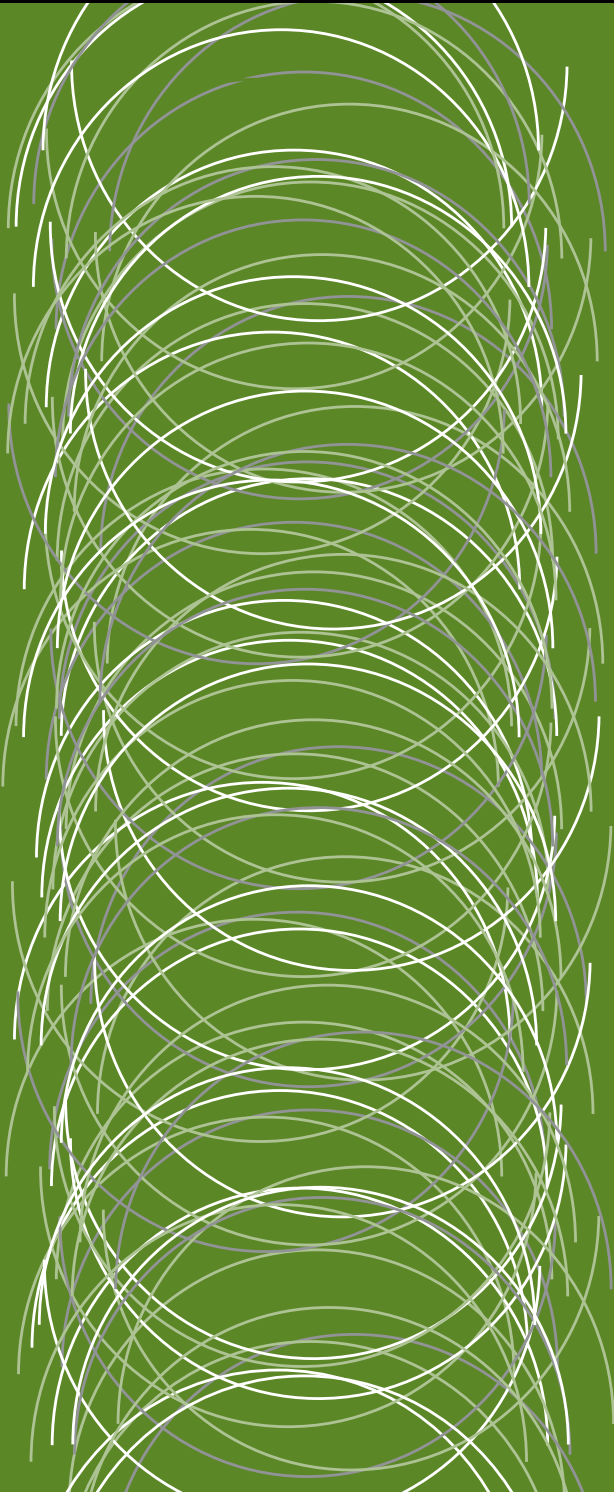


Australian Medical Council Limited

Accreditation Report: The Training and Education Programs of the Royal College of Pathologists of Australasia

AMC



Specialist Education Accreditation Committee
March 2017

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Executive Summary: Royal College of Pathologists of Australasia

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 2015*, describes AMC requirements for reaccreditation of specialist medical programs and their education providers.

The Royal College of Pathologists of Australasia (RCPA) was first accredited by the AMC in 2006, for a period of four years, until December 2010. The AMC conducted a follow-up visit in 2010, and accreditation was extended by two years, until December 2012. The AMC found that the College substantially met the accreditation standards. Of the nine standards, three were met, three were substantially met and three were not met.

In November 2012, the AMC assessed the College's comprehensive report for extension of accreditation. The assessment of the College's comprehensive report included a short visit because of the number of conditions on the College's accreditation. On the basis of the comprehensive report review, the AMC found that the College met the accreditation standards, and extended the accreditation of its training programs by four years, to 31 December 2016.

Due to the timing of the 2016 reaccreditation visit, the AMC Directors agreed to extend the accreditation of the College's programs from 31 December 2016 to 31 March 2017 to allow for an accreditation decision to be made before the expiry date.

In 2016, an AMC team completed a reaccreditation assessment of the specialist medical programs and continuing professional development programs of the Royal College of Pathologists of Australasia, which lead to the award of fellowship of the RCPA.

The AMC team reviewed the College's education, training and continuing professional development programs in the specialty of pathology and the fields of the specialty practice in general pathology, anatomical pathology (including cytopathology), chemical pathology, haematology, immunology, microbiology, and forensic pathology. The team also reviewed the College's training programs in clinical pathology, genetic pathology and clinical forensic medicine; these are not recognised fields of specialty practice.

The AMC team also reviewed the College's joint training programs with the Royal Australasian College of Physicians (RACP) in the disciplines of haematology, immunology and allergy/immunology, infectious diseases/microbiology, endocrinology/chemical pathology, and the reciprocal training program in clinical genetics/genetic pathology. These programs lead to the award of fellowship of both colleges.

The team reported to the 16 February 2017 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 2 March 2017 meeting of the AMC Directors, and the detailed findings against the accreditation standards.

Decision on accreditation

Under the *Health Practitioner Regulation National Law*, the AMC may grant accreditation if it is reasonably satisfied that a program of study and the education provider meet an approved accreditation standard. It may also grant accreditation if it is reasonably satisfied that the provider and the program of study substantially meet an approved accreditation standard, and the imposition of conditions will ensure the program meets the standard within a reasonable time. Recommendations for improvement are suggestions by the AMC assessment team on areas for improvement for the College to consider and report on. These are not conditions on accreditation.

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 it is reasonably satisfied that the training, education and the continuing professional development programs of the Royal College of Pathologists of Australasia substantially meet the accreditation standards.

Since its accreditation by the AMC in 2006, the College has significantly enhanced its educational and training activities. The College is commended for the implementation of new governance structure in 2013. The revised structure clearly gives priority to the College's educational role and effectively integrates the multiple disciplines and training programs for which it is responsible. The College is also commended for the dynamism and expertise of its Lay Committee, and the collegiality and collaboration demonstrated by the Joint Royal Australasian College of Physicians (RACP) and RCPA Training Committees.

The College is congratulated for its commitment to developing a standardised admissions policy for selection into training, and for developing its education unit to provide expertise and resources to support its educational role. In more recent years, the College has produced publicly available, specialty-specific trainee handbooks, of which the specialist training curricula are an integral part. These are produced in a consistent format and include a series of program-specific outcomes which are oriented towards each specialist program, and which are categorised according to the various roles which the specialist undertakes in their career.

As a result of deciphering the human genome, there is a growing trend towards personalised medicine resulting in a need for pathologists and trainees in all disciplines of pathology to understand the practical implications of genomic and molecular technologies in the diagnosis and management of many diseases. The College is to be commended for introducing educational events to answer this need, however providing the required education and training in this area remains a major challenge both now and for the future.

The AMC has applied conditions to the training, education and continuing professional development programs under all accreditation standards that must be addressed by the College and has provided timelines for their completion. The AMC will monitor that the College is meeting the conditions on its accreditation through progress reports and a review visit in 2020.

While significant progress has been made in the development of the College's assessment program, the burden of examinations on trainees remains excessive. The

AMC considers that in some disciplines opportunities exist to further diversify assessment methods including the wider use of workplace-based assessment.

The College should consider reviewing the role of trainee representation in its educational governance and its links with the wider trainee body and external trainee organisations. The College must implement a system for appropriate recoding and management of allegations of discrimination, bullying and sexual harassment. The College should develop and implement a systematic approach to trainee wellbeing especially for trainees experiencing personal and/or professional difficulties and promote the use of medical health services and wellbeing strategies for its trainees and fellows.

The AMC commends the College for its engagement with the National Association of Testing Authorities (NATA) and International Accreditation New Zealand (IANZ) in the joint accreditation process of pathology laboratories. However, the AMC considers a more detailed process could be implemented for training site assessment including the collection of quantitative data which would allow for monitoring, evaluation and benchmarking of training. The accreditation process should also ensure that the health and welfare of all trainees is adequately addressed and that trainees in difficulty are recognised and supported.

The 2 March 2017 meeting of the AMC Directors resolved:

- (i) That the Royal College of Pathologists of Australasia's specialist medical programs and training and continuing professional development programs in the recognised specialty of pathology are granted accreditation for six years until 31 March 2023, subject to satisfying AMC monitoring requirements including progress reports and addressing accreditation conditions.
- (ii) That in late 2020, and at a time suitable to the College, a small AMC assessment team will undertake a review visit and report on the College's progress in addressing the 2020 conditions on accreditation.
- (iii) That this accreditation is subject to the conditions set out below:
 - (a) By the 2017 progress report, evidence that the College has addressed the following conditions from the accreditation report:
 - 3 Publish the College's conflict of interest policy to ensure that it is readily accessible to all those undertaking College functions, and includes a transparent system for consistently identifying, managing and recording conflicts of interest. (Standard 1.1.6)
 - 28 Review the policy on Trainees in Difficulty Support to clarify the process by which trainees may raise any concerns regarding their supervision and training environment and to ensure a mechanism exists for such concerns to be dealt with in a transparent, safe, confidential and supportive manner. (Standard 7.5.2)
 - 32 Publish the requirements of the CPD program, in line with the Medical Board of Australia and Medical Council of New Zealand registration standard on continuing professional development. (Standard 9.1.1)
 - 36 Develop and implement specific procedures to inform employers, and where appropriate the regulators, where patient safety concerns arise

during the assessment of specialist international medical graduates.
(Standard 10.2.2)

(b) By the 2018 progress report, evidence that the College has addressed the following conditions from the accreditation report:

- 1 Review the role of trainee representation in the educational governance structure, the links with the wider trainee body and external trainee organisations, as well as training for Trainees' Committee members. (Standard 1.1.3)
- 2 Develop and implement documentation for the New Zealand National Committee and the Australian Regional Committees that details each committee's composition, terms of reference, reporting lines, and relationships with local training networks and trainee representatives. (Standard 1.1.3)
- 4 Review the reconsideration, review and appeals policies and make information about these processes publicly available. (Standard 1.3.1)
- 5 Finalise and implement processes to ensure systematic Māori input into College processes. (Standard 1.6.4)
- 7 Develop and implement a plan to ensure the needs of Aboriginal and Torres Strait Islander peoples of Australia and Māori people of New Zealand are incorporated into the College's purpose. (Standard 2.1.2)
- 12 Review the examination burden on trainees and explore ways to reduce this load. (Standard 5.2.1)
- 16 Provide supervisors of those candidates who fail an examination with the full details of their examination performance in order to enable them to adequately support the trainees in their learning. (Standard 5.3.2)
- 17 Clarify the arrangements for managing joint trainees who are in difficulty and formalise the allocation of responsibility for remediation to an individual College and the lines of communication between the Royal Australasian College of Physicians (RACP) and RCPA. (Standard 5.3.3)
- 18 Require all disciplines to be compliant with the Quality Framework for Written, Oral and Practical Examinations. (Standard 5.4.1)
- 23 Register as a risk, the College's reliance on Australian Government Specialist Training Program funding to provide private laboratory training experience, and have a strategy in place to mitigate against the potential impact on trainees and their training should funding be reduced or withdrawn. (Standard 6.3.3)
- 25 Finalise, implement and monitor the plan to increase the recruitment and participation of Aboriginal and Torres Strait Islander and Māori trainees. (Standard 7.1.3)
- 26 Implement a system for appropriate recording and management of allegations of discrimination, bullying and sexual harassment. (Standard 7.4.1)

- 27 Develop and implement a systematic approach to trainee wellbeing especially for trainees experiencing personal and/or professional difficulties. (Standard 7.4.2)
 - 29 Monitor and address the uptake of supervisor training to ensure supervisors complete the minimum training requirements as mandated under College policy. (Standard 8.1.3)
 - 35 Develop and implement a formal process for reporting CPD program non-compliance and underperformance to the Medical Council of New Zealand. (Standard 9.3.1)
- (c) By the 2019 progress report, evidence that the College has addressed the following conditions from the accreditation report:
- 6 Develop formal partnerships with organisations in the Aboriginal and Torres Strait Islander and Māori health sectors. (Standard 1.6.4)
 - 15 Develop administrative procedures and documentation with the Royal Australasian College of Physicians to minimise duplication for joint trainees. (Standard 5.2.1)
 - 19 Implement systems to monitor and ensure comparability in the scope and application of workplace-based assessment practices and standards across the different training sites. (Standard 5.4.2)
 - 20 Seek and utilise regular feedback from trainees on the amount of time spent on key learning and service tasks and recommended minimum times for activities of key importance to guide training sites in offering appropriate balance. (Standard 6.1.1)
 - 22 Develop a more systematic approach to communicate with trainees using a variety of means to ensure their feedback is sought and considered in monitoring and program development. (Standard 6.1.3 and 6.3.2)
 - 24 Develop and implement a standardised policy for selection into College training programs and a process to monitor the application of the policy across all disciplines, training sites and networks. (Standard 7.1.1, 7.1.2 and 7.1.5)
 - 30 Define the role, training and reporting requirements of the RCPA assessor undertaking the joint RCPA and National Association of Testing Authorities (NATA)/ International Accreditation New Zealand (IANZ) accreditation visits. (Standard 8.2.1)
 - 33 Develop a framework for participants in College's CPD programs to assist them in assessing and defining their learning needs and in self-evaluation of learning goals and achievements. (Standard 9.1.4)
 - 34 Develop criteria for CPD program participants to assess whether educational activities delivered by external providers that can earn CPD program credit are educationally sound. (9.1.6)

(d) By the 2020 progress report, evidence that the College has addressed the following conditions from the accreditation report.

- 8 Strengthen leadership and advocacy in workforce planning to ensure the best alignment of training numbers and requirements for specialist positions, and to ensure evolving practices and community needs in pathology are met. (Standard 2.2.1)
- 9 Develop and implement a process for reviewing the program and graduate outcomes to ensure new practices are incorporated into curricula in a timely fashion. (Standard 2.3.1)
- 10 Review the curriculum content and outcome statements relating to non-technical expert roles to ensure their education, training and appropriate assessment. (Standard 3.2)
- 11 Define expectations regarding trainees' development of increasing degree of independent responsibility at different training stages to enable monitoring of progress and ensure that training, education and levels of supervision align with the trainee's rate of progress with ability to undertake key responsibilities in each discipline. (Standard 4.2.4)
- 13 Increase the assessment of non-technical expert roles to promote learning and to reassure the community that the College regards these roles as important. (Standard 5.2.1)
- 14 Review the portfolio format to enhance its value and reputation by taking account of trainee feedback regarding the challenges they face in its use. (Standard 5.2.1)
- 21 Implement regular and safe processes for external stakeholders, including other medical specialties, other health professions, consumers and Indigenous organisations to provide feedback about program delivery and program development. (Standard 6.2.3)
- 31 Develop and implement a process to collect more quantitative data at the joint RCPA and National Association of Testing Authorities (NATA)/ International Accreditation New Zealand (IANZ) accreditation visit taking account of trainee/supervisor feedback regarding rostering, workload and service versus training requirements that will allow for both monitoring, evaluation and benchmarking of training. (Standard 8.2.2)

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

Standard	Condition	To be met by
Standard 1	1 Review the role of trainee representation in the educational governance structure, the links with the wider trainee body and external trainee organisations, as well as training for Trainees' Committee members. (Standard 1.1.3)	2018

Standard	Condition	To be met by
	2 Develop and implement documentation for the New Zealand National Committee and the Australian Regional Committees that details each committee's composition, terms of reference, reporting lines, and relationships with local training networks and trainee representatives. (Standard 1.1.3)	2018
	3 Publish the College's conflict of interest policy to ensure that it is readily accessible to all those undertaking College functions, and includes a transparent system for consistently identifying, managing and recording conflicts of interest. (Standard 1.1.6)	2017
	4 Review the reconsideration, review and appeals policies and make information about these processes publicly available. (Standard 1.3.1)	2018
	5 Finalise and implement processes to ensure systematic Māori input into College processes. (Standard 1.6.4)	2018
	6 Develop formal partnerships with organisations in the Aboriginal and Torres Strait Islander and Māori health sectors. (Standard 1.6.4)	2019
Standard 2	7 Develop and implement a plan to ensure the needs of Aboriginal and Torres Strait Islander peoples of Australia and Māori people of New Zealand are incorporated into the College's purpose. (Standard 2.1.2)	2018
	8 Strengthen leadership and advocacy in workforce planning to ensure the best alignment of training numbers and requirements for specialist positions, and to ensure evolving practices and community needs in pathology are met. (Standard 2.2.1)	2020
	9 Develop and implement a process for reviewing the program and graduate outcomes to ensure new practices are incorporated into curricula in a timely fashion. (Standard 2.3.1)	2020
Standard 3	10 Review the curriculum content and outcome statements relating to non-technical expert roles to ensure their education, training and appropriate assessment. (Standard 3.2)	2020

Standard	Condition	To be met by
Standard 4	11 Define expectations regarding trainees' development of increasing degree of independent responsibility at different training stages to enable monitoring of progress and ensure that training, education and levels of supervision align with the trainee's rate of progress with ability to undertake key responsibilities in each discipline. (Standard 4.2.4)	2020
Standard 5	12 Review the examination burden on trainees and explore ways to reduce this load. (Standard 5.2.1)	2018
	13 Increase the assessment of non-technical expert roles to promote learning and to reassure the community that the College regards these roles as important. (Standard 5.2.1)	2020
	14 Review the portfolio format to enhance its value and reputation by taking account of trainee feedback regarding the challenges they face in its use. (Standard 5.2.1)	2020
	15 Develop administrative procedures and documentation with the Royal Australasian College of Physicians to minimise duplication for joint trainees. (Standard 5.2.1)	2019
	16 Provide supervisors of those candidates who fail an examination with the full details of their examination performance in order to enable them to adequately support the trainees in their learning. (Standard 5.3.2)	2018
	17 Clarify the arrangements for managing joint trainees who are in difficulty and formalise the allocation of responsibility for remediation to an individual College and the lines of communication between the Royal Australasian College of Physicians (RACP) and RCPA. (Standard 5.3.3)	2018
	18 Require all disciplines to be compliant with the Quality Framework for Written, Oral and Practical Examinations. (Standard 5.4.1)	2018
	19 Implement systems to monitor and ensure comparability in the scope and application of workplace-based assessment practices and standards across the different training sites. (Standard 5.4.2)	2019

Standard	Condition	To be met by
Standard 6	20 Seek and utilise regular feedback from trainees on the amount of time spent on key learning and service tasks and recommended minimum times for activities of key importance to guide training sites in offering appropriate balance. (Standard 6.1.1)	2019
	21 Implement regular and safe processes for external stakeholders, including other medical specialties, other health professions, consumers and Indigenous organisations to provide feedback about program delivery and program development. (Standard 6.2.3)	2020
	22 Develop a more systematic approach to communicate with trainees using a variety of means to ensure their feedback is sought and considered in monitoring and program development. (Standard 6.1.3 and 6.3.2)	2019
	23 Register as a risk, the College's reliance on Australian Government Specialist Training Program funding to provide private laboratory training experience, and have a strategy in place to mitigate against the potential impact on trainees and their training should funding be reduced or withdrawn. (Standard 6.3.3)	2018
Standard 7	24 Develop and implement a standardised policy for selection into College training programs and a process to monitor the application of the policy across all disciplines, training sites and networks. (Standard 7.1.1, 7.1.2 and 7.1.5)	2019
	25 Finalise, implement and monitor the plan to increase the recruitment and participation of Aboriginal and Torres Strait Islander and Māori trainees. (Standard 7.1.3)	2018
	26 Implement a system for appropriate recording and management of allegations of discrimination, bullying and sexual harassment. (Standard 7.4.1)	2018
	27 Develop and implement a systematic approach to trainee wellbeing especially for trainees experiencing personal and/or professional difficulties. (Standard 7.4.2)	2018

Standard	Condition	To be met by
	28 Review the policy on Trainees in Difficulty Support to clarify the process by which trainees may raise any concerns regarding their supervision and training environment and to ensure a mechanism exists for such concerns to be dealt with in a transparent, safe, confidential and supportive manner. (Standard 7.5.2)	2017
Standard 8	29 Monitor and address the uptake of supervisor training to ensure supervisors complete the minimum training requirements as mandated under College policy. (Standard 8.1.3)	2018
	30 Define the role, training and reporting requirements of the RCPA assessor undertaking the joint RCPA and National Association of Testing Authorities (NATA)/ International Accreditation New Zealand (IANZ) accreditation visits. (Standard 8.2.1)	2019
	31 Develop and implement a process to collect more quantitative data at the joint RCPA and National Association of Testing Authorities (NATA)/ International Accreditation New Zealand (IANZ) accreditation visit taking account of trainee/supervisor feedback regarding rostering, workload and service versus training requirements that will allow for both monitoring, evaluation and benchmarking of training. (Standard 8.2.2)	2020
Standard 9	32 Publish the requirements of the CPD program, in line with the Medical Board of Australia and Medical Council of New Zealand registration standard on continuing professional development. (Standard 9.1.1)	2017
	33 Develop a framework for participants in College's CPD programs to assist them in assessing and defining their learning needs and in self-evaluation of learning goals and achievements. (Standard 9.1.4)	2019
	34 Develop criteria for CPD program participants to assess whether educational activities delivered by external providers that can earn CPD program credit are educationally sound. (9.1.6)	2019

Standard	Condition	To be met by
	35 Develop and implement a formal process for reporting CPD program non-compliance and underperformance to the Medical Council of New Zealand. (Standard 9.3.1)	2018
Standard 10	36 Develop and implement specific procedures to inform employers, and where appropriate the regulators, where patient safety concerns arise during the assessment of specialist international medical graduates. (Standard 10.2.2)	2017

This accreditation decision relates to the College's continuing professional development programs and its specialist medical programs in general pathology, anatomical pathology (including cytopathology), chemical pathology, forensic pathology, haematology, immunology and microbiology.

In March 2023, before this period of accreditation ends, the College may submit a comprehensive report for extension of accreditation. The report should address the accreditation standards and outline the College's development plans for the next four years. The AMC will consider this report and, if it decides the College is continuing to satisfy the accreditation standards, the AMC Directors may extend the accreditation by a maximum of four years (to March 2027), 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 ten 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 10). The team's commendations for 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; reconsideration, review and appeal processes; educational expertise and exchange; educational resources; interaction with the health sector; continuous renewal)	This set of standards is SUBSTANTIALLY MET
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Standard 1.1.3 (governance structures), Standard 1.1.6 (conflicts of interest) are substantially met.

Standard 1.3.1 (reconsideration, review and appeals processes) is substantially met.

Standard 1.6.4 (effective partnerships in Indigenous health sector) is substantially met.

Commendations

- A The implementation of a new governance structure in 2013 gives clear priority to the College's educational role and effectively integrates the multiple disciplines and training programs for which it is responsible. (Standards 1.1.1 and 1.1.4)
- B The College's commitment to developing its education unit including expertise and resources to support its central educational activities. (Standard 1.1.4)
- C The dynamism of and expertise on the College's Lay Committee and the involvement of this committee in promoting consumer understanding of the role of pathologists and pathology through consumer networks, including Aboriginal and Torres Strait Islander networks and communities. (Standard 1.6)

Conditions to satisfy accreditation standards

- 1 Review the role of trainee representation in the educational governance structure, the links with the wider trainee body and external trainee organisations, as well as training for Trainees' Committee members. (Standard 1.1.3)
- 2 Develop and implement documentation for the New Zealand National Committee and the Australian Regional Committees that details each committee's composition, terms of reference, reporting lines, and relationships with local training networks and trainee representatives. (Standard 1.1.3)
- 3 Publish the College's conflict of interest policy to ensure that it is readily accessible to all those undertaking College functions, and includes a transparent system for consistently identifying, managing and recording conflicts of interest. (Standard 1.1.6)
- 4 Review the reconsideration, review and appeals policies and make information about these processes publicly available. (Standard 1.3.1)
- 5 Finalise and implement processes to ensure systematic Māori input into College processes. (Standard 1.6.4)
- 6 Develop formal partnerships with organisations in the Aboriginal and Torres Strait Islander and Māori health sectors. (Standard 1.6.4)

Recommendations for improvement

- AA Review the information communication technology resources to ensure there are sufficient resources to support the College's evolving educational functions. (Standard 1.5.1)
- BB Develop and implement a process for systematic input from the Lay Committee to the development and revision of training programs, the continuing professional development program and the specialist international medical graduate assessment process. (Standard 1.6.1 and 1.6.4)
- CC Implement an overarching educational vision and strategy as part of the strategic planning process. This should be supported by clear goals and objectives that are reviewed on a regular basis, as well as input from relevant stakeholders including trainees. (Standard 1.7.1)

2. The outcomes of specialist training and education (educational purpose; program outcomes; graduate outcomes)	This set of standards is MET
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Standard 2.1.2 (purpose addresses Aboriginal and Torres Strait Islander peoples of Australia and/or Māori of New Zealand) is substantially met.

Standard 2.2.1 (provider relates its training and education functions to the health needs of the community) is substantially met.

Standard 2.3.1 (graduate outcomes) is substantially met.

Commendations

- D The work of the Lay Committee and the development of the position statement on Patient Expectations of Pathologists.
- E The development of detailed trainee handbooks for all disciplines, which articulate the required program outcomes across discipline-specific functions as well as the areas of management, research and scholarship, and professional qualities.

Conditions to satisfy accreditation standards

- 7 Develop and implement a plan to ensure the needs of Aboriginal and Torres Strait Islander peoples of Australia and Māori people of New Zealand are incorporated into the College's purpose. (Standard 2.1.2)
- 8 Strengthen leadership and advocacy in workforce planning to ensure the best alignment of training numbers and requirements for specialist positions, and to ensure evolving practices and community needs in pathology are met. (Standard 2.2.1)
- 9 Develop and implement a process for reviewing the program and graduate outcomes to ensure new practices are incorporated into curricula in a timely fashion. (Standard 2.3.1)

Recommendations for improvement

- DD Appoint lay members to the College's principal education committees. (Standard 2.1.3)
- EE Develop an implementation plan for incorporating the Lay Committee's position statement on Patient Expectations of Pathologists in the development and revision of training curricula and other educational programs. (Standard 2.1.1)
- FF Provide clarification for trainees in relation to where employment opportunities are advertised. (Standard 2.3.1)

3. The specialist medical training and education framework (curriculum framework; content; continuum of training, education and practice; structure of the curriculum)	This set of standards is MET
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Standard 3.2 (content of the curriculum) is substantially met.

Commendations

- F The significant progress made in the development and implementation of the RCPA curricula and associated documents over the last decade.
- G The excellent training modules addressing cultural competence which are available to all trainees, fellows and members.

Conditions to satisfy accreditation standards

- 10 Review the curriculum content and outcome statements relating to non-technical expert roles to ensure their education, training and appropriate assessment. (Standard 3.2)

Recommendations for improvement

- GG Define milestones within the curriculum to enable trainees to better understand the expectations of trainers, workplace assessors and examiners at each stage of training. (Standard 3.1.1)
- HH In relation to anatomical pathology trainees: (i) review the requirement for autopsy training; and (ii) develop guidelines for the amount of time trainees should spend in “cut up” versus other aspects of their education and training. (Standard 3.2)
- II Develop and implement a strategy to promote the development of research and academic pathology. (Standard 3.2 and 3.4)
- JJ Develop and implement an advocacy program to encourage employers to assist in resolving trainees’ problems in the context of undertaking flexible and interrupted training. (Standard 3.4.3)

4. Teaching and learning (teaching and learning approach; teaching and learning methods)	This set of standards is MET
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Standard 4.2.4 (increasing degree of independence) is substantially met.

Commendations

- H The training is practice-based, where trainees are employed and actively engaged in the daily work of the laboratory and/or the clinical environment.
- I The discipline-specific portfolios which supervisors find useful as a mapping exercise for learners to ensure that all training requirements are met.

- J The many innovative teaching methods used by the College, including webinars and e-cases, and the College's exploration of initiatives with other providers to share resources and to maximise the use of free resources and technology.

Conditions to satisfy accreditation standards

- 11 Define expectations regarding trainees' development of increasing degree of independent responsibility at different training stages to enable monitoring of progress and ensure that training, education and levels of supervision align with the trainee's rate of progress with ability to undertake key responsibilities in each discipline. (Standard 4.2.4)

Recommendations for improvement

- KK Communicate with trainees and supervisors to ensure they are correctly interpreting the requirements of the trainees' portfolio. (Standard 4.1.1)
- LL Develop a process for suitable teaching and learning resources from regionally-based sources to be shared more widely where appropriate. (Standard 4.2.3)

5. Assessment of learning (assessment approach; assessment methods; performance feedback; assessment quality)	This set of standards is SUBSTANTIALLY MET
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Standard 5.2.1 (assessment program has a range of methods fits for purpose) is substantially met.

Standard 5.3.2 (education provider informs its supervisors of the assessment performance of trainees) is not met. Standard 5.3.3 (processes for early identification of trainees who are not meeting the outcomes of the program) is substantially met.

Standard 5.4.1 (quality, consistency and fairness of assessment methods), Standard 5.4.2 (comparability in scope and application of assessment practices) are substantially met.

Commendations

- K The College's program of assessment is aligned to the outcomes and curricula of its specialist medical programs.
- L The introduction of a blueprint for each discipline to guide assessment through each stage of the specialist medical program.
- M The significant progress that has been made to improve the quality, consistency and fairness of examinations.

Conditions to satisfy accreditation standards

- 12 Review the examination burden on trainees and explore ways to reduce this load. (Standard 5.2.1)
- 13 Increase the assessment of non-technical expert roles to promote learning and to reassure the community that the College regards these roles as important. (Standard 5.2.1)

- 14 Review the portfolio format to enhance its value and reputation by taking account of trainee feedback regarding the challenges they face in its use. (Standard 5.2.1)
- 15 Develop administrative procedures and documentation with the Royal Australasian College of Physicians to minimise duplication for joint trainees. (Standard 5.2.1)
- 16 Provide supervisors of those candidates who fail an examination with the full details of their examination performance in order to enable them to adequately support the trainees in their learning. (Standard 5.3.2)
- 17 Clarify the arrangements for managing joint trainees who are in difficulty and formalise the allocation of responsibility for remediation to an individual College and the lines of communication between the Royal Australasian College of Physicians (RACP) and RCPA. (Standard 5.3.3)
- 18 Require all disciplines to be compliant with the Quality Framework for Written, Oral and Practical Examinations. (Standard 5.4.1)
- 19 Implement systems to monitor and ensure comparability in the scope and application of workplace-based assessment practices and standards across the different training sites. (Standard 5.4.2)

Recommendations for improvement

- MM Introduce multi-source and/or 360 degree feedback in the assessment of all trainees, given the crucial involvement of pathologists in multidisciplinary and team-based practice and their increased direct involvement with patients. (Standard 5.2.1)

6. Monitoring and Evaluation (monitoring; evaluation; feedback, reporting and action)	This set of standards is SUBSTANTIALLY MET
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Standard 6.1.1 (education provider regularly reviews its training and education programs), and Standard 6.1.3 (trainees contribute to monitoring and program development) are substantially met.

Standard 6.2.3 (stakeholders contribute to evaluation) is substantially met.

Standard 6.3.2 (considers stakeholder views in continuous renewal of the program); Standard 6.3.3 (manage concerns about, or risks to, the quality of its training and education programs) are substantially met.

Commendations

- N The College's efforts through its education surveys which include the collection of both quantitative and qualitative data.
- O The development of a survey for newly qualified fellows which focuses on preparedness for practice.

Conditions to satisfy accreditation standards

- 20 Seek and utilise regular feedback from trainees on the amount of time spent on key learning and service tasks and recommended minimum times for activities of key importance to guide training sites in offering appropriate balance. (Standard 6.1.1)
- 21 Implement regular and safe processes for external stakeholders, including other medical specialties, other health professions, consumers and Indigenous organisations to provide feedback about program delivery and program development. (Standard 6.2.3)
- 22 Develop a more systematic approach to communicate with trainees using a variety of means to ensure their feedback is sought and considered in monitoring and program development. (Standard 6.1.3 and 6.3.2)
- 23 Register as a risk, the College's reliance on Australian Government Specialist Training Program funding to provide private laboratory training experience, and have a strategy in place to mitigate against the potential impact on trainees and their training should funding be reduced or withdrawn. (Standard 6.3.3)

Recommendations for improvement

- NN Develop and implement a systematic approach to the collection and interpretation of workforce data to allow consideration of workforce supply and demand in pathology. (Standard 6.2.2)

7. Trainees (admission policy and selection; trainee participation in education provider governance; communication with trainees, trainee wellbeing; resolution of training problems and disputes)	This set of standards is SUBSTANTIALLY MET
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Standard 7.1.1 (clear and documented selection policies), Standard 7.1.2 (processes for selection), Standard 7.1.3 (supports increased recruitment of Aboriginal and Torres Strait Islander and/or Māori trainees), Standard 7.1.5 (monitors consistent application of selection policies) are substantially met.

Standard 7.4 (trainee wellbeing) is substantially met.

Standard 7.5.2 (clear impartial pathways for timely resolution of disputes) is substantially met.

Commendations

- P The College's work to date in revising its selection guidelines.
- Q The College's emerging plans to support the increased recruitment of Aboriginal and Torres Strait Islander and Māori trainees.
- R The work of the RCPA Education Unit in providing support to trainees.

