

# 2020 Adult Internal Medicine Director of Physician Education Forum

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Report  
5 March 2020



**RACP**  
**Specialists. Together**  
EDUCATE ADVOCATE INNOVATE



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## Executive Summary

### Purpose

The purpose of the second annual DPE forum was to:

- provide an update on the RACP Education Renewal projects including:
  - Basic Training curricula renewal
  - Advanced Training curricula renewal
  - Other related Education Renewal projects
- Explore the needs of DPEs and provide a platform for discussion of common concerns

The Forum was opened by Dr Spencer Toombes, Chair, Adult Internal Medicine (AIM) Basic Training (BT) Committee, who welcomed participants and canvassed the DPEs in attendance for issues they would like addressed as part of the DPE Forum.

A focus of the Forum was to provide an update on the current status, plans and timelines for the RACP Education Renewal projects including:

- Curricula Renewal: Basic and Advanced Training
- Tracc technology build
- Examinations
- College Learning Series
- Supervisor Training and Support
- Accreditation Renewal
- Entry into Basic Training

A session on DPE development and support included a practical exercise where the DPEs in attendance considered case studies in small group discussions. Following the small group discussions, the case studies were discussed by the group as a whole. The cases discussed were:

- Rural rotation challenges and opportunities
- Effecting change on a busy unit
- Assessing a new term

The following session looked at the issue of trainee mental health exploring the perception of the mental health stigma in the medical profession and the statistics on junior doctors' work-related burnout, bullying and harassment. Of interest was a discussion on the factors contributing to stress and the attributes of a positive work environment, highlighting the increasing focus on physician wellbeing.

The day concluded with an expert panel Q&A session where discussions covered a wide range of topics including regional training challenges, the importance of Networks for capacity to train and trainee mental health specifically the impact of bullying.

## Agenda

Time	Session
10.00am	Meeting open & Welcome
10.10am	Canvassing DPE Issues
10.20am	Education Renewal Update
10.50am	Accreditation Renewal Implementation Update
11.05am	Physician Training Survey
11.20am	Morning Tea
11.35am	Divisional Clinical Exam Capacity
11.45am	CBT 2021 Re-introduction Incentives
12.15pm	Tracc Familiarisation Session
12.45pm	Lunch
1.30pm	DPE Development and Support
2.30pm	Protecting Trainee Mental Health
3.00pm	Q&A Session to Expert Panel
4.00pm	Meeting closed

## Participants

Facilitators	Role
1. Dr Spencer Toombes	Chair, AIM BT Committee and DPE at Toowoomba General Hospital, QLD
2. Dr Andrew Henderson	Member, AIM BT Committee and DPE - Westmead Hospital, NSW
3. Dr Claire Dendle	Member, AIM BT Committee and DPE - Monash Medical Centre, VIC
4. Dr Athula Karunanayaka	Member, AIM BT Committee and DPE - Royal Perth Hospital, WA
5. Dr Kee Meng Tan	Member, AIM BT Committee and Chair of the Divisional Written Exam Committee
6. Dr William Thoo	Member, AIM BT Committee and Chair of the Accreditation Subcommittee
7. Dr Fiona Horwood	Member, AIM BT Committee and New Zealand Representative
Directors of Physician Education	State/Hospital
1. Dr Alistair Abbott	Nepean Hospital
2. Dr Abu Abraham	Fiona Stanley Hospital
3. A/Professor Wilma Beswick	St Vincent's Hospital
4. Dr Lauren Bradbury	Orange Health Service
5. Dr Nick Buckmaster	Robina Hospital
6. Dr Phillip Butler	Orange Health Service
7. Dr Krishnamurthy Chikkaveerappa	Rockingham General Hospital
8. Dr Suet-Wan Choy	Austin Health
9. Dr Elizabeth Clingan	Wollongong Hospital
10. Dr Kathryn Colebourne	The Prince Charles Hospital
11. Dr Simeon Crawford	Shellharbour Hospital
12. Dr Lisa Dark	Tamworth Rural Referral Hospital
13. Dr Ruhaida Daud	Blue Mountains Hospital
14. Dr Bianca Devitt	Box Hill Hospital
15. Dr Jared Eiseman	Mater Hospital Brisbane
16. Dr Renee Eslick	Liverpool Hospital
17. A/Professor Deborah Friedman	Barwon Health

