on all Category 2 activities. The Team was also informed that there is resistance from some general practitioners to engage in more interactive learning activities. While all GP learning advisors have access to the RACGP curriculum, those interviewed during site visits acknowledged that most Category 2 activities related to only two of the five curriculum domains – Professional Skills and Public Health.

Gplearning links to all the domains of the curriculum, however in the next triennium all CPD activities will also be linked to the curriculum. This is seen by the Team as a valuable first step in the process of having the curriculum drive CPD.

The Team was impressed with the wide range of CPD activities available to general practitioners and commends the College on the way in which it facilitates acceptance of mandatory activities by first introducing them as voluntary activities. This has been the case with quality improvement activities which were voluntary in the 2011–13 program and are mandatory in the 2014–16 program. Optional peer review activities have been included in the 2014–16 program and the progression in uptake of both quality improvement activities and peer review activities is seen as an effective way of preparing for general practice revalidation.

Currently, it is possible that some general practitioners focus on developing their areas of interest and choose CPD activities accordingly without necessarily identifying and addressing gaps in their knowledge and skills.

The Team was informed that the College, in acknowledging that not all general practitioners are skilled at identifying their learning needs, had explored the use of an online multiple choice package which would help general practitioners identify their performance/knowledge gaps but the cost of technology was too high. The United Kingdom model which involves responsible officers reviewing practitioners in order to define learning needs and associated plans, was also discussed but any similar model would need to be accepted by fellows and CPD providers. It was, however, recognised that such a model or a diagnostic learning tool would also be extremely useful for general practice re-entry or retraining.

While it is acknowledged that peer review activities will address some of the issues associated with identifying learning needs related to core general practice, the College is encouraged to continue to explore ways in which QI&CPD participants can further develop their adult learning skills.

There is no clear statement from the College that CPD should reflect current and/or future professional practice. One vocational training provider commented during site visits that the

College was reluctant to engage in discussions about developing a strategic view of future health needs and the changing role of the general practitioner. The Team recognises that there are some CPD activities, for example those dealing with e-health and a multidisciplinary approach to health, that address the changing needs of patients and the health care delivery system. There is, however, a need for the College to develop a strategic vision of general practice so that QI&CPD can be aligned with this.

The College has a robust method of assessing and accrediting CPD providers. The College collects feedback on all activities but recognises that it does not close the feedback loop well. The Team heard that this issue is being addressed by replacing the requirement of the CPD provider to summarise participant feedback which is then submitted to the College. The alternative system would require participants to submit their learning reflections and feedback on the CPD activity directly to the College which would then feedback summarised information to the CPD provider.

During site visits, the Team heard that the College documents the recognised CPD activities of participants and monitors participation in a systematic and transparent way. While the majority of general practitioners have more than fulfilled their CPD requirements for the 2011–13 triennium there are currently approximately 30% of general practitioners who have not as yet fulfilled these requirements. The College has taken a series of steps to facilitate and encourage these general practitioners to complete their CPD triennium requirements through targeted communication and by putting on additional CPD activities. The Team was informed that some of these non-compliers are close to retirement and therefore may not see the value in completing their CPD requirements.

9.2 Retraining

The College has prepared draft guidelines regarding re-entry following a period of absence from practice, *Information for Re-Entry to Practice following a Period of Absence (Proposed)*. Examples of requirements under certain circumstances are provided. Factors taken into consideration are duration of absence, level of experience prior to absence, any ongoing involvement in CPD activities, education or professional contact during the period of absence, and intended field of practice.

Requests for such consideration may come from individuals or the medical regulator.

9.2.1 Team findings

The Team heard during the accreditation visit that there are processes in place for re-training of fellows. Overall, there are about 20 requests for re-training per year and most of the requests have come from women returning to work following maternity leave. There is a good success rate with this group and support is offered by the National Office although Faculties also have become involved. There is, however, far less success with doctors who have been de-registered and are seeking to regain registration.

The draft policy states that, it is the general practitioner's responsibility to identify the key clinical skills required to resume practice and to make a self-assessment of their current skill level. Evidence suggests that individual doctors are not necessarily proficient at assessing their level of performance and that some form of external assessment is necessary.

9.3 Remediation

Currently the College does not assess performance of general practitioners and does not have a role in identifying poorly performing fellows. In the accreditation submission the College indicates that those, for whom remediation is indicated, either do not meet the QI&CPD program requirements or, are referred from a medical regulator. These cases are dealt with on an individual basis.