Conditions to satisfy accreditation standards

- 24 Develop and implement a standardised policy for selection into College training programs and a process to monitor the application of the policy across all disciplines, training sites and networks. (Standard 7.1.1, 7.1.2 and 7.1.5)
- 25 Finalise, implement and monitor the plan to increase the recruitment and participation of Aboriginal and Torres Strait Islander and Māori trainees. (Standard 7.1.3)
- 26 Implement a system for appropriate recording and management of allegations of discrimination, bullying and sexual harassment. (Standard 7.4.1)
- 27 Develop and implement a systematic approach to trainee wellbeing especially for trainees experiencing personal and/or professional difficulties. (Standard 7.4.2)
- 28 Review the policy on Trainees in Difficulty Support to clarify the process by which trainees may raise any concerns regarding their supervision and training environment and to ensure a mechanism exists for such concerns to be dealt with in a transparent, safe, confidential and supportive manner. (Standard 7.5.2)

Recommendations for improvement

- 00 Where possible, provide prospective guidance to trainees on the rotations that they should expect during their training, including the mix of metropolitan and rural placements. (Standard 7.1.4)
- PP To allow a substantive trainee perspective in educational decision making, consider including trainees as voting members on Council, Board of Directors and/or other relevant decision-making committees. (Standard 7.2.1)

8. Implementing the program – delivery of educational and accreditation of training sites (supervisory and educational roles; training sites and posts)	This set of standards is SUBSTANTIALLY MET
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Standard 8.1.3 (selects supervisors who have demonstrated appropriate capability for the role) is substantially met.

Standard 8.2.1 (clear processes and criteria to assess, accredit and monitor training sites), Standard 8.2.2 (criteria for the accreditation of training sites) are substantially met.

Commendations

- S Supervisors are enthusiastic, committed and motivated and generally satisfied with the online resources available for their role, as well as the face-to-face sessions at the annual Pathology Update.
- T The introduction of the joint accreditation process with the National Association of Testing Authorities (NATA) and International Accreditation New Zealand (IANZ).
- U The introduction of coordinated training networks which has assisted in providing trainees with equitable access to a variety of training environments.

Conditions to satisfy accreditation standards

- 29 Monitor and address the uptake of supervisor training to ensure supervisors complete the minimum training requirements as mandated under College policy. (Standard 8.1.3)
- 30 Define the role, training and reporting requirements of the RCPA assessor undertaking the joint RCPA and National Association of Testing Authorities (NATA)/ International Accreditation New Zealand (IANZ) accreditation visits. (Standard 8.2.1)
- 31 Develop and implement a process to collect more quantitative data at the joint RCPA and National Association of Testing Authorities (NATA)/ International Accreditation New Zealand (IANZ) accreditation visit taking account of trainee/supervisor feedback regarding rostering, workload and service versus training requirements that will allow for both monitoring, evaluation and benchmarking of training. (Standard 8.2.2)

Recommendations for improvement

- QQ Develop and introduce specific education and training for supervisors and other fellows involved in workplace-based assessments. (Standard 8.1.3)
- RR Develop a strategy to encourage all trainees to seek the support of a mentor (Standard 8.1.1)
- SS Review the Training Limitation policy which allows trainees to spend up to four years in any one laboratory and taking account of key stakeholder feedback, consider whether this should be decreased. (Standard 8.2.2)

9. Continuing professional development, further training and remediation (continuing professional development; further training of individual specialists; remediation)	This set of standards is SUBSTANTIALLY MET
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Standard 9.1.1 (education provider publishes its requirements for continuing professional development); Standard 9.1.4 (education provider requires participants to select continuing professional development relevant to their learning needs and scope of practice); Standard 9.1.6 (education provider's criteria for assessing and crediting activities for continuing professional development) are substantially met.

Standard 9.3.1 (remediation) is substantially met.

Commendations

- V The Continuing Professional Development Program is based on self-directed learning, is practice-based and has been designed to meet the requirements of the Medical Board of Australia and the Medical Council of New Zealand.
- W The introduction, from 2017, of discipline-specific internal quality assurance (IQA) frameworks involving peer review of practice which has been developed to address Medical Council of New Zealand requirements and likely future revalidation developments in Australia.

- X The online recording system is user friendly, allowing participants to upload evidence of completion of activities and retain records. It facilitates recording for participants as well as audit by the College.

Conditions to satisfy accreditation standards

- 32 Publish the requirements of the CPD program, in line with the Medical Board of Australia and Medical Council of New Zealand registration standard on continuing professional development. (Standard 9.1.1)
- 33 Develop a framework for participants in College's CPD programs to assist them in assessing and defining their learning needs and in self-evaluation of learning goals and achievements. (Standard 9.1.4)
- 34 Develop criteria for CPD program participants to assess whether educational activities delivered by external providers that can earn CPD program credit are educationally sound. (9.1.6)
- 35 Develop and implement a formal process for reporting CPD program non-compliance and underperformance to the Medical Council of New Zealand. (Standard 9.3.1)

Recommendations for improvement

- TT Given the crucial involvement of pathologists in multidisciplinary and team practice, expand 360-degree feedback for credit towards CPD program activities beyond the Management and Academic Pathology Internal Quality Assurance (IQA) framework. (Standard 9.1.3)
- UU Promote to CPD program participants the facility to upload evidence to the CPD program recording system. (Standard 9.1.7)

10. Assessment of specialist international medical graduates (assessment framework, assessment methods; assessment decision; communication with specialist international medical graduate applicants)	This set of standards is MET
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Standard 10.2.2 (procedures to inform employers, and where appropriate the regulators, where patient safety concerns arise in assessment) is substantially met.

Commendations

- Y The assessment of specialist international medical graduates is considered comprehensive, fit for purpose and fair, with timely and detailed feedback provided to applicants.
- Z The inclusion of a specialist international medical graduate fellow on its assessment interview panels.

Conditions to satisfy accreditation standards

- 36 Develop and implement specific procedures to inform employers, and where appropriate the regulators, where patient safety concerns arise during the assessment of specialist international medical graduates. (Standard 10.2.2)

Recommendations for improvement

- VV Include a lay/community representative on specialist international medical graduate assessment panels in line with best practice as detailed by the Medical Board of Australia guidelines. (Standard 10.1.1)
- WW Provide specialist international medical graduates with a framework of the interview process that broadly outlines its aims, format and content. (Standard 10.1.3)
- XX Review the information provided in the trainee handbook and re-develop with a view to ensuring it is appropriate for specialist international medical graduates. (Standard 10.1.3)

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. The AMC and the Committee of Presidents of Medical Colleges established a working party 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 2009* 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. Medical Board approval of a program of study that the AMC has accredited forms the basis for registration to practise as a specialist.

Assessment of the programs of the Royal College of Pathologists of Australasia

The AMC first assessed the training, education and continuing professional development programs of the Royal College of Pathologists of Australasia in 2006. The 2006 assessment resulted in accreditation of the College for a period of four years, with a requirement for satisfactory annual reports to the AMC.

The AMC conducted a follow-up visit in 2010, and accreditation was extended by two years, until December 2012. The AMC found that the College substantially met the accreditation standards. Of the nine standards, three were met, three were substantially met and three were not met.

The 2010 accreditation decision covered the recognised specialties of general pathology, anatomical pathology (including cytopathology), chemical pathology, forensic pathology, haematology, immunology and microbiology.

The AMC also considered applications for recognition of two other pathology disciplines, clinical pathology and genetic pathology. The AMC assessed the cases for recognition as part of the 2010 assessment. The recognition report was considered by the AMC Recognition of Medical Specialties Advisory Committee in May 2011. The Committee recommended to the AMC Directors that there were grounds for the recognition of clinical pathology and genetic pathology as fields of specialty practice. The AMC Directors at their 11 May 2011 meeting accepted the report. The report was submitted to the Medical Board of Australia. The Medical Board of Australia at its meeting on 25 May 2011 agreed to recommend to the Australian Health Workforce Ministerial Council that it approve clinical pathology and genetic pathology as fields of specialist practice within the specialty of pathology. The Australian Health Workforce Ministerial Council has not approved clinical pathology and genetic pathology.

In 2012, the College submitted a comprehensive report to the AMC seeking extension of accreditation. In a comprehensive report, the AMC seeks evidence that the accredited college continues to meet the accreditation standards and information on plans for the next four to five years. If the AMC considers that the college continues to meet the accreditation standards, it may extend the accreditation. The assessment of the College's comprehensive report included a short visit because of the number of conditions on the College's accreditation. On the basis of the comprehensive report review, the AMC found that the College met the accreditation standards, and extended the accreditation until 31 December 2016, taking accreditation to the full period of 10 years.

Between accreditation assessments, the AMC monitors developments in education and training and professional development programs through progress reports. The College has provided progress reports since its accreditation in 2006. These reports have been reviewed by a member of the AMC team that assessed the program in 2006, and the reviewer's commentary and the progress report is then considered by the AMC progress reports working party. Through these reports the AMC has been informed of developments in the College's educational strategy, and education and training policies and programs. The AMC has considered these reports to be satisfactory.

In 2015, the AMC began preparations for the reaccreditation assessment of the RCPA's programs. On the advice of the Specialist Education Accreditation Committee, the AMC Directors appointed Professor John Collins to chair the 2016 assessment of the College's programs. The AMC and the College commenced discussions concerning the arrangements for the assessment by an AMC team.

The AMC assesses specialist medical education and training and continuing professional development programs using a standard set of procedures.

A summary of the steps followed in this assessment follows:

- The AMC asked the College to lodge an accreditation submission encompassing the three areas covered by AMC accreditation standards: the training pathways to achieving fellowship of the Royal College of Pathologists of Australasia; College processes to assess the qualifications and experience of overseas-trained specialists; and College processes and programs for continuing professional development.
- The AMC appointed an assessment team (called 'the team' in this report) to complete the assessment after inviting the College to comment on the proposed membership. A list of the members of the team is provided as Appendix 1.
- The team met on 1 and 2 September 2016 to consider the College's accreditation submission and to plan the assessment.
- The AMC gave feedback to the College on the team's preliminary assessment of the submission, the additional information required, and the plans for visits to accredited training sites and meetings with College committees.
- The AMC surveyed trainees and supervisors of training of the College. The AMC also surveyed overseas-trained specialists 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 27 October 2016 to finalise arrangements for the assessment.
- The team held meetings during the College's Annual Scientific Meeting in Melbourne in February 2016 and conducted site visits in New South Wales, Queensland, Victoria, Perth and New Zealand in November 2016. The AMC held teleconferences with trainees and Supervisors in Northern Territory, South Australia and Australian Capital Territory.

The assessment concluded with a series of meetings with the College office bearers and committees from 14 November to 17 November 2016. On the final day, the team presented its preliminary findings to College representatives.

Australian Medical Council and Medical Council of New Zealand relationship

Since most of the specialist medical colleges span Australia and New Zealand, the Medical Council of New Zealand (MCNZ) has been an important contributor to AMC accreditation assessments.

In November 2010, the AMC and the MCNZ signed a Memorandum of Understanding to extend the collaboration between the two organisations. The two Councils are working to streamline the assessment of organisations which provide specialist medical training in Australia and New Zealand. The AMC continues to lead the accreditation process and assessment teams for bi-national training programs continue to include New Zealand members, site visits to New Zealand, and consultation with New Zealand stakeholders. While the two Councils use the same set of accreditation standards, legislative requirements in New Zealand require the bi-national colleges to provide additional New Zealand-specific information.

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 in Australia and New Zealand 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 4. Summaries of the program of meetings and visits for this assessment are provided at Appendix 5.

1 The context of training and education

1.1 Governance

The accreditation standards are as follows:

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

The Royal College of Pathologists of Australasia (RCPA) is the specialist medical college that provides the education, training and continuing professional development programs required for specialist registration in **Australia** in general pathology, anatomical pathology (including cytopathology), chemical pathology, haematology, immunology, microbiology, and forensic pathology.

In **New Zealand**, the following disciplines are recognised for vocational registration: anatomical pathology (including histopathology), chemical pathology, general pathology, genetics, haematology, immunology, and microbiology.

Additionally, the College runs programs in the disciplines that are not recognised for specialist and/or vocational registration (clinical pathology and genetic pathology).

All the above programs are run in Australia, New Zealand, Hong Kong, Malaysia, Singapore and Saudi Arabia, although not all the disciplines have currently accredited sites in each of the latter four countries.

In Australia and New Zealand, RCPA runs **joint training programs** with the Royal Australasian College of Physicians (RACP) in the disciplines of haematology, immunology and allergy/immunopathology, infectious diseases/microbiology, and endocrinology/chemical pathology, and a reciprocal training program in clinical

genetics/genetic pathology (an agreement between the two colleges was signed in 2016 for the first trainee intake to commence in 2017).

In Australia, New Zealand, Hong Kong, Singapore and Malaysia, the RCPA also offers:

- fellowship of its Faculty of Oral and Maxillofacial Pathology (FFOMP), established in 1996, for medical and dental graduates.
- fellowship of its Faculty of Science (FFSc), established in 2010, for science and medical graduates.
- fellowship of its Faculty of Clinical Forensic Medicine (FFCFM), established in 2014.
- post-fellowship diplomas in cytopathology, forensic pathology, neuropathology, paediatric pathology and dermatopathology.

The College additionally runs a certificate in forensic medicine for medical graduates in countries where training opportunities are limited.

The College was formed in 1956 as The College of Pathologists, with 'Royal' added in 1971 and 'Australasia' in 1980. It is incorporated in Australia as a company limited by guarantee and registered, along with its RCPA Foundation, with the Australian Charities and Not-for-profits Commission. The College's registered office is in Surry Hills, New South Wales, with the registered number of employees being 32 full-time and four part-time. In New Zealand, the College is not registered with the New Zealand Companies Office.

RCPA membership categories are:

- Full membership (RCPA fellowship), available only to medical graduates who have completed an RCPA fellowship training program or have been admitted to fellowship via the overseas-trained specialist process.
- Honorary fellowship, awarded for distinguished services to pathology and the College.
- Associate membership, available to university graduates who are deemed by the RCPA Board to have distinguished themselves in a pathology-associated field.
- Affiliate membership, available to specialist pathologists who have not completed the RCPA fellowship program. Affiliate membership allows access to the College website and the CPD program.

Trainees are not members of the College. Fellows of the Faculties of Oral and Maxillofacial Pathology and Clinical Forensic Medicine are not members but have voting rights within the respective Faculty, as well as website and RCPA publications access. Fellows of the Faculty of Science are not members but have website and publications access.

Member, faculty and trainee numbers at March 2016 (excluding retired fellows, honorary fellows, fellows of the Faculty of Science, overseas-trained specialists not in training, incomplete trainees and deferred trainees) are provided in the table on the following page.

Member type	Training Program	Australia	New Zealand	Other countries
FRCPA	All	1887	236	334
	Anatomical pathology	833	117	168
	Chemical pathology	82	16	24
	Forensic pathology	46	4	5
	General pathology	78	5	0
	Genetic pathology	19	0	3
	Haematology	508	59	77
	Immunopathology	109	7	12
	Microbiology	212	28	45
FFOMP	Oral and maxillofacial pathology	25	8	7
FFOMP+FRCPA		15	1	1
FFCFM	Clinical forensic medicine	76	4	9
FFCFM+FRCPA		2	0	0
Trainee	All	496	72	29
	Anatomical pathology	212	42	17
	Chemical pathology	20	2	5
	Forensic pathology	4	1	0
	General pathology	8	0	0
	Genetic pathology	5	1	0
	Haematology	166	17	4
	Immunopathology	25	1	0
	Microbiology	56	8	3
Associate member	All	28	1	2
Affiliate	All	15	41	8

* An incomplete trainee is someone who has registered for training with the College but has withdrawn before completion.

* A deferred trainee is registered with the College but has temporarily suspended training, most commonly due to parental leave. The trainee pays a deferment fee and continues to receive communications from the College.

The RCPA constitution, adopted in 2012, defines the objects of the College and governance arrangements including (from November 2013) a nine-member Board of Directors, all of whom are RCPA fellows. Directors may hold office for up to five two-year terms for a maximum continuous period of ten years. Five of the directors (the President, Vice-President, Secretary/Treasurer, Chair of the Board of Professional Practice and Quality, Chair of the Board of Education and Assessment) are elected at the annual general meeting. Only fellows resident in New Zealand elect the Vice President New Zealand. Finally, there are three representative directors appointed by the Council – a nominee of the Chairs of the Advisory Committees, a State and Regional Councillor nominee, and a Council nominee. The Board operates under a Board Charter.

The College mission is ‘to train and support pathologists and to improve the use of pathology testing to achieve better healthcare’.

The RCPA undertook an organisational review that reported in March 2014. The organisation-wide strategic plan is structured under five core roles – recruit, train, support pathologists, improve healthcare and College engine room. The College

undertakes a strategic planning process each year and each advisory committee also undertakes this process every two years.

The **major committees** of the Board of Directors are the Council, the Board of Education and Assessment (BEA), the Board of Professional Practice and Quality, an Advisory Committee for each discipline, State and Regional Committees, the Faculty Committees (Oral and Maxillofacial; Science; and Clinical Forensic Medicine), the General Committees (Cancer Services Committee; Developing Communities Committee; Informatics Committee; the Lay Committee; Pathology Update Committee; and the Trainees' Committee). The RCPA Foundation has a Board and subcommittees.

The Council meets face-to-face annually and has two subgroups that meet twice annually. Its 28 members include: all directors; councillors for each Australian state, New Zealand, Hong Kong, Malaysia and Singapore; Faculty chairs; Advisory Committee chairs; and the chair of RCPA Quality Assurance Program Pty Ltd.

There are **Advisory Committees** for anatomical pathology, chemical pathology, clinical pathology, forensic pathology, general/clinical pathology, genetic pathology, haematology, immunopathology and microbiology. Their terms of reference are to provide the Board of Directors and Council with discipline-specific advice, particularly in the broad areas of education and assessment, and professional practice for quality issues. They report directly to the Board of Directors with secondary reporting to Council, as well as providing a direct link to fellows in the discipline. Fellows in each discipline elect the relevant advisory committee chair and the Board of Directors appoints a majority of members for two-year terms to a maximum of six years.

The **Trainees' Committee** terms of reference are to 'liaise with trainees at a state/regional level' to identify any gaps in educational provision, issues relating to training quality, curriculum assessment, registrar workforce (apart from industrial issues). The committee comprises representatives elected by trainees for each region (who are either 'approved/disapproved by the Board of Directors' for appointment to the committee) and a 'chairman' (sic) elected by the committee. The chair is a non-voting member of the RCPA Council and is an observer on the BEA, and on 'the major committees'.

In 2006 the RCPA established a **Lay Committee**, based on a model used by the Royal College of Pathologists, United Kingdom. Membership comprises five lay members (including one member from New Zealand) and six RCPA fellows including the President and Vice President. Recently, the College has recruited an Australian Indigenous representative and active recruitment for a Māori representative is underway. The committee is chaired by a lay member, holds formal meetings quarterly (one each year is face-to-face) and has a formal, publicly advertised selection, orientation and renewal process (two-year terms up to six years in total, with flexibility for extension).

A representative of the Lay Committee attends the RCPA Council (which develops RCPA strategy) and the Board of Professional Practice and Quality as an observer, and other committees on a case-by-case basis. Lay Committee members attend the annual Pathology Update conference. Recently, the Lay Committee has developed the position statement, Patient Expectations of Pathologists. This outlines nine high-level principles that they expect to be considered in the development and revision of training curricula and other educational programs. This is discussed in further detail under standard 2.

The committee provides a consumer perspective on College affairs with lay members providing links to consumer organisations. For example the Aboriginal and Torres Strait Islander representative is well-connected to Australia-wide Indigenous networks that are used to seek broad-based input. The Lay Committee is actively involved in public pathology education campaigns.

The College's policy documents include:

- The RCPA constitution (adopted in 2012 and replacing the previous memorandum and articles of association)
- Regulations (policy documents related directly to the rules in the constitution)
- Policies on the operations of the College and on pathology practice in Australia and New Zealand. These include financial delegations to the CEO and senior management, as well as a policy on funding of educational activities
- Procedures/administrative orders approved by the CEO for management functions
- By-laws (pertaining to the establishment, objectives and purposes of the faculties)
- The Board Charter (for the board of directors)
- Guidelines on RCPA grants and awards; clinical and laboratory management matters; various governance, corporate, training and professional matters
- Position statements which describe where RCPA stands on 'areas which lack clarity or where opinions may vary'
- Terms of reference and role descriptions.

Many of these undergo a five-year cycle of review.

The College has a broad delegations policy for the Board of Education and Assessment including: responsibilities for the training programs, the CPD/retraining programs, and overseas-trained specialist (OTS) assessment (through its OTS Assessment Subcommittee); oversight of the annual update meeting; accreditation of training sites; oversight of examinations; educational policy development; and reporting lines, membership and conduct of its business. Policy changes require Board of Directors approval.

In the governance structure, internal collaboration occurs primarily via the Council as a representative body reporting to the Board of Directors. The advisory committees for each discipline meet twice yearly and have biennial strategic planning meetings. Input from fellows occurs via the Forum for Fellows at the annual Pathology Update, CEO/President 'road shows' and regional meetings. There are biennial education surveys (the last was conducted in 2015) and workforce surveys.

External collaboration occurs: via the Lay Committee (which has been engaged in community education about the role of pathologists and pathology in health care); with other specialist colleges (in Australia via the Council of Presidents of Medical Colleges and its CEO and educators networks, and in New Zealand via the Council of Medical Colleges); and with universities (e.g. with the University of New South Wales on the Advanced Standing Pathway and junior doctor/GP education online). The College maintains international collaborations in the countries in which it trains and with international organisations. There are three RCPA nominees on the ministerially-

appointed National Pathology Accreditation Advisory Council (NPAAC) that advises health ministers on accreditation of pathology laboratories.

Accreditation of laboratories is by the National Association of Testing Laboratories (NATA) and RCPA under a memorandum of understanding between the two organisations. In Australia, only accredited laboratories can obtain Medicare Benefits. NATA provides organisational support, coordination and professional surveyors. RCPA provides advice on professional practice issues and the fellows to undertake the peer review assessment. RCPA Quality Assurance Program Pty Ltd provides external quality assurance programs which are a compulsory part of accreditation. The National Pathology Accreditation Advisory Council sets the standards based on internationally accepted ISO standards. International Accreditation New Zealand (IANZ) sets the accreditation standards and undertakes accreditation of laboratories in New Zealand; RCPA has one representative on the IANZ Medical Testing Professional Advisory Committee.

The RCPA has a memorandum of understanding with the RACP for the management of joint training programs.

There is a memorandum of understanding with the New Zealand Society of Pathologists which has a more political role than the College.

The President and Chief Executive Officer extend an annual invitation to all Australian state and territory health departments and to Health Workforce New Zealand to discuss workforce issues. The College is also engaged with the National Medical Training Advisory Network.

There is collaboration in some Australian states between the College and employers/training sites to form training networks, each overseen by a Training Network Coordinator. This is discussed in further detail under standard 8.2.

The fiduciary duties of directors including conflicts of interest are outlined in the constitution. Conflict of interest is also referenced in the Board Charter under the 'Code of Conduct' and the policy, Conflicts of Interest, the latter indicated as applying to directors, management and committees. Conflict of interest is a standing agenda item on all major Board and Committee meetings. There is no standing register of interests or conflicts thereof.

1.1.1 Team findings

Corporate governance

The College is commended for the implementation of a new governance structure in 2013 that gives clear priority to its educational role and effectively integrates the multiple disciplines and training programs for which it is responsible.

The College now has a smaller Board of Directors and a representative Council reporting to it. At the time of the governance review, the College considered the appointment of non-member directors, but elected to have a smaller member-only board and to seek external expertise, for example legal advice, as required.

Educational governance and clarity and representation in decision making

The governance review has led to an integrated approach to training and education, with a single body (the Board of Education and Assessment (BEA)) responsible for all

the various education functions. Educational governance of the various activities is clear and transparent. There are terms of reference for most committees and for many role holders (and for the latter these would perhaps better be termed 'role descriptions').

The BEA is heavily weighted towards examiners who have supervisory experience as well as assessment involvement and expertise, and are responsible to oversee all aspects of the curricula. There is otherwise no specific requirement for representation from supervisors, regional networks (other than New Zealand which is specifically represented) or those with other assessment involvement/expertise. Likewise, the OTS Assessment Subcommittee primarily consists of examiners with broad experience and expertise in supervision and assessment. The CPD portfolio sits with one fellow on the BEA who receives input from the various advisory committees. This reportedly works well, although greater support may be needed if there are significant project needs created by regulatory changes, for example the introduction of revalidation in Australia.

Pathology trainees face some significant issues including access to training experience, evolving clinical practice, and future workforce opportunities. It is not clear that the Trainees' Committee is recognised by trainees as an effective voice for trainee concerns. There is no trainee presence at the Board of Directors and the trainee representative is a non-voting observer at the committees he/she attends. There is no formal mechanism for the Trainees' Committee to communicate with the trainee body, apart from general pathways for College communication. Links with other trainee organisations are informal.

Members of the Trainees' Committee reported receiving no training for their committee roles including identification and management of conflicts of interest. The Committee is challenged by frequent membership turnover (an experience common across specialist education providers).

The RCPA should consider how best to ensure that it gets the most out of this important group of stakeholders in its educational governance. The College should consider representation in the governance structure, links with the wider trainee body and external trainee organisations, as well as committee member training. The team considers that more meaningful trainee representation would be achieved by allowing the trainee to be a voting member of the BEA and Council. A majority of specialist educational providers also have trainee input at the level of the Board of Directors.

Priority to educational role

The College gives priority to its educational role in its governance structures including staff support for central educational activities. During site visits, the team heard feedback that consideration may need to be given to regional capacity and capability to further support educational activities in Australian states/territories and in New Zealand. This is also discussed under standard 1.2.

Collaboration

The College's interaction with the community (and with some sections of the health sector more generally) is primarily focused on the role of pathology and pathologists through various educational campaigns. The main mechanism for this interaction is through the Lay Committee which includes high-level RCPA director representation as a conduit to the Board of Directors.

Aboriginal and Torres Strait Islander input to College governance has commenced through the Lay Committee. The Aboriginal health services representative on the Lay Committee will work with the College to develop networks with relevant organisations in the Australian Indigenous health sector. Māori engagement is planned but not yet evident. The team recommends that the College continues to strengthen these important links to its governance and include these networks in its strategic goals and outcome monitoring processes. This is further discussed under standards 1.6, 2 and 6.

Although the College through its President and CEO extends invitations to jurisdictional health departments for an annual meeting, only about half the Australian jurisdictions accept this invitation. During site visits, the jurisdictional stakeholders expressed the need for more effective communication from the College about training and workforce issues.

The Australian Regional Committees have minimal involvement with jurisdictional health departments, their primary focus being on training, particularly examinations. Their role appears to be dependent on the interests and energy of the state Councillor. The Regional/National Committees themselves do not have terms of reference. The College should ensure there is clarity for these committees and could consider strengthening their role in collaboration with jurisdictions to address training and workforce issues. To enhance the effectiveness of its New Zealand National Committee and its Australian Regional Committees, the College should ensure there is documentation which includes each committee's composition, terms of reference, delegations, reporting lines and relationships with local training networks and trainee representatives, as well as each committee's role in terms of advocacy with jurisdictions on issues of mutual interest.

Conflicts of interest

Whilst various College documents refer to conflict of interest, key procedures are in the Board Charter (for the directors). It is recommended that the College develop a stand-alone conflict of interest recognition and management policy that is applicable and readily accessible to all committee members, College representatives and staff. In line with best practice, this should include a register of standing interests.

1.2 Program management

The accreditation standards are as follows:

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

The College's education, training and continuing professional programs are overseen by the following committees.

The Board of Education and Assessment (BEA) is the peak educational body with global responsibility for educational program management across the continuum of learning. The chair of the BEA is elected by the fellows at the annual general meeting and is a director of the College. Membership includes the 11 chief examiners, a New Zealand committee representative, a fellow with responsibility for the CPD program, the Annual Meeting Oversight Committee chair, the OTS Assessment Subcommittee chair, registrar and deputy registrar of BEA (censor-equivalents who apply policies to decisions about individual trainees), and a Trainees' Committee representative.

The BEA members are supported by and work closely with the Operations Department of the RCPA management team.

The **Advisory Committees** in their respective disciplines provide advice to the Board of Directors, Council, and other key committees regarding training, identification of areas of concern or new initiatives.

Committees for Joint College Training (CJCT) oversee the joint training programs with the Royal Australasian College of Physicians (RACP). They include an equal number of RCPA and RACP representatives, as well as members from both Australia and New Zealand. The RCPA representatives include the discipline chief examiner, chair of the discipline advisory committee, and the registrar of the BEA.

There is no specific CPD committee. A BEA fellow member is responsible for the **CPD portfolio**.

The **Overseas Trained Specialist (OTS) Assessment Subcommittee** is responsible for the assessment process in both Australia and New Zealand and for area of need in Australia. OTS policy review is conducted by the OTS Assessment Subcommittee, presented to the BEA and then approved by the Board of Directors. The OTS Assessment Subcommittee must include a representative for each pathology discipline (who must be an examiner for that discipline). One member must have been awarded fellowship under the OTS pathway. The subcommittee assesses and makes recommendations about individual overseas-trained specialists via an OTS panel which comprises the chair or nominee, the subcommittee member from that discipline (who is an examiner), and a third member in the discipline who is not a subcommittee member but is usually a member of the relevant examiner panel. Recommendations are referred to the relevant chief examiner who makes a determination that is relayed to the subcommittee. The registrar of the BEA then undertakes a final review and the applicant is informed of the outcome.

1.2.1 Team findings

Many College functions are dependent on a dedicated and hard-working group of fellows across the many pathology disciplines, some of which have a very small number of trainees. An example, at a regional level, is that the state councillor is responsible for organising and invigilating examinations with limited or no administrative support. This reliance on volunteers creates a risk for the College. In respect of this risk, this College is not alone amongst specialist education providers. As discussed above, the team recommends that the College consider how capacity and capability can be increased to further support educational activities in the Australian states/territories and in New Zealand.

The team notes that most of the educational committees, including the OTS Assessment Subcommittee, place significant emphasis on examiner involvement. This may represent the challenge created by seeking representation from all the pathology disciplines, as well as the significant emphasis placed on these high stakes assessments.

In the training program committees, there is limited formal representation of stakeholders who are non-examiners, for example training site supervisors and network coordinators. Trainee representation in the governance of their training is limited to no presence on the Board of Directors and one representative on the BEA and Council, the latter without a vote. The Lay Committee has a member observer on the Council and a well-thought out document on community expectations of pathologists that could be used as a framework for curriculum development, especially around non-technical expert roles. However, the mechanisms by which this might occur are unclear. There is limited jurisdictional input to curriculum development and the pathways for such input are not formalised, despite the significant health priorities and needs in relation to pathology expressed by jurisdictional stakeholders.

The OTS Assessment Subcommittee has no jurisdictional or community representation, and such representation should be considered in order to align with the good practice guidelines for the specialist international medical graduate assessment process of the Medical Board of Australia.

1.3 Reconsideration, review and appeals process

The accreditation standards are as follows:

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

The College has information on its processes for re-visiting decisions and raising concerns which is publicly available on its website. These are the:

- Anti-Discrimination, Harassment and Bullying Policy that includes required behaviours as well as procedures to be followed. The point of contact may be any one of a number of officers of the College and the CEO/Deputy CEO must be notified.
- Complaints Handling Policy which describes the process for handling complaints by internal and external stakeholders, excluding those relating to an individual fellow's professional practice. As in the anti-discrimination policy, the points of entry to the process are diverse. A variety of means to address concerns are outlined. This is the document that would be used to manage complaints about supervisors and supervision. It indicates that de-identified complaints will be analysed to detect systems issues.
- Complaints in Relation to Examinations Policy is a brief document which defines the timeframe for complaints as two months from the date of notification of examination results. The reader is then referred to the Regulations Governing Review of Board of Directors Decisions on Admission to Fellowship under Rule 14.
- Regulations Governing Process for Review of Certain Decisions of the Company Regulation which outlines the process whereby a trainee or overseas-trained doctor

can apply to have educational decisions revisited, including the grounds for such review and possible outcomes of the process. The fee for such an appeal may be equivalent to a fellow's annual subscription fee. A 'Review Committee' comprising fellow and non-fellow members is appointed by the Board for a term of two years to hear such appeals. The policy states that the applicant should first seek reconsideration and review of the original decision by the original decision-maker. No further detail of these is provided.

- Ombudsman for Trainees who is a fellow appointed by the Board of Directors. When a trainee is not satisfied that a matter has been resolved appropriately, the trainee may consult the Ombudsman to informally investigate the complaint and make recommendations regarding solutions. The Ombudsman will maintain communication with the trainee throughout the process. This process is initiated by written request to the CEO. Information about the Ombudsman is available in the Trainee Handbook – Administrative Requirements which is publicly available on the website.

The College maintains an incident monitoring process for all complaints. The CEO presents these to the Board of Directors in de-identified summary form with the areas of operations concerned and risk ratings.

1.3.1 Team findings

The College processes in the area of complaints and review of decisions are publicly available on the RCPA website. The appeals process as described in the Regulations Governing Process for Review of Certain Decisions of the Company document includes external representation. Internal representatives must not have been involved in the original decision. Grounds for appeal are well described.

However, the team found the terminology and processes in this area confusing. Although three processes (reconsideration, review and appeal) are mentioned and the latter is well documented, the processes for reconsideration and review lack clarity and differentiation. Whilst the regulations document recommends review and reconsideration is undertaken prior to formal appeal, there do not seem to be policies to cover these processes. Additionally, it appears that both review and reconsideration are undertaken by the original decision-maker; the value of this repetition in ensuring procedural fairness is unclear. Further confusion is created by the 'Review' Committee hearing 'appeals' and the team wondered why this was not labelled the 'Appeals Committee' if that is its function.