18. Dr Yash Gaddi	Armidale Rural Referral Hospital
19. Dr Sean George	Kalgoorlie Hospital
20. Dr Elizabeth Gillett	Royal Brisbane and Women's Hospital
21. Dr James Gome	South West Healthcare Warrnambool
22. Dr Jessica Hafner	The Queen Elizabeth Hospital
23. Dr Elke Hendrich	Western Health
24. Dr Sanjaya Herath	Redland Hospital
25. Dr Edwina Holbeach	The Northern Hospital
26. Dr Imre Hunyor	Royal Prince Alfred Hospital
27. Dr Paul Jauncey	Nambour Hospital
28. Dr Alan Jones	Hervey Bay Hospital
29. Dr Shanthi Kannan	Qell Hospital
30. Dr Kenneth Koo	Calvary Bruce Hospital
31. Dr Soe Ko	Ballarat Base Hospital
32. Dr Miranda Lam	Lyell McEwin Hospital
33. Dr Benjamin Lambert	Coffs Harbour Health Campus
34. Dr Marc Lanteri	Werribee Mercy Hospital
35. Dr David Lau	Angliss Hospital
36. Dr Dayna Law	Logan Hospital
37. Dr Adrian Lee	Royal North Shore Hospital
38. Dr Siobhan Lockwood	Monash Health
39. Dr George Mabeza	North West Regional Hospital
40. Dr Jaydeep Mannal	Ballarat Base Hospital
41. Dr Annabel Martin	Albury Wodonga Health
42. Dr Natalie Martin	Royal Hobart Hospital
43. Dr Christopher Middlemiss	Sutherland Hospital
44. Dr Rhianna Miles	Greenslopes Private Hospital
45. Dr Mark Morton	Modbury Hospital
46. Dr Craig Mulhall	Bundaberg Base Hospital
47. Dr Hari Nandakoban	Liverpool Base Hospital

48. Dr Alison Parr	St John of God Murdoch Hospital
49. Dr Nadia Patel	Princess Alexandra Hospital
50. Dr Mukhlesur Rahman	Caboolture Hospital
51. Dr Mohammed Richi	Geraldton Regional Hospital
52. Dr Mohsen Shafiei	Bankstown Lidcombe Hospital
53. Dr Vasant Shenoy	Townsville University Hospital
54. Dr Belinda Smith	St Vincent's Hospital
55. Dr Janine Spencer	Fiona Stanley Hospital
56. Dr Yana Sunderland	Northern Health
57. Dr Yi Ling Tan	Nepean Hospital
58. Dr Josephine Thomas	Royal Adelaide Hospital
59. Dr Chinweuba Ubani	Bunbury Hospital
60. Dr Krishnan Varikara	Lyell McEwin Hospital
61. Dr Erin Vaughn	Royal Price Alfred Hospital
62. Dr Louis Wang	St Vincent's Hospital
63. Dr Belinda Weich	Mackay Base Hospital
64. Dr Su Mien Yeoh	Princess Alexandra Hospital

<b>College staff</b>	<b>Role</b>
Robyn Burley	Director of Education, Learning and Assessment
Louise Rigby	Manager, Educational, Development & Improvement
Celeste Gilbert	Project Coordinator, Education Policy, Research & Evaluation
Cherry Pennyquick	Senior Executive Officer, CBT Project Manager
Janet McNally	Project Manager, Education, Development & Improvement
Professor Anne Cunningham	RACP, Lead Fellow
Mari-anne Houghton	Manager, Training Support & Operations, Australia & Aotearoa New Zealand
Sue Edwards	Manager Aotearoa New Zealand Training and Assessment
Shalini Purohit	Manager, Training Operations – Education, Learning & Assessment

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Desley Ward	Manager, Assessments and Selection
Tanja Samardzic	Senior Executive Officer, Basic Training and Accreditation
David Van Boom	Executive Officer, Basic Training
Rebecca Sum	Executive Officer, Basic Training

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## Welcome

Dr Spencer Toombes, Chair of the Adult Internal Medicine Basic Training Committee, welcomed attendees and gave an overview of the Forum's Agenda. Dr Toombes then canvassed the group for the key issues DPEs are facing and/or questions that DPEs want the College to answer. The key issues identified were:

- Capacity to train
- Coronavirus and Clinical examination
- Improving access to rural training
- Changing culture of a fractionated workforce and supporting education
- Difficulties for supervisors, training versus service
- SPDP – getting everyone to the workshops
- Improving the profile of regional training and providing access
- More training in ambulatory care
- More support for smaller/regional hospitals
- Accreditation - outpatients and use of logbooks as evidence

## Morning Session - Summary

### Education Renewal Update

Robyn Burley, Director – Education, Learning and Assessment, provided an update on the RACP [Education Renewal Program](#), in particular how there is an increasing understanding and collaboration with jurisdictions & Aotearoa New Zealand regarding the implementation of the New Basic Training Program. Updates included the following:

#### Entry into Basic Training

- The previously proposed three stage model for Entry into Basic Training is no longer proceeding. Accreditation standards have been developed to and will inform entry into Basic Training.
- A four-stage model has been approved by the College Education Committee (CEC) for Entry into Basic Training where:
  - Clear guidance is listed on the RACP website on how a potential trainee enters training in each jurisdiction
  - A 'Selection Toolkit' has been developed to support the process
  - Capacity to train guidance has been developed
  - Pilot of a Situational Judgement Test will aim to roll out by June 2020
- A Pulse Survey which was completed by trainees who had recently gone through the recruitment process had these key findings:
  - 73% found application information was easily accessible
  - 10% were asked about family planning
  - 8% asked about plans for extended leave
  - 37% confirmed there were pre-interview meetings
  - 83% considered panels were representative

#### Curricula Renewal Basic and Advanced Training

- The New Basic Training Program will include three phases of training: Foundation → Consolidation → Completion. Currently Early Adopter settings are being evaluated to ensure the workload of the new program is manageable for the supervisors.

- The update to the Flexible Training Policy will be implemented to allow for pro-rata PREP tool submission for part-time trainees.
- The TRACC Education Technology software will provide a best-in-class online/cloud technology system which will bring together education and accreditation on a single platform.
- Advanced Training Curricula Renewal (ATCR) includes approximately 60 pathways and is aiming to find common competencies across the specialty programs to enable the development common content. 2020 onwards will focus on the development of program-specific content.

### **Examinations**

- The Divisional Written Exam was delivered successfully in 2020 to 1253 candidates with results to be released on the 12<sup>th</sup> of March. Computer Based Testing (CBT) will be re-introduced in 2021 with a limited roll-out. Paper-based tests will still be delivered.
- Under the new accreditation standards for Basic Training, a Training Provider must at a minimum provide the same number of examination places as examination candidates.

### **College Learning Series (CLS)**

- There has been a strong uptake of the CLS and it is well used by trainees. The DPEs in attendance were encouraged to promote the CLS where possible.

### **Supervisor Training**

- SPDP workshops are planned throughout the year however this may be impacted by COVID-19.
- Workshops are available both face to face and online with strong preferences for both.
- Recognition of Prior Learning (RPL) is available for the first two modules however the third must be completed.

### **The participants raised/discussed the following matters:**

- Clarity was sought on who the target group was for SPDP. It was asked if this included anyone who supervised a trainee in any capacity?
  - It was confirmed that all supervisors will need to complete the SPDP modules however the supervisors with higher responsibility were deemed to be critical.
- Can the College mandate SPDP and how do we work with our hospitals to facilitate this?
  - There has been increase focus on discussion of training which seems to have gained the hospitals' attention. It is important to ensure the hospitals understand that it is a requirement.

More information on the Education Renewal projects is available on the [College website](#)

## Accreditation Renewal Implementation Update

Louise Rigby, Manager – Education, Development, and Improvement, presented on the purpose of Accreditation Renewal (figure 2), what is included in the Accreditation Renewal, and the 9 new Training Provider Standards (figure 3).

### Purpose of Accreditation Renewal

 <b>We want to:</b>	 <b>We don't want to:</b>
Ensure accreditation is; <ul style="list-style-type: none"><li>• Focused on training</li><li>• Supportive of patient safety and quality care</li><li>• Flexible</li><li>• Proportionate</li><li>• Independent and accountable</li><li>• Transparent</li><li>• Effective</li><li>• Relevant</li><li>• Collaborative</li><li>• Coordinated</li></ul>	<ul style="list-style-type: none"><li>• make it unnecessarily complicated</li><li>• increase the burden on supervisors and DPE</li><li>• unnecessarily disrupt existing structures and processes that are working well</li><li>• make accreditation less flexible and inclusive.</li></ul>

