2021 Adult Internal Medicine Director of Physician Education Forum

Report

21 April 2021

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Contents

Executive Summary

Purpose of the third annual DPE forum

- Provide an update on the RACP Education Renewal projects and Achievements for 2020/21.
- Provide an update on Examinations and sessions to discuss the Divisional Clinical Exam (DCE) Long and Short Cases lessons learnt and feedback.
- Provide an update on Accreditation Renewal and a session to discuss Accreditation Renewal and Capacity to Train.
- Explore the needs of DPEs and provide a platform for discussion of common concerns.

RACP Education Renewal Projects and Achievements for 2020/21

- Basic Training Early Adopters and Tracc rolled out this year.
- New Accreditation Standards and Requirements for Basic Training well received.
- Advanced Training Curricula Renewal common competencies agreed. CEC approved rollout for all specialties in next 4 years.
- Supervisor Professional Development Program (SPDP) numbers improving.
- Computer Based Testing (CBT) successful mock exam held 11 March 2021.
- COVID-19 Interim Changes and Virtual Examinations accommodated COVID-19 impacts.
- College Learning Series now has 31 live lectures of 132 planned.
- Australian Medical Council (AMC) Accredited for a further 4 years.

2020 DCE, 2021 Divisional Written Exam (DCE) and CBT

Facilitated discussion on the 2020 DCE Long and Short Cases gave the attendees an opportunity to discuss the lessons learnt and provide feedback. Key outcomes were:

- Clear communication to candidates and examiners is critical.
- 2021 delivery should be earlier to not impact recruitment.
- 2021 format options were presented. Preferred option was traditional format with no interstate travel.
- CBT preference should be given to trainees who have already attempted DWE.

Accreditation Renewal and Capacity to Train

Facilitated discussion on Accreditation Renewal and Capacity to Train gave the attendees an opportunity to discuss these topics and provide feedback. Key outcomes were:

- New Accreditation standards aim to address Capacity to Train issue
- New standards will be gradually introduced as setting accreditation is due for renewal.
- Accreditation application process should be simplified.
- Uncapped trainee numbers may be impacting quality of training experiences.

Expert Panel Q&A Session

Discussions focused on:

- Accreditation application process feedback.
- Administrative burden on DPE of TRACC system.
- SPDP completion rate of current supervisors and how this information is managed by the College.
- Provisional Advanced Training administration processes following 2020 DCE results.

Agenda

Time	Session
10.00am	Meeting open & Welcome
10.15am	Education, Learning and Assessment Update
10.30am	Exams Update (DCE, DWE, CBT)
11.00am	Facilitated Discussion: Exams – Long Cases, lessons learnt and feedback
12.00pm	Facilitated Discussion: Exams – Short Cases, feedback and implications going forward
1.00pm	Lunch Break
1.30pm	Accreditation Renewal and Capacity to Training Presentation
1.45pm	Facilitated Discussion: Accreditation Renewal and Capacity to Train
2.45pm	Break
3.00pm	Q&A to Expert Panel
3.50pm	Wrap-up and Thank You
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	Deputy-Chair, AIM BT Committee and DPE - Westmead Hospital, NSW
3. Dr Claire Dendle	Member, AIM BT Committee and DPE - Monash Medical Centre, VIC
4. Dr Ashwin Swaminathan	Member, AIM BT Committee and DPE - The Canberra Hospital, ACT
5. Dr Alice O'Connell	Member, AIM BT Committee and DPE - Royal Adelaide Hospital, SA
6. Dr Malcolm Turner	Member, AIM CT Committee and DPE - Royal Hobart Hospital
7. Dr Kee Meng Tan	Member, AIM BT Committee and Chair of the Divisional Written Exam Committee
8. Dr Elizabeth Whiting	Member, AIM BT Committee and Chair of the Divisional Clinical Exam Committee
9. A/Prof Michael Woodward	Member, AIM BT Committee and Chair of the Accreditation Subcommittee
Directors of Physician Education	**Hospital and State**
1. Dr Lucinda Berglund	Westmead Hospital, NSW
2. A/Professor Wilma Beswick	St Vincent's Hospital, VIC
3. Dr Lauren Bradbury	Orange Health Service, NSW
4. Dr John Burston	Calvary Hospital, NSW
5. Dr Kim Caldwell	St George Hospital, NSW
6. Dr Roberto Citroni	Royal Melbourne Hospital, VIC
7. Dr Jemma Cranney	Prince of Wales Hospital, NSW
8. Dr Kathryn Colebourne	The Prince Charles Hospital, QLD
9. Dr Heather Cooke	John Hunter Hospital Newcastle, NSW
10. Dr Craig Costello	Townsville University Hospital, QLD
11. Dr Dov Degen	Maroondah Hospital, VIC
12. Dr Bianca Devitt	Box Hill Hospital, VIC
13. Dr Shantha Dewage	North West Regional Hospital, TAS

