

Selecting Physicians

Guidelines for Training Providers
on Local Selection for Training



RACP
Specialists. Together

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Introduction

Purpose and scope

The Royal Australasian College of Physicians (RACP) wishes to outline and facilitate a rigorous, fair and transparent local selection process for both its accredited training providers and those Fellows involved in the selection and recruitment of trainee physicians. These Guidelines have been developed in line with the requirements of the Australian Medical Council (AMC).

The RACP *Guidelines for Local Selection of Trainee Physicians for Training Providers* are intended to support and assist RACP training providers and Fellows in the selection of doctors into physician training programs and consequently appointment to trainee positions in their organisations. The purpose is to provide advice on how principles of the RACP Selection into Training Policy and Training Provider Accreditation Standards can be applied in practice to the local selection and recruitment of physician trainees.

It is important to note that the College does not play a direct role in the appointment of trainee physicians to vocational training positions. It is ultimately the responsibility of the employing health service to determine which and how many medical trainees are employed in trainee positions in Australia and New Zealand.

Accordingly, these Guidelines are not mandatory and should be applied in conjunction with appropriate local jurisdictional policy and legislation.

These Guidelines have been developed with reference to the RACP Training Provider Accreditation Standards, RACP Selection into Training Policy, Indigenous Strategic Framework and best practice evidence.

Australian Medical Council's requirements for Selection into Training

The Australian Medical Council's (AMC) expectations of the RACP as an education provider involved in selection into training include:

- 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.
- Education providers will collaborate with other stakeholders [e.g. health services] to determine selection criteria and processes.
- Training selection panel members in selection processes will add to the rigour of the process.
- Employment into a training 'position' may act as the primary selection mechanism. In this situation, the education provider should work actively to obtain the cooperation of employers or training providers in implementing its selection principles.
- The education provider should have strategies and facilitate opportunities to increase recruitment and selection of Aboriginal and Torres Strait Islander and/or Māori trainees, rural origin trainees and trainees from other under-represented groups.

“Trainees are both postgraduate students in specialist medical programs and employees of the health services. This may cause tension between selection into a specialist medical program and employment.”

Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs by the Australian Medical Council 2015.

Context

The overall objective of the RACP as an education provider is to ensure that trainee physicians develop the necessary competencies, skills and knowledge to become successful specialist practitioners in a range of settings in Australia and New Zealand.

The RACP accredits training settings where training is delivered primarily through participation in supervised work-based activities with specialist physicians. The RACP curricula sets the standards of competence expected for each of its training programs. A training provider translates the curriculum content into a program of work-based learning. This enables each trainee to meet the training requirements and complete the assessments.

Selection into Training occurs when a candidate is found suitable for RACP training and is employed in a training position in a health service.

The process is managed as an essential component of the annual employee recruitment cycle run by health service employers, as seen in figure 1.

To be eligible for entry into any RACP training program, a prospective or returning trainee must have general medical registration and be appointed to a training position in an RACP-accredited training setting or network.

In this sense, the selection and recruitment methods of a health service, training setting or network used to appoint doctors to training positions are integral to determining who can be admitted into physician training.

* www.racp.edu.au/docs/default-source/default-document-library/indigenous-strategic-framework.pdf

To ensure the selection of the best possible candidates into training, the College recognises that the local selection process should:

1. Be interlinked with RACP Selection into Training Principles, wherever possible, to ensure doctors selected for physician training have the competencies and capability to complete the training program as well as carry out the responsibilities of the role in which they are employed.
2. Uphold the values and priorities encompassed within the RACP Indigenous Strategic Framework.*
3. Be clear, impartial, equitable and transparent.
4. Be legal and accountable, complying with the legislative requirements, particularly equal opportunity of employment and anti-discrimination legislation.