Many education providers have a three-tiered approach to revisiting decisions relating to training: reconsideration (decision revisited by the original decision-maker), review (decision revisited by the body to which the original decision-maker reports) and appeal (decision revisited by a group comprising fellows and non-fellows not involved in the original decision). The College may consider adopting a three-tiered approach to revisiting decisions and ensure clarity of terminology and processes.

Despite information about processes for revisiting decisions being available on the RCPA website, trainee awareness of these processes appears to be low (less than 50 per cent of respondents to the 2015 educational survey).

The team was presented with de-identified summary information on 11 complaints/review requests about examination results received from 2013 to 2015. Of

these, two due to medical illness were upheld and the remainder about assessment concerns were dismissed.

1.4 Educational expertise and exchange

The accreditation standards are as follows:

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

Whereas previously the College has relied on external consultants for educationalist expertise, it has progressively increased its internal expertise starting in 2008 with the appointment of a Director, Education and an Operations Manager, Education and Training. Following an organisational review in 2014, the College's operational and educational development activities were integrated under the direction of a General Manager - Operations. Further detail is provided under standard 1.5.

The College participates in relevant Australian and New Zealand forums including the Council of Presidents of Medical Colleges (CPMC), the Council of Medical Colleges in New Zealand, the CPMC CEO forum and the CPMC Network of Medical College Educators. The Coordinator Operations and CPD Administrator attend meetings of cross-college groups dealing with specialist international medical graduate and CPD matters. The RCPA has been collaborating in the RACP-led Telehealth Technology Workshops and the Nicheportal project led by the Royal Australasian College of Surgeons and funded by the Rural Health Continuing Education Program to develop educational resources for specialists in both rural and metropolitan environments.

In relation to joint training, senior RCPA staff are involved in the RACP Capacity to Train Reference Group and have regular meetings with senior operations staff members at the RACP to discuss matters of mutual importance, particularly relating to joint programs. RCPA staff participated in the recently formed cross-college group meeting on assessment-related matters. Joint supervisor workshops are held with colleagues from the RACP in the disciplines of haematology and microbiology. The College has been involved in RACP meetings such as the 2015 Advanced Training Summits on Selection of Trainees, and a 2016 workshop on Entrustable Professional Activities (EPAs). The College reports learning from the RACP and the Royal Australian and New Zealand College of Psychiatrists about their EPA experiences.

The College has associations with universities, for example with the University of New South Wales for provision of online resources for junior doctors and general practitioners. The new Clinical Forensic Medicine program will draw upon the Master of Forensic Medicine at Monash University.

The RCPA functions as the secretariat for the International Liaison of Pathology Presidents and senior staff attend international specialist college meetings. For example the Director of Education and Accreditation reported gaining some valuable insights into competency-based education and trainee selection by attending the Royal College of Physicians and Surgeons of Canada International Conference on Residency Education in 2015.

In line with many other specialist medical education providers internationally, the College has drawn upon the CanMEDS roles in developing its training program framework. The College compares its programs with those of other pathology programs internationally, particularly the UK specialist programs, especially for anatomical pathology and chemical pathology. Whilst such international comparisons have been used primarily for the purposes of recognition of prior learning for RCPA trainees and overseas trained specialist comparability assessment, they have also been used in the development of new programs and activities, for example the emerging fields of Clinical and Laboratory Genetics, Pathology Informatics and Clinical Forensic Medicine.

1.4.1 Team findings

The College uses educational expertise from a variety of sources and compares its programs with others in Australia, New Zealand and internationally. The team commends the College on its collaboration with other educational institutions to ensure the development and continuous improvement of its training and education functions.

In submissions to the AMC, a number of specialist medical colleges indicated their interest in collaborating with RCPA to develop generic training modules. It was suggested by one college that these modules could cover the areas of professionalism, teaching methods and cultural competence, and as these are not discipline specific they would be of benefit to all fellows and trainees. The team supports this recommendation.

1.5 Educational resources

The accreditation standards are as follows:

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

Fellows undertake many educational functions on a voluntary basis, either in time funded by their employer or in their own time. Some regional network coordinators receive sessional funding for their role.

College revenue is derived from member, training fees and events, donations, and from Australian Government Specialist Training Program (STP) funding. Additionally, the College has a subsidiary company (RCPA Quality Assurance Programs Pty Ltd founded by the College in 1988 as an independent company but taken over by the College in 2015) that delivers QA programs in laboratories throughout Australia, New Zealand and Asia, with donations/dividends providing funding for some College operations.

The number of College staff has expanded significantly from 16 in 2006 to 38 in 2016. There is now an education unit with six staff members (five full-time equivalent (FTE)) and a further five staff also involved directly in educational operations and development. The educational unit includes the General Manager - Operations (supports BEA, manages unit, 1 FTE), the Director of Education and Accreditation (education development, accreditation, 0.8 FTE), Education Advisor (supervisor training, selection panels, management of trainees in difficulty, 1 FTE), and three Curriculum and Assessment Development Officers (curriculum development/workplace based assessment/psychometric analysis of examinations for all pathology disciplines,

0.8 FTE; curriculum development and assessments for faculties, 1 FTE; educational technology and instructional design, 0.4 FTE).

1.5.1 Team findings

The College faces growing demands with diverse and complex educational programs, and changes in pathology practice that necessitate new program development. Several existing programs run with very small trainee numbers and their viability may be in question.

As a result there are significant educational demands placed on a modest sized organisation. This creates a need for efficiencies across program frameworks and processes. The College is creating such efficiencies in some areas. For example it has created cross-discipline internal quality assurance frameworks for its CPD program with the addition of discipline-specific components.

The College has a capable and enthusiastic educational management team that is highly regarded by fellows and trainees. This team is supported by administration, operations, information communication technology (ICT) and finance staff under a long-serving CEO.

At a regional level, the College's Education Advisor offers considerable support at local training sites, both for supervisors and individual trainees. The College is commended on this role but also alerted to a possible risk of reliance on that individual for trainee and supervisor engagement and support.

During the assessment visit, concern was raised about the recent loss of an ICT instructional designer. The College has produced a number of high quality online resources including modules that support access for its geographically dispersed members and trainees. Given the various demands for online educational resources (including an electronic training portfolio), the team recommends the College ensure it has sufficient ICT resources.

1.6 Interaction with the health sector

The accreditation standards are as follows:

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

Society, government, relevant organisations and communities

The College President and CEO seek regular meetings with state and territory health ministers in Australia. In the past two years, meetings have been held with all but those

in Western Australia and the Northern Territory, as well as with major pathology organisations in the public and private sectors. Meetings have been held with the New Zealand Ministry of Health and the Medical Council of New Zealand. The meetings are informed by data collected in workforce surveys, most recently showing a mismatch between trainee numbers and specialist positions. Recently, the main focus of these meetings has been access to specialist positions and genetic pathology training positions.

College engagement with federally-funded projects such as the Quality Use of Pathology Program has resulted in the development and piloting of an internal quality assurance framework for the morphological disciplines, which from 2017 will be a compulsory part of the RCPA CPD program. This is discussed in further detail under standard 9.

The College is involved in the Choosing Wisely Campaign as well as working to ensure the national e-health record includes pathology results. A planned collaboration with the Australian Institute of Health Innovation will investigate technological solutions to minimise missed test results in hospitals. The College is involved in the Australian Genome Health Alliance that has received a National Health and Medical Research Council grant to facilitate medical and community education about genomics.

The College collaborates with other specialist education providers. Examples include its agreement with the RACP for reciprocal training in Clinical Genetics and genetic pathology from 2017, accompanied by RCPA plans to pursue specialist recognition for genetic pathologists. With the Royal Australian College of General Practitioners and the Australian College for Emergency Medicine, the RCPA has developed position statements on pathology testing in community and emergency settings. It also produces a number of publications for other medical specialists, for example Common Sense Pathology. It is engaged in the National Cervical Screening Workforce Project to provide health professional education.

The Lay Committee has been instrumental in driving the College's health promotion strategies, advocacy for patient access to quality pathology services and advising how College workforce strategies can match community needs. With assistance and advice from the Lay Committee, the College engages with health consumer organisations such as the Consumer Health Forum and those concerned with specific diseases, for example the Leukaemia Foundation, Arthritis Australia, various cancer councils and the Private Cancer Physicians of Australia. The College reported it is seeking to expand the range of organisations with which it engages.

Training sites

College interactions with training sites are through site accreditation visits and annual reporting processes conducted by the BEA, and visits by Network Coordinators and the Education Advisor, supplemented by reports provided by RCPA fellows participating in the accreditation processes of the National Association of Testing Authorities (NATA) in Australia and International Accreditation New Zealand (IANZ). The Education Advisor visits each accredited site on an annual basis. The College funds and provides professional development for network training coordinators, and is involved with the Australian Specialist Training Program.

Having identified the emerging need for molecular pathology training as required experience for non-genetic pathology trainees, the College is exploring suitable experience at existing training sites.

Indigenous health sector

The College's work in the Indigenous health sector is primarily via its Lay Committee which now includes an Aboriginal and Torres Strait Islander representative. As previously discussed, the College is actively recruiting a Māori representative.

The College is aware of the Australian Indigenous Doctors' Association's goal of population parity of Indigenous doctors. As discussed in further detail under standard 7.1, the College has added an Indigenous identifier to trainee registration documentation and has identified two Aboriginal and Torres Strait Islander trainees.

1.6.1 Team findings

The College is involved in many formal and informal relationships within the health sector. The College is commended on its Lay Committee and its work, and is encouraged to continue to develop the committee's involvement in defining the College's educational purpose and developing the educational programs.

The College undertakes centralised workforce and training advocacy with jurisdictions, informed by RCPA workforce surveys. Jurisdictional feedback provided at meetings with the AMC team indicates that jurisdictions would value: greater input to the College's training programs (e.g. the development of the new Clinical Forensic Medicine training program); College input to their workforce planning (e.g. data sharing); and improved communication from the College (e.g. when training programs change). As discussed under standard 1.1, the College might consider an expanded role in this area for its regional and national committees, by developing formal terms of reference and support. Feedback from the Regional Committees suggests such guidance and support would be welcomed.

The team's concerns about training site accreditation effectiveness in addressing educational issues are addressed under Standard 8.2.

The College is commended for its early work on Indigenous health engagement through the Lay Committee. The College should further develop this by including Māori representation.

In stakeholder submissions to the AMC, feedback from organisations in the Indigenous health sector acknowledged that the College is in the early stages of developing relationships with local communities, organisations and individuals in this sector. They indicated that while one person on the Lay Committee is an important first step, the College should also consider developing formal partnerships with organisations such as, the Australian Indigenous Doctors' Association, Leaders in Indigenous Medical Education Network, and Te ORA.

1.7 Continuous renewal

The accreditation standards are as follows:

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

The College regularly reviews its governance, management and program structures. As discussed under standard 1.1, it has recently implemented a new governance structure. The College has expanded its management and educational resources, and is dealing

with evolving pathology practice by introducing new training programs. For example, reciprocal training in clinical genetics and genetic pathology with the RACP, pathology informatics through its Faculty of Science, and the Faculty of Clinical Forensic Medicine established in 2014 with a new training program from 2017.

The College recognises that the changing regulatory environment may require it to strengthen its CPD program and it has piloted and implemented internal quality assurance frameworks. The College has also recognised the need to up-skill pathologists and trainees in all disciplines in molecular diagnostic methods. This is also discussed under standard 4.

1.7.1 Team findings

The College has demonstrated a commitment to adapting its structures and programs as the practice of pathology and community needs change. However, this does not appear to be guided by an overarching educational strategy. Given the demands of multiple pathology disciplines and the resultant resource implications, the College is encouraged to ensure an overarching process of educational strategy planning and a clearly articulated and publicised strategy. Planning for new programs and evaluation of existing ones should include trainee input in such a manner that the programs can evolve with changing practices (an example is the current requirement for autopsy in anatomical pathology training which was viewed as unsustainable by trainees and supervisors).

Commendations

- A The implementation of a new governance structure in 2013 gives clear priority to the College's educational role and effectively integrates the multiple disciplines and training programs for which it is responsible. (Standards 1.1.1 and 1.1.4)
- B The College's commitment to developing its education unit including expertise and resources to support its central educational activities. (Standard 1.1.4)
- C The dynamism of and expertise on the College's Lay Committee and the involvement of this committee in promoting consumer understanding of the role of pathologists and pathology through consumer networks, including Aboriginal and Torres Strait Islander networks and communities. (Standard 1.6)

Conditions to satisfy accreditation standards

- 1 Review the role of trainee representation in the educational governance structure, the links with the wider trainee body and external trainee organisations, as well as training for Trainees' Committee members. (Standard 1.1.3)
- 2 Develop and implement documentation for the New Zealand National Committee and the Australian Regional Committees that details each committee's composition, terms of reference, reporting lines, and relationships with local training networks and trainee representatives. (Standard 1.1.3)

- 3 Publish the College's conflict of interest policy to ensure that it is readily accessible to all those undertaking College functions, and includes a transparent system for consistently identifying, managing and recording conflicts of interest. (Standard 1.1.6)
- 4 Review the reconsideration, review and appeals policies and make information about these processes publicly available. (Standard 1.3.1)
- 5 Finalise and implement processes to ensure systematic Māori input into College processes. (Standard 1.6.4)
- 6 Develop formal partnerships with organisations in the Aboriginal and Torres Strait Islander and Māori health sectors. (Standard 1.6.4)

Recommendations for improvement

- AA Review the information communication technology resources to ensure there are sufficient resources to support the College's evolving educational functions. (Standard 1.5.1)
- BB Develop and implement a process for systematic input from the Lay Committee to the development and revision of training programs, the continuing professional development program and the specialist international medical graduate assessment process. (Standard 1.6.1 and 1.6.4)
- CC Implement an overarching educational vision and strategy as part of the strategic planning process. This should be supported by clear goals and objectives that are reviewed on a regular basis, as well as input from relevant stakeholders including trainees. (Standard 1.7.1)

2 The outcomes of specialist training and education

2.1 Educational purpose

The accreditation standards are as follows:

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

The RCPA oversees the training of pathologists in Australia and New Zealand. It is the leading organisation representing pathologists and senior scientists in Australasia and its mission is 'to train and support pathologists and to improve the use of pathology testing to achieve better healthcare.'

The College's website <https://www.rcpa.edu.au/> provides detailed information about the College and its mission, as well as useful information for its membership, trainees and other health providers. There is some material available on the website for the community as a whole.

The educational purpose of the College is articulated under the Objects of the RCPA Constitution as follows:

- to promote the study of the science and practice of pathology in relation to medicine
- to promote the highest quality medical care and patient safety through education, training and assessment
- to encourage research in pathology and related sciences
- to bring together pathologists for their common benefit and for scientific discussions and demonstrations
- to educate and train the future generations of pathologists
- to maintain professional standards and ethics among pathologists through continuing professional development and other activities
- to seek improved health for all people by developing and advocating health policy in partnership with health consumers
- to support and develop pathologists as clinicians, public health practitioners, teachers and researchers
- to increase the evidence and knowledge on which the practice of pathology is based through research and dissemination of new knowledge and innovation to the profession and the community
- to disseminate knowledge of the principles and practice of pathology in relation to medicine by such means as may be thought fit (including any technological means)
- to consider and advise as to any course of study and technical training and to disseminate any information, and to offer training programs in recognised areas of pathology within accredited laboratories as well as other agreed pathways, to promote and ensure the fitness of persons desirous of qualifying for Fellowship of the Company

- to institute and provide lectures, seminars, symposia and demonstrations upon sciences pertinent to the practice of pathology for the benefit of Fellows of the Company and to invite to and admit to such lectures, seminars, symposia and demonstrations persons who are not Fellows of the Company on such occasions and on such conditions as shall be deemed expedient by the Company
- to consider all questions affecting the interests of the Company and to promote or oppose any legislative or other measures affecting such matters concerned with pathology as are directly related to interests of the Company, or its Fellows, as may be deemed expedient by the Company
- to confer or correspond with any association, institution, society or body or individuals whether incorporated or not in relation to any of the objects of the Company or on any other matter of interest to its Fellows provided that the Company shall not amalgamate with any association, institute, society or body unless it shall prohibit the distribution of its income and property amongst its Fellows to the extent at least as great as is imposed on the Company under this constitution
- if and when considered advisable to apply or petition for or promote any legislation or regulation to be passed by any government for the purposes of the Company or for the re-incorporation thereof or for continuing or expanding the work thereof
- to acquire, establish, print, publish, issue and circulate such journals, magazines, periodicals, circulars, calendars or other literary or scientific works as may seem conducive to the promotion of the objects in this rule 3 or in any way beneficial to the Company
- to provide, establish, support or institute and to maintain offices, examination halls, lecture rooms, libraries, registries and museums with all requisite equipment
- to establish and support or aid in the establishment and support of any charitable or benevolent association or institutions connected with the purposes of the Company or calculated to further its objects, to subscribe or guarantee money for charitable and benevolent purposes in any way connected with the purposes of the Company or calculated to further its objects or connected with research and education in the science and practice of pathology, and to amalgamate or cooperate with any associations, societies, institutions or bodies whether incorporated or not formed for purposes similar to the purposes of the Company provided that the Company shall not amalgamate with any association or institution unless it shall prohibit the distribution of its income and property among its Fellows to an extent at least as great as is imposed on the Company under this constitution, in the Commonwealth of Australia, New Zealand, the Hong Kong Special Administrative Region, the Republic of Singapore, Malaysia and such other jurisdictions as the Directors may determine from time to time.

In its accreditation submission, the College summarised these Objects under four key areas:

- promoting the science and practice of pathology
- delivering educational programs for pathologists and trainee pathologists
- sharing scientific knowledge
- promoting research in pathology.

The College describes in its accreditation submission how it engages with internal and external stakeholders in defining its educational purpose. This includes consultation with fellows, medical schools, other health professionals and consumers.

As detailed in the College's accreditation submission, one of the objects of the College is 'to seek improved health for all people by developing and advocating health policy in partnership with health consumers'. As discussed under standard 1, to assist the College in meeting this objective it has formed a Lay Committee which provides advice and

support to the College on pathology issues which affect the general community. This committee also supports the College in engaging with the community to promote an awareness of the importance of pathology in the delivery of high-quality medicine in the community. The College reported it is seeking to expand the range of health consumer organisations with which it engages.

As discussed under standard 1, the Lay Committee's roles and responsibilities, as detailed in its terms of reference, include the provision of avenues for community liaison in the areas of service provision, laboratory accreditation, workforce and education.

The College's work in the Indigenous health sector is primarily via its Lay Committee that now includes an Aboriginal and Torres Strait Islander health services representative. The College states in its accreditation submission that the establishment of appropriate partnerships will ensure that the College's educational purpose takes into account the particular needs of Aboriginal and Torres Strait Islander peoples of Australia and Māori people of New Zealand.

2.1.1 Team findings

The College has comprehensively and clearly articulated its educational purpose as defined in its mission and constitution.

This purpose includes promotion of the study of the science and practice of pathology in relation to medicine, and of the highest quality medical care and patient safety through education, training and assessment. It also encourages research in pathology and related sciences to increase the evidence and knowledge on which the practice of pathology is based.

The College seeks improved health for all people by developing and advocating health policy in partnership with health consumers. To facilitate this, the College has established a Lay Committee with representation both from the professional pathology community and lay members, one of whom acts as chair.

The Lay Committee has clear terms of reference and has representation on the Board of Directors and on the RCPA Council. However, it does not have representation on any College education committees. As detailed under standard 10, members of the Lay Committee are also not represented on the OTS Assessment Subcommittee or OTS assessment interview panels. The team considers that the Lay Committee could be further involved in the development of the training programs across all disciplines.

The team commends the College for appointing an Aboriginal and Torres Strait Islander health services representative to the Lay Committee. The College reported it is actively recruiting a Māori representative. As discussed under standard 1, the team considers that further work is required by the College to ensure the needs of Aboriginal and Torres Strait Islander peoples of Australia and Māori people of New Zealand are incorporated into the College's purpose.

As discussed, in 2016, the Lay Committee developed a position statement on Patient Expectations of Pathologists, which outlines nine high-level principles that it expects to be considered in the development and revision of training curricula and other educational programs. The team commends the College and the Lay Committee on this work. At the time of the accreditation visit, a specific plan for implementation of

principles had not been developed. The team recommends that such a plan be completed.

2.2 Program outcomes

The accreditation standards are as follows:

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

The College has defined a number of functions to encompass the roles of pathologists. These functions cover areas that are discipline specific as well as those relating to 'non-technical expert' skills. Since the last AMC accreditation in 2006, these have been revised from the broader CanMEDS competencies in order to more specifically correspond to pathologists' daily practice and professional identities, and to articulate the roles of pathologists more specifically when communicating with other health professionals, prospective trainees, and the public. The general program outcomes for the medical specialist pathology programs encompass four domains: discipline expert; management; research and scholarship; and professional qualities.

The program outcomes are as follows:

Discipline-specific functions as a medical specialist in the laboratory:

- Foundation knowledge and skills
- Accession, management and processing of specimens
- Storage and retrieval of laboratory data
- Analysis of laboratory data
- Developing and reporting a professional opinion
- Monitoring patient progress.

Functions of the pathologist as manager in the laboratory:

- Quality management
- Laboratory safety
- Compliance with legislation
- Managing people
- Managing resources
- Information fundamentals.

Research and scholarship:

- Research and critical appraisal
- Undertaking self-education and continuing professional development

- Educating colleagues and others.

Professional qualities:

- Ethics and confidentiality
- Communication
- Collaboration and teamwork
- Cultural competence.

The College progressively expanded the program outcomes for each pathology discipline between 2010 and 2012, drawing upon comparable overseas programs and the experience of practitioners in each discipline. The process involved initial consultation with small expert groups and then expanded to include all pathologists and trainees in the discipline concerned. The final definitions have been articulated in each of the trainee handbooks.

2.2.1 Team findings

The College has developed a set of program outcomes for all disciplines which are clearly articulated in its training handbooks. These are readily accessible to all fellows and trainees.

The team congratulates the College for revising the program outcomes since the last accreditation in 2006 to more specifically match with pathologists' daily practice and professional identities, and articulate their roles. The stakeholders with whom the team met during the assessment commended the College on the significant work completed over the last 10 years.

During the AMC assessment, both supervisors and trainees reported that the 'non-technical expert' skills could receive more focus in training, in particular, management and professional skills including cultural competence. This is discussed in further detail under standard 3. The College does run a 'Management in Pathology' course every two years. This is a two-day course and includes topics such as regulation, finance, medico-legal issues and business planning. This course is not mandatory and there are no data to ascertain how many trainees attend.

The team also received feedback from trainees in some disciplines that the extensive content in the training handbooks was sometimes too broad to enable them to focus their studies and priorities. At some sites supervisors have developed local resources as adjuncts to the handbooks, to provide more specific direction for trainees at the various stages of their training. Whilst some aspects of these resources are site- or jurisdiction-specific it is recommended that the College encourage and support centralised sharing of the resources developed locally by supervisors across all disciplines. This is also discussed under standard 4.

2.3 Graduate outcomes

The accreditation standards are as follows:

- The education provider has defined graduate outcomes for each of its specialist medical programs including any subspecialty programs. These outcomes are based on the field of specialty practice and the specialists' role in the delivery of health care and describe the attributes and competencies required by the specialist in this

role. The education provider makes information on graduate outcomes publicly available.

Since 2006, curricula for all pathology disciplines have been completely redeveloped in constructively aligned formats, commencing in 2010 with microbiology and finishing in 2013 with haematology.

The graduate outcomes are grouped under the general program outcomes and are defined in detail for each discipline in the current trainee handbooks. These are publicly available on the College's website.

There is a planned process for review of all curricula on a five-yearly cycle. The review process addresses all graduate outcomes and their alignment with assessments and teaching and learning strategies. In addition to these major five-yearly reviews, handbooks are updated annually, with minor or interim amendments. The updated handbooks are posted on the College's website each November in preparation for the following year.

The College conducts regular online surveys of new fellows, the most recent being in April 2016. Whilst the response rate was not high (30 out of 170 fellows; 17.6%) the information received was of value. New fellows were particularly positive about the supervision throughout their training and the teamwork experienced working with laboratory-based scientists.

Areas of concern identified in the 2016 survey included:

- Availability of consultant positions and whether there are too many trainees for the future specialist workforce requirements in all disciplines
- Lack of training in non-technical expert areas including management skills and chairing meetings
- Lack of graded levels of responsibility.

2.3.1 Team findings

The graduate outcomes are aligned with the program outcomes which are outlined under standard 2.2.

In stakeholder submissions to the AMC, jurisdictional health departments reported that the College produces specialist pathologists of an extremely high quality. However to maintain this, the College needs to critically review the curricula to ensure that the outcomes align with the role of the pathologist into future.

Whilst the College has a process for regular curriculum review, a number of fellows and trainees expressed concerns about systematically integrating new practices in pathology into the curriculum. These include areas such as molecular and genetic testing, and new diagnostic techniques. The team recommends that the College systematically reviews program and graduate outcomes on a frequent basis to ensure new practices are incorporated into the curriculum in a timely fashion. This is discussed further under standard 6.

During the AMC assessment, the team received differing feedback regarding the availability of specialist positions for graduates of the training program, and particularly geographic distribution of positions. The availability and distribution of specialist positions was a particular source of concern for trainees and new graduates. There was

also some lack of clarity about where trainees should look for advertised roles as many seem to rely on these being advertised via the College's website, yet these advertisements are dependent on fellows or employers posting them.

The team also considers that the College should strengthen its leadership and advocacy in workforce planning to ensure the best alignment of training numbers and requirements for specialist positions and to ensure evolving practices and community needs in pathology are met. This aligns to the recommended strengthening of New Zealand national and Australian regional committees under standard 1.

Commendations

- D The work of the Lay Committee and the development of the position statement on Patient Expectations of Pathologists.
- E The development of detailed trainee handbooks for all disciplines, which articulate the required program outcomes across discipline-specific functions as well as the areas of management, research and scholarship, and professional qualities.

Conditions to satisfy accreditation standards

- 7 Develop and implement a plan to ensure the needs of Aboriginal and Torres Strait Islander peoples of Australia and Māori people of New Zealand are incorporated into the College's purpose. (Standard 2.1.2)
- 8 Strengthen leadership and advocacy in workforce planning to ensure the best alignment of training numbers and requirements for specialist positions, and to ensure evolving practices and community needs in pathology are met. (Standard 2.2.1)
- 9 Develop and implement a process for reviewing the program and graduate outcomes to ensure new practices are incorporated into curricula in a timely fashion. (Standard 2.3.1)

Recommendations for improvement

- DD Appoint lay members to the College's principal education committees. (Standard 2.1.3)
- EE Develop an implementation plan for incorporating the Lay Committee's position statement on Patient Expectations of Pathologists in the development and revision of training curricula and other educational programs. (Standard 2.1.1)
- FF Provide clarification for trainees in relation to where employment opportunities are advertised. (Standard 2.3.1)

3 The specialist medical training and education framework

3.1 Curriculum framework

The accreditation standards are as follows:

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

The College's training programs are five years in length with a maximum of four years permitted in any one institution. The graduate outcomes in pathology are denoted as 'early' or 'advanced'. The College expects that early outcomes would be achieved within the first three years of training, and that the advanced outcomes would be achieved by the completion of the program and before award of fellowship.

The College offers four training streams dependent upon entry qualification and experience:

- 1 Fellowship of the RCPA for medical graduates
- 2 Fellowship of the Faculty of Oral and Maxillofacial Pathology for medical or dental graduates
- 3 Fellowship of the Faculty of Science for science graduates
- 4 Post-fellowship diplomas for existing RCPA fellows who wish to pursue a subspecialty.

Fellowship of the RCPA for medical graduates

The College offers training in the following pathology disciplines:

- anatomical pathology
- chemical pathology
- clinical pathology
- forensic pathology
- general pathology
- genetic pathology
- haematology
- immunopathology
- microbiology.

Further information on each of these training programs is provided at Appendix 1.

As detailed under standard 1, genetic pathology and clinical pathology are not recognised as medical specialties in Australia. The College is developing a fellowship program in clinical forensic medicine with a planned intake of new trainees in 2017. This is discussed in further detail below.

There are joint training schemes between the RCPA and the Royal Australasian College of Physicians (RACP) in:

- haematology

- immunology and allergy/immunopathology
- endocrinology/chemical pathology
- infectious diseases/microbiology.

These programs lead to the award of fellowship of both colleges and aim to equip trainees with the knowledge and skills to specialise in both laboratory and clinical practice.

As discussed under standard 1, joint training is under the management of the relevant Committee for Joint College Training (CJCT). The College has produced a guideline, Joint Training Programs with the Royal Australasian College of Physicians to describe the functions and requirements of these programs and has signed a memorandum of understanding with the RACP which outlines the management of the programs by the two colleges.

Entry into joint training occurs after completion of all requirements for basic physician training and successful completion of the RACP written and clinical examinations. Joint trainees are granted exemption from the RCPA Basic Pathological Sciences Examination on the basis of their successful completion of the RACP written and clinical examination.

The Joint Training Program involves a minimum of five years of accredited training in laboratory and clinical practice, with one year's retrospective accreditation except in the case of microbiology/infectious diseases, where trainees have to complete three years of laboratory training plus two clinical years.

In February 2016 the RCPA and RACP established a reciprocal training agreement for the programs of clinical genetics and genetic pathology. Completion of these programs leads to fellowship of both RCPA and RACP.

Fellowship of the Faculty of Oral and Maxillofacial Pathology for medical or dental graduates

The College offers training for fellowship of the Faculty of Oral and Maxillofacial Pathology in:

- oral and maxillofacial pathology
- forensic odontology.

The training program in oral and maxillofacial pathology is for dental graduates who fulfil similar criteria to that applicable to medical graduates, but relevant to dental practice. This training program is also offered to medical graduates and to trainees and fellows. This program is accredited by the Australian Dental Council and the Dental Council of New Zealand. The fellowship in forensic odontology involves the application of extensive dental-specific knowledge to legal and criminal issues and is open to registered dental practitioners in Australia and New Zealand. Forensic odontology is a new discipline for the College; the College called for founding fellows in 2013. This training program has a pending application for accreditation by the Australian Dental Council.

Fellowship of the Faculty of Science for science graduates

The College allows training in the Faculty of Science in the following disciplines:

- anatomical pathology

- chemical pathology
- clinical pathology
- forensic pathology
- general pathology
- genetic pathology
- haematology
- immunopathology
- microbiology.

The Faculty of Science has two pathways to fellowship: by examination and by published works (research). In the fellowship by examination pathway, the admission criteria, training time and examinations are similar to those applicable to pathology trainees. The College's website provides information on the pathways.

Post-fellowship diplomas for existing RCPA fellows

In addition, the College offers post-fellowship diplomas in:

- cytopathology
- forensic pathology
- neuropathology
- paediatric pathology.

A post-fellowship diploma in molecular pathology is under review. The College also offers a certificate in forensic medicine suitable for medical graduates from countries where opportunities for training in pathology are limited, but where there is a need for forensic pathologists.

As discussed under standard 2, general program outcomes for the medical specialist pathology programs encompass four domains:

- discipline-specific functions as a medical specialist in the laboratory
- functions as a manager in the laboratory
- research and scholarship
- professional qualities.

The four broad functions are elaborated as sets of training outcomes and suggested training activities. The learning outcomes are denoted as follows:

- [E] to be achieved early in training
- [A] to be achieved at a more advanced level of training.

The early and advanced phases of the training program have traditionally been demarcated by the Part I and Part II examinations respectively. However with the introduction of workplace-based assessment there are more opportunities for more continuous assessment. Some learning outcomes are demonstrated by a range of assessment formats throughout the program while others are demonstrated in formal

examinations. The assessments for the various disciplines are described in further detail under standard 5.

The College has produced publicly available, specialty-specific trainee handbooks in a consistent format, of which the specialty training curricula are an integral part. Where minimum periods of training in subspecialty areas are required, these are defined for each specialty program.

The specialty-specific trainee handbooks are supplemented by a generic RCPA Trainee Handbook – Administrative Requirements, providing information about the College and its training programs, in addition to detailing registration requirements, examination fees and recognition of overseas-trained specialists. The handbook also provides links to a number of College policies including Trainees in Difficulty Support, Anti-Discrimination, Harassment and Bullying, and Complaints Handling.

The College undertakes reviews of curricula every five years. The review process begins with the list of curriculum outcomes being circulated to internal stakeholders such as: members of the relevant Discipline Advisory Committee; the Trainees' Committee; examiners; supervisors; trainees; and fellows without specific committee roles. The list of curriculum outcomes is presented in the form of an online survey covering the discipline-specific outcomes, requirements for practical skills and general outcomes relating to management roles and other professional roles. Respondents are asked whether it is appropriate to keep, delete or modify outcomes. Quantitative responses are tallied for each outcome. Qualitative data are sought in the form of explanation in the case of recommended deletions, modifications or additions. Stakeholders are also asked to comment on the appropriateness and alignment of assessment methods and recommended learning activities along with the outcomes. Based on responses to the survey, a set of proposals is subsequently circulated to fellows and trainees in the discipline for further comment. Resultant action plans are presented to the Board of Education and Assessment for approval.

3.1.1 Team findings

The significant progress made by the College in the development and implementation of its curricula and associated documents over the last decade is commended.

The specialty-specific trainee handbooks represent a major improvement in the published curriculum documents for specialty training. These are produced in a consistent format and include a series of program-specific outcomes which are oriented towards each specialist program, and which are categorised according to the various roles which the trained specialist undertakes. The overarching administrative requirements handbook is a useful generic tool that allows trainees and supervisors to understand the principles upon which training is based, and the relationship between the College and its trainees. During the team's visits to various training sites, there was consistently positive feedback from supervisors and trainers about the quality of documentation available to the trainees. Feedback provided to the team from trainees regarding the documentation was more varied.