9.3.1 Team findings

There does not seem to be a policy framework or clear procedures to deal with underperforming general practitioners. There is a potential role for the College in supporting and facilitating the remediation of general practitioners who are underperforming, before the performance outcomes are so poor as to come to the attention of the regulator. This is likely to be a greater issue in the future if revalidation is introduced. An overarching remediation policy therefore needs to be developed together with strategies for dealing with this issue.

Commendations

- Y The College's work in ensuring that Category 1 Quality Improvement and Continuing Professional Development (QI&CPD) activities are educationally robust.
- Z The College's progress in mapping *gplearning* to the *RACGP Curriculum for General Practice 2011* as part of the development of the Quality Improvement and Continuing Professional Development (QI&CPD) program.

Conditions to satisfy accreditation standards

- 34 Enhance the Quality Improvement and Continuing Professional Development (QI&CPD) program to ensure that it aligns with the College's strategic vision of general practice. (Standard 9.1.1)
- 35 Develop an overarching remediation policy for underperforming general practitioners. (Standard 9.3)

Recommendations for improvement

- WW Continue to improve the education framework of Category 2 Quality Improvement and Continuing Professional Development (QI&CPD) activities. (Standard 9.1)
- XX Enhance the College's Quality Improvement and Continuing Professional Development (QI&CPD) program so participants can identify and address learning needs relevant to their area of practice. (Standard 9.1.1)

Appendix One Membership of the 2013 AMC Assessment Team

Professor John Kolbe (Chair) MBBS, FRACP

Department of Medicine, Faculty of Medical and Health Sciences, University of Auckland

Associate Professor Tony Lawler MBBS, BMedSci, FACEM

Staff Specialist in Emergency Medicine, Royal Hobart Hospital

Dr Caroline Mercer MBBS, FACD

Consultant Dermatologist

Dr Robert Mitchell MBBS (Hons), BMedSci (Hons)

Emergency Medicine Registrar, Townsville Hospital

Ms Bronwyn Nardi MBA, BAppSc/Nursing, DipAppSc/Nursing Management, RN, RM

Executive Director, Clinician Planning and Leadership, Queensland Department of Health

Dr Harry Pert MBBS, Dip Child Health, Dip Obstetrics, MRCGP, MRNZCGP, FRNZCGP,
PG Dip General Practice

General Practitioner, Ranolf Medical Centre, Rotorua, New Zealand

Dr Miriam Weisz B.Ec (Hons), MBA, DBA

Community Member, Victorian Board of Medical Board of Australia and AMC Council

Ms Jane Porter

Manager, Specialist Training and Program Assessment, Australian Medical Council

Appendix Two List of Submissions on the Programs of the RACGP

ACT Health

Australasian College of Sports Physicians

Australian College of Nursing and Australian Primary Health Care Nurses Association – joint submission

Australian and New Zealand College of Anaesthetists and Faculty of Pain Medicine

Australian Commission on Safety and Quality in Health Care

Australian Indigenous Doctors' Association

Australian Medical Association

Deakin University

Department of Health, Victoria

Department of Health and Human Services

General Practice Training – Valley to Coast

Health Education and Training Institute, NSW Health

Indigenous General Practice Registrars Network

National Heart Foundation of Australia

North Coast GP Training

Royal Australasian College of Physicians

Royal Australian and New Zealand College of Obstetricians and Gynaecologists

Royal Australian and New Zealand College of Psychiatrists

Royal College of Pathologists of Australasia

SA Health

The University of Notre Dame, Fremantle, WA Health

University of Melbourne

University of Newcastle

University of Western Sydney

WA Health

Appendix Three Summary of the 2013 AMC Team's Accreditation Program

CANBERRA

Friday 2 August 2013

Professor John Kolbe, Ms Jane Porter (AMC staff)

<i>Location</i>	<i>Meeting</i>
Joint Health Command	Director, General Health Capability Staff Officer, Medical Officers Staff Officer, Health Workforce Projects
	Registrars in RACGP accredited posts
	RACGP accredited supervisors
General Practice Education and Training Limited	General Manager, Programs Manager, Program Management