Figure 1: Why Accreditation Renewal

### What is included in Accreditation Renewal

- Renewal includes both setting and program accreditation
- Accreditation will occur once every 4 years
- Accreditation visits will be consolidated for providers
- Rotations, settings, and networks will be assessed as part of accreditation
- Accreditation will be delivered using an online platform for data capture
- Capacity to supervise will be included in understanding supervision requirements and delivery of the curriculum

## The new Training Provider Standards now have **9 standards**



Figure 2: New Training Provider Standards

## **The participants raised and discussed the following matters:**

- Regional representation on the subcommittees is vital to ensure these groups understand regional issues, however this does require Fellows of the College to volunteer.
- The move to more formalised networks will better support trainees.
- An increase in expectations and the requirement to deliver a three-year program to provide certainty to trainees. In NSW there is a shift to trainees commencing Basic Training in their PGY3 rather than PGY2.
- The allocation of positions in certain settings with Advanced Trainees taking Basic Training positions in a bid to increase the number of AT positions.
- Clarity is required regarding the process for network accreditation and if settings will still be individually accredited? The principles state that within a network, individual settings would still be accredited to their own standards however consideration would be given as to how the network collectively delivered the program.

## **Physician Training Survey**

Celeste Gilbert, Project Coordinator, Education Policy, Research & Evaluation presented on the results from the Oct-Dec 2018 Physician Training Survey (PTS), the development of the Survey Dashboard, the 2019 Medical Training Survey, and the planned 2020 PTS.

### **2018 PTS**

- Survey participants were 6819 trainee and 4649 educators.
- The results highlight successes as well as areas of concern so as to inform key RACP strategies.
- The survey results identified several hospitals with concerns, of these 52% were classified as having workload concerns, 33% had a number of other concerns across survey indicators, and 14% had concerns that included bullying and patient safety.

### **Survey Dashboard**

- Phased release:
  - Phase 1.1 in Dec 2019 to 990 DPEs, Advanced Training Head of Departments, training setting Chief Executive Officers (CEO) and Network DPEs
  - Phase 1.2 in Jan 2020 to 66 Health Service/District Health Board CEOs, Jurisdictional officials, and Network DPEs
  - Phase 2 in Mar 2020 to all RACP Members;
- The Key Findings tab will provide a detailed understanding of the responses by rating, how they related to proposed accreditation standards;
- The User Profile tab will provide the user's information and detail how the response rates compare to peers;
- The Learning Environment tab will provide the ability to filter survey results;
- The Trainee & Educator tab will provide a comparison between the trainee and the educator's responses;
- The Questions tab outlines the percentage of the category of questions received.

## 2019 Medical Training Survey

- Ran from July to October in 2019 and was funded by the Medical Board of Australia and AHPRA.
- Provided responses from almost 10,000 Australian doctors in training, including 1333 RACP trainees
- Results align with and validate 2018 PTS findings.

## 2020 PTS

- Will run from June to July 2020 (now delayed due to COVID-19)
- Results will be provided in the Survey Dashboard
- The aim is to increase response rates to increase validity. Forum participants were encouraged to complete the survey, promote it in their network, and act as survey champions.

### The participants raised and discussed the following matters:

- It was felt that the June-July window for the survey was not a good time to be running this survey as it is the busiest period (see note above regarding delays).

**Participants were queried via Slido:** What do you think is the best month to run the 2020 Physician Training Survey? The results from 45 participants are below:

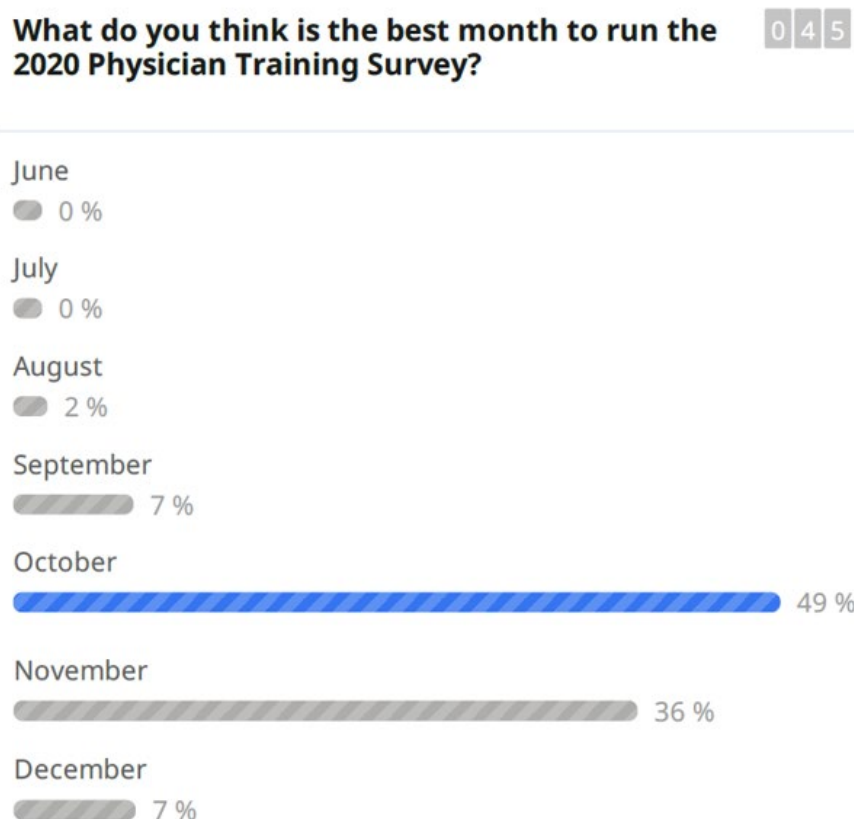


Figure 3: Preferred Month for 2020 Physician Training Survey

## Divisional Clinical Exam Capacity

Dr Marc Lanteri, Deputy Chair, Clinical Exam Committee, Adult Medicine, presented on the 2019 Divisional Clinical Exam (DCE) numbers, the future of the DCE, and the issue of DCE capacity.

### 2019 DCE Numbers

# Divisional Clinical Examination Numbers 2019






	Australia		New Zealand	
	AM	PCH	AM	PCH
 Candidates	762	260	122	48
 Examiners	489	200	54	32
 Hospitals	76	27	9	5
 Patients	1705	655	248	96
 Days	10	10	3	3

Figure 4: Divisional Clinical Exam Numbers 2019

### Future of the Clinical Exam

The timing of the DCE is being re-evaluated due to the following issues:

- increasing candidate numbers;
- a preference for the exam to occur on weekends;
- a limited number of examiners;
- a push to use real patients; and
- the new accreditation guidelines.

### Divisional Clinical Exam Capacity

There has been an increase in the recruitment of marginal sites to deliver the DCE over the last few years to accommodate the rising candidate numbers. Potential avenues to increase capacity include increasing the numbers of trainees being examined at each site, recruiting new sites where possible or running two exam sittings at the same time.

Dr Lanteri reiterated that reliance on New Zealand as a back-up is not sustainable and future planning is critical. DCE sites are exerting pressure to shift the DCE to weekends and move from the July-August cycle with the aim of moving to June in 2021 and possibly earlier in subsequent years. Another option is to add a third weekend to the cycle.

### The participants raised and discussed the following matters:

- It was canvassed at the end of the 2019 DPE Forum and all states, including NSW, were supportive of the change to earlier in the year.

- Hospitals have threatened not to host the DCE if it not moved from the current peak period.
- There are concerns about the impact on planning and preparation for the Written Exam if the DCE is moved earlier in the year.
- Concern about the impact on supervisors and the increased requirements to prepare candidates for both the Written Exam and the DCE within a decreased time-frame was expressed.
- Will the change of the DCE to earlier result in a change to the timing of the Written Exam? If the DCE is moved to earlier the Written Exam may need to move earlier.
- Do DPEs need to start preparing for an earlier DCE in 2021?

### **Computer Based Testing (CBT) 2021 Reintroduction Incentives**

Cherry Pennycuik, CBT Project Manager, presented on the strategy and approach for the rollout of CBT for the Divisional Written Examination (DWE). Additionally, the participants were polled on their preference for incentives for the reintroduction of CBT.