In spite of the distinction between early and advanced requirements within the curricula, trainees who met with the team suggested more detail is needed in order to have a greater understanding of the expectations for workplace-based assessments and examinations at each level of training. For example trainees in anatomical pathology expressed the need for more detail regarding the requirements for training at different

levels and especially with respect to the standard expected between Part I and II examinations.

As previously discussed, trainees are required to spend a maximum of four of five years of training in any one institution. Some trainees reported to the team that they had spent the entirety of their program in a single laboratory, however the College advises that the Training Limitation policy is strictly enforced. Whilst this may be necessary in some of the smaller specialties, it seemed also to occur in larger specialties. Compliance with this requirement should be comprehensively monitored by the College and addressed where necessary.

The College is commended on the collegiality and collaboration with the RACP as demonstrated by the Joint Training Committees. Some of the difficulties in administering joint programs was provided in feedback from the RACP who reported that respective colleges may be in different cycles of educational development and priority setting. The team also considers it is important that both colleges communicate any program changes that may affect trainees and supervisors directly through the Joint Training Committees.

Trainees undertaking joint RCPA/RACP training commented on the duplication of some administrative requirements across the two colleges. In addition, the arrangements for managing joint trainees in difficulty must be clarified for both supervisors and trainees. This is discussed in further detail under standard 5.

3.1.2 Clinical Forensic Medicine Training Program

The Faculty of Clinical Forensic Medicine was established by the College in 2014 and 92 founding fellowships were awarded.

The Faculty's Chief Examiner is chairing a curriculum subcommittee which has responsibility for the development of the curricula in clinical forensic medicine. The College plans to accept new trainees in this training program from 2017.

To join the program, trainees must have a minimum of three years of postgraduate clinical experience, some of which may be accredited towards the five years full-time equivalent of the training program. Experience in emergency medicine is recommended, as trainees must be competent to manage acutely ill and injured patients, with other relevant areas of practice being primary care, paediatrics, psychiatry, gynaecology, addiction medicine and sexual health care.

The framework takes account of the diversity of possible training experiences, training sites and employment contexts that require a high degree of flexibility. The training program will be a competency-based program with mid-program and end-of-program examinations and a range of workplace-based assessments linking the competency framework to actual practice using the concept of Entrustable Professional Activities (EPAs). Some EPAs will require entrustment in the earlier stages of the program to enable trainees to take necessary clinical responsibility in their practice settings. The timeframe for the completion of more advanced EPAs is flexible, though it is expected that most candidates will require about five years' full-time equivalent experience to achieve all competencies. The full set of EPAs will be completed by November 2016. The thirteen EPAs cover the following:

- Forensic medical examination of sexual offence complainant (child/adolescent/adult)

- Forensic medical examination of non-sexual offence complainant (child/adolescent/adult)
- Forensic medical examination of suspect (sexual and non-sexual offences; child/adolescent/adult)
- Suspected abuse/neglect in forensic settings (child, elderly, persons with impaired mental health)
- Fitness for interview assessment (adult/adolescent/child) including assessment of physical condition, mental health, intellectual impairment, drug and alcohol intoxication/withdrawal
- Health care assessment and provision in forensic settings including health care of complainants, custodial health care in prisons and police custody
- Assessment of fitness to drive and medically-related impairment
- Assessment of trauma-related injuries
- Clinical toxicological assessments including assessing the effect of alcohol/drugs, driver impairment, capacity to consent
- Provision of medicolegal opinions
- Medicolegal Death Investigation
- Oral testimony (criminal/civil/coronial)
- Management and leadership of a CFM service; supporting rural practitioners in policy development, maintaining practitioner well-being, interagency partnerships.

Knowledge components can be covered by core units of Monash University's Master of Forensic Medicine or equivalent. Learning activities in clinical forensic medicine will primarily consist of supervised clinical practice in a variety of settings. This will include: provision of health care and forensic medical examination including physical injury assessment and formulation of findings; toxicological assessment; specimen collection and handling; photography; and assessment of fitness for interview and fitness to drive. Trainees will provide written and verbal reports to medical and legal agencies; participate in courtroom activities; attend death scenes and review institutional death records as well as undertaking scholarly activities of teaching and research.

All candidates will be required to successfully complete a final objective structured clinical examination (OSCE) to demonstrate competence across the whole range of practice areas.

The aim of the program is to produce specialists who are able to practise in any clinical forensic setting, though they may choose to undertake research or advanced training and projects in specific areas of interest.

3.1.3 Team findings

The Faculty has now developed a detailed curriculum for training in clinical forensic medicine. At the time of the AMC assessment, the Faculty planned to deliver this at the Victorian Institute of Forensic Medicine (VIFM); it is not anticipated that this will be a high volume specialty. VIFM is well positioned to implement this program due to its comprehensive facilities and local expertise in this area. Based on current information

and perceived demand it seems unlikely that multiple sites will be required for training; the Faculty will need to exercise vigilance in this context.

The Faculty has developed a comprehensive curriculum and approach to this discipline which is clearly articulated in the document, Clinical Forensic Medicine Trainee Handbook v2 Oct 2016. As discussed, it is a competency-based program with mid- and end-program examinations and a range of WBAs and EPAs. For each EPA there is a comprehensive matrix which articulates in detail the skill level expected at each progressive stage of training from “Foundations” to “Transition to Fellowship”. This is an excellent approach which could be customised for other disciplines within the College.

In order to maintain the necessary high standards in this discipline, the Faculty will need to articulate appropriate and specific criteria for accreditation of any additional training sites. It is also important that a comprehensive training program is in place for supervisors or assessors responsible for EPAs.

Currently CFM is not recognised as a medical specialty or field of specialty practice. This is an area that the College is attempting to address as the College considers this is a key factor from a professional perspective given the environment these practitioners will be operating in.

3.2 The content of the curriculum

The accreditation standards are as follows:

- The curriculum content aligns with all of the specialist medical program and graduate outcomes.
- The curriculum includes the scientific foundations of the specialty to develop skills in evidence-based practice and the scholarly development and maintenance of specialist knowledge.
- The curriculum builds on communication, clinical, diagnostic, management and procedural skills to enable safe patient care.
- The curriculum prepares specialists to protect and advance the health and wellbeing of individuals through patient-centred and goal-orientated care. This practice advances the wellbeing of communities and populations, and demonstrates recognition of the shared role of the patient/carers in clinical decision-making.
- The curriculum prepares specialists for their ongoing roles as professionals and leaders.
- The curriculum prepares specialists to contribute to the effectiveness and efficiency of the health care system, through knowledge and understanding of the issues associated with the delivery of safe, high-quality and cost-effective health care across a range of health settings within the Australian and/or New Zealand health systems.
- The curriculum prepares specialists for the role of teacher and supervisor of students, junior medical staff, trainees, and other health professionals.
- The curriculum includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, so that all trainees are research literate. The program encourages trainees to participate in

research. Appropriate candidates can enter research training during specialist medical training and receive appropriate credit towards completion of specialist training.

- The curriculum develops a substantive understanding of Aboriginal and Torres Strait Islander health, history and cultures in Australia and Māori health, history and cultures in New Zealand as relevant to the specialty(s).
- The curriculum develops an understanding of the relationship between culture and health. Specialists are expected to be aware of their own cultural values and beliefs, and to be able to interact with people in a manner appropriate to that person's culture.

The trainee handbooks include a series of program-specific graduate outcomes, aligned to the learning activities and recommended learning resources. The assessment methods are blueprinted against the graduate outcomes and represented in matrices in each handbook.

The curriculum for each program includes sections relating to the scientific foundations of the specialty, IT and data management and analysis, developing and reporting a professional opinion, monitoring patient progress, quality management, laboratory safety, relevant legislation, people and resource management, research and critical appraisal, self-education and CPD, education, ethics, teamwork, and cultural competence.

The graduate outcomes grouped under 'Discipline-specific functions as a medical specialist in the laboratory' address accreditation standard 3.2.2. Scientific foundations are typically assessed in the written component of the Part I examination. Application of foundation knowledge, as well as clinical and diagnostic skills, are assessed in practical and oral components of the Part I examination and through workplace-based assessments.

Communication and teamwork are addressed under the 'Professional qualities/attributes' section in each trainee handbook. These outcomes are assessed through workplace-based assessment, supervisor observation of performance, and oral examinations.

Laboratory management for safety and quality are addressed under the 'Functions of the pathologist as manager in the laboratory'. Quality management emphasises the application of measures to prevent, detect, correct and manage medical error in the pre-analytical, analytical and post analytical phases of pathology testing. It is assessed in all forms of examinations and workplace-based assessment as well as in documented quality activities, assigned projects, and participation in internal and external quality assurance activities.

The curricula address all phases of the test cycle with patient care at the centre. With the introduction of portfolios and workplace-based assessment, documentation and assessment of interaction with clinicians is now formalised. Trainees are required to document participation in clinical and multidisciplinary meetings. In several disciplines trainees are required to be assessed through case-based discussions, which directly address the application of clinical testing to patient care. Disciplines in which telephone conversations with referring clinicians constitute a major proportion of the work have introduced 'DOCS' assessments, i.e. Directly Observed Communication Skills, where the trainee is observed communicating with a clinician by telephone or in person. In

forensic pathology, communication with many different professionals and agencies is emphasised. Trainees learn to appreciate the shared roles of doctors, health professionals, legal professionals and police, and bereaved families. Trainees in this discipline must observe or participate in bereavement counselling and record reflections on those experiences in order to understand measures to protect the wellbeing of the bereaved and the roles of the bereaved in decision making. In the joint clinical disciplines where trainees engage in direct patient care as well as laboratory work, the RCPA and RACP programs are vertically integrated as far as possible to build upon the communication skills and patient-centredness developed during clinical training.

The curricula address the diverse leadership roles required: working with laboratory teams of scientists, technicians and administrative staff; participating in the governance and on other committees in healthcare institutions; and contributing to the management of human and material laboratory resources. Leadership is assessed through work activities documented in portfolios, through projects, and in complex scenarios presented in oral examinations as part of the Part II examination.

Safety and quality management in pathology training extends beyond the laboratory and involves understanding of the regulatory environment, compliance with national and international standards, and cooperation with organisations involved with quality assurance. The mandatory online laboratory management module explains the interactions of laboratories with these organisations. Curricula include outcomes relating to responsible financial management and managing information to achieve effective and secure communication of data in institutional and broader health networks. The introduction of learning outcomes in Pathology Informatics aims to enhance the capacity of pathologists to integrate their services with broader e-health initiatives in a variety of clinical settings in the interests of safe and cost-effective health care.

The curricula include learning outcomes relevant to self-education and continuing professional development, and educating colleagues and others. Portfolios for all disciplines require trainees to document participation in teaching of students, junior medical staff, trainees and/or other health professionals.

The curricula include learning outcomes relevant to research and critical appraisal and require some form of participation in research activities to be documented in portfolios. There is a requirement to submit for assessment a formal research project, a dissertation or collection of items demonstrating research activities. The Basic Pathological Sciences syllabus includes a section on research concepts including principles of research design, methods, data collection and analysis; measurement; and test sensitivity and specificity. A research framework, basic online module and relevant web links are provided on the RCPA website with a list of suggested courses for further study.

The trainee handbooks state that trainees are allowed and encouraged to enter a research training year after successful completion of the Part I examination (provided it is to PhD or MD level) and, during the Part II examination, these trainees may be assessed by an oral examination of their thesis.

From 2015, learning outcomes relevant to cultural competence and the relationship between culture and health have been embedded in all curricula as follows:

- demonstrate an awareness of cultural diversity and the ability to function effectively, and respectfully, when working with and treating people of different cultural backgrounds. Diversity includes but is not limited to ethnicity, gender, spiritual beliefs, sexual orientation, lifestyle, beliefs, age, social status or perceived economic worth
- apply knowledge of population health, including issues relating to health inequities and inequalities; diversity of cultural, spiritual and community values; and socio-economic and physical environment factors; to specialist pathology practice
- apply knowledge of the culture, spirituality and relationship to land of Aboriginal, Torres Strait Islander and/or Māori peoples to specialist pathology practice and advocacy.

From 2016, evidence of participation in cultural competence education is mandatory for all trainees. The College has developed an online module which consists of four parts:

- General principles. All trainees in all jurisdictions must complete this part or a suitable alternative.
- Aboriginal and Torres Strait Islander Health and Culture. All trainees working in Australia must complete this component or a suitable alternative.
- Māori culture and health. All trainees working in New Zealand must complete this component or a suitable alternative.
- Diversity in the workplace. This is an optional component suitable for all trainees.

Members of the Lay Committee provided valuable feedback on these modules which will be used when refining the modules in 2017.

3.2.1 Team findings

The overall design of the curriculum content in the trainee handbook and the division of the content into the various roles of the specialist are elegantly formulated.

The content of the curriculum is also comprehensive, however this can only be as good as the use to which it is put. The feedback that the team received indicates that the scientific basis to the specialties seems to be well taught, and clinical exposure to the practical aspects of the clinical specialties is to a large extent well covered. However, many trainees fed back to the team that large areas of the curriculum were not covered in their training programs. Training in the non-technical expert roles in particular (e.g. management or research) was very variable depending on site and/or specialty. Microbiology trainees in several training sites reported that they were regularly invited to management meetings for example, whereas this was rarely the case in any of the anatomical pathology training departments.

The curriculum content relating to the non-technical expert roles should be more clearly and definitively iterated to enable trainers and supervisors to ensure training in these areas, and matched by a requirement for appropriate assessments in the assessment matrix.

Additionally, many anatomical pathology trainees reported that they spent too much time carrying out service work of little or no educational value in cut up (macroscopic

processing of specimens), and not enough time at the microscope, to the extent that they struggled to achieve the target number of surgical pathology cases required by the curriculum. Their exposure was often supplemented by teaching sets of slides, rather than seeing real cases. This was especially severe when other trainees were off sick or on annual leave, with some trainees reporting that they were cutting up for four days per week in this context. The College could usefully provide guidelines to trainers and supervisors regarding the amount of time that should be spent by anatomical pathology trainees in cut up versus slide reporting.

Autopsy training was also extremely variable, with many trainees having only a token exposure to this area of work. The College should consider revising its policy on autopsy training for anatomical pathology trainees to ensure that the curriculum requirements are feasible in and relevant to current pathology practice.

It was clear from the team visits that the workload pressures suffered by the laboratories in which training is taking place have a direct effect on the quality and nature of training in those laboratories. The accreditation process for training sites seems to have little teeth in assessing and taking account of these pressures. The training site accreditation process should include more questions and detail regarding the effect of workload pressures on the quality of training in its laboratories.

The College seems to have little intelligence regarding the delivery of training “on the ground” and there appears to have been no assessment of curriculum coverage at the various training sites. Such an assessment could usefully be added to the training site accreditation process. This is also discussed under standard 8.2.

The College has produced an excellent cultural competence training module available to all trainees, fellows and members. Although trainees are required to complete the module, there appeared to be little focus in day-to-day training on the effects that culture has on health.

The team heard feedback during the assessment that the College could provide more support to academic research. The College should develop more consistent and transparent guidelines or procedures as to how research can be supported and recognised as part of training for each discipline.

3.3 Continuum of training, education and practice

The accreditation standards are as follows:

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

Pathology education and training articulates with medical school pathology teaching, application of pathology knowledge at internship level, and with the RCPA’s continuing professional development program.

The RCPA curriculum content is categorised into early and advanced requirements which are matched by associated categorisation of the required workplace-based assessments. Assessments are blueprinted to the various curriculum requirements in the context of the assessment matrix contained within each trainee handbook.

A solid foundation of knowledge and competence in the basic sciences and clinical medicine has been acknowledged by pathologists as essential at the point of entry into specialist pathology training.

The Basic Pathological Sciences examination establishes a minimum knowledge base at the commencement of, or early in the course of, pathology training and builds upon basic science learning in medical schools. The majority of trainees will have passed or been exempted from the examination by the end of their first year of training.

The College makes the examination available to medical students and junior doctors. This has proven to be an effective strategy for reinforcing pathology education in medical schools and for stimulating interest in pathology.

The College has implemented the Advanced Standing Pathway agreement with the University of New South Wales for students enrolled in the Bachelor of Medicine and MD Program. This is an innovative scheme to recognise independent learning projects, coursework, assessments and work experience undertaken during the undergraduate program and prevocational graduate years in pathology. Previously up to twelve months of credit was granted for this pathway, but it has been revised and reduced to six months due to recent modifications to the University medical program.

The College has also worked with prevocational medical education bodies and health services in Australia, contributing to curriculum framework consultations for interns and junior doctors and promoting opportunities for pathology rotations. The College has developed guidelines to assist laboratories in providing rotations for junior doctors however only a few such terms exist.

At the point of registration with the RCPA, trainees can apply for training time credit and/or examination exemptions on the basis of their prior learning. These applications are considered on a case-by-case basis by the chief examiner in the relevant specialty.

The joint RCPA/RACP trainees are granted recognition for their clinical training completed with the RACP in accordance with the guideline, Joint Training Programs with the Royal Australasian College of Physicians.

The following table shows the number of trainees, other than specialist international medical graduates and joint trainees, who were granted retrospective training time credits from 2013 to 2015 in accordance with RCPA policy.

Discipline	Country	Reason	Months	Number
Anatomical pathology	Australia	UNSW Advanced Standing	12	4
		PhD	12	3
		PhD	4	1
		RCPATH (UK) training	36	1
		RCPATH (UK) training	30	1
		BSc and associated research	6	1
		PGY2 pathology term	2.3	1
	New Zealand	PhD	3	1
Chemical pathology	Australia	PhD	24	1
		PhD	6	1
		Masters degree	12	1
	Other	PhD	12	1

Discipline	Country	Reason	Months	Number
General pathology	Australia	PhD	6	1
Genetic pathology	New Zealand	BMedSc (Hons)	6	1
Immunopathology	New Zealand	FRACP & clinical experience	36	1
Microbiology	New Zealand	Masters degree	12	1

3.3.1 Team findings

Although the curriculum requirements are divided into early and advanced requirements, the curriculum is simplistic and linear in its design. A modern postgraduate curriculum should be spiral in nature and allow a trainee to revisit the same subject at different stages of learning in order to experience that subject at differing depths and levels of complexity.

The categorisation of samples according to level of complexity/difficulty in the anatomical pathology curriculum is helpful, but this is not matched by the recognition of what level of complexity should be expected at each stage or year of training. The basic nature of this division of requirements is probably the source of much of the adverse trainee feedback relating to the expectations of WBA assessors and examiners and the difficulties encountered in preparing for the Part II examinations.

The innovative scheme to recognise independent undergraduate learning projects from the University of New South Wales is commendable. The AMC also commended this initiative at the time of the 2010 assessment and recommended that the College extend the scheme to other universities.

3.4 Structure of the curriculum

The accreditation standards are as follows:

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

As previously described, the requirements of the training programs are divided into early and advanced requirements, however there is no articulation of the requirements by year or indication of how outcomes should be allocated in the context of less than full-time training.

The minimum period of training is stated to be five years full-time equivalent, unless accreditation of prior training is allowed. There is no statement to indicate the maximum allowable time if trainees do not progress through training at the expected rate.

The College's policy for Interrupted and Part-time Training acknowledges that part-time training "may be acceptable in certain circumstances", with a minimum of 8 hours per week for RCPA programs and 16 hours per week for joint RCPA/RACP programs.

If training has been interrupted for more than five years, additional training may be required at the discretion of the Board of Education and Assessment, also taking account of recency of practice requirements of the applicable medical registration authority.

Trainees may undertake periods of research or up to one year of training in an alternative pathology specialty which may be accredited towards their overall training program.

The following table shows the total number of trainees who were employed part-time for all or part of the time period from 2013 to 2015.

Discipline	Australia	New Zealand
Anatomical pathology	26	2
Chemical pathology	8	2
General pathology	2	0
Genetic pathology	1	0
Haematology	27	5
Immunopathology	1	1
Microbiology	5	0
Total	70	10

The following table shows the number of individual trainees who interrupted their training during the period from 2013 to 2015, and their reasons for doing so.

Reason	Australia	New Zealand	Other country
Parental	73	6	0
Overseas	2	0	0
Research	1	0	1
Unspecified	14	1	2
Total	90	7	3

3.4.1 Team findings

The team notes that the total number of trainees employed in part time training is low compared to other medical specialties. Although the College has acceptable policies for flexible and interrupted training, these appear to be very rarely accessed by trainees, mostly due to the requirement and difficulty of arranging their own job shares. These opportunities are somewhat easier to access in regions where there is a centralised approach to selection and training. It is recommended that the College considers a concerted advocacy program to encourage employers to assist in resolving trainees' problems in this context. The current and likely future gender distribution of trainees in pathology specialties, along with generational change, makes this a vital factor in trainee retention.

There also appears to be limited encouragement by the College for trainees to undertake research. Very few trainees in any specialty appear to undertake a PhD or MD and there appears to be no current policy or strategy to address this. The team heard during site visits that trainees are focused on completing the examinations and find it difficult to find time to undertake research. The team recommends that the College develops a strategy to promote the development of research and academic pathology in general.

Commendations

- F The significant progress made in the development and implementation of the RCPA curricula and associated documents over the last decade.
- G The excellent training modules addressing cultural competence which are available to all trainees, fellows and members.

Conditions to satisfy accreditation standards

- 10 Review the curriculum content and outcome statements relating to non-technical expert roles to ensure their education, training and appropriate assessment. (Standard 3.2)

Recommendations for improvement

- GG Define milestones within the curriculum to enable trainees to better understand the expectations of trainers, workplace assessors and examiners at each stage of training. (Standard 3.1.1)
- HH In relation to anatomical pathology trainees: (i) review the requirement for autopsy training; and (ii) develop guidelines for the amount of time trainees should spend in “cut up” versus other aspects of their education and training. (Standard 3.2)
- II Develop and implement a strategy to promote the development of research and academic pathology. (Standard 3.2 and 3.4)
- JJ Develop and implement an advocacy program to encourage employers to assist in resolving trainees’ problems in the context of undertaking flexible and interrupted training. (Standard 3.4.3)

4 Teaching and learning

4.1 Teaching and learning approach

The accreditation standards are as follows:

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

The College delivers the pathology training program through accredited training sites in Australia and New Zealand. As discussed under standard 1, programs are also offered in Hong Kong, Malaysia, Singapore and Saudi Arabia. Accredited laboratories are normally part of a state or regional health service or large private networks.

As discussed under standards 2 and 3, in a process running from 2010 to 2013, curricula for all pathology disciplines have been completely redeveloped in constructively aligned formats. The curriculum frameworks, program outcomes and graduate outcomes for each discipline are publicly available in the trainee handbooks on the College's website. The graduate outcomes are grouped under the general program outcomes and are defined for each discipline.

The trainee handbooks for each discipline specify graduate outcomes, aligned learning activities and recommended learning resources. The assessment methods are blueprinted to the graduate outcomes and are represented in matrices in each handbook. The documentation required to provide evidence of participation is also specified in the handbook, and satisfactory completion is confirmed by the trainee's supervisor. Summaries are submitted to the College to be checked for completeness and evaluated by examiners where necessary. In addition, each trainee has a customised portfolio to record samples of learning activities or documented experience. The portfolio is used as a framework for formative feedback and as evidence of participation in certain prescribed activities, providing a record and guide for the learner and their supervisor. This is also discussed under standard 5.

The College training programs draw upon a situated learning model where trainees are employed and actively engage in the daily work of the laboratory or clinical environment. The learning mainly occurs in laboratories in the private and the public sectors. Variations in the learning environments may occur between states/territories and between countries and will lead to differences in learning opportunities and working conditions. These variations are acknowledged by the College.

The College recognises that while comprehensive coverage of learning experiences relevant to the pathology curriculum is available in large public metropolitan laboratories, valuable learning opportunities also exist in smaller, private and regional laboratories.

4.1.1 Team findings

The College employs a range of teaching and learning approaches which are mapped to the curriculum content to meet program and graduate outcomes.

The College has produced trainee handbooks in each discipline that clearly outline the program requirements.

Each discipline has a portfolio, which the supervisors find useful as a mapping exercise for learners to ensure that all training requirements are met. During site visits, some trainees reported that at their training site, they are required to keep copies of all anatomical pathology reports in their portfolios whereas the College requirements do not specify this. The College must ensure that the trainees and supervisors are correctly interpreting the portfolio requirements. In feedback to the team, trainees commented that the portfolio in anatomical pathology requires a large amount of data entry and the trainees are double handling information. This is something which the trainees would like the College to address as they consider that it impacts on their learning.

The trainees reported that they sometimes find accessing the College's scheduled online lectures and tutorials difficult due to different time zones and work load. The team also heard that there are gaps in the availability of recordings. During the assessment, College staff indicated they would be moving towards providing more webinars and similar online learning approaches which could be accessed at the trainee's convenience. The team commends this plan.

4.2 Teaching and learning methods

The accreditation standards are as follows:

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

The College training programs draw upon a situated learning model where trainees are employed and actively engaged in the daily work of the laboratory or clinical environment.

In addition to working with experienced pathologists in the clinical setting, trainees will also advise clinicians on selection of tests and interpretation of results, attend departmental meetings, and participate in audits and other quality assurance activities.

The College offers conferences, webinars, newsletters, specific training days, online resources and individualised visits for trainees.

The RCPA website has an education menu which provides links to a wide variety of discipline-specific e-resources for trainees. These include, for each of the ten disciplines, collections of cases, lectures, modules, recommended journals and links to other relevant websites. Examination advice and, in most instances, past examination papers are also available.

The pathology programs do not require mandatory participation in any formal award courses or other specific programs. As detailed in the training handbooks, there are

however some mandatory requirements that trainees must complete in a prescribed number or type of activity. These include some online modules such as those addressing laboratory safety, laboratory management, ethics in pathology and cultural competence. These modules are available via the education menu of the College's website.

The College encourages a range of teaching and learning methods including: self-directed private study from texts and journals; self-directed online study; peer-to-peer learning through teaching others and trainee-run tutorial groups; role modelling; and interprofessional learning through teaching and being taught by others, including scientists and other health professionals. Trainees also present their work at poster sessions or in publications, and participate in webinars and face-to-face workshops and seminars relevant to their discipline.

The College runs the annual Pathology Update conference which provides multi-disciplinary continuing education programs suitable for all fellows and trainees. This meeting has specific sessions for supervisors and trainees.

The College publishes a fortnightly newsletter, Pathology Today, which provides regular updates on new advances in pathology as well as information on learning activities. The College's activities are also advertised via the RCPA website, through direct email and written and verbal communications within networks. This is described in further detail under standard 7.3.

The College employs a range of qualified educators who support and implement changes to the program and its delivery, and who also visit training sites every year to provide educational opportunities and support for the learners. This team is currently enhancing the online resources which are available through the RCPA website, and is also initiating webinars and online peer group discussions.

As discussed under standard 1, the College is also introducing educational events to address the growing need for pathologists and trainees in all disciplines to understand the practical applications of genomic and molecular technologies. One of the College's events is the four-day Introductory Short Course in Genomic and Molecular Pathology.

In the early stages of training, trainees are closely supervised and then take on increasingly independent responsibility as they gain experience and competence. The more senior trainees are also actively encouraged to become involved with the teaching of their more junior colleagues.

4.2.1 Team findings

The pathology training program is practice based and trainees are involved in appropriate aspects of the health service, including both supervised participation and supervised direct patient care.

The College acknowledges there are regional variations in the adjunct learning opportunities available at training sites and these depend on the different services.

Many sites have developed their own teaching resources and internal laboratory training programs. Some sites have clinicians who are actively engaged with the College and therefore may have more of an understanding of examination techniques and the requirements of the examination. The College should develop a process for suitable teaching and learning resources from regionally-based sources to be shared more widely where appropriate.

The College is actively providing many adjuncts to learning. It is delivering and recording online webinars and collecting e-cases online sourced from a broad spectrum of trainees and fellows. The College is also exploring initiatives with other providers to share resources and to maximise the use of free resources and technology.

The College has a focused strategy of building up the online resources for trainees on its website and also developing activities which are accessible to all trainees, for example webinars and peer group activities. These are appreciated by the trainees and are noted to be a valuable resource, especially for those trainees in small training programs and training sites.

In stakeholder submissions to the AMC, the College has been commended for developing high-quality online modules in cultural competence that are mandatory for all pathology trainees. The team encourages the College to consider making the online resources in cultural competence a mandatory requirement for supervisors.

The College reports that RCPA supervisors are primarily responsible for educational supervision of trainees while employers are responsible for clinical supervision. Employers therefore are responsible for determining the level at which a trainee may practise with clinical safety. In practice, this is jointly monitored by the department heads and RCPA supervisors. The College indicates that it does not define different levels of supervision.

Normally trainees are not permitted to sign out pathology reports until after they have passed the Part 1 examinations and do not sign out independently until after attainment of fellowship. However the granting of clinical privileges may be considered in accordance with the guidelines: Clinical Privileges for Pathology Trainees and Clinical Privileges for Forensic Pathology Trainees.

For all disciplines, the College must define expectations regarding trainees' development of an increasing degree of independence at different training stages to enable monitoring of progress, and to ensure that training, education and levels of supervision align with the trainee's rate of progress in undertaking key responsibilities in each discipline. The College may consider developing a matrix similar to that used in the Clinical Forensic Medicine program where the expectations at each stage of training are clearly set out for each major skill area.

Commendations

- H The training is practice-based, where trainees are employed and actively engaged in the daily work of the laboratory and/or the clinical environment.
- I The discipline-specific portfolios which supervisors find useful as a mapping exercise for learners to ensure that all training requirements are met.
- J The many innovative teaching methods used by the College, including webinars and e-cases, and the College's exploration of initiatives with other providers to share resources and to maximise the use of free resources and technology.

Conditions to satisfy accreditation standards

- 11 Define expectations regarding trainees' development of increasing degree of independent responsibility at different training stages to enable monitoring of progress and ensure that training, education and levels of supervision align with

the trainee's rate of progress with ability to undertake key responsibilities in each discipline. (Standard 4.2.4)

Recommendations for improvement

- KK Communicate with trainees and supervisors to ensure they are correctly interpreting the requirements of the trainees' portfolio. (Standard 4.1.1)
- LL Develop a process for suitable teaching and learning resources from regionally-based sources to be shared more widely where appropriate. (Standard 4.2.3)

5 Assessment of learning

5.1 Assessment approach

The accreditation standards are as follows:

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

The College has a program of assessment which is aligned to the outcomes and curricula of its specialist medical programs. This includes formative assessment which provides feedback and guidance to the trainee, and summative assessment to enable judgements to be made on the trainee's progress.

Assessment is by formal examination and by submission of a portfolio. The portfolio is a record of workplace-based assessments, periodic and annual supervisor reports and other achievements during training.

The College requirements for all examinations and other assessments are documented in the trainee handbook for each discipline and are publicly available on the College website. The overall program of assessment for each discipline as detailed in the College's accreditation submission is provided at Appendix 2 of this report.

Formal examinations

The **Basic Pathological Sciences examination** assesses the candidate's familiarity with important pathological processes and biological principles of disease. The examination is usually taken before or during the first year of training. A pass in this examination is not a prerequisite for the Part I or general pathology examinations but must be achieved prior to sitting the Part II examination.

The discipline-specific **Part I examination** is taken after a requisite period of accredited training. This examination may have written, practical and/or oral components applicable to the discipline. A pass or exemption must be achieved in the Part I examination before proceeding to sit the Part II examination in any discipline.

The discipline-specific **Part II examination** is usually taken in the final year of training. This examination may have written, practical and/or oral components applicable to the discipline.

Other formally examined items include:

- 'wet' practical examinations, where testing procedures are carried out in the candidates' own laboratories and candidates report to examiners on procedures and results
- research projects, assignments and dissertations.

Workplace-based assessments and the portfolio

Trainees are required to complete a number of formative workplace-based assessments during their training. The minimum number required vary between the disciplines. Trainees must identify suitable opportunities to have their competence assessed, negotiate a suitable time for the assessment with a suitably qualified assessor and provide the appropriate form. The College provides discipline-specific standardised forms for workplace-based assessment.

The portfolio is a collection of assessment forms and other documents that provide evidence that the trainee has successfully completed a range of activities that form part of their daily work. Documents may be kept as hard and/or soft copies according to the trainee's preference. The portfolio records completion of activities and formative assessments designed to support development of technical skills and professional values, attitudes and behaviours that are not necessarily assessed by formal examinations. The portfolio and summary spreadsheet must be provided to the supervisor when preparing the supervisor report. The summary sheet and supervisor report are provided to the College at least annually. They are reviewed by the Registrar of the Board of Education and Assessment and may be requested by the Chief Examiner.

The portfolio items include:

- directly observed practical skills (DOPS)
- directly observed communication skills (DOCS): telephone or oral
- case-based discussions (CbD)
- mini-clinical evaluation exercise (Mini-CEX) and other workplace-based assessments mapped to entrustable professional activities for the clinical forensic medicine program. This is also discussed under standard 3.
- logged activities including laboratory and clinical procedures, meetings, educational events and teaching
- assessed online modules for laboratory safety, quality management, cultural competence and ethics
- publications, posters, and oral presentations.

Supervisor reports

Supervisors are expected to conduct formal meetings with their trainee(s) every three months.

The annual supervisor report is completed by the trainee's supervisor, detailing the trainee's progress throughout the year. The supervisor records summative judgements in the supervisor report, based on the trainee's workplace-based assessments, portfolio items and observations in the workplace. A separate supervisor report is required for each training rotation. The form is completed by the supervisor in consultation with other pathologists and laboratory staff.

Examination attempts

A pass in the Basic Pathological Sciences examination is valid indefinitely. The College does not limit the number of attempts at the Basic Pathological Sciences examination.

If the Part II examination is not completed within five years of passing or being granted exemption from Part I, the candidate will need to either pass Part I again or make special application to the Board of Education and Assessment to obtain an exemption.