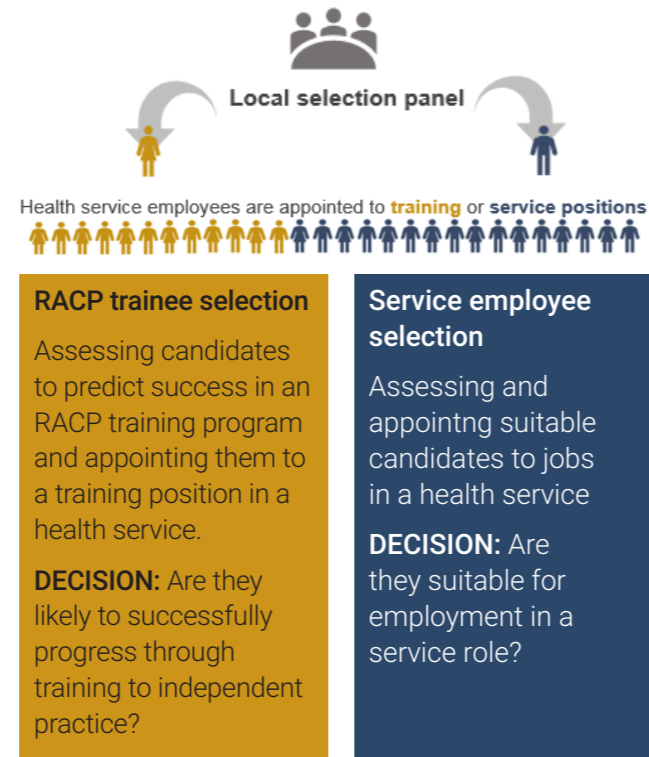


Figure 1: Health service trainee selection and service employee recruitment



Meeting RACP Standards



RACP Accreditation Standards for local selection

Accreditation assures the RACP that training is delivered to a standard that results in the development of competent physicians.

Training providers must be able to demonstrate that they fulfil the requirements of the RACP Accreditation Standards relating to local selection practices¹:

Standard 4: Training Management – Training provider manages staff, resources and structures to deliver best practice training.

Criterion 4.5: Trainee recruitment, selection and appointment is fair, rigorous, documented and transparent.

Local selection and recruitment satisfy the RACP's Selection into Training Policy and Recruitment Practices statement.

Where a Training Network exists, recruitment is undertaken by the network. The settings participating in a Training Network do not recruit trainees separately.

Trainees recruited by networks are appointed to employers in a fair and transparent way.

Trainee appointment to rotations is based on a published process that is transparent, rigorous and fair. Trainees receive timely, accurate and comprehensive information about their rotations.

RACP Selection into Training principles

The four key principles of the RACP Selection into Training Policy² are:

1 SELECTING FOR EXCELLENCE

To identify candidates with the capabilities and attributes required to successfully complete the training program and progress to competent independent practice as defined in the RACP Standards Framework.

2 RIGOUR AND FAIRNESS

To use criteria and a process that is evidence-based, merit-based, transparent, current, sustainable, objective, equitable and procedurally fair.

3 EMBRACING DIVERSITY

To support a diverse range of candidates to apply for and progress through training in a culturally safe work environment.

CONTINUITY

To advocate for the continued recognition of trainees who are progressing satisfactorily and support them to complete training.

These principles should inform and guide local selection throughout all stages of the process.

Table 1 outlines how these principles can be applied in practice to local selection and recruitment processes.

Table 1: examples of the application of key principles of the RACP Selection into Training Policy in local selection practices

Principle	Application	Example in practice
Selecting for Excellence	<ul style="list-style-type: none"> The training position design and selection methodology aims to identify skilled candidates capable of completing RACP training and progressing to Fellowship. 	<ul style="list-style-type: none"> Include core competencies and eligibility criteria for the relevant RACP training program in position descriptions and selection criteria (i.e. use RACP Professional Standards and relevant curriculum standards to create position descriptions and criteria). Design behavioural interview questions to assess candidates' values and capability to complete the training program.
Rigour and Fairness	<ul style="list-style-type: none"> Recruitment and selection processes are procedurally fair and transparent, with candidates receiving good information about the process of application and helpful feedback on the outcome of selection. The selection methodology is evidence-based with clear weighting and scoring mechanisms to ensure consistent decisions are made. 	<ul style="list-style-type: none"> Follow clear and standardised selection process steps and keep documentation of all decisions. Comply with legal and HR requirements. Make the selection criteria and the process for weighting and scoring applicants against those criteria publicly available to candidates. Ensure that a local process is in place for any appeals of selection decisions Provide feedback to successful and unsuccessful candidates.
Embracing Diversity	<ul style="list-style-type: none"> Diversity in trainee candidates is sought and valued. Selection processes and decisions are equitable, recognising that not all candidates have equal opportunities, and accommodate for different cultural needs. Local selection processes embrace and recognise the values and priorities within the RACP Indigenous Strategic Framework. 	<ul style="list-style-type: none"> Ensure that all members of the selection panel have completed cultural competency training. Have a diverse selection committee and panel to ensure a range of viewpoints are factored into final selection decisions. Recognise the vital skills and perspectives Indigenous trainees (and other under-represented groups) can contribute to the workplace and training program through the design of selection weightings to increase the number of Indigenous trainees.
Continuity	<ul style="list-style-type: none"> Training settings, networks and Training Program Directors ensure that trainees are successfully inducted into the training program and their employment role, and given adequate support. Job contracts for successful trainees should be reasonable in length so as not to force trainees to unnecessarily reapply for their position when their performance in training is satisfactory. 	<ul style="list-style-type: none"> Have a training setting orientation program as well as a training program induction process for new trainees. Ensure that the length and terms of training position contracts support and enable the continuation and completion of physician training. Have other local training support structures in place.