PERTH

Monday 12 August 2013

Associate Professor Tony Lawler, Professor Gavin Frost

<i>Location</i>	<i>Meeting</i>
WA Health	Principal Medical Advisor, Medical Workforce
	Manager, Medical Workforce
	Chief Medical Officer
	Chair of the Postgraduate Medical Council of Western Australia
Western Australian General Practice Education and Training (WAGPET)	Doctors on the WA Specialist Pathway Program
	Registrars in RACGP accredited posts
	RACGP accredited supervisors
	CEO, Directors of Training, Medical Educators, Trainers
	Doctors on the WA General Practice Experience (Practice Eligible) Pathway

PERTH

Tuesday 13 August 2013

Associate Professor Tony Lawler, Professor Gavin Frost

<i>Location</i>	<i>Meeting</i>
RACGP Western Australia Faculty	RACGP Western Australia Faculty Representatives
CPD Provider - Clinical Training and Evaluation Centre (CTEC)	Senior Course Co-ordinator
Perth North Metro Medicare Local	Chief Executive Officer
Teleconferences with doctors on the Practice Experience (Practice Eligible) Pathway and Specialist Pathway Program	Doctors on the QLD General Practice Experience (Practice Eligible) Pathway
	Doctors on the QLD Specialist Pathway Program
	Doctors on the SA/NT General Practice Experience (Practice Eligible) Pathway
	Doctors on the SA/NT Specialist Pathway Program

CANBERRA

Tuesday 13 August 2013

Professor John Kolbe, Dr Miriam Weisz, Ms Jane Porter (AMC staff)

<i>Location</i>	<i>Meeting</i>
Teleconference with doctors on the General Practice Experience (Practice Eligible) Pathway	Doctors on the NSW/ACT General Practice Experience (Practice Eligible) Pathway
CPD Provider – ACT Medicare Local	Education Manager Education Officer
Australian Medicare Local Alliance	Chief Executive Officer National Principal Adviser
CPD Provider – GP Liaison Unit	GP Liaison Officer Clinical Support Nurse
Teleconference with doctors on the Specialist Pathway Program	Doctors on the NSW/ACT Specialist Pathway Program

ALBURY

Wednesday 14 August 2013

Professor John Kolbe, Dr Miriam Weisz, Ms Ellana Rietdyk (AMC staff)

<i>Location</i>	<i>Meeting</i>
Bogong Regional Training Network	Chief Executive Officer and Senior Staff
	Directors of Training, Medical Educators, Trainers
	RACGP accredited supervisors
	Registrars in RACGP accredited posts
Remote Vocational Training Scheme	Chief Executive Officer
	Directors of Training, Medical Educators, Trainers
	Registrars in RACGP accredited posts
	RACGP accredited supervisors

SYDNEY

Thursday 15 August 2013

Professor John Kolbe, Dr Harry Pert

<i>Location</i>	<i>Meeting</i>
NSW Ministry of Health	Director, Workforce Planning & Development Medical Adviser, Workforce Planning & Development Associate Director, External Relations, Workforce Planning & Development
RACGP NSW/ACT Faculty	RACGP NSW/ACT Faculty representatives
GP Synergy	Senior Staff
	Directors of Training, Medical Educators, Trainers
	Registrars in RACGP accredited posts
	RACGP accredited supervisors
	Doctors on the Specialist Pathway Program
	Doctors on the General Practice Experience (Practice Eligible) Pathway
CPD Provider – School of Public Health and Community Medicine	Professor of General Practice & Head of Undergraduate Teaching

BRISBANE

Monday 12 August 2013

Dr Caroline Mercer, Dr Rob Mitchell, Ms Bronwyn Nardi, Ms Jane Porter (AMC staff)

<i>Location</i>	<i>Meeting</i>
Queensland Health	Manager, Medical Workforce, Health Service and Clinical Innovation Division Audit Liaison Officer
Australian College of Rural and Remote Medicine	President Director of Programs and Operations
RACGP Queensland Faculty	RACGP Queensland Faculty representatives
Central and Southern Queensland Training Consortium	Directors of Training, Medical Educators, Trainers
	RACGP accredited supervisors
	Registrars in RACGP accredited posts
	Chief Executive Officer
CPD Provider – Ramsay Health	CPD Provider Greenslopes Private Hospital

TOWNSVILLE

Tuesday 13 August 2013

Dr Rob Mitchell, Ms Bronwyn Nardi

<i>Location</i>	<i>Meeting</i>
Tropical Medical Training	RACGP accredited supervisors
	Registrars in RACGP accredited posts
	Chief Executive Officer and Senior Staff
Lavarack Barracks	ADF Registrars
	ADF Supervisors
Tropical Medical Training	Directors of Training, Medical Educators, Trainers
CPD Provider – James Cook University	Year 4 Academic Coordinator, School of Medicine and Dentistry, James Cook University