In the general pathology program, a pass in, or exemption from, a sub-discipline examination or practical assessment is valid for five years. If further relevant examinations are not completed within five years of passing this assessment, it will be necessary to either again pass, or obtain exemption from that assessment.

Special consideration in assessment

The College has a policy for Examination Candidates in Need of Consideration relating to illness, accident, disability, or compassionate grounds. This policy sets out the responsibilities of the College and of the trainee regarding special considerations in assessment.

5.1.1 Team findings

The team was impressed with the College's efforts to respond to previous recommendations by the AMC regarding its assessment of learning. Review of documents provided by the College and discussion with College staff confirmed for the team that the standards regarding assessment approach were being met. The team considers the College has a program of assessment that is aligned to the outcomes of the curriculum and that this program enables progressive judgements to be made about the progress of each trainee as well as their preparedness for specialist practice. Assessment and completion requirements are clearly documented for each discipline and publicly available.

Feedback from trainees and supervisors regarding the examination workload are provided under standard 5.2.

A review of the College policy for Examination Candidates in Need of Consideration confirmed it sets out clearly the grounds for consideration, and the process involved in requesting such consideration.

5.2 Assessment methods

The accreditation standards are as follows:

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

The College has a range of summative assessment methods that must comply with the College's Quality Framework for Written, Oral and Practical Examinations. The quality framework includes preparation of the examination materials and standard setting, conduct of the examination, marking; and quality assurance.

Assessments other than examinations are primarily formative in nature, although the supervisor report requires a summative judgement based on acceptable performance and satisfactory completion of all prescribed activities for the period assessed.

Formal examinations

These summative assessments include written, practical, and structured oral examinations.

The written examinations comprise multiple choice questions (MCQ), short answer questions, longer text-based answers, and calculations.

The College has now phased out the longer form written examinations which included structured questions requiring one-page answers and essay-style questions. Short answer questions replaced MCQs in microbiology in 2014 and will replace MCQs in chemical pathology in 2017.

Practical examinations include morphology and 'dry' practical assessments to represent authentic laboratory tasks. Morphology examinations assess microscopic interpretation of physical slides and are regarded by the College as one of the most fundamental components of laboratory diagnosis. The anatomical pathology small biopsy/special techniques examination is now based on digital images. 'Dry' practical examinations focus on the application of principles and the ability to interpret laboratory data which are regarded by the College as other fundamental and authentic laboratory tasks. From 2016, the dry practical questions in microbiology have been integrated into the written short answer examination.

In addition, 'wet' practical examinations take place in the trainee's own laboratory. The objective is to test trainees' ability to perform specific laboratory tasks that must be completed over a longer timeframe than a conventional examination.

The structured oral examinations are conducted in a multi-station format. Since 2010, structured oral examinations have been progressively adopted by all disciplines. For each training program representative questions from the entire curriculum are preselected and all candidates are asked the same questions.

Each discipline has introduced an assessment blueprint matrix and this is published in the relevant trainee handbook. These matrices map the examinations and workplace-based assessments against learning outcomes for each discipline. Blueprints will continue to undergo review as part of the routine curriculum review process.

Valid methods for standard setting, and determining passing scores, have been progressively introduced by the College for the examinations. These include marking rubrics for written questions which set out the criteria for each grade and assign scores for pass, borderline and fail for each question and are used alongside model answers. The borderline group method has been introduced for examinations in disciplines with more than fifty candidates such as anatomical pathology and haematology, or where the examination paper has a large number of questions, e.g. microbiology and immunopathology. The borderline regression method was added in 2015 for the written papers where there are very few borderline scores, for example in those disciplines with few candidates in the Part II examination. Ebel and Angoff methods have been used for the Basic Pathological Sciences multiple choice examination and for questions that require short answers such as in microbiology. Rasch analysis has been used for the Basic Pathology Sciences multiple choice examination since 2014.

Professional judgement has been in longstanding use and continues to be used for examinations with small candidate numbers where use of other methods is not feasible. In these cases the standard is generally a 'pass' grade on 75% of the questions averaged

over two to three markers. In morphology examinations, the College considers the number of borderline and wrong answers to be more important than the correct number given the consequences of failing to give the correct diagnosis in the management of the individual patient.

A number of other methods have been introduced to improve the validity, reliability, and practicality of examinations. These include examiners meeting to agree on the examination content, questions and the use of independent marking before reaching a consensus mark.

Workplace-based assessment

The College has broadened its use of workplace-based assessments for each discipline as part of the College's educational reforms. Methods include directly observed practical skills (DOPS); directly observed communication skills (DOCS); case-based discussions (CbD); and logged activities including laboratory and clinical procedures, multidisciplinary meetings, and educational events.

Supervisor reports

The supervisor records summative judgements in the supervisor report, based on the trainee's workplace-based assessments, portfolio items and observations in the workplace.

The supervisor report is graded from 1 to 5 as follows:

- 1 = Performance currently falls far short of expected standards for level of training. There is a serious problem that may have implications for accreditation of the current training period.
- 2 = Performance currently falls short of expected standards for level of training. There is an area of lower than expected performance.
- 3 = Performance is consistent with the expected level of training. About 80% of trainees will merit this grade.
- 4 = Performance is better than expected for the level of training. About 10% of trainees will merit this grade.
- 5 = Performance is exceptional. Only a few trainees will merit this grade.

5.2.1 Team findings

The College has broadened its use of workplace-based assessments for each discipline as part of its educational reforms. The team reviewed the extensive material on assessment provided by the College. In addition, one member of the team observed the oral examinations for anatomical pathology and microbiology.

The team was pleased to learn that each discipline has introduced a blueprint to guide assessment through each stage of the specialist medical program. Significant advances have been made in the use of valid methods for standard setting, marking of examinations and determining passing scores. Observation of the oral examination confirmed that examiners' meetings take place, during which standardised questions, independent and consensus marking and passing scores are discussed.

Although the College has made significant efforts to improve assessment, the burden of examinations for candidates remains excessive. The team considers that in some disciplines (for example, anatomical pathology and haematology) there are opportunities to assess skills by workplace-based assessment rather than examinations. Feedback provided to the team indicated that there was unnecessary duplication in assessment of some skills and that the examinations were burdensome. The College should review in detail the current assessment of skills in each discipline to determine if some tasks could be translated into workplace-based assessments. The team acknowledges that the College also takes into account the additional workload required of its supervisors in conducting additional workplace-based assessments.

The team also considers there are opportunities to expand the use of workplace-based assessment in the assessment of the non-technical expert roles, such as teamwork and communication. Trainees work as part of multidisciplinary teams alongside scientists and other specialists. The team considers there is an opportunity for these individuals to assess trainees' skills and provide constructive feedback for their professional development. The potential use of multi-source and/or 360 degree feedback in the assessment of trainees, given the crucial involvement of pathologists in multidisciplinary and team-based practice and their increased direct involvement with patients should be further considered.

During site visits and in feedback from the AMC survey undertaken as part of this accreditation, trainees raised concerns about the current use of the College portfolios. Recording their extensive activities in hard copy format is not required by the College, though many trainees are unclear about this and other portfolio requirements. In addition, a number of trainees reported during the team's visits that their portfolio had not been discussed by their supervisors. This has resulted in some trainees perceiving wrongly that the portfolio is not a major requirement and might even be left uncompleted. The College should review the current requirements and purpose for the trainee portfolio in collaboration with both trainees and supervisors to ensure that the portfolio appropriately supports and enhances training, relevant and timely feedback on the portfolio is provided and that the administrative burden of completing and reviewing the portfolio is minimised.

As discussed under standard 3, trainees undertaking joint training with the RACP commented on the duplication of the administrative requirements across the two colleges. Not all trainees are aware of the significant and ongoing progress being made by the colleges in this area. The team recommends the RCPA continues in conjunction with the RACP to simplify and streamline requirements and processes for joint trainees and avoid double-handling of information.

5.3 Performance feedback

The accreditation standards are as follows:

- The education provider facilitates regular and timely feedback to trainees on performance to guide learning.
- The education provider informs its supervisors of the assessment performance of the trainees for whom they are responsible.

- The education provider has processes for early identification of trainees who are not meeting the outcomes of the specialist medical program and implements appropriate measures in response.
- The education provider has procedures to inform employers and, where appropriate, the regulators, where patient safety concerns arise in assessment.

The College's accreditation submission states that trainees receive feedback on performance in formal examinations, workplace-based assessments and on their general performance of daily duties. This includes general feedback which is provided to all trainees and their supervisors, and specific feedback for unsuccessful examination candidates. At the end of each examination cycle, the Chief Examiner for each discipline prepares a written summary of overall results and pass rates for each component, as well as highlighting any particular areas where candidates had difficulty. These summaries are posted online in via the educational menu of the College website.

At the annual Pathology Update, each Chief Examiner conducts a session for trainees in which they review the examinations from the previous year. Since 2015, Chief Examiners have been provided with guidelines for preparing these sessions which include describing the marking procedures, the criteria used to determine a satisfactory answer, general advice on how to approach examination questions using previous questions and examples of model answers. Planned changes to examinations are also discussed at these sessions which are video-recorded and made available online for one year.

The College reported that in 2016 it provided specific individualised feedback to all trainees who failed examinations. However, the feedback varies between the disciplines and until 2015, in the anatomical pathology small biopsy and special techniques examination feedback was only given after a candidate had failed on more than one occasion. Not all trainees are aware that feedback is now given to all failed candidates for all examinations.

Feedback on formative workplace-based assessment is the responsibility of the local assessors and supervisors. At the time of the supervisor's review of the portfolio, feedback is given on the trainee's overall performance and progress.

The College's accreditation submission states that for privacy reasons, examination results and specific individualised feedback on performance are sent directly to trainees and not also to their supervisors. Trainees are however strongly encouraged to inform their supervisors of their results and to discuss the feedback received. The College Trainees in Difficulty Support Policy specifies that in the case of examination failure, a remedial plan should be negotiated between the trainee and the supervisor. While results from the 2015 Education Survey indicate that the majority of candidates who failed examinations engaged with their supervisors to develop a remedial plan, the team considers it important that the College address this issue to ensure that supervisors are provided with the assessment performance of their trainees.

The College reports that trainees in difficulty are usually identified when the supervisor and/or other consultants observe suboptimal performance in the workplace. This usually occurs before repeated failure in an examination. A rating of 1 on the Supervisor Report (performance currently falls far short of expected standards for level of training), or 2 (performance currently falls short of expected standards for level of training) is taken seriously. The Trainees in Difficulty Support Policy provides a

mechanism for supervisors to respond. A number of other warnings suggesting a trainee might be in difficulty and require a response are described in the College's submission. The College defines three categories of difficulty: non-critical difficulty; major difficulty; and critical difficulty.

The College provided the accreditation team with a summary of the cases from 2013 to 2015 where the Trainees in Difficulty Support Policy has been applied. In 2013, there were nine cases of trainees in critical difficulty and seven cases of trainees in major difficulty. In 2014, there were five cases of trainees in critical difficulty. In 2015, there were five cases of trainees in major difficulty and five cases of trainees in critical difficulty. The College considers that the application of this policy has led to positive outcomes and the team was able to confirm this based on the summary table included in the College's submission. The team did note that most trainee difficulties related to failures in the examinations.

If patient safety concerns arise and need to be addressed by the employer and the College, this would place the trainee in the 'critical difficulty' pathway outlined in the Trainees in Difficulty Support Policy. The employer, senior officers of the College and the medical registration authority are made aware of these concerns, and this policy sets out the appropriate mechanisms for doing so.

5.3.1 Team findings

The team confirmed that each discipline has a number of strategies for providing general feedback to trainees following formal examinations. Additionally, the College's submission describes how specific individualised feedback is provided to all candidates who fail an examination. However, feedback from trainees in this accreditation assessment and to the College's biennial education surveys stated that whilst general feedback is provided, individualised feedback had been lacking. Following further discussion with the College, the team was provided with satisfactory examples of recent detailed individualised feedback and was advised that individual feedback is now given to all failed candidates for all examinations. The provision of individualised feedback to all candidates who fail an examination is vital for their learning. From 2016, all disciplines have achieved this important milestone.

The College does not provide examination results to the trainee's supervisor for privacy reasons and therefore does not meet standard 5.3.2. The College encourages trainees to share their results and examination feedback with their supervisor, but not all trainees do so. Supervisors play a major role in enabling trainees to gain the knowledge and expertise required to pass an examination. In order to adequately support trainees in their learning, they must be provided with the assessment performance of their trainees in line with standard 5.3.2.

The College works with the supervisors to ensure early identification of a trainee in difficulty and the Trainees in Difficulty Support Policy provides a pathway for dealing with this. The team was provided with evidence which confirmed the benefit of this support for a number of trainees. However, the team did note that the arrangements for managing joint RCPA/RACP trainees in difficulty must be clarified for both trainees and supervisors. The allocation of responsibility for managing a trainee in difficulty to an individual college and the lines of communication between the colleges must be formalised. The timescales allowable for remediation of all trainees in difficulty (single or dual college) should also be clearly articulated.

The team was shown evidence that the procedures in place to inform employers and, where appropriate regulators, should patient safety concerns arise in assessment meet standard 5.3.4.

5.4 Assessment quality

The accreditation standards are as follows:

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

Assessment methods are formally reviewed for each discipline every five years. As discussed, in 2015 the College established the Quality Framework for Written, Oral and Practical Examinations. The quality framework includes the following:

Preparation of the examination materials and standard setting:

- Questions and marking guides are prepared and reviewed by the examiners under the direction of the Chief Examiner.
- Marking guides and rubrics define the standard requirements for pass, borderline and fail grades.
- Where possible, a pre-marking calibration session is held for examiners to discuss application of the marking guides.
- Standards are set using recognised methods.
- Finalised questions and marking guides are signed off by the Chief Examiner and formatted in accordance with RCPA guidelines.

Conduct of the examination:

- Candidates' segregation arrangements will be made when necessary to prevent communication.
- For oral exams, all candidates are asked the same questions and pairing of candidates with examiners is based on no conflict of interest.

Marking:

- Examination scripts are double-marked independently by RCPA examiners using marking guides.
- Candidates are identified solely by RCPA identification number.
- Where possible one pair/group of examiners marks the whole cohort for any given question or section of a written or practical examination.
- In oral examinations examiner pairs mark individual questions/stations independently and then reach consensus on the final outcome for the candidate at the question/station.
- In oral examinations only the RCPA identification number will be recorded on the mark spreadsheet to be reviewed by the Chief Examiner.

- Fail, borderline and discrepant scores in all examinations are scrutinised by the Chief Examiner and re-marked by at least one additional examiner.

Quality assurance:

- The Chief Examiner will receive a quality report on the examinations at the end of the examination cycle. For disciplines with sufficient numbers this will include pass rates and analysis of difficulty, generalisability, reliability and validity. Relevant indicators are reported for disciplines with few candidates.

The quality framework was introduced to ensure the consistent application of quality measures of examinations across all disciplines. Compliance with the framework is embedded in the terms of reference for the Board of Education and Assessment. The training programs in anatomical pathology and microbiology have been fully compliant with the framework since 2015 and all other disciplines will be compliant by 2017.

The College monitors fellows' and trainees' views on the assessment methods, their perceived fairness, educational impact, and feasibility through biennial education surveys.

Examination pass rates are monitored to identify trends over time. This is particularly important in the case of changing examination formats.

Basic Pathological Sciences examination pass rates from 2011 to 2015 are as follows:

Year	Number sat	Percent passed
2011	163	81%
2012	116	64%
2013	172	75%
2014	140	73%
2015	198	76%

The examination pass rates from 2011 to 2015 in all disciplines are as follows:

Discipline	Year	Part 1		Part 2		Part 2 Repeat	
		No. sat	% passed	No. sat	% passed	No. sat	% passed
Anatomical pathology	2011	71	58%	57	60%	28	57%
	2012	96	58%	62	60%	28	79%
	2013	83	67%	62	74%	7	86%
	2014	74	77%	68	74%	13	62%
	2015	76	63%	76	55%	19	53%
Chemical pathology	2011	8	75%	6	83%	0	N/A
	2012	4	50%	8	75%	0	N/A
	2013	8	88%	6	50%	1	100%
	2014	6	67%	7	43%	3	67%
	2015	4	50%	8	63%	2	100%
Forensic pathology	2011	2	100%	4	75%	0	N/A
	2012	0	N/A	3	100%	0	N/A
	2013	1	100%	3	67%	1	0%
	2014	3	100%	2	50%	1	100%
	2015	0	N/A	3	67%	0	N/A

Discipline	Year	Part 1		Part 2		Part 2 Repeat	
		No. sat	% passed	No. sat	% passed	No. sat	% passed
General pathology	2011	2	100%	1	100%	0	N/A
	2012	0	N/A	1	100%	0	N/A
	2013	0	N/A	0	N/A	0	N/A
	2014	7	86%	0	N/A	0	N/A
	2015	4	100%	3	67%	0	N/A
Genetic pathology	2011	2	50%	1	100%	0	N/A
	2012	2	50%	1	100%	0	N/A
	2013	2	50%	2	50%	0	N/A
	2014	3	67%	1	100%	0	N/A
	2015	2	100%	4	75%	2	100%
Haematology	2011	51	80%	35	100%	1	100%
	2012	43	81%	36	100%	1	100%
	2013	48	88%	39	100%	0	N/A
	2014	49	84%	37	100%	0	N/A
	2015	52	90%	38	97%	0	N/A
Immuno-pathology	2011	7	100%	7	100%	0	N/A
	2012	6	83%	9	89%	1	100%
	2013	8	63%	3	100%	0	N/A
	2014	8	50%	5	100%	0	N/A
	2015	8	88%	4	100%	0	N/A
Microbiology	2011	12	50%	14	100%	2	100%
	2012	19	79%	9	100%	1	100%
	2013	17	47%	12	100%	0	N/A
	2014	15	67%	14	86%	1	100%
	2015	19	63%	10	90%	1	100%

The number of trainees who withdrew from the program between 2011 and 2016 and the reasons given for doing so are provided in the following table. A total of 103 trainees withdrew of whom 53 changed to another specialty. This has serious implications for the future workforce in pathology.

	Anatomical pathology	Chemical pathology	General pathology	Haematology	Immuno-pathology	Microbiology	Total
Changed to another College program	33	6	3	7	4	4	57
RACP only (i)	0	1	0	4	6	10	21
Family reasons	8	0	0	1	0	2	11
Health reasons	3	0	0	1	0		4
Moved overseas (ii)	2	0	0	0	0	1	3
Unknown	2	2	2	1	0		7
Total	48	9	5	14	10	17	103

(i) Commenced joint training but left RCPA program to complete clinical training with RACP only

(ii) Two continued training with RCPA in UK

Formal examinations are standardised for all candidates and are either conducted in central locations or synchronously in invigilated localities. To standardise workplace-based assessment the College is working with supervisors and trainees to educate them about their correct use. The Education Advisor works with supervisors, Training Network Coordinators, and local champions to improve the standard and consistency of workplace-based assessment. Workshops and courses are organised and online material is available on the College website.

5.4.1 Team findings

The team was impressed by the efforts made by the College to improve the quality, consistency, and fairness of assessment. This has been facilitated by the introduction of the Quality Framework for Written, Oral and Practical Examinations. However, the team found that a number of disciplines are not yet compliant with this framework. The College expects all disciplines to be compliant by 2017.

The burden of formal examinations for trainees remains substantial and opportunities exist to reduce this as well as to promote learning especially of the non-technical expert competencies. Although, the wider use of workplace-based assessment is important in this regard, its implementation across all disciplines remains a work in progress.

The College has satisfactory methods to monitor the pass rates in its examinations and to investigate variability in these rates or other unexpected results. Some supervisors and trainees indicated there was variability in the scope and application of workplace-based assessment practices and standards across different training sites. The team acknowledges the challenges in meeting the standards required and was reassured by the College of its ongoing efforts to meet this standard at all its training sites. The team considers that the College should implement systems to monitor and ensure comparability in the scope and application of workplace-based assessment practices and standards across the different training sites.

Trainee feedback on examination processes is routinely sought in the College's biennial education surveys. The College reports that trainee perceptions of the oral examinations have improved since standard sets of structured examination questions have been introduced.

The training in and assessment of the non-technical competencies appeared to be variable across disciplines and sites. A number of trainees and supervisors indicated that these competencies could be better covered and emphasised in the curriculum. These non-technical competencies could be articulated and assessed via an entrustable professional activity or workplace-based assessment approach. Areas include leadership and management, quality (broader than laboratory-based quality assurance), professionalism and teamwork. Although some commented that these are skills that you learn intuitively in a laboratory environment, many felt they should have a more formal part in the assessment process. The Management in Pathology course is highly valued by trainees and supervisors, but is only run alternate years and some felt this could be more frequent and also may be a mandatory part of training (either this or an equivalent course).

One of the most consistent concerns raised by trainees relates to the use of the College portfolio. Some are unclear about the fact that both soft and hard copy documentation are acceptable and many are unaware of the College's commitment to simplifying documentation where possible. This also relates to the team's findings under standard

1.1. The College advised the team that it is considering how it can improve the use of the portfolio. The AMC looks forward to updates on the College's progress with this work.

Commendations

- K The College's program of assessment is aligned to the outcomes and curricula of its specialist medical programs.
- L The introduction of a blueprint for each discipline to guide assessment through each stage of the specialist medical program.
- M The significant progress that has been made to improve the quality, consistency and fairness of examinations.

Conditions to satisfy accreditation standards

- 12 Review the examination burden on trainees and explore ways to reduce this load. (Standard 5.2.1)
- 13 Increase the assessment of non-technical expert roles to promote learning and to reassure the community that the College regards these roles as important. (Standard 5.2.1)
- 14 Review the portfolio format to enhance its value and reputation by taking account of trainee feedback regarding the challenges they face in its use. (Standard 5.2.1)
- 15 Develop administrative procedures and documentation with the Royal Australasian College of Physicians to minimise duplication for joint trainees. (Standard 5.2.1)
- 16 Provide supervisors of those candidates who fail an examination with the full details of their examination performance in order to enable them to adequately support the trainees in their learning. (Standard 5.3.2)
- 17 Clarify the arrangements for managing joint trainees who are in difficulty and formalise the allocation of responsibility for remediation to an individual College, and the lines of communication between the Royal Australasian College of Physicians (RACP) and RCPA. (Standard 5.3.3)
- 18 Require all disciplines to be compliant with the Quality Framework for Written, Oral and Practical Examinations. (Standard 5.4.1)
- 19 Implement systems to monitor and ensure comparability in the scope and application of workplace-based assessment practices and standards across the different training sites. (Standard 5.4.2)

Recommendations for improvement

- MM Introduce multi-source and/or 360 degree feedback in the assessment of all trainees, given the crucial involvement of pathologists in multidisciplinary and team-based practice and their increased direct involvement with patients. (Standard 5.2.1)

6 Monitoring and evaluation

6.1 Monitoring

The accreditation standards are as follows:

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

The College has a number of strategies for the collection of data and feedback on its educational programs. The monitoring strategies employed by the College are as follows:

- Education surveys for all fellows and trainees have been conducted biennially since 2009. These surveys seek quantitative and qualitative data on a range of issues and allow for longitudinal comparison of outcomes. The College benchmarks its outcomes against those of external bodies such as the Australian Medical Association Survey of Specialist Trainees.
- A survey for newly qualified fellows was introduced in 2016 and will be continued annually. This survey focuses on preparedness for practice and seeks to identify needs and opportunities for the improvement of RCPA programs.
- The Basic Pathological Sciences (BPS) examination and associated learning activities and resources are evaluated annually. The results from the 2015 survey prompted the discontinuation of the BPS seminar and replacement with a webinar in 2016.
- Targeted surveys for specific purposes are carried out as required. For example, the newly introduced digital format for the Small Biopsy and Special Techniques examination in 2015 was evaluated following the examination.
- Online educational modules accessible via the RCPA training portal for trainees and supervisors are evaluated via survey links embedded in the modules. Users are prompted to leave feedback on completion of each module. Results are reviewed at least annually when updating the modules, or more frequently for a newly introduced module, and results are considered when revising the modules.
- Training site feedback is achieved partly through site visits by the National Association of Testing Authorities (NATA) and International Accreditation New Zealand (IANZ), which are usually performed at four-yearly intervals and are supplementary to site visits and annual audits conducted by the College. Formal or informal site visits and surveys are conducted by Training Network Coordinators,

and may be triggered by concerns voiced by trainees which have been deidentified by the Education Advisor.

- Supervisors, examiners, trainees and the fellowship at large are engaged in five-yearly curriculum reviews for each discipline and offer feedback on current and planned curriculum design. Informal feedback is also sought from the Education Advisor. Trainees may contribute feedback via the Trainees' Committee, and are communicated with via email and publications, such as Pathology Today, regarding proposed changes to training programs and examinations.

6.1.1 Team findings

The College monitors its training program primarily through its biennial education survey, which is extensive in scope and provides valuable information to College committees. The College is also seeking to monitor newly qualified fellows through an exit survey, which was undertaken for the first time in 2016 and should in the future assist in informing curriculum and training program design. The College is commended on the development of the survey for new fellows, and the team encourages the continued collection of data from this important group.

During site visits, supervisors generally agreed that the College provides effective supervisor training, communicates effectively with supervisors, seeks their input into the training program and values their contributions.

The team considers that the College's processes for monitoring of training sites could be enhanced. The standards by which a NATA or IANZ representative accredit a site are broad and have limited detail regarding the suitability of a site as a training facility to provide a high-quality clinical experience. Feedback from those involved in site accreditations indicates that the amount of time dedicated to identifying trainee and training needs within the entire scope of a site accreditation is highly variable and often quite brief. This is further discussed under standard 8.2.

Perhaps one of the most important issues that may be overlooked is the balance between service provision and training time. For example, in anatomical pathology, the percentage of a week spent in 'cut up', a service provision task that adds little to the education of the trainee was reported by trainees as frequently excessive. The College should seek and utilise regular feedback from trainees on the amount of time spent on key learning and service tasks and recommended minimum times for activities of key importance to guide training sites in offering appropriate balance.

Trainees reported that concerns over the suitability of training sites are at times escalated to the College through the Education Advisor, which will in turn initiate an out-of-cycle visit by Training Network Coordinators. The College reports that in the past this has resulted in the de-accreditation of a laboratory as a site capable of providing training.

6.2 Evaluation

The accreditation standards are as follows:

- The education provider develops standards against which its program and graduate outcomes are evaluated. These program and graduate outcomes incorporate the needs of both graduates and stakeholders and reflect community needs, and medical and health practice.

- The education provider collects, maintains and analyses both qualitative and quantitative data on its program and graduate outcomes.
- Stakeholders contribute to evaluation of program and graduate outcomes.

Evaluation of the RCPA training program is largely achieved through surveys. The research methodologies employed by these encompass both qualitative and quantitative data, and the College has considerable in-house expertise in the development and interpretation of its internal research. The College benchmarks its survey results against those of external bodies such as the Australian Medical Association.

Program outcomes are assessed formally at five-yearly intervals during curriculum reviews, and include internal consultation with discipline Advisory Committees, the Trainees' Committee, examiners, and supervisors. Annual reports are provided to the Board of Education and Assessment in relation to key performance indicators regarding graduate outcomes, such as examination pass rates and awarding of fellowships.

As detailed in its accreditation submission, the College monitors the number of various member types and their demographics annually and uses the data in conjunction with workforce-related studies.

The RCPA Board of Professional Quality and Practice engages with key stakeholders including NATA, IANZ, and the RCPA Quality Assurance Program Pty Ltd in relation to various quality-related issues.

6.2.1 Team findings

The team noted the College's commitment to consistently, and at regular intervals, collecting data via surveys on program outcomes and distributing the findings to stakeholders. It seemed to the team that there was a heavy reliance on examination pass rates as a primary evaluator of program success. In response, the College indicated that pass rate data is considered in conjunction with formally collected quantitative and qualitative data, particularly from surveys, and triangulated with informal feedback from employers and recent fellows.

The five-yearly review of discipline curricula was considered by the team to be comprehensive, with appropriate engagement of both internal and external stakeholders. However, the team considers that it would benefit the College to include other medical specialties, allied health professions (e.g. medical scientists who work closely with pathologists and trainees), consumers and Indigenous organisations in the monitoring and evaluation of the training programs.

Regarding workforce planning and projections, the College's accreditation submission refers to multiple small studies related to the collection of workforce-related data. However these are fragmented and do not allow for a cohesive picture of workforce supply and demand in pathology. The team considers that a systematic approach to the collection and interpretation of workforce data would be of use in planning for population needs.

6.3 Feedback, reporting and action

The accreditation standards are as follows:

- The education provider reports the results of monitoring and evaluation through its governance and administrative structures.

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

The College's biennial education surveys are used by the College as a significant source of feedback, and its results are reported to stakeholders. Detailed reports on the survey are circulated internally to the Board of Education and Assessment, the Board of Directors, and the Trainees' Committee. Externally, reports of the education surveys are circulated to the AMC, Australian Medical Association, Medical Council of New Zealand, Australian Dental Council and Dental Council of New Zealand and are additionally made available to all College members.

The Trainees' Committee is utilised as a source for providing feedback on programmatic changes and for distributing information to other trainees.

The College has a Risk Management Assessment plan that outlines its perceived risks in relation to finance, strategy, hazards, and operations. The College also employs a Director of Education and Accreditation, part of whose role is to assist in compliance with accreditation standards.

6.3.1 Team findings

The team considers that whilst the College seeks feedback from fellows, there remains a lack of dialogue between the College and its trainees. During site visits, the team heard consistently from trainees about poor communication from the College, and a sense that feedback is not valued. Examples include a broad range of trainees who state that they are often not made aware of changes to 'minor' assessments requirements like portfolio items, only to hear about them at the time of a formal supervisor review or through informal channels, such as colleagues who had attended conference workshops where such changes were discussed. Concerns have also been voiced regarding the communication of examination dates, the timing of communication of examination results, and the lack of personalised feedback on the results of some examinations. This is also discussed under standards 5 and 7. The College advises that all such changes are communicated directly to trainees via the email addresses provided by the trainees, though not all trainees access these emails or advise the College of changed contact details.

The team gained the impression that, currently, any communication from the College is largely one-way, though the College advises that trainees use several modalities to raise issues including via personal communication, phone, email, through supervisors and the Education Advisor and through the Trainees' Committee and surveys. The team recommends that a systematic approach to the development of a dialogue between trainees and the College would be beneficial to both parties. The College should develop a more systematic approach to communicating with trainees by using their feedback to improve systems, for example introducing contemporary communication methods.

In terms of risk management, the team has found that a significant risk for the College is not recognised in the risk register. The Australian Government Specialist Training Program (STP), which provides funding for an increasing number of training positions in private laboratories, has a significant risk of change to funding. The team is

concerned that with the growing number of trainee positions reliant on the continuation of STP funding, the College must have a strategy to address any changes in training positions should a funding shortfall occur.

Commendations

- N The College's efforts through its education surveys which include the collection of both quantitative and qualitative data.
- O The development of a survey for newly qualified fellows which focuses on preparedness for practice.

Conditions to satisfy accreditation standards

- 20 Seek and utilise regular feedback from trainees on the amount of time spent on key learning and service tasks and recommended minimum times for activities of key importance to guide training sites in offering appropriate balance. (Standard 6.1.1)
- 21 Implement regular and safe processes for external stakeholders, including other medical specialties, other health professions, consumers and Indigenous organisations to provide feedback about program delivery and program development. (Standard 6.2.3)
- 22 Develop a more systematic approach to communicate with trainees using a variety of means to ensure their feedback is sought and considered in monitoring and program development. (Standard 6.1.3 and 6.3.2)
- 23 Register as a risk, the College's reliance on Australian Government Specialist Training Program funding to provide private laboratory training experience, and have a strategy in place to mitigate against the potential impact on trainees and their training should funding be reduced or withdrawn. (Standard 6.3.3)

Recommendations for improvement

- NN Develop and implement a systematic approach to the collection and interpretation of workforce data to allow consideration of workforce supply and demand in pathology. (Standard 6.2.2)

7 Trainees

7.1 Admission policy and selection

The accreditation standards are as follows:

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

Selection into RCPA pathology training programs depends on the applicant obtaining employment in a laboratory accredited by the College for training. Selection processes are primarily employer driven, however the development of collaborative partnerships with employers in the form of region/discipline-based networks in Australia and New Zealand has resulted in larger networks offering centralised appointments and placement matching processes.

Centralised matching has increased significantly since the last assessment, and now accounts for the vast majority of training positions in Australia and New Zealand.

According to the College's accreditation submission, training positions are advertised on the RCPA website and in major state/regional/national newspapers. These advertisements state the number of available positions, the eligibility and selection criteria. This was also discussed under standard 2.

The College's guidelines for the Selection of Trainees are available on the website. The guidelines set out eligibility requirements, which include:

- a medical qualification registerable in the applicable country with at least two years of clinical experience post-primary medical degree

- or the candidate may be a specialist international medical graduate assessed by the College as requiring no more than two years additional training and/or assessment.

For networks where there is a centralised matching process, a working party is responsible for developing selection criteria and determining the methods used to assess and apply an appropriate ranking scheme in accordance with the Selection Guidelines.

The College has added an Indigenous identifier to trainee registration and identified two Aboriginal or Torres Strait Islander trainees. The Selection Guidelines recommend that selection working parties allow all applicants who identify as Aboriginal, Torres Strait Islander or Māori to proceed directly to interview provided that they meet eligibility criteria.

The interview panel includes the Training Network Coordinator, representatives of participating pathology departments/laboratories, and an RCPA representative who informs the College regarding the interview outcomes. Members of the panel act in accordance with anti-discrimination principles and use standardised questions.

Since decisions relating to employment are made by the employer rather than the College, appeals relating to appointments must be made through the employer's appeals processes. Appeals relating to any actions on the part of those acting in their capacity as College officials will be addressed through the RCPA appeals process.