1 The Royal Australasian College of Physicians (RACP), 'Training Provider Standards for Clinical Training Programs: Australia', RACP, 2018, (pp. 14–15). Access online: https://www.racp.edu.au/docs/default-source/default-document-library/training_provider_standards_final_pdf?sfvrsn=b3450e1a_2

2 View the full Selection into Training Policy on the RACP website: <https://www.racp.edu.au/docs/default-source/default-document-library/selection-into-training-policy.pdf>

Standards for RACP Accredited Training Settings

RACP accredited training settings are required to either conduct their own selection into training process or participate in a coordinated selection into training process as part of a local or regional training network, a state, or whole of specialty group.

The RACP Selection into Training Policy requires that the process for selection into training complies with the RACP principles for selection into training and the standards set out below:

Valid

The selection methods used are fit for purpose and effectively predict which candidates will successfully complete the training program and progress to competent independent practice.

Reliable

The selection process is based on rigorous selection methods and is designed to produce consistent outcomes.

Transparent

The selection process is clear. Eligibility and selection criteria are publicly available. There is national awareness of training opportunities through clear advertising, including the number of training positions available. Information provided to candidates is sufficient to allow informed decisions. All candidates are advised of the outcome of the selection process and offered feedback.

Procedurally fair

The selection process is fair and impartial with defensible, merit-based outcomes. Selection panels operate without prejudice. Any conflict of interest is declared. Selection panels consider only matters that are pertinent to the selection process, in accordance with anti-discrimination legislation. There is a

process for formal review of decisions, which is outlined to candidates prior to the selection into training process.

Evidence-based

Selection processes are based on current evidence-based practice aimed to select the highest quality candidates. The processes are subject to regular review and evaluation for continual quality improvement.

Sustainable

The selection process is sustainable for trainees, the College and the employing institutions. The requirements are reasonable for candidates.

Collaborative

Selection into training is interlinked with the process of recruitment for employment wherever possible. Selection panels include a Fellow of the relevant training program chosen to represent the interests of the RACP in assessing the candidate's suitability for the training program wherever possible.

Accountable

The selection process is conducted in accordance with the RACP principles for selection into physician training so that there is clear responsibility and rationale for decisions.



Guidelines for local selection processes



The selection committee

It is recommended that a selection committee is formed and engaged as early in the local selection process as possible.

Responsibilities

The selection committee is entrusted with:

- Determining the process for accepting and reviewing applicants.
- Ensuring the position description and accompanying information reflect the roles and responsibilities of the training position.
- Ensuring the selection criteria reflect matters such as suitability for training in the RACP training program.
- Determining the processes by which selection shall occur.
- Making a decision or recommendation about job offers or appointments to training positions.

Composition

The selection committee should:

- Include representation from the employing training setting (e.g. the Service Director, Director of Medical Services or Head of Department).
- Include representation from the College (e.g. the Training Program Director, Network Director and/or an appropriate Supervisor).
- Be comprised of diverse members, where possible, to ensure a range of viewpoints is factored into final selection decisions.

- Ensure composition requirements relating to age, gender and other balances are in line with relevant jurisdictional policies.