14. Dr Renee Eslick	Liverpool Hospital, NSW
15. Dr Christine Fawcett	Sunshine Coast University Hospital, QLD
16. Dr Yash Gaddi	Armidale Rural Referral Hospital, NSW
17. Dr Sean George	Kalgoorlie Hospital, WA
18. Dr Elizabeth Gillett	Royal Brisbane and Women’s Hospital, QLD
19. Dr Elke Hendrich	Footscray Hospital / Sunshine Hospital, VIC
20. Dr Sanjaya Herath	Redland Hospital, QLD
21. Dr Edwina Holbeach	The Northern Hospital, VIC
22. A/Professor Samuel Hume	Royal Melbourne Hospital, VIC
23. Dr Paul Jauncey	Nambour Hospital, QLD
24. Dr Cameron Jeremiah	University Hospital Geelong, VIC
25. Dr Alan Jones	Hervey Bay Hospital, QLD
26. A/Professor Lukas Kairaitis	Blacktown/Mt Druitt Hospital, NSW
27. Dr Shanthi Kannan	Queen Elizabeth II Jubilee, QLD
28. Dr Kenneth Koo	Calvary Bruce Hospital, ACT
29. Dr Soe Ko	Ballarat Base Hospital, VIC
30. Dr Miranda Lam	Lyell McEwin Hospital, SA
31. Dr Heather Lane	Sir Charles Gairdner Hospital, WA
32. Dr David Langsford	The Northern Hospital, VIC
33. Dr Dayna Law	Logan Hospital, QLD
34. Dr Adrian Lee	Royal North Shore Hospital, NSW
35. Dr Matthew Lee-Archer	Launceston General Hospital, TAS
36. Dr Annabel Martin	Albury Wodonga Health, VIC
37. Dr Natalie Martin	Royal Hobart Hospital, TAS
38. Dr Rhianna Miles	Greenslopes Private Hospital, QLD
39. Dr Mark Morton	Modbury Hospital, SA
40. Dr Selva Niranjan	Gold Coast University Hospital, QLD
41. Dr Kevin O'Connor	Royal Perth Hospital, WA
42. Dr Shaun Pandy	The Prince Charles Hospital, QLD
43. Dr Nadia Patel	Princess Alexandra Hospital, QLD