After obtaining employment, the candidate registers with the College for training and may apply for time credit of relevant prior training, if applicable. Most trainees are required to apply to employers for the following year's training position on an annual basis until admission to fellowship of the College, although arrangements vary between jurisdictions.

The College has a Training Limitation Policy that restricts fellowship training to no more than four years at any one laboratory, and the College supports a mixed training experience comprising public, private, rural and metropolitan training. This is described in further detail under standards 4 and 8.2.

The College is in the process of reviewing the Selection Guidelines. The aim is to produce a clear set of College-recommended selection criteria and weightings, recommended selection tools mapped to the criteria, and reporting of data to the College in a format that may be analysed and monitored across different networks. It is expected that this work will be completed by 2018.

The number of trainees entering RCPA programs from 2013 to 2015 is as follows:

Training program	Australia			New Zealand		
	2013	2014	2015	2013	2014	2015
Anatomical pathology	52	53	45	8	12	11
Chemical pathology	5	7	5	0	0	1
Forensic pathology	0	2	0	0	0	0
General pathology	1	0	5	0	0	0
Genetic pathology	2	0	2	0	1	1
Haematology	41	48	44	3	9	6

Training program	Australia			New Zealand		
	2013	2014	2015	2013	2014	2015
Immunopathology	9	5	7	0	0	0
Microbiology	9	14	22	4	1	1
Total	119	129	130	15	23	20

7.1.1 Team findings

The College supports a process of merit-based selection into its programs, however ultimately the employers of RCPA trainees maintain relative autonomy in how they select applicants. The College has not yet produced a standardised guideline for the selection of trainees into College training programs but has indicated its intention to do so, which would be of significant utility to trainees in their job application process.

As stipulated in standard 7.1 and in the notes to the standard, the College should take a leadership role in the development of the criteria for selection of entrants into training for the specialty. The team recommends that the College release a standardised policy for selection into College training programs to guide individual employment sites and training networks. The difficulties in standardising trainee selection guidelines between multiple employment sites is recognised.

In terms of monitoring the consistent application of selection policies across training sites and regions, the RCPA Training Network Coordinators participate in working parties that are responsible for convening selection panels including College and employer representatives in accordance with the guidelines. The College's Education Advisor participates in most panels as an independent observer and has the capacity to report to the CEO regarding any concerns. As previously described, the College is investigating the feasibility of collecting more detailed data on an annual basis from the networks following completion of selection processes. The data may be used for analysis and monitoring of various issues. The team recommends that the College progress this work to assist in monitoring the application of its selection policies across training sites and networks.

As detailed above, trainees are, in most cases, required to re-apply for their position on an annual basis. Whilst the majority of trainees are re-employed annually, the time commitment required for the application process each year is reportedly onerous.

Regarding training site rotation, the RCPA guidelines stipulate that trainees can spend a maximum of four years of their training at any one site, implying a rotation through a minimum of two training sites to achieve a certain breadth of experience. In practice, it seems, trainees will rotate through many more sites than this, however they are provided with no formal guidance from the College as to where, when, and how often they may rotate, including to rural and regional areas. There is no formal requirement for completion of a mix of metropolitan and rural rotations within RCPA programs, however it is recognised that availability of training resources in some of the pathology disciplines would make such a requirement difficult to enforce. Where possible, the College should provide prospective guidance to trainees on the rotations that they should expect during their training, including the mix of metropolitan and rural placements. This is discussed under standard 8.2.

The College is commended for its emerging plans to support increased recruitment and retention of Aboriginal or Torres Strait Islander and Māori trainees. A draft approach is currently being considered by the RCPA Board. Currently, the College provides two scholarships: one for an Aboriginal and Torres Strait Islander medical student and a Māori medical student to attend the annual scientific meeting; and the second for an Aboriginal or Torres Strait Islander medical student and a Māori medical student to undertake a pathology-associated project.

While the College has policies relating to the increased recruitment and participation of Aboriginal and Torres Strait Islander and Māori trainees, recruitment remains low. The College is consulting with relevant stakeholders such as the Australian Indigenous Doctors' Association, Te ORA and Pasifika Medical Association, to help achieve greater recruitment into pathology careers.

7.2 Trainee participation in education provider governance

The accreditation standards are as follows:

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

The RCPA has a dedicated Trainees' Committee comprising trainee representatives of the various pathology disciplines and across jurisdictions. The terms of reference state that the committee is a channel for registered trainees to provide input to the training, educational and professional activities of the College.

Representatives are usually elected to the position for a term of two years, renewable for two subsequent terms of two years, although the time spent in the position is variable. Some current trainee representatives have held positions for more than four years, which is consistent with the Committee's terms of reference. Advertisements for positions are placed in the Pathology Today newsletter, and trainees are invited to volunteer for positions during trainee induction programs and at the Pathology Update.

The Trainees' Committee meets face-to-face once a year, and conducts teleconference meetings quarterly to discuss trainee issues. The Trainees' Committee is expected to relay issues regarding quality of training, gaps in education provision, and workforce (other than industrial disputes) to the Board of Directors and the Board of Education and Assessment.

The Chair of the Trainees' Committee is elected by and from the members of the committee. Members are nominated by trainees within each state/territory and region, including New Zealand. The Chair is a non-voting member on Council and the Board of Education and Assessment, and attends as an observer on other major committees, or may delegate these roles to other committee members.

The College provides administrative and secretarial services to the Trainees' Committee and funds its teleconferences, and travel and accommodation costs for meetings when required. The Chief Executive Officer/Deputy CEO and the General Manager – Operations may be invited to attend meetings of the Committee as deemed appropriate.

The Committee is consulted regarding significant policy changes and during five-yearly curriculum reviews.

7.2.1 Team findings

The Trainees' Committee provides a valuable service to the College as the voice of its trainees. However its formal reporting lines and sphere of influence remain unclear. Members of the committee sit on most of the College committees (with the exception of the Board of Directors) but are not provided with full membership with voting rights. The experience that sitting on College committees provides for a trainee is undeniably positive, however with only partial membership their presence may be viewed as tokenistic. The team considers that to allow a substantive trainee perspective in educational decision-making, the College should consider including trainees as voting members on Council, Board of Directors and/or other relevant decision-making committees. This was also discussed under standard 1.

The team found that many trainees were unaware of the existence of the Trainees' Committee, though some junior trainees did recall discussion of the committee during their induction week. As primarily an advocacy body for trainees, it is of concern that their profile amongst trainees is so low.

During site visits the majority of trainees interviewed stated that if they had concerns regarding quality of training, gaps in education provision, or workforce, that they would likely escalate these to the Education Advisor, rather than the Trainees' Committee. The team acknowledges that this more likely reflects a lack of knowledge of the committee's work rather than any reluctance to engage with the committee.

7.3 Communication with trainees

The accreditation standards are as follows:

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

Trainees are represented on the RCPA Council and committees as described under standard 7.2. Representatives attending meetings of those boards and committees, report back to the Trainees' Committee which in turn is expected to communicate with all trainees, generally by email. The College also communicates decisions affecting trainees via direct email and the fortnightly newsletter, Pathology Today.

For 'significant changes' to assessments, the College policy for Notification to Trainees of Assessment Changes provides a minimum of 12 months' notice to trainees. If a change is being considered within a shorter timeframe, this will only be done with the explicit consent of all trainees potentially affected. In this case, all trainees involved will be contacted directly and a record is kept of all responses.

Examination results are communicated to trainees via the RCPA website. Trainees receive an email to announce that the results have been posted and the email includes advice regarding their eligibility to proceed to the next examination phase.

Information concerning career opportunities is disseminated to trainees and fellows on the RCPA website and via Pathology Today.

The College provides detailed information about the RCPA training program requirements and assessments on the RCPA website. There is a specific area of the website for prospective trainees which includes:

- information and videos about pathology as a career
- current costs of registration and assessments
- a list of accredited laboratories
- information about all examinations including costs, timing, venues, applications and procedures
- information about trainee selection
- access to forms required to apply for selection and registration
- due dates for submission of forms
- access to relevant College policies.

Most trainees attend induction programs offered by their own networks and some, mainly from the smaller disciplines, attend a session following the annual Pathology Update program. The Education Advisor also provides induction sessions as required.

7.3.1 Team findings

The RCPA website is a good resource for prospective pathology trainees, and provides clear and easily accessible information regarding trainee selection, examinations, fees and courses, and pathology as a career.

There have been frequent changes to examinations and assessment requirements in the last few years including, but not limited to, the introduction of portfolios and the evolution of examination techniques involving the use of digital slides. The team has found that what the College has deemed as ‘significant changes’ to assessment and training are introduced with a 12-month lead-in time, and on occasion has been extended even further when disagreement has been voiced from trainees. This is commendable.

However, by specifying that only ‘significant changes’ to the training system require a 12-month lead-in, it opens up minor or perceptively ‘non-significant’ changes to training to be made outside of this timeline. The College must ensure clear and timely communication with all trainees regarding all changes to examinations, portfolios, or other assessment requirements.

The College makes efforts to communicate with its trainees, mainly via email, but does not attempt to ‘close the loop’ on these communications to ensure that trainees are in fact receiving the information that the College believes they are. Exploring alternative methods of communication with trainees, such as social media-based groups, may result in higher levels of engagement and participation than is presently observed. In addition, the College could consider implementing a centralised portal or alternative process so trainees can easily check their training status.

In feedback to the team, trainees reported that the date for the release of examination results was not always communicated in advance by the College. In addition, some trainees reported that information regarding dates of examinations in early 2017 was still unknown to them. The College confirmed that the examination dates are provided

on the RCPA website in November of the year preceding the exam. If there is a significant change to examination dates, the College will notify trainees at least one year in advance.

7.4 Trainee wellbeing

The accreditation standards are as follows:

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

The College has made efforts in the past year to advocate for a safe and supportive learning environment. Key policies include the RCPA policy on *Anti-discrimination, Bullying and Harassment*, which are circulated to supervisors of training and are included in Trainee Handbooks.

The support systems available to trainees are outlined in the Trainee Handbooks and are discussed during trainee induction programs and in meetings with the College's Education Advisor.

Supervisors of training are required to undertake training in the prevention and management of discrimination, bullying and harassment, although many have not yet met full compliance with this relatively new training course. Supervisor workshops are held at the annual Pathology Update and are well received, with reportedly high participation rates.

The Education Advisor, who performs site visits to laboratories and attempts to visit each laboratory in the country on an annual or two-yearly basis, will address trainee issues during such site visits.

The College's Trainees in Difficulty Support Policy details the process to assist the remediation of trainees experiencing personal and/or professional difficulties in progressing through training. It also sets out the options for disciplinary measures in exceptional circumstances. The policy describes the responsibilities of various stakeholders including trainees, their supervisors, employers and College officials.

7.4.1 Team findings

During the assessment, the team found that the College relies heavily on two sources of feedback about trainees regarding safety and quality of training. The first is the Education Advisor, who provides a support role for trainees. If the Education Advisor becomes aware of a serious mental health or other issue potentially affecting the trainee, safety of patients or others they will report this directly to the CEO or Deputy CEO who are both professional Medical Administrators and fellows of the Royal Australasian College of Medical Administrators. The second source is the supervisor report, which is required to be completed at the end of each site rotation at a minimum interval of three months and a maximal interval of one year.

The College has a policy on *Trainee in Difficulty Support*, however this seems to identify and target the trainee who is underperforming rather than the trainee who is in need of

assistance on a personal level. In the College's accreditation submission and through site visits, the team did not find evidence of referral to external sources and services to assist trainees who are experiencing personal difficulties.

There are support structures in place that are utilised by trainees, and there is a strong reliance on the role of the College's Education Advisor (that the team believes to be excessive) together with Network Coordinators and State/Regional Councillors. The Education Advisor visits all training sites, and is well-regarded by trainees, supervisors, and College administrators. The team is concerned that a large portion of complaints and concerns are not brought to the attention of the College as resolution occurs at the coalface. The College advised that most issues resolved at the coalface are of a relatively minor nature, concerning such matters as rosters, sharing of microscopes and personality differences. The College also advised that more significant issues are escalated with the consent of trainees, and serious issues are always escalated through confidential channels. The College sees this as a positive outcome which enables trainees to raise issues freely and confidentially without fear of repercussion but the team believes that it ultimately deprives the College of insight into the issues faced by trainees. In the smaller disciplines particularly, it is more difficult to maintain anonymity when making complaints, and the team is concerned that this may also lead to under-reporting.

The team recommends that the College implement a system for appropriate recording and management of allegations of discrimination, bullying and sexual harassment. The College should develop and implement a systematic approach to trainee wellbeing especially for trainees experiencing personal and/or professional difficulties. The College should consider promoting the use of medical health services and wellbeing strategies for its trainees and fellows.

7.5 Resolution of training problems and disputes

The accreditation standards are as follows:

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

Several formal and informal channels exist for trainees to address problems with supervision and other professional issues (see under standard 1.3). Within a department, there are supervisors and mentors, and outside of the department, the Network Coordinators, the Education Advisor, and State and Regional Councillors.

The policy on Trainees in Difficulty Support provides information to assist supervisors if trainees are not meeting the requirements expected of them. Trainees who are identified as being 'in difficulty' are assigned a mentor where applicable. In recent years, the College has provided workshops on mentoring in conjunction with the Pathology Update.

The Board of Education and Assessment is the body responsible for following up on significant concerns and seeking resolution of disputes. The College sets a target of 60

days for the resolution of a dispute once brought to its attention. Should resolution within this timeframe be unsuccessful, then disputes can be escalated to the RCPA Ombudsman as detailed under standard 1.

7.5.1 Team findings

The team has found that whilst multiple channels may exist for either the trainee, or the trainee's supervisor to raise concerns, a clear hierarchy for the escalation of concerns does not exist. During site visits, most trainees indicated they would contact the Education Advisor as a first port of call if they had issues with their supervision or training-related problems. The line of reporting then may bypass bodies such as the Board of Education and Assessment and lead directly to the CEO and Deputy CEO, for example. Whilst escalating issues to the highest organisational leaders in the College may seem a quick way to resolve problems, trainees may not wish to have their problems brought directly to the attention of the most senior members of the College, for fear of the stigmatisation and the effects on future employment prospects. The team heard feedback that only a small percentage of issues and concerns raised by trainees had been escalated beyond the level of Education Advisor, with many trainees requesting not to have their issues escalated. The team believes that this represents under-reporting. The College indicates that maintaining confidentiality when dealing with complaints in the smaller specialties is difficult, and the team acknowledges this. However, for most trainees it would be possible to deal with these matters in the strictest of confidence.

Beyond these described channels for dispute resolution, the team has found that the Ombudsman plays little to no role, and in this assessment a majority of trainees had no knowledge of the Ombudsman.

Standard 7.5 exists to ensure the safety of the trainee in their working environment, and to ensure that when workplaces or supervision becomes unsafe that trainees are provided with options to voice and then escalate their concerns. In the College's accreditation submission and during meetings with College office bearers, the team observed a reliance on the policy on Trainees in Difficulty Support to address this accreditation standard, which fundamentally describes the College's response to an underperforming trainee as opposed to an underperforming training site and its supervisors.

The team considers that the College should class all trainees experiencing difficulties (for example, difficulty in passing an examination, or difficulty in participating in a working relationship with their supervisor) under the one umbrella term. The team recommends the College review the policy on Trainees in Difficulty Support to clarify the process by which trainees may raise any concerns regarding their supervision and training environment and to ensure a mechanism exists for such concerns to be dealt with in a transparent, safe, confidential and supportive manner. An indication of the timescales allowable for all trainees in difficulty should also be clearly articulated.

Commendations

- P The College's work to date in revising its selection guidelines.
- Q The College's emerging plans to support the increased recruitment of Aboriginal and Torres Strait Islander and Māori trainees.
- R The work of the RCPA Education Unit in providing support to trainees.

Conditions to satisfy accreditation standards

- 24 Develop and implement a standardised policy for selection into College training programs and a process to monitor the application of the policy across all disciplines, training sites and networks. (Standard 7.1.1, 7.1.2 and 7.1.5)
- 25 Finalise, implement and monitor the plan to increase the recruitment and participation of Aboriginal and Torres Strait Islander and Māori trainees. (Standard 7.1.3)
- 26 Implement a system for appropriate recording and management of allegations of discrimination, bullying and sexual harassment. (Standard 7.4.1)
- 27 Develop and implement a systematic approach to trainee wellbeing especially for trainees experiencing personal and/or professional difficulties. (Standard 7.4.2)
- 28 Review the policy on Trainees in Difficulty Support to clarify the process by which trainees may raise any concerns regarding their supervision and training environment and to ensure a mechanism exists for such concerns to be dealt with in a transparent, safe, confidential and supportive manner. (Standard 7.5.2)

Recommendations for improvement

- OO Where possible, provide prospective guidance to trainees on the rotations that they should expect during their training, including the mix of metropolitan and rural placements. (Standard 7.1.4)
- PP To allow a substantive trainee perspective in educational decision making, consider including trainees as voting members on Council, the Board of Directors and/or other relevant decision-making committees. (Standard 7.2.1)

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

8.1 Supervisory and educational roles

The accreditation standards are as follows:

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

The College has a policy for the Supervision of Training and Accreditation of Supervisors. There is also a comprehensive Resource Manual for Supervisors that sets out the requirements, roles, responsibilities and expectations of supervisors in detail.

Supervisors

The College clearly articulates that the primary role of a supervisor is to structure and provide learning opportunities and to give feedback on trainee performance. Supervisors are required to meet regularly with trainees and observe their performance and interactions with clinicians and others in the workplace. Other specialists involved with teaching and supervision may be invited to contribute to supervisor reports. Supervisors may delegate some teaching and assessment tasks to other pathologists or senior scientists and other suitably qualified specialists, and this is described in the resource manual. Supervisors are expected to be familiar with the training program and graduate outcomes as set out in the relevant trainee handbook.

Supervisors are normally employees in facilities accredited by the College as training sites. In most sites, the head of department either nominates the supervisor/s or calls for volunteers. Normally an RCPA supervisor must be a fellow of the RCPA, although occasionally the relevant Chief Examiner on behalf of the Board of Education and Assessment may approve another person. If the designated supervisor is not a pathologist, trainee supervision must be overseen by a pathologist.

New supervisors are contacted by the College's Education Advisor to inform them of their responsibilities and training requirements. The Education Advisor will arrange to meet the new supervisor in the course of site visits.

Over recent years, the College has continued to promote the uptake of formal training by supervisors, particularly for new supervisors, whilst continuing to encourage long-term supervisors, who may not have been offered formal training originally, to undertake training updates. Those who have not recently undertaken training are contacted by the Education Advisor to determine if they are currently in supervisory roles, and if so, to make arrangements where possible for them to participate in training.

The Supervision of Training and Accreditation of Supervisors policy has been updated to clarify the requirements for all active supervisors. As noted in the policy, all new supervisors are required to undergo training to become accredited. Supervisors must participate in a face-to-face supervisors' workshop once every five years in addition to successfully completing an online supervisor module every two years. The College monitors participation in this training.

In addition, prior to commencing as a supervisor, the prospective supervisor is required to undergo mandatory training in respect of the College's policies on anti-discrimination, harassment and bullying and cultural competence. This training must be subsequently refreshed every five years. This may be in the form of a course organised by an employer organisation or, if unavailable, a College sponsored program. The College records participation in this training. The Education Advisor maintains a record of those who have completed online supervisor modules and follows up with those who do not fulfil these requirements. Pathologists who teach College trainees but are not designated supervisors are also encouraged to participate in supervisor training and an increasing number are doing so.

In disciplines where trainees are in a joint RACP/RCPA program, supervisors may complete their training through the RACP, but are strongly encouraged to also attend RCPA training or to complete RCPA online modules.

Supervisor effectiveness has been routinely evaluated in the biennial education survey, undertaken by the College since 2009, and ratings from trainees have been favourable. In particular, marked improvements in the level of satisfaction with supervision amongst trainees in New Zealand and Victoria have been observed in recent years via this survey (see under standard 8.2 for issues in Victoria).

In addition, the quality of supervision is monitored informally and locally by the Training Network Coordinators, the State and Regional Councillors and the Education Advisor, who communicates regularly with trainees and receives feedback. The Education Advisor is available to offer confidential advice regarding available courses of action if a trainee experiences any difficulties with the quality of supervision or interactions with their supervisor.

Training Network Coordinators

The role of the Training Network Coordinator is to lead and coordinate the network training program, including coordination of selection and appointment of trainees as well as oversee and assess the training program of each trainee.

State and Regional Councillors

The College articulates the responsibilities of the State and Regional Councillors in its terms of reference. The State and Regional Councillors arrange local educational programs, assist trainees with problems relating to training and examination, assist supervisors in dealing with trainees in difficulty, and conduct written, practical and oral examinations in regional centres.

Mentors

As well as supervision and teaching, pathologists and other professionals may offer mentorship to trainees. The College has guidelines on Mentoring for Trainees, which sets out the requirements, roles and responsibilities of mentors. In most cases, mentoring partnerships are established on an informal basis, however the Trainees in Difficulty Support Policy specifies that a mentor should be appointed for trainees in 'major' or 'critical' difficulty (the definitions of which are outlined in the policy). In recent years, the College has provided mentoring workshops in association with the Pathology Update.

Examiners and Assessors

The College has a policy for the Selection of Examiners for the College and Panels of Examiners. The relevant Chief Examiner, who is discipline specific, is responsible for ensuring the suitability of **examiners** for the role. Whenever possible, examiners should be RCPA pathology fellows and/or fellows of corresponding faculties of the RCPA as applicable.

The examiner selection policy sets out the experience required of examiners. Generally, at least five years post-fellowship status is required for selection as an examiner, and examiners will normally be involved in the everyday practice of their discipline. Prospective examiners may undergo a phased introduction, for example by participating in the formulation of questions and preparation of marking guides, by being 'paired' with a more experienced examiner or by observing oral examinations. Relevant policies, past examination papers and advice for examiners including quality assurance procedures and videos illustrating the conduct of oral examinations are available on the College's website.

Performance-based assessments also include workplace-based assessments (WBAs). These are normally conducted by supervisors but may be delegated to other specialists or, in some disciplines, occasionally to senior scientists in the case of the Directly Observed Practical Skills (DOPS) assessments. Further information is provided under standard 5. Training to conduct WBAs is integrated with the College's supervisor training.

Chief Examiners receive reports that contain data on inter-rater reliability for written and practical examinations. Examiners are sent the reliability data pertinent to their own performance. Chief Examiners normally discuss any significant disparities with the examiner(s) involved. Oral examiners are encouraged to provide feedback to the Chief Examiner on the examination stations in which they participated. This may include confidentially communicated observations on the performance of other examiners if concerns arise. Chief Examiners will then normally discuss any concerns with the examiner(s) involved.

Trainee feedback on examination processes is routinely sought in the College's biennial education survey. Trainees are asked to indicate whether they agree that the examinations were conducted in a fair and transparent manner. The College reports that trainee perceptions of the oral examinations have improved since standard sets of structured examination questions were introduced. This is also discussed under standard 5.

8.1.1 Team findings

During site visits the team noted that the majority of supervisors are extremely enthusiastic, committed and motivated. Although some supervisors commented that they found the time requirements and volume of paperwork challenging, all stated that they are clear about their roles and responsibilities as supervisors.

The additional expertise provided in the College's educational team, particularly by the Education Advisor in supporting both the supervisors and the trainees is valued. In addition, trainees interviewed during site visits provided positive feedback about the roles performed by their supervisors.

Whilst the College has a mentor policy, it does not prescribe mentorship for most trainees but encourages informal mentoring relationships. A number of trainees were not aware of this and the majority of trainees interviewed did not appear to have a mentor. The team recommends that the College promotes and encourages the mentorship program for all trainees.

Comprehensive online resources for supervisors are provided on the College website and in addition, there are face-to-face sessions for supervisors at the annual Pathology Update. During site visits, supervisors generally agree that the College provides effective supervisor training, communicates effectively with supervisors, seeks their input into the training program and values their contributions. The majority of supervisors interviewed had completed, at minimum, the online training, whilst many had also attended supervisor's workshops at the Pathology Update. A number of supervisors commented that they found the modules on anti-discrimination, bullying and harassment particularly helpful, and as a result, they generally felt comfortable about managing trainees who experienced problems in these areas. Some supervisors of trainees undertaking dual training with RACP stated that they had additionally accessed face-to-face training through RACP and had found these modules very helpful.

In February 2016, some team members observed the annual supervisor workshop at the Pathology Update. This was followed by a discussion with a large number of supervisors who attended. These supervisors commented that the face-to-face workshop was more engaging than the online modules in assisting them to develop the skills to effectively manage their trainees.

Some supervisors met by the team expressed concerns about a potential increase in workload with increasing workplace-based assessments. The team recommends that the College develop and introduce specific education and training for supervisors and other fellows involved in the range of workplace-based assessments. The team considers this training should be independent from the supervisor training to ensure it is relevant for workplace-based assessors who are not supervisors.

The College has updated its Supervision of Training and Accreditation of Supervisors policy to require supervisors to undertake training at least once every five years. The team commends the College on clarifying these requirements for supervisors.

As detailed in the College's accreditation submission, currently overall rates for completion of supervisor training in Australasia are at 83%. Most disciplines have a completion rate of over 80% but genetic pathology (75%), haematology (78%) and, of most concern, immunopathology (26%) are lagging behind. The College reported at the assessment visit that plans are in place to address the completion rates. The AMC looks forward to a progress report on how the College is addressing the uptake of supervisor training.

As discussed under standard 5, the team observed examiner preparation for the anatomical pathology and microbiology oral examinations. Each discipline reviewed its examination questions in depth in groups, and agreed on the final marking. This included discussion about clear pass/fail criteria, and avoidance of borderline marking. The team considered that the examinations were conducted to a high standard, with good support from College staff and senior examiners.

As discussed under standard 1.2, the team recommends that the College consider how capacity at the regional level could be increased to further support educational activities. One suggestion was to recruit additional examiners in New Zealand. The team recommends that the College consider opportunities to increase the numbers of examiners.

8.2 Training sites and posts

The accreditation standards are as follows:

- The education provider has a clear process and criteria to assess, accredit and monitor facilities and posts as training sites. The education provider:
 - applies its published accreditation criteria when assessing, accrediting and monitoring training sites
 - makes publicly available the accreditation criteria and the accreditation procedures
 - is transparent and consistent in applying the accreditation process.
- The education provider's criteria for accreditation of training sites link to the outcomes of the specialist medical program and:
 - promote the health, welfare and interests of trainees
 - ensure trainees receive the supervision and opportunities to develop the appropriate knowledge and skills to deliver high-quality and safe patient care, in a culturally safe manner
 - support training and education opportunities in diverse settings aligned to the curriculum requirements including rural and regional locations, and settings which provide experience of the provisions of health care to Aboriginal and Torres Strait Islander peoples in Australia and/or Māori in New Zealand
 - ensure trainees have access to educational resources, including information communication technology applications, required to facilitate their learning in the clinical environment.

- The education provider works with jurisdictions, as well as the private health system, to effectively use the capacity of the health care system for work-based training, and to give trainees experience of the breadth of the discipline.
- The education provider actively engages with other education providers to support common accreditation approaches and sharing of relevant information.

The College has a policy for the Accreditation of Sites for Training Programs which is publicly available on the College's website. The purpose of this policy is to ensure that sites providing training are appropriately staffed and equipped and have appropriate selection, training and supervision processes in place in accordance with College requirements. The procedure for a laboratory to be accredited for training is explained in detail in this policy.

In order to gain accreditation, all training sites must conform to certain minimum requirements as follows:

- **Professional Staff:** It is expected that there will be a full time specialist medical, scientific or, for training in oral pathology dental, graduate working in the service of the particular discipline for which accreditation is being sought. In general, this individual should be a fellow of the College or a fellow of the respective Faculty. Whenever this is not so, appropriate qualifications will be necessary and a full curriculum vitae of the individual should be submitted.
- **Supervisor:** One of the professional staff is to be nominated as the supervisor of the trainee as set out in the RCPA policy: Supervision of Training and Accreditation of Supervisors. The supervisor is required to submit a proposed training program at the commencement of each year and to complete a supervisor's report by 20 July of each year, if the trainee is undertaking an examination, or by the end of the calendar year, for inclusion with the following year's registration forms. The organisation running the training site must support supervisors in their roles and provide appropriate resources to do so.
- **Selection of Trainees:** Organisations running training sites must follow the selection process, as set out in the RCPA guideline: Selection of Trainees.
- **Education Program:** The trainee should be exposed to all aspects of the work of the training site, including clinical liaison and bench work, so that a thorough practical understanding of the discipline is achieved. Participation in conferences and seminars in the clinical environment of the organisation should be available to the trainee. Trainees should also be able to attend such sessions at neighbouring organisations. Details of the education program must be given in the prospective plan submitted to the Board of Education and Assessment at the beginning of every year.
- **Library/Internet Facilities:** A reasonable number and variety of journals and up-to-date textbooks should be made available at the training site and preferably, a large medical library with borrowing facilities should be conveniently located. Access to literature search and internet facilities should be available.
- **Equipment and Floor Space:** These should be adequate for the volume of work undertaken. Trainees must have adequate workspace and facilities relevant to their discipline.

- **Laboratory Accreditation:** National Association of Testing Authorities (NATA)/RCPA or International Accreditation New Zealand (IANZ) accreditation is mandatory for laboratories in Australia and New Zealand. In laboratories outside Australia and New Zealand, accreditation to a prescribed external standard, generally ISO, is required. The one exception to this is for laboratories that have been approved by Chief Examiners for trainees to undertake a research rotation as a part of their training program.
- **Discrimination, Harassment and Bullying:** The training site must be committed to providing a work environment that is free from discrimination, harassment, bullying, vilification and victimisation, where employees are treated with dignity, courtesy and respect. The training site must have appropriate policies and procedures to address any issues of this nature. This includes a training program for all supervisors as to how to address issues raised of this nature, and how to deal with any complaints. The training site must work cooperatively with the College as appropriate when any issue of this nature involves trainees, supervisors, fellows, associates, members, affiliates, associates of faculties and any other individual (in respect of activities undertaken in connection with the College).

Laboratories may be accredited for any or all of the major disciplines in pathology or for a joint program with the Royal Australasian College of Physicians (RACP). A limit is imposed on the length of time a trainee may have training approved in any one laboratory, currently up to a maximum of four years.

The College will visit each accredited training site once every five years or more frequently if required.

The College has a two-stage accreditation process for pathology laboratories. Initial accreditation is an assessment of the documentation provided by the site. Chief Examiners, or Assistant Chief Examiners in the case of anatomical pathology, review application forms and training programs for their discipline and determine how many years a trainee can spend training in that laboratory.

Subsequent to the paper-based assessment, routine visits are carried out by College fellows in conjunction with the laboratory accreditation for testing quality and safety conducted by NATA or IANZ. The College assessor is asked to indicate whether or not they consider the training program to be adequate and whether they have concerns with the training program and if they consider a formal RCPA site visit is required. If problems are flagged either during this visit or by another route, the College may request a further written report and/or arrange for the Education Advisor to visit, or may conduct a full site visit.

For joint trainees with RACP, the guidelines Joint Training Programs with the Royal Australasian College of Physicians state that the relevant Committee for Joint College Training or the New Zealand Haematology Joint College Training Subcommittee will accredit sites for clinical training. The laboratory component of training must be undertaken in an RCPA-accredited laboratory. Wherever possible, the Colleges will collaborate on site visits. Accreditation by one College does not imply accreditation by both Colleges.

An annual audit form is required to be completed by each accredited laboratory in which notification is sought regarding any changes that may affect learning

opportunities or supervision. The Training Network Coordinators also visit and report on sites within their respective networks independent of the routine visit process.

Trainees have the opportunity to complete training in a variety of work settings. This includes public and private laboratories in metropolitan and regional locations. In recent years, the number of training opportunities in private and regional pathology laboratories has increased markedly, largely due to the Australian Government Specialist Training Program (STP) funding. Along with funding of additional positions there has also been funding provided for the establishment of training networks, support for rural trainees, and enhanced learning resources. Currently a number of states have training networks but the College noted in its submission that while Victoria does have centralised networks, coordination is difficult because of the diverse nature and management of the services involved. This has been the subject of much discussion with senior College representatives.

8.2.1 Team findings

The College undertakes initial and follow-up accreditation of training sites in line with its publicly available policy. The list of accredited sites is publicly available on the website.

The criteria for training site accreditation are clear. The criteria relate to: the qualifications of professional staff and supervisor(s); exposure to an adequate amount and range of clinical liaison and bench work; the opportunities to participate in formal education and conferences; the availability of suitable published materials and internet access with literature search facilities; adequate work space and facilities; and a work environment that is free from discrimination, harassment and bullying.

Whilst the move to the joint accreditation of training sites with NATA/IANZ has generally been welcomed, there was some concern expressed by a number of those interviewed at site visits that this process does not allow the identification of all of the potential issues relating to trainees. In particular, issues relating to trainee rosters, balance of service versus training requirements, workload, and whether the workload is influenced by conflicting priorities, such as covering clinical colleagues absence have all been highlighted by trainees and supervisors at one or more of the team's site visits as needing to be addressed.

The information collected by the RCPA assessor on the NATA/IANZ accreditation team appears to be somewhat superficial and subjective. Trainees are asked only six questions (listed below) during the accreditation of training site, each of which might be considered rather broad. A simple "Yes/No" is required but the opportunity to comment further is not always provided.

- Do the trainees find their training satisfactory?
- Do the supervisors have sufficient time to deliver training?
- Is there adequate supervision for the trainees?
- Are there regular formal education sessions provided?
- Do the trainees have library and internet access?
- Is the physical environment i.e. equipment and floor space satisfactory?