To ensure consistency in process and decisions, it is recommended that a single committee carry out the entire selection process. However, in training settings or networks where there are large numbers of applicants, it may be necessary to have an interview panel (or panels) that is separate from the overall selection committee. In this situation, the results from each panel should be passed on to the selection committee for their consideration and final decision making.

Training

The training provider should ensure that members of the selection committee are appropriately trained and given sufficient information to perform their duties. For most members of the selection committee, the focus will be on obtaining and evaluating candidate information from a curriculum vitae (CV) or an interview response, along with ensuring that the process occurs fairly and without discrimination. Some of the key topics and material that should be provided in selection committee training are listed in box one³.

³ Adapted from *Best Practice Recruitment Selection Methodology & Tools*, State Government of Victoria State Services Authority (SSA), 2007.

Box one: Selection Committee Training topics and material

1. Cultural competency

All members of the selection committee should complete cultural competency training. The RACP has produced an Australian Aboriginal, Torres Strait Islander and Māori eLearning module which can be accessed through eLearning@RACP. We recommend that all members of the selection committee complete this eLearning module prior to the commencement of the selection process.

Members of the committee (and senior leaders of accredited training settings/networks) should also read the RACP Indigenous Strategic Framework to ensure they understand the priorities of the College and can work in partnership in growing an Indigenous physician workforce and ensuring a culturally safe workplace and training environment for Indigenous trainees and patients.

2. Legislation, policies and processes

Committee members should be informed of their legal responsibilities in relation to selection and recruitment. Key policies should be highlighted. A discussion about the principles of equity, equal opportunity and discriminatory behaviours should occur.

Further information on anti-discrimination can be found online*.

Some of the key RACP documents that may be of value to review include:

- Selection into Training Policy.
- Indigenous Strategic Framework.
- Professional Practice Framework.
- Curricula Standards.
- Training Provider Accreditation Standards.

* www.humanrights.gov.au/employers/good-practice-good-business-factsheets/quick-guide-australian-discrimination-laws

3. Committee member roles and responsibilities

Committee members should understand their roles, rights and responsibilities as well as the roles of key committee members (for example, the chair of the committee). Clarity on whom to seek help from should be provided.

4. Position design and evaluation

It is vital that committee members are given a basic understanding of the key elements of the position description (such as the requirements of the role and relevant training competencies) and how these are linked to evaluating candidate applications. In particular, role statements, responsibilities, selection criteria, requirements and competencies of the training program, and how to develop questions based upon these.

5. Interviewing

Most committee members will be involved in interviewing, so all should be appropriately trained in interviewing techniques. The training should specify:

- how to conduct a structured, culturally appropriate, behaviour-oriented interview.
- how to provide effective feedback.
- how to rate candidates.
- instructions on note taking.
- types of bias and how to avoid them.

6. Assessing and deciding

Committee members should receive instructions on how to rate candidates for all components of the application. Any weighting or scoring systems used to assess candidates should be clearly explained. Committee members should be encouraged to defer making a final decision until all information is reviewed. It should be stressed that the interview phase is not a single-stakes assessment. Committee members should make their own evaluations prior to discussing them with other committee members and reaching a consensus.



Conduct of Fellows

When Fellows participate in local selection committees and panels, the College acknowledges that they are often representing the interest of both the College and their employer. The RACP has produced a statement that considers the roles and responsibilities of RACP members when participating in recruitment and selection processes, recognising that they may have a duality of interest (see figure 2).

When Fellows represent the College, they should adhere to the **RACP Code of Conduct**⁴. The code defines how directors and members are expected to show respect for others, including:

- Acting honestly
- Treating all other persons fairly and with dignity, courtesy and respect
- Not using offensive language or behaviour in the workplace
- Not engaging in any form of unlawful discrimination
- Not engaging in any form of bullying or harassment or physical or verbal conduct, which a reasonable person would deem to be unwelcome, offensive, humiliating or intimidating.

⁴ Access the full Code of Conduct from the RACP website: <https://www.racp.edu.au/docs/default-source/default-document-library/racp-code-conduct.pdf>

RACP Recruitment Practices Statement

The following requirements relate to the College's expectations of its members and their role in recruitment and selection for its training programs.