44. Dr Anne Powell	Alfred Hospital, VIC
45. Dr Davin Prasetyo	Fairfield Hospital, NSW
46. Dr Simon Quilty	Alice Springs Hospital, NT
47. Dr Krishna Rachakonda	Mildura Base Hospital, VIC
48. Dr Mukhlesur Rahman	Caboolture Hospital, QLD
49. Dr Andrew Redmond	Royal Brisbane & Women's Hospital, QLD
50. Dr Vasant Shenoy	Townsville University Hospital, QLD
51. Dr David Smallwood	Austin Health, VIC
52. Dr Belinda Smith	St Vincent's Hospital, VIC
53. Dr Brian Smith	Bendigo Health Hospital Campus, VIC
54. Dr Michael Spies	Royal Prince Alfred Hospital, NSW
55. Dr Yana Sunderland	The Northern Hospital, VIC
56. Dr Eddy Tabet	Royal Prince Alfred Hospital, NSW
57. Dr Chris Tan	Redcliffe Hospital, QLD
58. Dr Yi Ling Tan	Nepean Hospital , NSW
59. Dr Hui Wen Tee	Alfred Hospital, VIC
60. Dr Josephine Thomas	Royal Adelaide Hospital, SA
61. Dr David Tsang	Footscray Hospital / Sunshine Hospital, VIC
62. Dr Chinweuba Ubani	South West Health Campus, WA
63. Dr Marille Umakanthan	Shellharbour Hospital, NSW
64. Dr Krishnan Varikara	Lyell McEwin Hospital, SA
65. Dr Sara Wahlroos	St Vincent's Hospital, NSW
66. Dr Belinda Weich	Mackay Base Hospital, QLD
67. Dr Su Mien Yeoh	Princess Alexandra Hospital, QLD

College staff	Role
Robyn Burley	Director of Education, Learning and Assessment
Desley Ward	Manager, Assessments and Selection
Louise Rigby	Project Manager, Educational Renewal Program
Nicole Willico	Senior Implementation Lead, Education, Development & Improvement

Jacqueline O'Callaghan	Senior Project Lead, Education, Learning and Assessment
Professor Anne Cunningham	RACP, Lead Fellow
Mari-anne Houghton	Manager, Training Support & Operations, Australia & Aotearoa New Zealand
Kenneth Trass	Manager of Training and Assessment, Aotearoa New Zealand
Shalini Purohit	Manager, Training Operations – Education, Learning & Assessment
Curtis Lee	Psychometrician, Assessment & Selection
Libby Newton	Manager, Education Policy, Research and Evaluation
Rebecca Udemans	Senior Executive Officer, Education Policy. Research and Evaluation
Silvia Fazekas	COVID-19 Response Project Manager
Tanja Samardzic	Senior Executive Officer, Accreditation
David Van Boom	Executive Officer, Basic Training
Victoria Arifin	Education Officer, Basic Training

Welcome

Dr Spencer Toombes, Chair of the Adult Internal Medicine Basic Training Committee, welcomed attendees and gave an overview of the Forum's Agenda.

Education, Learning and Assessment (ELA) Update

Robyn Burley, Director of Education – ELA, provided an update on the following:

Basic Training Statistics

- RACP has over 5000 trainees in Basic Training and almost 4000 Advanced Trainees.
- The number of Supervisors is substantial and needs to continue to increase to accommodate growing trainee numbers.

Strategic Plan 2021

- Core Business as Usual Priorities:
    - Retain AMC Accreditation
    - Educate and train the next generation of specialists
    - Advocate for health equity and policies that promote the interests of the profession, patients, and communities
    - Operate in an effective and sustainable manner
    - Support members to gain and maintain registration and instil professional and ethical standards throughout their career
    - Deliver services that enhance membership, improve member health and wellbeing, and grow engagement
- Focus Areas for Strategic Improvement
    - Implement governance improvements
    - Implement Education Renewal (CBT, AT/BT Curricula Renewal, Training provider accreditation system)
    - Improve member experience
    - Deliver Indigenous Strategic Framework
    - Strengthen people and culture
    - Information technology renewal and uplift

Education Renewal Projects

- Materials being provided regarding Entry into Basic Training and Capacity to Train. A Pulse Survey will occur after this round of recruitment. Trial of Situational Judgement Test was paused due to COVID-19 impacts. This will re-occur as part of selection in Paediatric Basic Training.
- Curricula Renewal for Basic and Advanced Training is progressing well.
- College Learning Series is making inroads.
- Supervisor Training and Support
- Accreditation Renewal and Examinations will be discussed as part of larger sessions.