#### **Strategy and Approach for rollout**

- Feb 2021 DWE remains paper based.
- Initial rollout of CBT will be a pilot with the Australasian Faculty of Rehabilitation Medicine (AFRM) Module 1 exam in May 2021.
- Followed by a limited rollout of DWE via CBT on Tuesday 26 Oct 2021. The date was determined based on a number of criteria.
- DPEs, supervisors and trainees were notified of this transition on 28 January 2020.
- Tender for CBT supplier ran from 28 Jan to 9 Mar 2020. Once the supplier is selected an end-to-end mock exam will occur prior to go-live.
- Trainees will be provided a minimum of 12 months' notice (and earlier where possible) of the move to CBT.
- A back-up paper-based exam will be available should it be required due to exam failure.

#### **The participants raised and discussed the following matters:**

- It was questioned why an incentive was required.
- Were trainees consulted to determine if they were interested in sitting the exam?
- If the DCE is to be earlier in the year it was thought that this would lead to a larger uptake of the 2<sup>nd</sup> DWE exam via CBT.
- Why would trainees receive an additional exam attempt if they failed the exam via CBT if there were no technical issues with the delivery?
- It was suggested that first-time candidates could receive a discount on their following exam to encourage uptake and ensure the data was not skewed by excessive numbers of re-attempters.
- The data should be provided to Committee so that the CBT project can receive feedback provided by DPEs.



## Incentive Options

### Participants were surveyed via Slido:

Which of the following is your attempts incentive for encouraging candidates to sit the exam via CBT in Oct 2021? The responses from 60 participants were:

If they fail it will not count as one of their three official exam attempts



if they fail it will not count as one of their attempts and the following Feb 2022 exam would be offered at a discounted fee



If they fail it still counts as one of their attempts, but the following Feb 2022 exam would be offered at a discounted fee



No attempts incentive - If fail it still counts as one of their attempts and no discount would be offered for future exams



Figure 5: Attempts Incentive Survey Results

### Participants were surveyed via Slido:

Which of the following is your preferred financial incentive for encouraging candidates to sit the exam via CBT in Oct 2021? The responses from 62 participants were:

It is offered for free



It is offered at a 25% discounted fee



It is offered at a 50% discounted fee



No financial incentive - candidates pay the full cost of the exam



Figure 6: Financial Incentive Survey Results

## **Tracc – Education Technology System**

Janet McNally, Project Manager, Education, Development and Improvement provided an update on the Tracc, online/cloud technology platform for Training and Accreditation. Additionally, a live demonstration of Tracc was conducted from both the trainee and supervisor perspectives.

### **Tracc Update**

- The build commenced end of April 2019, it is currently 90% built for Basic Training.
- Basic Training Early Adopters (EA) will be ready for a June launch.
- Usability testing occurring from March to mid-April with Educations Technology Development Working Group Members.
- The testing (sandpit) environment will be available to DPEs to test prior to implementation.
- User acceptance testing is scheduled for May until early June with EA settings.
- Accreditation build is projected to be complete in 3<sup>rd</sup> quarter of 2020.

### **The participants raised and discussed the following matters:**

- It was suggested that an app would be more stable than via web browser. It was confirmed that this could occur following the completion of the browser build.
- Will this remove all paper forms?
- How are the supervisor lists populated? Is it possible to have this populated based on location and rotation?
- Progress reports will be included on the platform.

## Afternoon Session - Summary

### DPE Development and Support (Practical Exercise)

Dr Fiona Horwood, New Zealand Representative on the AIM BT Committee and Dr Andrew Henderson, NSW Representative on the AIM BT Committee facilitated a workshop to discuss three scenarios in small groups and then as a larger group:

#### **CASE 1: Rural rotation challenges and opportunities**

The participants discussed:

- The support that a larger hospital could provide to their trainees who are moving to a rural setting.
- Perhaps the anxiety is around the role of registrar rather than geographic concern.
- There are differences in workload between rural and tertiary, as well as levels of supervision.
- Family issues cause anxiety, moving to another location away from family or with family.
- The level of trainee experience before undertaking a rural rotation should be considered. A year 2 or 3 trainee will have extra experience which can be important when training in a less supportive regional location.
- Solutions might include a buddying system of having 2 trainees going together. This may help alleviate anxiety.
- Broader range of workload, with a hierarchy of AT above for support, this is also a great opportunity for AT trainees but may also be daunting.
- Issues between registrars – background, differing expectations and seniority.
- A forced rural rotation can bring morale down.
- Support offered on both sides of the table, with a positive spin on the opportunity.