Selection into Training Key Principles

The key principles of the RACP Selection into Training Policy are:

1. **Selecting for excellence:** To identify candidates with the capabilities and attributes required to successfully complete the training program and progress to competent independent practice as defined in the RACP Standards Framework.
2. **Rigour and fairness:** To use criteria and a process that is evidence-based, merit-based, transparent, current, sustainable, objective, equitable and procedurally fair.
3. **Embracing diversity:** To support a diverse range of candidates to apply for and progress through training in a culturally safe work environment.
4. **Continuity:** To advocate for the continued recognition of trainees who are progressing satisfactorily and support them to complete training.

RACP Professional Practice

During the selection of trainees and throughout their training, RACP members are expected to uphold the standards of the RACP Professional Practice Framework, including:

- communication
- cultural competence
- judgement and decision making
- ethics and professional behaviour
- leadership, management and teamwork.

RACP Accreditation Standards

The RACP Accreditation Standards require providers to ensure that trainee recruitment and appointment is fair, rigorous, documented, transparent, consistent and non-discriminatory.

These standards also apply during informal interviews and conversations, and to the bystander who witnesses discriminatory practices towards RACP trainees, both aspiring and those in training, but who remains silent, thereby tacitly accepting the practice as appropriate.

Figure 2
RACP Recruitment Practices Statement



Selection criteria

Selection criteria describe the personal qualities, skills, abilities, knowledge and qualifications that a person needs to perform a role effectively. They are used to identify the most appropriate person for the role.

It is advisable that selection criteria for any training position be developed prior to advertising the role.

As the applicant will be fulfilling a vocational role while completing training, the College acknowledges that criteria should primarily assess a candidate's ability to perform the requirements of this role. However, criteria should also seek to assess the applicant's competency and commitment to complete the training program and become a successful practising physician.

The RACP has developed the following selection criteria that any prospective trainee for a Basic Training position should demonstrate.

RACP Selection into Basic Training criteria

Prospective Basic Trainees should demonstrate:

1. The capability and commitment to pursuing a career as a physician or paediatrician.
2. The ability to plan and manage their learning.
3. The ability and willingness to achieve the Basic Training Competencies, particularly those associated with:
 - ◆ communication
 - ◆ cultural competence
 - ◆ ethics and professional behaviour
 - ◆ leadership, management and teamwork.

For Advanced Training, training providers can develop localised selection criteria based upon requirements of the relevant program and the RACP Professional Practice Framework*.

Examples of how training providers can develop localised selection criteria for training positions based upon RACP Frameworks are illustrated in Table 2. The table demonstrates example selection criteria for vocational Basic Training positions, developed in reference to the RACP Basic Training Competencies and potential workplace key result areas (i.e. the outputs and outcomes for which the role is responsible).

* www.racp.edu.au/docs/default-source/default-document-library/ppf-booklet.pdf?sfvrsn=4

Table 2: examples of how RACP Basic Training Curriculum competencies can be translated to work-related selection criteria

Basic Training Competency	Possible Key Result Area of Basic Training Position	Example Selection Criterion
MEDICAL EXPERTISE Acute management: Recognise critically unwell patients, initiate management, and escalate as appropriate	Provides competent and efficient clinical management of patients when undertaking clinical duties such as the assessment and management of acute presentations	Has a proven clinical competence at a level commensurate with a postgraduate year two or above, with ability to effectively identify, assess and manage acute patient presentations
COMMUNICATION Communication with patients, family and carers: Demonstrate collaborative, effective and empathetic communication with patients, families and carers	Effectively communicates with patients, their families and other healthcare team members, and includes them in care decisions	Demonstrates collaborative, respectful and empathetic communication skills by effectively including patients, family members and members of the healthcare team in management decisions
QUALITY AND SAFETY Prevention and management of risks and potential harm: Optimise safe working practices	Effectively manages and prevents potential risks and harms in line with Work Health and Safety (WHS) requirements	Demonstrates a commitment to Work, Health and Safety (WHS) values and to creating a positive patient experience
TEACHING AND LEARNING Teaching and supervising others: Provide supervision for junior colleagues	Participates in the supervision, training and professional development of junior medical staff and medical students	Displays the capacity and willingness to support, supervise and assist junior colleagues
CULTURAL COMPETENCE Participating in a culturally competent manner: Recognise how the special status of Māori (New Zealand) and Aboriginal and Torres Strait Islander people (Australia) impacts on their current health status	Contributes to improving Indigenous health outcomes and workplace cultural safety	Demonstrates the ability to practise medicine in a culturally informed manner and seeks to improve their knowledge of the needs of Indigenous communities
ETHICS AND PROFESSIONAL BEHAVIOUR Responsibility and participation: Recognise and respect the personal and professional integrity, roles and contribution of peers	Communicates and coordinates effectively with other health professionals regarding management plans, diagnostic requests and consultations	Demonstrates ability to work with other members of the healthcare team to produce positive outcomes for patients
Judgement and decision making Task delegation: Recognise their own limitations and seek help when required	Escalates matters to appropriate senior colleagues where required and seeks support when needed	Demonstrates sound judgement and the ability to identify their own limitations