Achievements for 2020/21

- Basic Training Early Adopters (EA) and initial version of Tracc rolled out this year. Feedback is positive and EA settings are enthusiastic. Some issues with systems, however, these are being worked through.
- New Accreditation Standards and Requirements for Basic Training have been well received.
- Advanced Training Curricula Renewal common competencies have been agreed, moving into specialty specific. Plan approved by College Education Committee (CEC) to roll it out for all specialties in next 4 years.
- Supervisor Professional Development Program (SPDP) numbers are improving. CEC considering action to take for supervisors who have not completed any modules. COVID-19 has seen a positive uptake of modules due to virtual delivery.
- Computer Based Testing (CBT) successful mock exam for Australian Faculty of Rehabilitation Medicine (AFRM) on 11 March 2021.
- COVID-19 Interim Changes were swiftly implemented to accommodate impacts. Provisional Advanced Training has allowed trainees to progress but continues to provide challenges to administer.
- Potentially largest virtual medical examination in the world occurred when the 2020 DCE was successfully delivered.
- 2021 College Learning Series has 31 lectures now live of 132 planed lectures. New resource 'Performing under pressure' to support exam candidates.
- Australian Medical Council (AMC) Accredited for a further 4 years.

Examinations Update (DCE, DWE, CBT)

Desley Ward, Manager, Assessment and Selection and Dr Elizabeth Whiting, Chair of the Divisional Clinical Exam Committee, presented on the 2020 DCE success and challenges and the 2021 DCE planning:

2020 DCE Delivery

- 905 candidates sat the long case (LC) exams. This was delivered by teleconference (TC) format with all LC candidates completed by 13 March 2021. 822 candidates progressed to the short case (SC).
- Failure rate of candidates was similar to that of the traditional face-to-face format.
- 257 candidates still to undertake SC with last scheduled exam to occur 29 May 2021.
- 2+2 module introduced (performance in first 2 SCs determined if the trainee was required to do an additional 2 SCs) to allow flexibility to accommodate COVID-19 impacts.
- Digital Scoring Sheets being utilised for SC have been quite advantageous and occurred at an accelerated rate as a result of COVID-19 impacts.
- 25 candidates chose to defer their SC to the 2021 DCE.

2020 DCE Challenges

- Short timeframe to organise.
- Concurrent delivery of Adult and Paediatric exams.
- Exam delivery intrastate only.
- Ongoing risk of COVID-19 related impacts.
- Fatigue for examiners, DPEs and RACP staff.
- Additional stress and uncertainty for trainees.

Key Lessons Learned from 2020 DCE

What worked?

1. The modular clinical exam, enabled delivery of the exam despite COVID-19 restrictions.
2. The combination of virtual LC and face-to-face SC components was broadly satisfactory to both examiners and candidates.
3. Exam outcomes remained relatively consistent compared to previous years.
4. Implementation of the DSS led to efficiencies in data collection as well as quality and volume of examiner feedback about candidate performance.

What didn't work so well?