The College does not appear to seek feedback on the delivery of training “on the ground” and there appears to have been no assessment of curriculum coverage at the various training sites.

The team considers there is an opportunity for more information to be collected that could provide a higher level of feedback to the College and which could also be used for ongoing assessment and improvement of the curriculum and training experience. This process for collecting additional information need not be particularly arduous for the RCPA assessor but would require a few additional questions that are more specific and focussed. The process should also include collection of quantitative data (including from trainees confidentially) that would allow for both monitoring, evaluation and benchmarking of training across disciplines and sites.

The AMC team’s observation of the joint accreditation process suggested that some additional useful information provided by supervisors and trainees at the visits is not necessarily captured in the reports. The College advises that written reports, which often include additional comments, are returned to the College and significant concerns are communicated directly, generally by phone, to the CEO, BEA Registrar, General Manager Operations and/or the relevant Chief Examiner.

Of note, there are no specific questions in the site accreditation process that relate to trainee health and wellbeing, nor identification and management of trainees in difficulty. The team recommends that the College ensure that the accreditation process adequately addresses the health and welfare of all trainees and that trainees in difficulty are recognised and supported.

The team noted that there are no guidelines or a role statement to describe the responsibilities of the RCPA assessor in undertaking training site accreditation. To ensure both consistency of the accreditation process and that assessors are adequately prepared for the accreditation visits, the College should develop an RCPA assessor role statement and associated training resources.

It is of note that in 2017, the College will be required to have processes in place to inform the Medical Council of New Zealand with reasonable notice of any intention to limit or withdraw the accreditation of any training site. The College will be asked to report on the implementation of these processes in its next progress report.

The team heard from both trainees and supervisors that across all states and territories, trainees generally have good exposure to a range of work settings across the public and private sector. The provision of the Australian Government Specialist Training Program (STP) funding has been integral to the College being able to provide a broad range of training settings. As previously discussed, the College’s reliance on this funding presents a risk which the College must closely monitor to ensure that if STP funding is reduced or discontinued, there will be no repercussions for the training program.

The training networks that have been introduced in a number of states have been a major step forward in providing equitable access to training environments and ensuring that gaps in training are minimised. Laboratories seeking accreditation for training are strongly encouraged to participate in a formal rotation scheme. Most states now have a centralised approach to selection and training.

As discussed under standard 7, trainees do not receive formal guidance from the College as to where, when, and how often they may rotate, including to rural and regional areas. The College should encourage employers to provide trainees with

guidance on the rotations they should expect during their training, including the mix of metropolitan and rural placements.

The College has a policy on Training Limitation. This policy states that in order to ensure that candidates for RCPA fellowship are exposed to more than one style and philosophy of pathology practice, they are ordinarily limited to spending a maximum of four years training in any one laboratory. During site visits, there was some feedback from supervisors and Training Network Coordinators that four years may be too long and a maximum of three years may be more appropriate. The team recommends that the College review the Training Limitation policy taking into account feedback from key stakeholders.

Commendations

- S Supervisors are enthusiastic, committed and motivated and generally satisfied with the online resources available for their role, as well as the face-to-face sessions at the annual Pathology Update.
- T The introduction of the joint accreditation process with the National Association of Testing Authorities (NATA) and International Accreditation New Zealand (IANZ).
- U The introduction of coordinated training networks which has assisted in providing trainees with equitable access to a variety of training environments.

Conditions to satisfy accreditation standards

- 29 Monitor and address the uptake of supervisor training to ensure supervisors complete the minimum training requirements as mandated under College policy. (Standard 8.1.3)
- 30 Define the role, training and reporting requirements of the RCPA assessor undertaking the joint RCPA and National Association of Testing Authorities (NATA)/ International Accreditation New Zealand (IANZ) accreditation visits. (Standard 8.2.1)
- 31 Develop and implement a process to collect more quantitative data at the joint RCPA and National Association of Testing Authorities (NATA)/International Accreditation New Zealand (IANZ) accreditation visit taking account of trainee/supervisor feedback regarding rostering, workload and service versus training requirements that will allow for both monitoring, evaluation and benchmarking of training. (Standard 8.2.2)

Recommendations for improvement

- QQ Develop and introduce specific education and training for supervisors and other fellows involved in workplace-based assessments. (Standard 8.1.3)
- RR Develop a strategy to encourage all trainees to seek the support of a mentor. (Standard 8.1.1)
- SS Review the Training Limitation policy which allows trainees to spend up to four years in any one laboratory and taking account of key stakeholder feedback, consider whether this should be decreased. (Standard 8.2.2)

9 Continuing professional development, further training and remediation

9.1 Continuing professional development

The accreditation standards are as follows:

- The education provider publishes its requirements for the continuing professional development (CPD) of specialists practising in its specialty(s).
- The education provider determines its requirements in consultation with stakeholders and designs its requirements to meet Medical Board of Australia and Medical Council of New Zealand requirements.
- The education provider's CPD requirements define the required participation in activities that maintain, develop, update and enhance the knowledge, skills and performance required for safe and appropriate contemporary practice in the relevant specialty(s), including for cultural competence, professionalism and ethics.
- The education provider requires participants to select CPD activities relevant to their learning needs, based on their current and intended scope of practice within the specialty(s). The education provider requires specialists to complete a cycle of planning and self-evaluation of learning goals and achievements.
- The education provider provides a CPD program(s) and a range of educational activities that are available to all specialists in the specialty(s).
- The education provider's criteria for assessing and crediting educational and scholarly activities for the purposes of its CPD program(s) are based on educational quality. The criteria for assessing and crediting practice-reflective elements are based on the governance, implementation and evaluation of these activities.
- The education provider provides a system for participants to document their CPD activity. It gives guidance to participants on the records to be retained and the retention period.
- The education provider monitors participation in its CPD program(s) and regularly audits CPD program participant records. It counsels participants who fail to meet CPD cycle requirements and takes appropriate action.

The College's continuing professional development program (CPDP) sets out the standard required of specialist pathologists in Australia and New Zealand.

An overview of the College's CPDP is available in the public domain on the College's website (www.rcpa.edu.au/Fellows/Continuing-Professional-Development). This includes a brief statement outlining that all fellows must participate in its program, that internal quality assurance frameworks are compulsory from 2017, and what is required for those resident outside Australia and New Zealand.

The members-only section of the College's website includes the CPDP policy, and the CPD information manual which outlines detailed requirements and processes, recording tools, and how to obtain compliance certification.

The College does not have a separate CPD standard that is publicly available.

The CPDP design accommodates the requirements of the Medical Board of Australia and the Medical Council of New Zealand. Program participation allows pathologists in both Australia and New Zealand to meet relevant regulatory requirements.

The Board of Education and Assessment (BEA), through a member responsible for the CPDP portfolio, oversees the CPDP with support from the General Manager - Operations. The RCPA Board of Directors approves any substantive program changes. The Council has a Lay Committee representative as an observer and this is the mechanism for lay input to educational strategy. Discipline-specific advisory committees provide internal stakeholder input, for example into the development of the various internal quality assurance frameworks. The College seeks feedback on the CPDP through its biennial education surveys. An example of a resultant program improvement is the inclusion of specific guidance for those in management and academic roles.

CPDP is an hours-based program requiring a minimum of 500 hours of continuing medical education and professional development to be undertaken over a five-year cycle, with a maximum of 200 hours to be accredited in any one year. Requirements are the same for those in full-time or part-time practice. For those absent from practice, provided leave does not exceed 12 months duration over two years, required hours can be accrued on return to active practice.

The CPD framework, which was first adopted in 2003, has three categories, each with a minimum time requirement:

- Category A – Group activities and meetings (minimum 20 hours per year)
- Category B – Personal study (minimum 20 hours per year)
- Category C – Quality activities (10 hours minimum per year plus 10 hours per year peer review for anatomical pathology and cytopathology. From 2017, the additional 10 hour requirement will apply to all other disciplines).

The College has developed practice-based internal quality assurance (IQA) frameworks and now mandates individual participation in external quality assurance (EQA) programs when they are available for a pathologist's scope of practice.

Following receipt of funding from the Australian Department of Health under the Quality Use of Pathology Program (QUPP), the development of **IQA frameworks** commenced for the morphological disciplines (histopathology, cytopathology, haematology and forensic pathology). Subsequently, the Board of Education and Assessment and the Board of Directors developed separate discipline-specific frameworks. For the morphological disciplines these involve peer-review of diagnostic measures (e.g. concordance with random or targeted case review, second opinions, inter-institutional or intradepartmental correlations, multidisciplinary case presentations, audit of amended reports).

For the non-morphological disciplines, IQA is structured around diagnostic measures, technical measures and service performance, reflecting peer review and audit activities. For example, in microbiology, this includes the requirement for at least ten hours annually of peer review of diagnostic measures and optional measurement of pre- and post-analytic performance (ten hours annually recommended). Each discipline has its own measures.

The College has also developed a specific IQA framework for those working primarily in management and academic pathology. This includes 360-degree reviews and performance appraisal.

As a pilot, from 1 January 2016, fellows in anatomical pathology have been required to participate in ten additional hours of peer review activities annually. From 2017, this will be mandatory for all disciplines, using discipline-specific IQA. The College anticipates that the IQA peer review frameworks will likely form an important part of any future revalidation process.

The accreditation of laboratories is undertaken by National Association of Testing Authorities/Royal College of Pathologists of Australasia (NATA/RCPA) in Australia and International Accreditation New Zealand (IANZ) in New Zealand. These are peer-review processes that assess safety and quality in the laboratory and include participation of pathologists and staff members in continuing education. They also mandate the undertaking of External Quality Assurance (EQA) programs. Further detail is provided under standard 1 and standard 8.2.

The College has had a CPD program since 1996. Since 2004, it has required all those involved in College activities to participate. In 2007, the College mandated CPD participation for all fellows but allowed participation in alternative programs. From January 2016, all fellows registered to practise in Australia and New Zealand must participate in the RCPA program. The College justification for this requirement is that it ensures that all pathologists undertake CPD in laboratory practice. The College also reports that this change will improve its capacity to audit CPD compliance.

Non-fellows can access the program through affiliate membership. CPD is compulsory for overseas-trained specialists (OTS) undertaking the peer review pathway and optional for all others undergoing the OTS assessment process. Senior trainees do not participate in CPD but are automatically enrolled in the CPDP when they become fellows.

The CPDP requires activities in areas that are relevant to the participant's scope of practice.

Activities that may be credited towards the CPDP include those organised by the College and those run by external bodies. Although the College will give advice and input to external educational programs and workshops, it does not endorse external programs. It is up to participants to self-select which external activities they wish to undertake. The College does not publish criteria that these activities must meet to achieve credit towards the program.

The College provides a range of educational activities that are promoted on its publicly available calendar of events. These include the annual Pathology Update conference, a New Zealand Annual Scientific Meeting and a two-day Management in Pathology course. For members, there is access to online modules through the website and communications such as the fortnightly e-newsletter, Pathology Today.

Training regarding the management of bullying, harassment, sexual harassment and discrimination is compulsory for all supervisors and examiners and is given CPD credit. Such training is also available to other CPDP participants. The College has also developed online modules on ethics and cultural competence and these are recommended but are not mandated as part of CPDP.

CPDP participants can opt to record their activities electronically or using a paper-based system. The former can occur via an offline excel spreadsheet or using an online CPDP recording system, both provided by the College. Even participants who choose a paper-based or independent electronic recording system, can use an online annual submission form to submit a summary of their CPD activities to the College. The 2015 education survey showed that most fellows found this form easy to use.

The CPDP information manual includes information about the minimum data set for recording and that data must be kept as proof of participation (to facilitate annual audit).

On an annual basis, the College monitors overall CPD compliance. Additionally, the College undertakes an annual audit of one of the three CPD categories, randomly selecting 10% of New Zealand fellows and 5% of Australian fellows. For most fellows, the outcome of the audit is successful, however in some cases it may lead to requests for resubmission, time extension (if on leave) or exemption (if no longer in practice).

Results of both monitoring processes are presented annually to the Board of Education and Assessment.

Overall compliance data are available following the annual returns deadline (March of the following year). The 2015 data are shown in the following table.

Discipline	Australia		New Zealand	
	Submitted	Not submitted	Submitted	Not submitted
Anatomical pathology	755	38	109	4
Chemical pathology	71	5	13	2
Haematology	385	71	50	6
Microbiology	188	12	22	2
Immunopathology	93	9	7	0
Genetic pathology	16	0	0	0
General pathology	74	1	5	0
Forensic pathology	40	5	4	0
Total	1622	141 (8.0%)	210	14 (6.25%)

Of those who did not submit documentation, a large proportion were either working overseas or were dual fellows of RCPA and RACP. With new policies for these groups, particularly the requirement that all fellows registered to practise in Australia or New Zealand (or both) will be required to participate in the RCPA program, the College expects to have more accurate CPD compliance data from 2017 onwards (these data will be available in March 2017).

Non-compliant specialists are contacted individually and counselled by the CPD Representative of the BEA, the relevant jurisdictional Councillor or the Deputy Chief Executive Officer. If participants are non-compliant, the College does not issue a certificate of participation and will not issue a certificate of good standing if such is requested.

New Zealand

The College's CPDP is available to non-fellows registered within a vocational scope of practice in pathology through affiliate membership of the College. From 2011 to 2014

the number of New Zealand affiliates practising in pathology has increased from 28 to 39. All have completed the RCPA CPDP over this period.

The program meets the Medical Council of New Zealand recertification standards by including:

- the required hours
- processes for recording and auditing compliance
- elements relevant to cultural competence and MCNZ domains of competence (medical care, communication, collaboration and management, scholarship, professionalism)
- continuing medical education of at least 20 hours per year, under personal and group learning (Categories A and B)
- audit and peer review under category C. From 2017, all disciplines will require at least 10 hours participation annually in Internal Quality Assurance activities.

The IQA frameworks address the MCNZ requirement for demonstration of competence and the principles of regular practice review in that they are based on formative assessments to help individual pathologists identify areas where their performance could be improved, benefiting not only their own professional development but also the quality of patient care. It may assist in the identification of poor performance that would become apparent to colleagues in the context of peer review.

The College monitors participation in the CPDP and makes every effort to contact those who do not comply, offering assistance where possible to achieve compliance. Compliance of New Zealand members is audited in accordance with MCNZ requirements. Those who do not comply will not be issued with a certificate of participation, without which they are not permitted to register to practise in New Zealand.

Currently the College will provide information regarding non-compliant members at the request of the MCNZ and processes for routine reporting are under consideration.

9.1.1 Team findings

The CPDP is based on self-directed learning, is practice-based and has been designed to meet the requirements of the Medical Board of Australia and the Medical Council of New Zealand. It is available to all pathologists including to non-fellows through affiliate membership (which includes a fee). The College is responding to potential or actual regulatory changes in a proactive manner.

The College is commended for the discipline-specific IQA frameworks involving peer review of practice which it has developed to address MCNZ requirements and likely future revalidation developments in Australia.

The CPDP is an example of the College adopting a unified framework across its multiple specialist disciplines with the development of discipline-specific components as required. There is no apparent link between the curriculum frameworks and the CPDP framework in the various disciplines and this might be a future opportunity for the College.

Under the Medical Board of Australia's registration standard 'Continuing Professional Development' (1 October 2016), specialist registrants must meet the requirements set

by the relevant specialist medical college and can do so by choosing a self-directed program. In order to reassure the public, jurisdictions and other stakeholders about pathologists' continuing professional development, the team recommends that the College publish an explicit statement of its CPD requirements in a publicly accessible place.

The governance of the program is clear and a 'road show' by the President and senior Council members has promoted it to fellows. Mandatory IQA framework implementation will require a communication and support strategy that the College appears to have in progress. The CPDP requirements appear generally well understood, although some fellows are unaware of the facility to upload evidence to the CPD recording system. Promoting this and perhaps in future mandating it would greatly facilitate compliance monitoring and audit.

The CPDP information manual makes requirements clear, including for those in part-time practice or extended leave. The manual briefly references the importance of non-technical expert competencies and suggests participants direct their attention to these. This is supported by the development of online modules on ethics and cultural competence, and inclusion of 360-degree feedback in the IQA framework for management and academic pathology. However, the team considers there is scope to extend 360-degree feedback to other pathologists within the CPDP, especially given the crucial involvement of pathologists in multidisciplinary and team practice. As discussed under standard 1 and 2, the team also considers that the position statement, Patient Expectations of Pathologists developed by the Lay Committee offers a framework that might assist the College's future direction in terms of non-technical expert competencies.

The team commends the College for developing online modules on ethics and cultural competence which receive credit within its CPDP.

Although the CPDP requires that activities fall within an individual's scope of practice, there is no formal requirement for planning of activities and self-evaluation at the end of each CPD cycle. As stipulated in standard 9.1.4, the team recommends that the College develop a framework for participants in College's CPD programs to assist them in assessing and defining their learning needs and in formally evaluating whether their needs have been met at the end of each CPDP cycle.

There is no formal criteria by which participants can assess activities developed and delivered externally in the categories of group activities and meetings (Category A) and personal study (Category B). In particular, there is no measure of educational value or independence from industry or other influences. The team recommends that the College develop criteria for CPD participants to assess whether educational activities delivered by external providers that can earn CPD program credit are educationally sound.

During the assessment visit, the online CPD recording system was demonstrated to the team. The system is user friendly and includes a facility for participants to upload evidence of completion of activities. The information is also used by the College for compliance audit. However, most participants opt to submit evidence (either in hard copy or by uploading it) only once they are selected for audit. Whilst the College would prefer to make electronic recording mandatory, it has received feedback from some fellows that they prefer paper-based recording. In the team's site visits, some fellows expressed the view that the online system requires improvement. As previously

discussed, it was not clear to the team during these discussions if all fellows were familiar with the evidence uploading facility.

As previously discussed, from January 2016, all fellows registered to practise in Australia and New Zealand must participate in the RCPA CPDP. As the RCPA CPDP has been previously optional for college fellows undertaking other recognised programs including those offered by the RACP or RCPATH (UK), there is uncertainty about the accuracy of compliance data since not all fellows reported their participation in alternate programs to the RCPA. The College anticipates that its monitoring process will be improved by the requirement that all fellows registered to practise in Australia or New Zealand (or both) undertake its program. Data on this will not be available until after the March 2017 returns deadline. The AMC looks forward to updated CPDP compliance rates in the College's next progress report to the AMC.

It is not clear that the discipline-specific IQA frameworks meet the MCNZ requirement that regular practice review includes a component of external assessment for all participants, although this is achievable within these frameworks. While the College maintains that National Association of Testing Authorities (NATA)/RCPA and International Accreditation New Zealand (IANZ) accreditation meets this requirement, the EQA is a process that accredits laboratories, rather than individual practitioners. The MCNZ requirements include that there is a process for identifying and addressing learning needs. As detailed above, the team recommends that the College develop such a framework.

9.2 Further training of individual specialists

The accreditation standards are as follows:

- The education provider has processes to respond to requests for further training of individual specialists in its specialty(s).

Requests for further training to address recency of practice are covered by the College's Retraining policy. This adopts Medical Board of Australia definitions of recency of practice.

Requests are managed by the Chief Executive Officer and governed by the Board of Education and Assessment (BEA). The relevant Chief Examiner (all are members of the BEA) provides advice on specific requirements. Retraining is verified through an individualised program under supervision with assessment. The latter varies with individual circumstances but may include workplace assessment and/or some or all components of examinations.

The Scope of Practice Recognition policy outlines the process by which the College assesses requests for formal amendment of individual scopes of practice. In such a case, the fellow is required to submit evidence of training and experience to the Board of Education and Assessment to support the request. An extended scope of practice may sometimes require an assessment comparable in standard to an examination for the discipline in question. The process includes formal certification of scope of practice. The College views this policy as providing a mechanism for fellows to formally amend or extend their scope of practice due to concern about the ethical and legal implications of working beyond the scope of their qualifications and training and to clarify expectations for both the pathologist and the employer, so that neither party has unjustified

expectations of the scope of the pathologist's practice under an employment arrangement.

9.2.1 Team findings

For the past ten years, the College reports only one instance of retraining to address recency of practice. This involved an anatomical pathologist who had been out of practice for almost a decade and had requested College assistance. Individualised requirements were a six-month period of practice with oversight, similar to that required for the peer review pathway for overseas-trained specialists at the time. This included a signed agreement with two fellows, one of whom was a former chief examiner, to act as peer reviewers. The process was prospectively designed and approved, and included an initial period of one-on-one supervision, regular workplace review and a final report on performance. It culminated in successful outcome and re-admission to College fellowship.

The College indicated that there have been recent retraining programs involving extensions of scope of practice. Two anatomical pathologists have undertaken additional training and assessment to extend their scope of practice into forensic pathology; and three chemical pathologists are currently extending their scope of practice into genetic pathology. Details were not provided by the College nor sought by the team.

Although requests for retraining are uncommon, the team considers that the College has a relevant governance structure and policy framework to address any such requests.

9.3 Remediation

The accreditation standards are as follows:

- The education provider has processes to respond to requests for remediation of specialists in its specialty(s) who have been identified as underperforming in a particular area.

The College reports that it may become aware of underperformance through a variety of channels.

Relevant College's policies include the Retraining policy (also used for recency of practice issues) and the more detailed Procedure for Investigation of Allegations of Poor Professional Performance in anatomical pathology (Histopathology, Cytopathology and haematology morphology). Under the latter policy, the College acts on behalf of the requesting authority (employer or regulatory authority) to assess whether the allegation of poor performance is substantiated.

The process includes a targeted review to examine specific allegations of unsatisfactory performance as well as a random audit looking for other performance deficiencies. Any mitigation would then be addressed under a separate process, for example through the Retraining policy (under the Board of Education and Assessment with advice from the relevant Chief Examiner) or a regulatory body process.

Progress through a remediation program is monitored and documented by a designated supervisor within the workplace and is overseen by the Board of Education and Assessment. A mentor may be appointed to assist the fellow.

The College is currently undertaking a review of the RCPA constitution to allow appropriate responses to regulatory authorities in relation to non-participation in CPD.

9.3.1 Team findings

The College has the governance and policy structure to undertake requests for assessment and remediation of underperforming pathologists in the morphological disciplines. It indicated that such requests for pathologists in other disciplines would use the same process as that outlined for anatomical pathology. The team notes that the Medical Council of New Zealand requirement that the College provides notification of CPD non-compliance is a work in progress, with the College planning relevant by-law amendment to allow such reporting. An update on this work is requested.

Commendations

- V The Continuing Professional Development Program is based on self-directed learning, is practice-based and has been designed to meet the requirements of the Medical Board of Australia and the Medical Council of New Zealand.
- W The introduction, from 2017, of discipline-specific internal quality assurance (IQA) frameworks involving peer review of practice which has been developed to address Medical Council of New Zealand requirements and likely future revalidation developments in Australia.
- X The online recording system is user friendly, allowing participants to upload evidence of completion of activities and retain records. It facilitates recording for participants as well as audit by the College.

Conditions to satisfy accreditation standards

- 32 Publish the requirements of the CPD program, in line with the Medical Board of Australia and Medical Council of New Zealand registration standard on continuing professional development. (Standard 9.1.1)
- 33 Develop a framework for participants in College's CPD program to assist them in assessing and defining their learning needs and in self-evaluation of learning goals and achievements. (Standard 9.1.4)
- 34 Develop criteria for CPD program participants to assess whether educational activities delivered by external providers that can earn CPD program credit are educationally sound. (9.1.6)
- 35 Develop and implement a formal process for reporting CPD program non-compliance and underperformance to the Medical Council of New Zealand. (Standard 9.3.1)

Recommendations for improvement

- TT Given the crucial involvement of pathologists in multidisciplinary and team practice, expand 360-degree feedback for credit towards CPD program activities beyond the Management and Academic Pathology Internal Quality Assurance (IQA) framework. (Standard 9.1.3)
- UU Promote to CPD program participants the facility to upload evidence to the CPD program recording system. (Standard 9.1.7)

10 Assessment of specialist international medical graduates

10.1 Assessment framework

The Accreditation standards are as follows:

- The education provider's process for assessment of specialist international medical graduates is designed to satisfy the guidelines of the Medical Board of Australia and the Medical Council of New Zealand.
- The education provider bases its assessment of the comparability of specialist international medical graduates to an Australian- or New Zealand- trained specialist in the same field of practice on the specialist medical program outcomes.
- The education provider documents and publishes the requirements and procedures for all phases of the assessment process, such as paper-based assessment, interview, supervision, examination and appeals.

The College's policy for the Assessment of Overseas Trained Doctors and Overseas Trained Specialists in Australia and New Zealand describes the processes for each country and includes arrangements for Area of Need (AON) applicants. There is a separate policy for the Award of FRCPA to Overseas Trained Specialists via Peer Review Pathway for those applicants assessed as substantially comparable to a fellow trained by the RCPA. The peer review process offers a pathway for fellowship following a period of oversight, but without formal examination.

These policies and procedures comply with the Medical Board of Australia guidelines. The College has specific processes to address the requirements for those applying to practise in New Zealand. These provide for the Medical Council of New Zealand to determine eligibility for registration within a vocational scope of practice.

The Board of Education and Assessment oversees the assessment of overseas-trained specialists but delegates responsibility for the assessment to the Overseas Trained Specialist (OTS) Assessment Subcommittee. The subcommittee is chaired by a member of the Board of Education and Assessment and consists of representatives from each discipline. When available, one of the discipline representatives is a College fellow who has been awarded fellowship under the OTS pathway. The subcommittee meets twice annually and is responsible for developing and reviewing all College policies relevant to specialist international medical graduate and area of need assessment and makes recommendations to the Board of Education and Assessment. An interview panel is convened at least five times each year for specialist international medical graduates and area of need applicants. Members of the subcommittee undergo training once every two years.

Applicants are advised by the College to use the trainee handbooks as a guide to standards and to assist them in preparing their application to address these standards.

Documentation from applicants is reviewed by at least three fellows of the College, of whom at least two are in the same discipline as the applicant. If the applicant proceeds to interview, this is conducted by a panel of at least three members, two of whom are qualified in the same discipline as that in which the applicant is seeking assessment. One of the panel must also be a member of the panel of examiners in that discipline. This ensures the interviewers are familiar with the assessment standards and processes applicable to local candidates in the same discipline. Interviewers refer to the relevant

curriculum handbook for their discipline and follow discipline-specific protocols for conducting and recording the interview findings.

The applicant must demonstrate an understanding of quality management within the local regulatory environment, compliance with national and international standards, and cooperation with Australian and New Zealand organisations involved with quality assurance. They must also demonstrate the ability to communicate effectively with institutional and broader health networks.

The relevant Chief Examiner will make the training determination ensuring that the level of experience and competence of the applicant, as demonstrated by the assessment, is at the same standard as that expected of a locally-trained specialist.

All specialist international medical graduates seeking fellowship must complete cultural competence education modules including elements specific to Indigenous communities in Australia and/or New Zealand.

The College provides information for overseas-trained specialists on its website. The information includes:

- links to related information on Medical Board of Australia and AMC websites
- tables for examination exemption and training time credits
- links to RCPA curriculum handbooks which define the standards for fellowship in each discipline
- application forms and guidelines for completing the forms
- a curriculum vitae template
- a link to the RCPA policy for Assessment of Overseas Trained Doctors and Overseas Trained Specialists in Australia and New Zealand
- a series of step guides describing all processes and possible outcomes for a range of circumstances.
- a schedule of all applicable fees
- a list of interview dates
- an explanation that permanent residents are given priority for training positions.

Included in the information provided are a series of step guides which set out eligibility criteria, processes for application, possible assessment outcomes, advice on how to prepare for an interview, and the appeals process. The College's appeals processes for applicants in both Australia and New Zealand are described in further detail under standard 1.3.

10.1.1 Team findings

A review of the College's policies and processes relating to the assessment of specialist international medical graduates in Australia and New Zealand confirms the assessment framework meets the accreditation standards. A subcommittee of the Board of Education and Assessment, the OTS Assessment Subcommittee, reviews these policies, processes, step guides and meets twice-yearly to ensure they are fit for purpose and consistent with the requirements of the AMC, MCNZ, Medical Board of Australia, Australian Health Practitioners Regulation Agency and other relevant stakeholders. This

subcommittee presents its recommendations for revision and amendments to the policies and processes to the Board of Education and Assessment for approval.

The team noted the broad disciplinary membership of the OTS Assessment Subcommittee and that the Chair is a member of the Board of Education and Assessment. The College strives to have one member of the committee who has obtained their fellowship under the OTS pathway and this is to be commended. There is no lay person on the OTS Assessment Subcommittee. The team considers that the College could include a lay/community representative on its specialist international medical graduate assessment panels in line with best practice as detailed in the Medical Board of Australia guidelines.

The College's website provides detailed relevant information for prospective applicants which guides them through their application requirements, eligibility criteria, relevant policies and the processes involved. In addition, a web link is provided to the trainee handbooks. These handbooks are intended to serve as a guide to the standards expected and to assist the applicants in preparing for assessments. The team considered the presentation of this information was more appropriate for trainees rather than for specialist international medical graduates who are applying for assessments of comparability. The College should consider reviewing this information to ensure it is appropriate for specialist international medical graduates.

The team found the process for review of an applicant's documentation and for determining whether they should proceed for interview to be satisfactory. The panel of interviewers is made up of two fellows from the same discipline and at least one other pathologist. One person must also be a member of the panel of examiners in the same discipline as the applicant. This ensures the interviewers are familiar with the assessment standards and processes applicable to local applicants during the interviews.

The team's concerns regarding the College's reconsideration, review and appeals processes are described under standard 1.3.

10.2 Assessment methods

The Accreditation standards are as follows:

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

The assessment of specialist international medical graduates by the College involves three stages.

- The first or paper-based assessment is a screening process used to identify unsuitable applicants. In the case of New Zealand, the Medical Council of New Zealand conducts the initial paper-based assessment.
- The second stage involves an interview to ensure that all the information required to make an informed decision is available. The interview provides an opportunity to understand the exact nature of professional work undertaken by the applicant. The applicant has an opportunity to ask any relevant questions about the College, its training and examinations and the practice of pathology in Australia. Interviews

may be conducted by videoconference, although applicants are encouraged to attend interviews in person where possible. The OTS Assessment Subcommittee is informed of the outcome of the interview.

- The third stage involves a decision and determination provided by the relevant Chief Examiner. This ensures comparability of standards as described under standard 10.1.

The College applies a standardised approach to the interview process, undertakes regular reviews of policies, guidelines and procedures, and conducts follow-up interviews after three months for area of need applicants.

Surveys of those who have been assessed are undertaken to obtain feedback on fairness of the processes and the effectiveness and timeliness of communication from the College. In the 2015 education survey, 92% of specialist international medical graduates surveyed agreed that the RCPA provided clear and accessible information about assessment requirements and fees; and 83% agreed that the RCPA provided timely and correct information about the progress and outcomes of assessment.

The College uses the same procedures for notifying employers where patient safety concerns arise in the assessment of specialist international medical graduates as those described earlier for trainees under standard 5.3.4. Examples of this process were provided in the College's accreditation submission.

10.2.1 Team findings

The current assessment methods used by the College to assess specialist international medical graduates meet the accreditation standards. The use of a standardised approach to the interview and the practice of having a pathologist on the interviewing panel from a similar discipline and who has obtained their fellowship under the OTS pathway, is a major step forward.

During the team's interviews with specialist international medical graduates a number commented that it was helpful to have the presence of a specialist international medical graduate who is also a fellow of the College on the interview panel. The College is commended for allowing specialist international medical graduates to participate in the interview via videoconferencing from their overseas base as this may save them travelling to Australia. However the team heard from specialist international medical graduates of instances where inconvenient interview scheduling occurred given the time differences between their country and Australia.

Specialist international medical graduates reported their disappointment that the interviewing panels did not take into account their post-training experiences. Some applicants may have many years of experience between graduating as a specialist in their own country and applying for assessment to the College and they believe this should be taken into account during their College assessment.

Feedback from those interviewed by the team recommended that the College provide information regarding the aims of the interview, its framework and what to expect. This information would greatly help the applicants' preparation for the interview. Providing this information on the College website would be helpful. Despite these concerns, the specialist international medical graduates interviewed were satisfied with their assessment.

The College procedures for notifying employers, and, where appropriate the regulators, if patient safety concerns arise during assessment, was reviewed by the team and found to be the same as those used for trainees. Specialist international medical graduate applicants are by definition specialists in their country of graduation and the team considers that a separate procedure would be more appropriate.

10.3 Assessment decision

The Accreditation standards are as follows:

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

Assessment decisions are in line with the specialist pathway for specialist recognition as specified in the Medical Board of Australia document: Good Practice Guidelines for the Specialist International Medical Graduate Assessment Process. RCPA uses the following definitions:

Substantially comparable

These applicants are suitable to undertake the intended scope of practice, taking full responsibility for individual patients with only oversight of their practice by a supervisor. To be considered substantially comparable an applicant must satisfy the RCPA requirements in relation to previous training, assessment, recent specialist practice and continuing professional development. The applicant may be required to undertake a period of up to twelve months full-time equivalent practice under peer review, which involves the satisfactory completion of workplace-based assessments. Following satisfactory completion of this process, the applicant will be eligible for fellowship and may apply for registration as a specialist.

Currently the College mainly considers this category for candidates with fellowship of the Royal College of Pathologists (FRCPath - UK) by examination. Applicants for anatomical pathology and chemical pathology programs with this background will be categorised as substantially comparable as a matter of course, if they fulfil the other essential criteria including recency of practice and compliance with continuing professional development requirements. For anatomical pathology, anyone obtaining FRCPath since 2010 will also require the RCPA certificates for cytopathology and autopsy. In exceptional circumstances an applicant from another discipline with the FRCPath may also be categorised as substantially comparable if they can demonstrate through either additional formal examinations/and or employment that they satisfy the criteria for this classification.