Selection methodology

The selection process should involve the assessment of the applicant's knowledge, clinical and academic experience, and behaviour.

To assess the suitability of candidates and ensure rigour and fairness in selection decisions, there should be at least three assessment components in the selection process:

1. applications (e.g. CV and written responses to key selection criteria)
2. interviewing
3. references.

The method for weighting and scoring each of these components should be clearly established in the planning phase of the local selection process.

Short-listing should be based on assessment of suitability from candidates' written applications. This includes their CV, cover letter, responses to selection criteria, and other employer determined assessment and selection tools (e.g. clinical and psychometric testing).

Candidates' performance at the interview should be scored independently by the selection committee/interview panel and then a consensus score reached.

References should be taken, and responses rated against key selection criteria.

Appropriate weighting should be given to Indigenous applicants to work towards achieving a proportionate distribution of Indigenous practising physicians and to ensure the inclusion of the vital skills and perspectives these trainees contribute to the workplace and training program.

Note: The College is currently in the process of developing recommended strategies for training providers, outlining practical approaches that will shape a culturally safe selection experience and assist with increasing recruitment and selection of Aboriginal, Torres Strait Islander and Māori trainees. These Guidelines will be updated with those recommendations once available.

Selection process steps

A fair, rigorous, documented and transparent selection process includes the steps outlined below⁵.

Tips, reference case studies, tools and best practice guidance on these selection process steps can be located on the College website by accessing the Digital Trainee Selection and Recruitment Guide.

1

Planning

Establishing a clear and well-documented process for selection decisions is pivotal in ensuring candidates are treated equitably and consistently.

This step includes activities such as forming and engaging the selection committee, identifying and confirming the number of training positions for which selection is required, establishing the process, and determining the selection methodology and the method for weighting and scoring applicant responses.

2

Position description design and posting

This stage includes performing position analysis (if necessary), agreeing on key selection criteria, and designing the position description to advertise the available roles.

Training positions should be advertised with selection criteria that are consistent with local employing authority policies and RACP guidelines.

Posts should be appropriately advertised in newspapers, professional journals and electronically, as determined by the employer.

A position description should be available to all applicants and should clearly detail essential duties of the role, reporting structures, requisite knowledge, skills and attributes, and the key selection criteria, in addition to an overview of the employing organisation, detailing its cultural values and goals and its accreditation status with the RACP. Information regarding the form of application required and the closing date for applications (allowing a reasonable time to submit applications) should also be included.

It is recommended that training providers have a training program webpage providing supporting information on the selection process, key dates, and details about working as a trainee in the training program or network, including typical rosters, rotations, secondment arrangements, accommodation, mentorship programs, support for Indigenous trainees, travel support, leave entitlements and frequently asked questions. Links or reference to the RACP program requirements and information on becoming a trainee physician could also be included.

A key contact(s), for example the Training Program Director(s), should be provided so applicants can make enquiries regarding the program and possible pathways of training.

⁵ Adapted from Best Practice Recruitment Selection Methodology & Tools, State Government of Victoria State Services Authority (SSA), 2007, and ANZCA Handbook for Training vol. 1.8, Australian and New Zealand College of Anaesthetists (ANZCA), 2018.

3 Application

Prospective candidates apply for advertised training position(s) by the closing date.

For reasons of fairness and equity, informal one-on-one meetings must not be held with any candidates.

Many training providers have moved to a process of providing group information sessions on the training program for interested candidates during the application phase. This is a much fairer process for applicants and has the added advantage of reducing the time spent responding to individual enquiries.