#### **CASE 2: Effecting change on a busy unit**

The participants discussed:

- Managing expectations of all parties involved.
- Head of Department is the change leader and should manage expectations as well as the HR processes if necessary.
- Set expectation that they will receive trainees with a range of experience and that underperforming trainees can't be relocated to other departments.
- CMO or DMS can influence funding, resourcing and should be brought into the conversation.

#### **CASE 3: Assessing a new term**

The participants discussed:

- Who is the consultant on Hospital in the Home (HITH) and what is supervision like?
- Is HITH accreditable?
- There is no reason why a non-training position could not take on the role of HITH and open up other positions for proper training opportunities.
- HITH like a service position rather than a training position.
- Position the term to trainees as an opportunity to do a number of long cases etc.

- New DPEs must remember their role in the hospital, you are there to protect and advocate for your trainees.
- Seek advice from Accreditation so that unforeseen issues can be flagged to hospital executives and there are no surprises when services change.
- Increased flexibility and understanding from the College, if the DPE is happy then it should be accepted by the College on advice from the DPE. Also, having accreditation guidelines assists the DPE with wielding power in the hospital and requests for funding.

### Protecting Trainee Mental Health

Dr Spencer Toombes, Chair of the AIM BT Committee, presented on the issue of trainee mental health in Australia and abroad, the perception of mental health stigma, the factors contributing to stress, and models for promoting physician wellness. Participants undertook a self-assessment of the Depression Anxiety Stress Scales (DASS21/42) questionnaire to determine their DASS42 score.

The participants discussed:

- Trainees are already highly resilient – focusing on their issues with the exception of other factors is not telling the whole story.
- Unless you have good Hospital Executives buy into a culture of wellness it will not work. You need to make the business case for this.
- We need to thwart the iron man culture and the belief that physicians are super-human.
- The emotional state of the trainee is not the only factor. The emotional state of the educator is equally important.

### Questions to Expert Panel and Open Discussion

The expert panel (EP) consisted of Dr Spencer Toombes, Dr Athula Karunanayake, Dr Andrew Henderson, and Dr Ann Gillet.

Question	Response
<b>It's been a common theme that regional sites are struggling because they are not feeling supported, do you see the transition to a three-year program being positive or negative for regional settings?</b>	Workforce demands have been met with increasing BT jobs but this has not been backed-up with teaching resources.
<b>How do you decide on the training capacity of your basic training network?</b>	The availability of supervisors was a key factor in determining the capacity to train in a network. It was highlighted that having more than one level 3 hospital can complicate this balance.
<b>If the College succeeds in offering the Written Exam more than once a year what knock on effects do you foresee in the training cycle in larger metro hospitals?</b>	This may allow for an expanded workforce. However, an increase in training positions may have negative impacts for career progression and trainee wellbeing.

<p><b>Is there a budget allocated to networks for trainee events e.g. wellbeing or educational events?</b></p>	<p>Discussion about gaining funding from the hospital to provide professional development would provide benefits to the culture which could be articulated to the hospital executives.</p>
<p><b>How is bullying defined? Is this bullying within the physician training program? Does it include “external bullying” eg admin, ED doctors, neurosurgeon registrars.</b></p>	<p>Consideration was given to the perception of bullying being from the receiver not the bully. It is important to be self-aware and work to improve the work culture.</p> <p>The impact of stress and work pressure leads to the use of aggression to get work done. It was highlighted that certain roles had a higher prevalence of bullying.</p>

Additional questions from Slido which were not addressed due to time constraints were:

- 1) How did Western Australia come to divide training so completely from workforce?
- 2) Getting the paperwork for an accreditation visit can be a time-consuming and frustrating process. Who should do that work, and who is paying for it?
- 3) Are there any working groups/committees within the RACP for rural/regional interests? If not, would any DPEs here be interested in joining one?
- 4) Clinical exam - look at including Cognitive Impairment patients with caregiver or NESB patients with interpreter to more accurately reflect Medicine (not just transplant!)

## Conclusion

The Forum concluded at 4pm AEST.

Participants, presenters and RACP staff were thanked for making this a successful forum.