HOBART

Friday 16 August 2013

Associate Professor Tony Lawler, Dr Harry Pert, Ms Jane Porter (AMC staff)

<i>Location</i>	<i>Meeting</i>
Teleconference with Medicare Local Tasmania	Chief Executive Officer
Department of Health and Human Services	Executive Director of Medical Services Director of Medical Services Medical Director, General Practice and Primary Care unit Service Innovation Manager, General Practice and Primary Care unit Department of Health and Human Services staff
RACGP Tasmania Faculty	RACGP Tasmania Faculty Representatives
Teleconferences with Beyond Medical Education	Chief Executive Officer and Senior Staff
	Directors of Training, Medical Educators, Trainers
	Registrars in RACGP accredited posts
	RACGP accredited supervisors

MELBOURNE

Monday 19 August 2013

Associate Professor Tony Lawler, Dr Caroline Mercer, Ms Jane Porter (AMC staff)

<i>Location</i>	<i>Meeting</i>
Teleconference with General Practice Training Tasmania	Chief Executive Officer
	Directors of Training, Medical Educators, Trainers
	Registrars in RACGP accredited posts
	RACGP accredited supervisors

MELBOURNE

Monday 19 August 2013

Dr Miriam Weisz, Dr Harry Pert, Ms Ellana Rietdyk (AMC staff)

<i>Location</i>	<i>Meeting</i>
Victorian Metropolitan Alliance	Chief Executive Officer
	Directors of Training, Medical Educators, Trainers
	Registrars in RACGP accredited posts
	RACGP accredited supervisors

MELBOURNE

Monday 19 August 2013

Professor John Kolbe, Dr Rob Mitchell, Ms Bronwyn Nardi

<i>Location</i>	<i>Meeting</i>
General Practice Registrars Australia	Chief Executive Officer Chair
National General Practice Supervisors' Association	NGPSA Board Member NGPSA Secretariat
RACGP Victoria Faculty	RACGP Victoria Faculty Representatives

Meetings with Royal Australian College of General Practitioners' Committees and College Staff

Tuesday 20 August – Thursday 22 August 2013

Professor John Kolbe (Chair), Associate Professor Tony Lawler, Dr Caroline Mercer, Dr Rob Mitchell, Ms Bronwyn Nardi, Dr Harry Pert, Dr Miriam Weisz, Ms Jane Porter (AMC staff)

Date	Meeting	Attendees
20 August 2013	Governance, decision-making structures, challenges, strategic directions, communication	College Council
	Assessment and examination	Board of Censors
	Assessment of overseas-trained specialists	National Standing Committee – Education representatives Specialist Pathway Liaison Officer
	Role of the College staff in supporting education, training and continuing professional development	College senior management
	Assessment and Examination	Board of Assessment
	Role of the College staff in supporting education, training and continuing professional development	College Educational Staff
	Issues relating to registrars	President Council Chair Chair, Board of Censors, Censor-in-Chief Medical Advisor, Aboriginal and Torres Strait Islander Health Registrar Council Representative
	Learning and Teaching Methods	Senior Educational Strategy Advisor, Education Standards Team Co-ordinator, Content Development
	The College's Vocational Education and Training Programs – Research	Academic Registrars

21 August 2013	The College's Vocational Education and Training Programs	National Faculty of Special Interests
	Supervisors, trainers, assessors, mentors	National Standing Committee – Education and other representatives
	Environment for training	National Standing Committee education, PAG and PAC for VT Standards and Bi-College Representatives
	The College's Vocational Education and Training Programs	Joint Consultative Committee on Anaesthetics
		Joint Consultative Committee on Medical Acupuncture
		Joint Consultative Committee in Radiology
		Joint Consultative Committee on Emergency Medicine
	Continuing professional development	National Standing Committee – Education
22 August 2013	The College's Vocational Education and Training Programs	National Faculty of Aboriginal and Torres Strait Islander Health and Aboriginal Torres Strait Islander Health Education Committee
	The College's Vocational Education and Training Programs	National Rural Faculty and Rural Education Committee
	Presentation of preliminary statement of findings	AMC Assessment Team RACGP representatives