4 Screening

Applicants should be short-listed by the selection committee on the basis of their written applications, demonstration of the agreed upon selection criteria, prescribed eligibility requirements and scoring on any other locally determined selection tools (e.g. psychometric, clinical testing or other assessment tools).

Applicants who are unsuccessful should be notified within a reasonable amount of time with appropriate feedback provided.

Once a final short list has been determined, applicants should be invited to an interview, with sufficient notice given to allow them to prepare and attend the interview in person if possible.

Applicants should be clearly informed of the date, location and format of the interview, whether they are required to bring anything, and whether there will

be further assessment required. The applicant should also be informed of the composition of the interview panel.

Some applicants may request an informal meeting prior to the interview. If you are directly involved with the interview process, informal meetings or 'pre-interviews' are not appropriate. Organise a group information session open to all applicants.

5 Interviewing

Interviews are the main method for assessing candidates' suitability for employment in a health service role and/or a training position.

Interviews should be structured⁶ and conducted using questions and processes based upon employer policies, advertised selection criteria and RACP guidelines.

Although face-to-face interviews are preferable, candidates should have the opportunity to interview by long-distance means, such as video or teleconference, if necessary.

Interview questions should be predetermined and focus on the requirements of the position and the training program. They should allow interviewers to assess the skills and abilities of the applicant and how these will relate to their performance of the requirements of the role. The same core questions should be asked of all applicants. Questions of a personal or discriminatory nature, including those relating to religion, race, marital status, pregnancy, political opinion, sexual orientation and carer duties, should not be asked.

A Multiple Mini-interview (MMI) format, panel interviews or other formats as determined by the employer are valid options for conducting interviews. To ensure consistency, interviews and/or stations should be of approximately the same duration for all those who are interviewed.

There should be opportunity for applicants to ask questions at the end of the interview.

6 References

As standard practice, each applicant should be requested to provide the names of at least two referees. Questions asked of referees should reflect the key selection criteria. Referee reports should be presented in a standardised format using a referee report form and conform to employer policies. If verbal references are taken, referees should be asked the same core questions and the discussion should be recorded in written form.

7 Deciding and notifying applicants of the outcome

Scoring and ranking of candidates should be undertaken based on the predetermined selection process and the weighting of the individual selection components (applications, interviews, references).

The employer should appoint successful applicants to training positions based upon their overall ranking/score.

Unsuccessful candidates should be notified in a timely manner and given feedback to assist them with future applications.

8 Opportunity for appeals

To safeguard fairness and rigour in selection decisions, unsuccessful applicants should have access to an appeals mechanism and process in accordance with the policy of the employer.

It is recommended that a record of proceedings of the selection committee (and any separate interview panels) be kept for at least one year to provide clear documentation if an appeal is raised.

9 Orientation and onboarding

This step occurs once position offers have been accepted and new trainees have started in the training position.

To ensure the successful integration of trainee physicians or paediatricians into the training program and support the continuity of their professional development as a physician or paediatrician, it is recommended that, in addition to a hospital orientation program, the training provider offer new trainees an orientation with the local training program and ongoing support.

This should include a formal introductory session that familiarises a new trainee with their rotation (department) and training setting (i.e. the hospital). Orientations should cover trainees' duties, their role and responsibilities in the team, supervision and reporting arrangements, and how they can gain support from an educator.

⁶ Structured interviews should include an agreed mechanism for evaluating or rating candidates' responses. Questions should be standardised (i.e. they should be written prior to the interview and graded using a standardised grading rubric).

RACP Orientation Support

RACP Member Support Officers (MSOs) in Australia may be able to offer further support and information on conducting training program orientation sessions from a College perspective.

Sessions by an MSO are usually one hour in duration and are either held on site at a hospital, consultants and trainees' workplace or at the appropriate College regional office. These sessions mainly focus on Basic Training; all aspects of the program are explained including the Basic Training tools

and Basic Training portal. The appropriate state MSO is also able to hold sessions, which are generic for Advanced, Chapter and Faculty Training, or specialty specific, depending on the need identified locally.

Contact the MSO at your RACP state or regional office for further information.