Partially comparable

These applicants are suitable to undertake a defined scope of practice in a supervised capacity. In order to be considered partially comparable an applicant must have satisfied the college requirements in relation to previous training, assessment, recent specialist practice and continuing professional development that will enable them to reach the standard of an Australian-trained specialist within a maximum period of 24 months full-time equivalent practice. During this period, the applicant will undertake upskilling with associated assessment under a supervisor(s) approved by the College and will be required to undertake formal examination(s). Following satisfactory completion of this process, the applicant will be eligible for fellowship and may apply for registration as a specialist.

An example report for a partially comparable applicant (requiring two years training, and eligible to enter the specialist pathway), was provided to the team. This report described the assessments required to achieve fellowship.

Not comparable

These applicants do not meet the requirements of the RCPA with regard to previous training, assessment, recent specialist practice and continuing professional development, or may be assessed as unable to reach comparability within 24 months full-time equivalent practice. They may be eligible to seek registration to practise via another pathway that will enable them to gain general registration, and subsequently seek RCPA training and assessment.

An example report for a non-comparable applicant requiring more than two years of training was provided in the College's accreditation submission and included detailed reasons for this decision. The documented reasons may be referred to in the event of an appeal, or may be used for the purposes of recognition of prior learning if the candidate subsequently enters pathology training via the standard pathway.

Report of the assessment

Each member of the panel completes the Interview Protocol for Overseas Trained Specialists and Area of Need Applicants forms. The chair of the interview panel completes the Summary and Recommendations Overseas Trained Specialists form, providing a comprehensive rationale for the panel's decision. For overseas-trained specialists, the report of the interview is referred to the Chief Examiner, or nominee, for a training and examination determination. The Board of Education and Assessment Registrar reviews the determination and report which are then forwarded to the AMC for notification to the applicant.

There is a similar process for Area of Need applicants where a report is forwarded to the AMC for notification to the applicant, employer, recruitment agency and relevant state/territory medical boards.

The College publishes on its website updated tables containing information about possible exemption from examinations and training time credits for various degrees and specialist qualifications. The same tables are used for all candidates whether they enter the program through the overseas-trained specialist or standard pathway.

Qualifications and experience not listed in the tables are assessed on a case-by-case basis by the Overseas Trained Specialist Assessment Subcommittee in consultation with the relevant Chief Examiner.

Additional training requirements for each trainee are documented in a training determination provided to the applicant in accordance with the RCPA Training Determinations, Examination Exemptions policy. The requirements set out in the determination reflect the decision with respect to the level of comparability of the applicant as described under standard 10.3. If the applicant requires further training and assessment they enrol as a trainee, work under supervision and pay the normal training and examination fees, although the initial registration fee will be waived. If the applicant requires no further training time but is required to pass examinations, they will be required to register with the College and pay the fee set for a deferred trainee to allow them access to College communications and the member section of the College website.

Applicants deemed substantially comparable and who have satisfied the requirements for the peer assessment route to fellowship, must register with the College. As specified by the Medical Board of Australia, such requirements must be completed within a 12-month full-time equivalent timeframe. The subcommittee may determine at any time, if progress is unsatisfactory, that the applicant must undertake formal examinations.

The OTS Subcommittee monitors each applicant's progress and compliance with determinations and reports provided to each meeting of the Board of Education and Assessment with respect to assessment progress, attainment of fellowship, training and specialist appointments.

The College communicates the outcomes of assessment to the applicants and the registration authority in keeping with the benchmarks required, with the exception of two situations which have been declared during the AHPRA consultations. These circumstances are as follows:

- All specialist international medical graduates assessed as partially comparable by the College are required to sit formal examinations; some are required to sit both the Part I and Part II. It is not uncommon that some fail on the first attempt. As the College conducts examinations just once a year, if candidates fail an attempt, there is the possibility of them exceeding the four-year full-time equivalent completion window.
- The College mandates that candidates must be in an accredited training position to sit examinations. Government requirements state that Australian citizens and permanent residents must be given preference in the allocation of training places each year, which means there may be interruptions in the training of specialist international medical graduates in this category.
- The College schedules five interview dates each year with a three-month gap between the November and February interview dates due to the Australian summer holiday period. Colleges rely heavily on 'volunteer fellows' to undertake this assessment and as it is very difficult to get panels together in December or January, there is a theoretical risk that this could lead to some of the timeframes being exceeded.

Education surveys carried out by the College have provided evidence of applicants' satisfaction with respect to timely communication.

10.3.1 Team findings

The College has clear definitions regarding substantially comparable, partially comparable, or not comparable and these are in line with the Medical Board of Australia document: Good Practice Guidelines for the Specialist International Medical Graduate Assessment Process. Regular updates are published by the College regarding exemption from examinations and training time credits for various degrees and specialist qualifications. The Royal College of Pathologists (UK) training and assessment program is regarded favourable by the RCPA and is reviewed regularly.

The composition of the interview panels is appropriate although the team considers the addition of a lay member would greatly enhance its function. Recommendations made by the OTS Assessment Subcommittee are referred to the relevant Chief Examiner for a final decision and communicated to the applicants within an acceptable timeframe. The College discussed two examples of where difficulties arise in complying with the required timeframes and delays for these reasons appeared understandable to the team. Specialist international medical graduates interviewed by the team confirmed that the decision following their assessments was clear and accompanied by helpful guidelines on the next steps.

The College monitors its assessment processes and make changes where required.

10.4 Communication with specialist international medical graduate applicants

The Accreditation standards are as follows:

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

The College provides detailed information on its website as outlined under standard 10.1. The College also offers specific educational support and mentoring for specialist international medical graduates in training. Each year, one of the 'Yardsticks in Surgical Pathology' sessions is devoted to an information session for all specialist international medical graduates in training. This is conducted by an experienced overseas-trained pathologist who follows-up participants weekly for five months and offers further advice and mentoring as needed.

The College Education Advisor offers to meet personally with all specialist international medical graduates in training, and most accept this offer. The Education Advisor communicates with individuals regularly to monitor progress, giving particular attention to any candidates who are experiencing difficulties. The Education Advisor also puts candidates in touch with overseas-trained pathologists who have successfully attained fellowship, and these pathologists offer tutoring and/or mentoring as required.

Communication between the College and specialist international medical graduates follows the same requirements and standards as apply to RCPA trainees.

The RCPA step guides explain each stage of the assessment process including the documentation required from the applicant. The step guides detail the possible outcomes of each stage of assessment, the nature of reports that the RCPA will provide, and estimated timeframes for all processes, decisions and communications.

The number of specialist international medical graduates assessed by the RCPA from 2011 to 2015, (not including area of need) was 96 with the annual numbers provided below.

Year	Number assessed
2011	12
2012	22
2013	32
2014	19
2015	11
Total	96

The outcomes of the assessment of 96 specialist international medical graduates carried out by the College in Australia from 2011 to 2015 are as follows:

Discipline	Not Comparable	Partially Comparable	Substantially Comparable	Pending	Total
Anatomical Pathology	4	36	10	1	51
Chemical Pathology	2	2	1	1	6
Clinical Pathology	3	1	0	0	4
Haematology	3	16	0	0	19
Forensic Pathology	0	1	0	0	1
Microbiology	3	6	0	0	9
General Pathology	0	6	0	0	6
Total	15	68	11	2	96

The outcomes of specialist international medical graduate requests for review of determinations in relation to their initial assessments, 2011 to 2015, are as follows:

Original determination	Discipline	Outcome of review	Number
Partially Comparable	Anatomical Pathology	Modified to Substantial	1
Partially Comparable	Anatomical Pathology	Determination upheld	1
Partially Comparable	Haematology	Determination upheld	1
Not Comparable	Anatomical Pathology	Determination upheld	2
Not Comparable	Anatomical Pathology	Pending	1
Not Comparable	Haematology	Determination upheld	3

The outcomes of the assessment of 17 specialist international medical graduate assessments in New Zealand from 2011 to 2015 are as follows:

Discipline	Partially Comparable	Substantially Comparable	Total
Anatomical pathology	3	1	4
Forensic pathology	2	0	2
Haematology	7	0	7
Immunopathology	1	0	1
Microbiology	2	1	3
Total	15	2	17

10.4.1 Team findings

The College provides comprehensive information on its website regarding assessment requirements, proposed changes and fees. The College's Education Advisor plays a major role in communicating with individual specialist international medical graduates. The team was conscious that this responsibility, while beneficial to the specialist international medical graduate, adds greatly to the busy role of this particular staff member.

Training Network Coordinators strive to ensure that specialist international medical graduates are offered suitable rotations to gain the experience specified in their assessment decision. However, specialist international medical graduates interviewed by the team regarded obtaining suitable rotations as a major challenge.

The College monitors the level of satisfaction amongst specialist international medical graduate applicants on the timeliness of College communication and the results confirm a high level of satisfaction. The College also monitors the number of specialist international medical graduate applicants and the outcomes of their assessments. As presented in the above table, 96 applicants were assessed in Australia between 2011 and 2015, half of whom were in the discipline of anatomical pathology. Only eleven of the 96 were regarded as substantially comparable with the majority or 68, being assessed as partially comparable. Finding appropriate rotations for these specialist international medical graduates is clearly difficult. In the same period, 17 applicants were assessed in New Zealand and 15 were judged to be partially comparable.

The College monitors the outcomes of any appeals that arise. Between 2011 and 2015, nine applicants appealed the determination made at their initial assessment. Of the appeals that have been completed, seven of the determinations were upheld, with one modified from being partially comparable to substantially comparable.

Overall, the team was impressed by the progress made by the College in the assessment of specialist international medical graduates in pathology.

Commendations

- Y The assessment of specialist international medical graduates is considered comprehensive, fit for purpose and fair, with timely and detailed feedback provided to applicants.
- Z The inclusion of a specialist international medical graduate fellow on its assessment interview panels.

Conditions to satisfy accreditation standards

- 36 Develop and implement specific procedures to inform employers, and where appropriate the regulators, where patient safety concerns arise during the assessment of specialist international medical graduates. (Standard 10.2.2)

Recommendations for improvement

- VV Include a lay/community representative on specialist international medical graduate assessment panels in line with best practice as detailed by the Medical Board of Australia guidelines. (Standard 10.1.1)
- WW Provide specialist international medical graduates with a framework of the interview process that broadly outlines its aims, format and content. (Standard 10.1.3)
- XX Review the information provided in the trainee handbook and re-develop with a view to ensuring it is appropriate for specialist international medical graduates. (Standard 10.1.3)

Appendix One RCPA Fellowship Training Programs Summary

Anatomical Pathology (including cytopathology)

The College describes anatomical pathology as the study of organs and tissues to determine the causes and effects of particular diseases. It involves macroscopic pathology, histopathology (the combination of these two usually being referred to as 'surgical' pathology), cytopathology and morbid anatomy. Anatomical pathologists work with almost all medical specialties, including surgeons and general practitioners, and use techniques available in the anatomical pathology laboratory to provide information and advice essential to clinical practice.

As detailed under standard 1 of this report, anatomical pathology is the largest discipline with a total of 271 trainees.

The anatomical pathology training program requires five years of accredited training. The period in cytopathology must be equivalent to a minimum of three months full time in a department, processing and reporting sufficient gynaecological and non-gynaecological cytopathology. In 2016, the College commenced a review of the anatomical pathology curriculum.

Assessment is by: formal examinations; supervisor reports; and submission of the portfolio, including a record of workplace-based assessments and details of other achievements during training. The College's 2011 review of anatomical pathology indicated support for structured oral examinations and for trainees to sit the small biopsy and cytology examinations Part II examinations in either the fourth or final year of training. These measures were adopted in 2012. The anatomical pathology small biopsy/special techniques examination is now based on digital images due to the limited amount of patient tissue available for examination candidates. In view of changes in recent years for the anatomical pathology examinations, pass rates have been monitored in detail by the College.

During the site visits the team heard from trainees and supervisors of the difficulties being experienced by anatomical pathology trainees in obtaining access to perform autopsies, as well as the large amount of time trainees spend in cut up. These issues are discussed further under standards 3.2 and 6.1.

Trainees provided feedback to the team about the large number of examinations required in anatomical pathology and this is discussed under standard 5.2.

Chemical Pathology

As detailed in the trainee handbook, chemical pathology is the branch of pathology which deals with the diagnosis and management of disease by use of chemicals present in the body's fluids and tissues. Chemical pathologists are responsible for running the laboratory to ensure the quality of the results, and to provide diagnostic services and advice to clinicians. This requires a sophisticated knowledge of the pathophysiology of disease, the diagnostic value of individual tests, and also of the work of the laboratory. A significant part of the work of the chemical pathologist entails oral communication with clinical colleagues.

The College offers a joint training program with the Royal Australasian College of Physicians (RACP) for trainees in endocrinology and chemical pathology. Joint training is in an integrated discipline encompassing the diagnosis, investigation and

management of disorders of chemistry, metabolism and the endocrine system, together with the techniques, management and administration of a chemical pathology laboratory.

Assessment is by formal examination, and submission of a portfolio, including a record of workplace-based assessments and details of other achievements during training. Joint trainees usually undertake the Part I examination in their second year of laboratory training and the Part II examination in their final (third) year of laboratory training.

In 2016, the College commenced a review of the chemical pathology curriculum. As described under standard 5, the College's 2016 review of chemical pathology indicated strong support for replacing the multiple choice examination with a short answer paper and allowing the option of completing research projects and publications as an alternative to the compulsory written assignments. These changes will be implemented in 2017.

As detailed under standard 1 of this report, there are currently 27 trainees in the College's chemical pathology training program.

Clinical Pathology

Clinical pathology deals with the diagnosis and management of disease by the use of a wide range of diagnostic laboratory medicine techniques, including examination of the patient. Clinical pathologists have a broad understanding of the pathophysiology of disease, the diagnostic value of individual tests, and also of the laboratory and its workings.

Clinical pathologists are often responsible for managing laboratories, ensuring the quality of the results and providing diagnostic services and advice to clinicians.

They use their expertise in chemical pathology, haematology, microbiology, immunopathology and molecular pathology in the diagnosis and management of patients and in offering expert opinion to clinicians as to the choice of specimen, taking into account the clinical setting and its limitations in the interpretation of results. Does the College have any trainee.

Assessment is by: formal examinations; submission of a portfolio containing evidence of completion of practical activities in the workplace; and periodic and annual supervisor reports.

As detailed under standard 1 of the report, there are currently no trainees in the College's clinical pathology training program.

Forensic Pathology

Forensic pathology is the subspecialty of pathology that focuses on medico-legal investigations of sudden or unexpected death. Forensic pathologists have critical and pivotal roles in death investigation; examining the body of the deceased to define the cause of death and factors contributing to death; and assisting with the reconstruction of the circumstances in which the death occurred. As with all medical consultations, the diagnostic process involves the forensic pathologist integrating evidence from the deceased's medical history, the supposed circumstances surrounding the death, the findings of post-mortem medical examination (autopsy), and the results of laboratory investigations undertaken as part of the autopsy. Forensic pathologists work closely

with other death investigators including coroners, police and forensic scientists. They may be required to attend scenes of death and are often required to testify in court.

The College recommends that trainees consider an extended period of two years of clinical experience after graduation from medical school (for example, accident & emergency medicine, obstetrics and gynaecology, psychiatry, paediatrics or adult medicine/surgery/general practice) before commencing forensic pathology training.

Assessment is by formal examination, by submission of a record of workplace activities completed during training and through periodic and annual supervisor reports. The forensic pathology practical examination requires candidates to write autopsy reports that could be presented as court evidence.

As detailed under standard 1 of this report, there are currently five trainees in the College's forensic pathology training program.

General Pathology

General pathology involves all aspects of pathology. It deals with the diagnosis and management of disease by use of most components of laboratory medicine and diagnostic techniques, including examination of the patient. General pathologists have a broad understanding of the pathophysiology of disease, the diagnostic value of individual tests, and also of the laboratory and its workings. General pathologists are often responsible for managing laboratories, ensuring the quality of the results and providing a diagnostic service and advice to clinicians.

As detailed in the trainee handbook, general pathology requires the equivalent of five years of full-time accredited pathology laboratory training and satisfactory completion of the assessment program. A minimum of 8 months must be spent in each of microbiology, haematology and clinical chemistry and relevant immunopathology and genetic pathology are included in these clinical disciplines. A minimum of two years must be spent in anatomical pathology, which includes cytology and forensic pathology. Trainees are also advised to gain experience in cytology and small biopsy.

The College revised the general pathology curriculum in 2013. Assessment is by: formal examinations; a portfolio of evidence of having participated in a sufficient number and type of activities; and satisfactory supervisor reports.

As detailed under standard 1 of this report, there are currently eight trainees in the College's general pathology program. There are no trainees in this program in New Zealand or overseas. The College reported through its workforce evaluation and planning activities that while enrolments in these programs are low, they are currently appropriate for requirements.

Genetic Pathology

As detailed in the trainee handbook, genetic pathologists contribute to the multi-disciplinary range of skills required within pathology services to aid in the diagnosis, management and treatment of patients with disorders arising from genomic mutations. Genetic diagnostic laboratories serve the needs of a diverse array of patient groups and rely on input from staff who collectively ensure the production of relevant accurate biochemical and genomic data, and the clinical interpretation of results in the context of the clinical question that prompted the test request. Genetic pathologists enhance the clinical focus of laboratory service provision; strengthen the clinical focus of quality

assurance activities; and enhance clinically-directed service development and innovation.

Assessment is by: formal examination; submission of a portfolio, which is a record of workplace-based assessment and other achievements during training; and periodic and annual supervisor reports.

In February 2016, the RCPA and Royal Australasian College of Physicians (RACP) established a Clinical Genetics and genetic pathology Reciprocal Training Agreement.

As detailed under standard 1 of this report, there are currently six trainees in the College's genetic pathology training program. The RCPA has recognised a shortage of training positions in genetic pathology and has been lobbying for funding to increase opportunities for doctors to train in this much needed specialty.

Haematology

Haematology deals with both clinical and laboratory aspects of primary disorders of the blood as well as how other diseases affect the blood. Transfusion medicine also falls into the specialty of haematology. Trainees in this specialty will have the expertise to organise and ensure a high-quality haematology laboratory service and advise on the diagnosis, investigation and monitoring of primary haematological disorders and blood-related problems in other clinical disciplines. An additional responsibility is the safe provision of donor blood and blood components throughout a hospital or community.

The haematology training program requires five years of accredited training and satisfactory completion of the assessment program. Training may be undertaken completely according to the RCPA fellowship program (FRCPA) or under a joint training program with the Royal Australasian College of Physicians (RACP). Trainees in both pathways undertake the same RCPA assessments. The aim of the RACP/RCPA joint training program is to equip trainees with the knowledge, skills and professional attitudes to specialise in both laboratory and clinical haematology practice.

The College's revision of the haematology curriculum was completed in 2013. In 2016, the haematology program is being reviewed with respect to workplace-based activities which are currently limited.

The College collaborates with RACP to offer opportunities for infectious diseases and haematology physician trainees to undertake six-month laboratory rotations relevant to their clinical discipline. Formal position statements have been developed by the College to ensure employment opportunities for RCPA trainees are not jeopardised.

Assessment is by: formal examination; submission of the portfolio, including a record of workplace-based assessments and details of other achievements during training; and annual supervisor report.

As detailed under standard 1 of this report, there are currently 187 trainees in the College's haematology training program.

Immunopathology

The immunopathology training program prepares its graduates to provide expert diagnostic support for patients with immune disorders, and to serve as consultants, educators, and pathology scientists in the diagnosis and investigation of such conditions.

Immunopathologists direct services specialising in the diagnosis and monitoring of diseases of the immune system, including immunodeficiency, autoimmunity, lymphoid malignancy and allergy; and in the diagnosis and monitoring of other medical conditions that depend on identification of abnormalities of immune function or on the results of tests based on immunological methodology.

Joint training between RCPA and the Royal Australasian College of Physicians (RACP) is available in immunology and allergy/immunopathology. The joint program equips trainees with the knowledge and skills to specialise in both laboratory and clinical practice.

Assessment is by: formal examination; dissertation/research project; a portfolio of evidence of the trainee's achievements in the workplace during training; and annual supervisor report.

As detailed under standard 1 of this report, there are currently 26 trainees in the College's immunopathology training program.

Microbiology

Microbiologists use laboratory techniques to diagnose infectious diseases, recommend antibiotic therapy; and to advise, correlate, coordinate and educate clinicians regarding aspects of the pathogenesis, epidemiology, prevention and management of infection. Clinical microbiologists work in diagnostic medical/pathology laboratories. The work focuses on the collection, analysis, reporting and interpretation of results to aid in the diagnosis, treatment and surveillance of infectious diseases. Opportunities exist to conduct research in the subspecialties of bacteriology, virology, mycology, parasitology, serology or molecular microbiology.

Joint training is offered in conjunction with the Royal Australasian College of Physicians (RACP) in the discipline of microbiology and infectious diseases. The joint training program equips trainees with the knowledge, skills and professional attitudes to specialise in both laboratory microbiology and clinical infectious diseases.

As detailed under standard 1 of this report, there are currently 67 trainees in the College's haematology training program.

Assessment is by: formal examination; workplace-based assessment; a portfolio of evidence of the trainee's achievements in the workplace during training; and annual supervisor report. Short answer questions replaced the MCQ in microbiology in 2014 because the College found it difficult to continue to supply MCQs that test knowledge at an appropriately high level. The 2015 curriculum review indicated strong support for integrating the dry practical and short answer question papers, as both test application of principles and interpretation of laboratory results. This was implemented in 2016.

Appendix Two RCPA Assessment Schedule

	Year 1	Year 2	Year 3	Year 4	Year 5
Anatomical Pathology	Examinations	BPS MCQ	Written paper	Small biopsy/special techniques (digital)	Histopathology slides
			Histopathology slides	Cytology	Structured oral
	WPBA	4 cut-up DOPS	2 cut-up DOPS	1 cut-up DOPS	1 cut-up DOPS
		DOPS: 4 histochemical stains; 1 autopsy assessment			
	Presented work Logged activities Assessed modules	PPD: Research publications, proposal, posters, presentations; quality audits; case reports; teaching Synoptic reports; surgical case reports; frozen sections; autopsies Management, safety, ethics, cultural competence			
Chemical pathology	Examinations	BPS MCQ	Written SAQ/MCQ Structured oral		Written SAQ Structured oral
	WPBA	CBD X 2	CBD X 2	5 DOPS	
		Routine automated chemistry X 10			
	Presented work Logged activities Assessed modules	DOPS: Paediatric metabolic investigations, clinical consultations, teaching sessions Written assignments X 2 Management, safety, ethics, cultural competence			
	Haematology	Examinations	BPS MCQ	Written SAQ Morphology	
			Transfusion 'wet' practical Dry practical		
			Structured oral		
WPBA		Bone marrow DOPS	Transfusion serology DOPS	Cbd X 2	
Presented work Logged activities Assessed modules			Cbd X 3		Dissertation and oral discussion
Microbiology	Examinations	BPS MCQ	Written papers X 2 Wet practical		Structured oral
			Structured oral		
	WPBA	Cbd X2	Cbd X2	Cbd X2 (complex)	Cbd X2 (complex)
		8 general DOPS			
	Presented work Logged activities Assessed modules	Incident reports; clinical meetings; Quality activities; infection control/public health; antimicrobial stewardship Management, safety, ethics, cultural competence Major and minor projects			
Immunopathology	Examinations	BPS MCQ	Written SAQ Practical Test interpretation		Structured oral Test Interpretation
	WPBA		DOPS X 4	DOPS X 2	
			DOCS telephone (3 monthly); DOCS oral (annually)		
		Cbd X2	Cbd X2	Cbd X2	Cbd X2
	Presented work Logged activities Assessed modules			Laboratory investigations; teaching sessions	Dissertation

Appendix Three Membership of the 2016 AMC Assessment Team

Professor John Collins (Chair) MD, MCH, FRSCEng, FRCSEd, FRACS, FRCSI (Hon), HonF AcadMed, DHMSA

Professorial Fellow, Department of Surgery, University of Melbourne, Visiting Research Professor, University of Oxford and Senior Visiting Fellow, Green Templeton College Oxford.

Dr David Bailey MBBS, FRCPath

Vice President for Communications and International, Royal College of Pathologists.

Associate Professor Caroline Clarke B.M, DM, FRACP, MRCP, FRACMA

Executive Director, Performance and Improvement, Royal Victorian Eye and Ear Hospital, Melbourne.

Dr Liza Lack BMBS, BMedSci, FNZCGP, DRCOG

General Practitioner, Mahoe Medical Centre, Te Awamutu, and Te Awamutu College. Member, Education Committee, Medical Council of New Zealand.

Dr Lindy Roberts MBBS (Hons), BMedSci (Hons), FANZCA, FFPMANZCA, FAICD, GradCertClinEd

Specialist anaesthetist and specialist pain medicine physician, Sir Charles Gairdner Hospital, Perth.

Dr Nicholas Webb BSci, MBBS

Emergency Medicine Registrar, St Vincent's Hospital, Sydney.

Ms Jane Porter

Manager, Specialist Training and Program Assessment
Australian Medical Council.

Appendix Four List of Submissions on the Programs of RCPA in 2016

ACT Health

Australian Commission on Safety and Quality in Health Care

Australian Indigenous Doctors' Association

Endocrine Society of Australia

Health and Disability Commissioner New Zealand

Health Consumers Alliance of SA Inc

Health Education and Training Institute (HETI)

Health Quality & Safety Commission New Zealand

Health Workforce New Zealand and Ministry of Health New Zealand

Health Workforce Principal Committee

Leaders in Indigenous Medical Education (LIME) Network

Monash University

New Zealand Medical Association

Pathology Queensland

Royal Australian College of General Practitioners

Royal Australasian College of Physicians

Royal Australian and New Zealand College of Obstetricians and Gynaecologists

Royal Australian and New Zealand College of Psychiatrists

SA Pathology

South Australian Medical Education & Training (SA MET)

University of Otago, Christchurch Campus

University of Western Australia

WA Health

Appendix Five Summary of the 2016 AMC Team's Accreditation Program

Location	Meeting
AUCKLAND, NEW ZEALAND	
<i>Monday, 7 November 2016 – Professor John Collins (Chair), Dr Liza Lack, Mr Philip Pigou (Medical Council of New Zealand)</i>	
Auckland Hospital, LabPlus and Middlemore Hospital via teleconference	Senior Executives
	Pathology Trainees
	Pathology Supervisors / Directors of Training
	Laboratory Scientists
	Members of the New Zealand Committee
	Specialist International Medical Graduates (via teleconference)
	Health Workforce New Zealand (via teleconference)
Christchurch Hospital, Canterbury Health Laboratories via teleconference	Pathology Supervisors / Directors of Training
	Pathology Trainees
BRISBANE, QUEENSLAND	
<i>Monday, 7 November 2016 – Associate Professor Caroline Clarke, Dr Nicholas Webb, Ms Jane Porter (AMC Staff), Ms Juliana Simon (AMC Staff)</i>	
Royal Brisbane and Women's Hospital, Pathology Queensland Central Lab	Senior Executives
	Pathology Trainees
	Pathology Supervisors / Directors of Training
	Members of the Queensland Committee
Mater Hospital, Brisbane Pathology Services	Senior Executives
	Pathology Trainees
	Pathology Supervisors / Directors of Training

PERTH, WA	
<i>Thursday, 10 November 2016 and Friday, 11 November 2016 – Dr David Bailey, Dr Lindy Roberts, Ms Jane Porter (AMC Staff)</i>	
Fiona Stanley Hospital, PathWest	WA Health
	Senior Executives
	Pathology Trainees
	Pathology Supervisors / Directors of Training
	Laboratory Scientists
Sir Charles Gardiner Hospital, PathWest QEII	Senior Executives
	Pathology Trainees
	Pathology Supervisors / Directors of Training
	Members of the Western Australia Committee
Hyatt Regency Perth Meetings held via teleconference	Pathology Trainees Regional Sites
	Pathology Supervisors Regional Sites
	Pathology Trainees from South Australia, Tasmania and Australian Capital Territory
	Pathology Supervisors from South Australia, Tasmania and Australian Capital Territory
MELBOURNE, VIC	
<i>Friday, 11 November 2016 – Associate Professor Caroline Clarke, Emeritus Professor Napier Thomson, Ms Karen Rocca (AMC Staff), Ms Zaita Oldfield (Observer), Dr Nesibe Akdemir (Observer)</i>	
Royal Melbourne Hospital	Senior Executives
	Pathology Trainees
	Pathology Supervisors / Directors of Training
	Members of the Victorian State Committee
Victorian Institute of Forensic Medicine	Senior Executives
	Pathology Trainees
	Pathology Supervisors / Directors of Training

SYDNEY, NSW	
<i>Wednesday, 16 November 2016</i>	
<i>AMC Group A - Dr David Bailey, Associate Professor Caroline Clarke</i>	
SSWPS Royal Prince Alfred Hospital	Senior Executives
	Pathology Trainees
	Pathology Supervisors / Directors of Training
<i>AMC Group B – Dr Liza Lack, Dr Nicholas Webb, Ms Juliana Simon (AMC Staff)</i>	
Douglass Hanly Moir Pathology	Members of the New South Wales State Committee
	Senior Executives
	Pathology Trainees
	Pathology Supervisors / Directors of Training
<i>AMC Group C – Professor John Collins, Dr Lindy Roberts, Ms Jane Porter (AMC Staff), Dr Nesibe Akdemir (Observer)</i>	
RCPA Office Meetings held via teleconference	Specialist International Medical Graduates
	State and Territory Health Departments
	Peak State Health Consumer Groups

Meetings with Royal College of Pathologists of Australasia's Committees and Staff

Monday 14 November – Thursday 17 November 2016

Professor John Collins (Chair), Dr David Bailey, Associate Professor Caroline Clarke, Dr Liza Lack, Dr Lindy Roberts, Dr Nicholas Webb, Ms Jane Porter (AMC staff), Ms Juliana Simon (AMC staff), Dr Nesibe Akdemir (Observer)

Meeting	Attendees
<i>Monday, 14 November 2016</i>	
Meeting with Board of Directors, Board of Education and Assessment, Advisory Committees	President Vice-President Vice President, New Zealand Chair, Board of Education and Assessment Chief and Principal Examiners Advisory Committee Chairs and Representatives Faculty Representatives Trainee Committee Chair Chief Executive Officer Deputy Chief Executive Officer Director, Education and Accreditation General Manager, Operations Executive Officer Education Advisor Curriculum and Assessment Development Officer, Medical Curriculum and Assessment Development Officer, Faculties
<i>Tuesday, 15 November 2016</i>	
Meeting with Committees for Joint College Training (CJCT) Standard 1 – The context of training and education Standard 3 – The specialist medical training and education framework Standard 5 – Assessment of Learning	Committees for Joint College Training Chairs, Chief Examiners and Representatives General Manager, Operations Senior Executive Officer, Advanced Training, Royal Australasian College of Physicians

Meeting	Attendees
<p>Meeting with Training Network Coordinators (TNC)</p> <p>Standard 7 – Trainees</p> <p>Standard 8 – Implementing the program – delivery of education and accreditation of training sites</p>	<p>Training Network Coordinators</p> <p>Chair, Board of Education and Assessment</p> <p>Chief Executive Officer</p> <p>Director, Education and Accreditation</p> <p>Education Advisor</p> <p>Project Manager</p>
<p>Lay Committee</p> <p>Standard 1 - The context of training and education</p> <p>Standard 2 – The outcomes of specialist training and education</p>	<p>Lay Committee Chair and Members</p> <p>Chief Executive Officer</p> <p>Deputy Chief Executive Officer</p>
<p>College Education Staff</p> <p>Standard 3 – The specialist medical training and education framework</p> <p>Standard 5 – Assessment of learning</p>	<p>Director, Education and Accreditation</p> <p>General Manager, Operations</p> <p>Education Advisor</p> <p>Curriculum and Assessment Development Officer, Medical</p> <p>Curriculum and Assessment Development Officer, Faculties</p>
<p>Continuing Professional Development Program Group</p> <p>Standard 9 – Continuing professional development, further training and remediation</p>	<p>Continuing Professional Development Program Representatives</p> <p>RCPA Quality Assurance Program Representatives</p> <p>Vice President, New Zealand</p> <p>Chair, Board of Education and Assessment</p> <p>Deputy Chief Executive Officer</p> <p>General Manager, Operations</p>
<p>Demonstration and discussion of learning resources</p> <p>Standard 4 – Teaching and learning</p> <p>Standard 7 – Trainees</p>	<p>Director, Education and Accreditation</p> <p>Education Advisor</p> <p>Project Coordinator</p> <p>Project Administrator</p>

Meeting	Attendees
Monitoring, Evaluation and Workforce Planning Standard 2 – The outcomes of specialist training and education Standard 6 – Monitoring and evaluation	Chief Executive Officer Deputy Chief Executive Officer Director, Education and Accreditation Executive Officer General Manager, Operations
College Executive and Staff Standard 1 - The context of training and education	Chief Executive Officer Deputy Chief Executive Officer Executive Officer General Manager, Operations Director, Education and Accreditation
<i>Wednesday, 16 November 2016</i>	
Meeting with Board of Directors Standard 1 - The context of training and education Standard 2 – The outcomes of specialist training and education	President Vice-President Vice-President, New Zealand Chair, Board of Education and Assessment Chair, Board of Professional Practice and Quality Council General Representative Council Advisory Committee Representative Council Jurisdictional Representatives Secretary/Treasurer Chief Executive Officer Deputy Chief Executive Officer Executive Officer
<i>Thursday, 17 November 2016</i>	
AMC Team prepares preliminary statement of findings	AMC Team
AMC Team presents preliminary statement of findings	AMC Team RCPA Council Senior staff