## Appendix 1: Meeting evaluation

Criteria	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	N/A
Forum topics and content were clear	8	20	2			
Forum content was well organised	6	21	2			
Length of forum was sufficient	8	20	2			
Questions were encouraged at the forum	12	12	2	3	1	
Questions asked were clearly answered	6	16	6	2		
Participants had ample opportunity to present ideas and opinions	7	14	4	4		
Forum structure helped the group to consider complex issues	5	20	4	2		
Forum structure helped the group to make effective recommendations	6	16	3	5		
I would be prepared to participate in a similar forum on another occasion	15	14	1			

### Which aspect(s) of the day did you find most useful?

- Discussion of cases (practical exercises)
- Casual discussion, networking was as useful as any/all of the scheduled content
- The web-based Slido questions and R/V of TRACC was great
- Discussing around table with peers. Networking opportunity
- Update on college activities and implementation
- Feedback from DPE's
- Meeting with other DPE's
- Updates as program improvements/change are very useful.
- Ability to meet with other DPE's is invaluable.
- Updates on planned changes to training
- Question/Answer
- Updates on college training. Troubleshooting DPE problems
- Networking in breaks
- SLIDO
- Sharing ideas, clarification
- Wonderful networking opportunity
- Scenarios case presentations
- Updates on the changing training structure and the tools available.
- RACP education renewal update
- Great meeting. Opportunity to network with other DPE's. Opportunity to discuss "big picture" issues.
- Ability to pass on information and take the consensus of the group of nation-wide DPE's.
- Networking. Updates useful. Practical exercises were good.
- Update from the college
- Networking heavy opinions of DPE from other states
- Update of the current development and proposed change to exam arrangements.
- Discussion around Clinical exam capacity, TRACC and development. Liked the slido.com #DPE; great tool

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- Group discussions and hearing opinions of others
  - TRACC familiarization session
  - Opportunity to have our issues heard and addressed
  - Group discussions
  - Networking aspect, especially useful to have RACP staff present.
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**Which aspect(s) of the day do you think needs improvement? Suggestions for improvement are welcome.**

- Too much didactic content – i.e. education renewal and Accreditation renewal. Not enough time to discuss and action key issues.
- More Slido next time? Very helpful
- Greater opportunity for the DPE's to discuss
- Provide slides of presentation prior to event
- Unfortunately, I felt as though the agenda, set by RACP was more about giving us information rather than hearing from us – our wins, struggles and future issues for discussion.
- Packed Agenda – reduce content and leave more time for discussion.
- Integrating Metro and regional training to get balanced training for future trainees.
- Questions to college staff and need to sort out audio. It was embarrassing today.
- Sound/mics and configuration of room
- On occasion, there was inadequate time allowed for robust discussion of important issues.
- Sessions were short – perhaps try to cover less. Half day updates. Half day case/topic discussions.
- Less didactic lectures; give information prior to meeting to read.
- More interactive use – probably suggest pre-meeting questions.
- More support for supervisors – especially scenarios of failing a candidate, reasons for failing to fail
- Education renewal program – content too big and no opportunity for questions.
- Organisations, timely arrangements for flights, accommodations, taxi vouchers and agenda.
- Could DPE's be consulted about issues they would like to see addressed? (Preferably prior to the forum?)
- Lots of questions but solutions are not as clear/defined.

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**Suggestions for topic for next forum:**

- We need to tackle restricting trainee numbers
  - Two-day forum – Day 1 RACP updates for DPE; day 2 DPE Feedback, problem solving, brainstorming and other business.
  - N.B. Incentive for October 2021 written exam: please allow trainees who wish to defer the Feb 2021 exam to do so without financial penalty and sit in October 2021 instead. Also please remove 24-month limit/eligibility criteria to sit written. (NOT clinical).
  - Pathways for non-completers of training. Core competencies in changing demographics of health.
  - Workforce planning/Responsibility
  - Rural/regional focus. I would love an opportunity for perhaps just regional DPE's to sit down together to discuss our unique challenges.
  - Regional hospital BPT workforce – college encouraging Rural and Regional rotations for BPT's.
  - Focus on issues relating to secondments to private/rural sites.
  - Topics on wellbeing of DPE's – specific roles of a DPE.
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- Support structures for DPE
  - Trainees in difficulty
  - Regional support discussion. Details of network development – action on what college is doing about this.
  - Similar
  - Strengthening relationships of DPE and hospital M.D.
  - Strengthening relationships between DPE's and state RACP Committees.
  - Supporting LEO's and Regional examiners with in-service/forum? Networking opportunities.
  - Exploring other training challenges, e.g. training in private practice/UMO rooms.
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