For New Zealand enquiries, please contact the NZ RACP Reception at:

Email: racp@racp.org.nz
Phone: +64 4 472 6713

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NSW/ACT racpns@racp.edu.au +61 2 9256 9680		

Registration as an RACP trainee

Successful applicants to training positions in an accredited training setting or network can apply for registration as RACP trainees. This requires evidence of approval from the appropriate Training Program Director or Network Director for Basic Training. For Advanced Training, it would be the nominated Supervisor.

Trainees should register (or re-register) with the College once they have confirmation of selection and have gained approval to apply from the Training Program Director (or nominated Supervisor).

Eligibility criteria to be admitted into RACP training programs and application due dates are located on the RACP website.

Definitions

In this document the term:

College refers to the Royal Australasian College of Physicians.

Cultural Competence refers to an awareness of cultural diversity and the ability to function effectively, and respectfully, when working with and treating people of different cultural backgrounds. Cultural competence means a doctor has the attitudes, skills and knowledge needed to achieve this. A culturally competent doctor will acknowledge:

1. That Australia and New Zealand have culturally diverse populations.
2. That a doctor's culture and belief systems influence his or her interactions with patients and accepts this may impact on the doctor-patient relationship.
3. That a positive patient outcome is achieved when doctor and patient have mutual respect and understanding.

Cultural Safety means to recognise and ameliorate the impact that our own beliefs, assumptions and behaviours have on others; and, for healthcare practitioners, to recognise the serious adverse impacts on colleagues, patients and whānau (family) of practising in a culturally unsafe way. Culturally safe practices include actions which recognise and respect the cultural identities of others and safely meet their needs, expectations and rights. Conversely, culturally unsafe practices are those that diminish, demean or disempower the cultural identity and wellbeing of an individual.

Education Provider refers to institutions (such as universities, tertiary education organisations and specialist medical colleges) that deliver approved programs of study and curricula leading to registration. The RACP is recognised by the AMC and the MCNZ as an education provider and as such the RACP is responsible for developing and maintaining standards for physician workplace training in Australia and New Zealand.

Fellow refers to a physician or paediatrician who has successfully completed the appropriate training requirements and gained Fellowship with approval from the relevant committee and Division, Faculty or Chapter of the College.

Health Service means a service responsible for the governance, administration and financial management of one or more service unit(s) providing healthcare.

Local Selection means the recruitment and selection process and methods by which a training provider or health service employer appoints doctors to vocational training positions.

Network Director means the Fellow responsible for educational leadership and the oversight and delivery of the network training program (where a network exists).

Rotation means a placement of a trainee within a department/unit for a fixed period of time for the purposes of physician training. Sometimes known as a term or a run.

Selection into Training means the assessment of candidates to predict success in the training program and ability to progress to competent independent practice.

Supervisor refers to Advanced Training, Education, Rotation, Clinical and Assistant Supervisors. Their combined function is to directly observe, support and oversee individual trainee teaching, learning, assessment and progression.

Trainee means a doctor who is undertaking a program of Basic Training or Advanced Training approved by the College in order to gain Fellowship of a Division, Chapter or Faculty of the College.

Training Network means a collective of training settings, with a formal agreement, which work together to manage and deliver one or more integrated training programs.

Training Program means a formal alignment of work-based experiential (rotations or modules) social and formal learning activities that delivers a curriculum. For example, Basic Training in Adult Internal Medicine, Cardiology, Addiction Medicine etc.

Training Program Director (previously Director of Physician Education) means the Fellow responsible for educational leadership and the oversight of training program delivery at a training setting. They are responsible for planning, implementing, managing and advocating for the RACP training program in accordance with College training requirements.

Training Provider means a training setting or network that coordinates and delivers the workplace components of a training program(s).

Training Setting means a separately constituted health service that is responsible for the governance, administration and financial management of a service unit(s) providing healthcare and training. For example, a hospital, community health centre, private practice, sexual health service, drug and alcohol service or other relevant settings.

Changes to Guidelines

The College may amend these Guidelines at any time and will ensure that future amendments comply with applicable law and applicable RACP policies, guidelines and related documents.

Review date: 2021

Related RACP Documents

- Selection into Training Policy
- Professional Practice Framework
- Training Provider Accreditation Standards
- Indigenous Strategic Framework
- RACP Code of Conduct
- Framework for Educational Leadership and Supervision
- Basic Training Curricula Standards

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