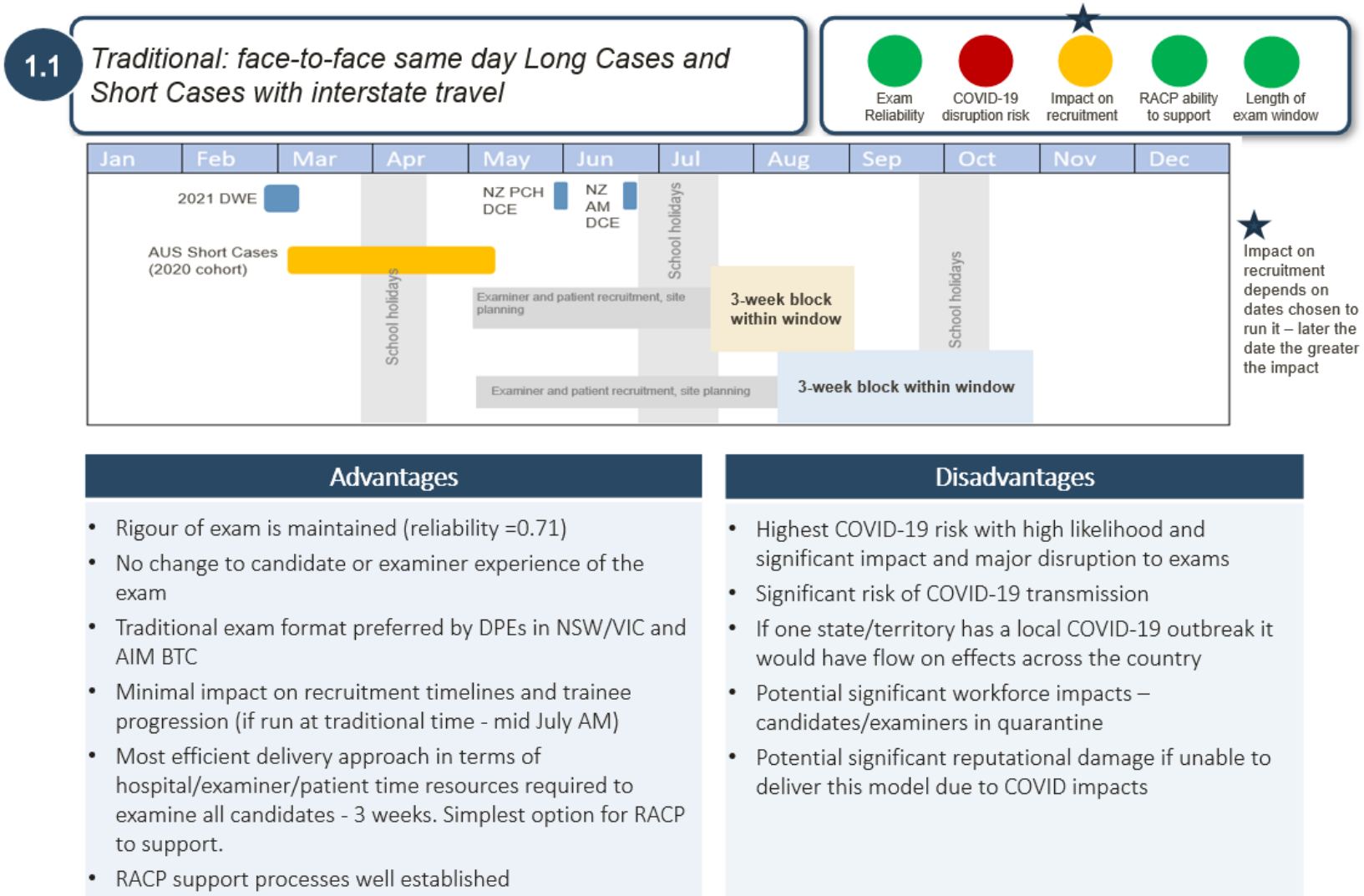
1. Concurrent delivery of the AM and PCH DCE proved very challenging for RACP staff to support.
2. The 2+2 SC format provided flexibility to significantly COVID impacted sites, but multiple variations were complicated to support, and it was challenging to maintain equity (experience and scoring).
3. Provisional AT, designed to support trainee progress, was highly complicated to administer and caused anxiety and uncertainty for trainees.
4. Examiners, College staff and exam committees were fatigued by the extended 5-month window for Long Cases followed immediately by 2-months of Short Cases.
5. Uncertainty about exam format, timing and changes caused stress for all involved, especially exam candidates.

Figure 1: What worked and what did not

2021 DCE Planning

- Aotearoa New Zealand to be delivered in traditional format.
- Decision will be made by mid-June if traditional format is feasible. Planned dates are:
  - Paediatrics – August to October
  - Adult Internal Medicine – August to September, however, CEC to consider request to bring date forward to mid-July
- Three options for delivery of 2021 DCE in Australia:
  - Traditional format with interstate travel
  - Traditional format with no interstate travel
  - Modular exam format

Traditional Format with Interstate Travel



Advantages

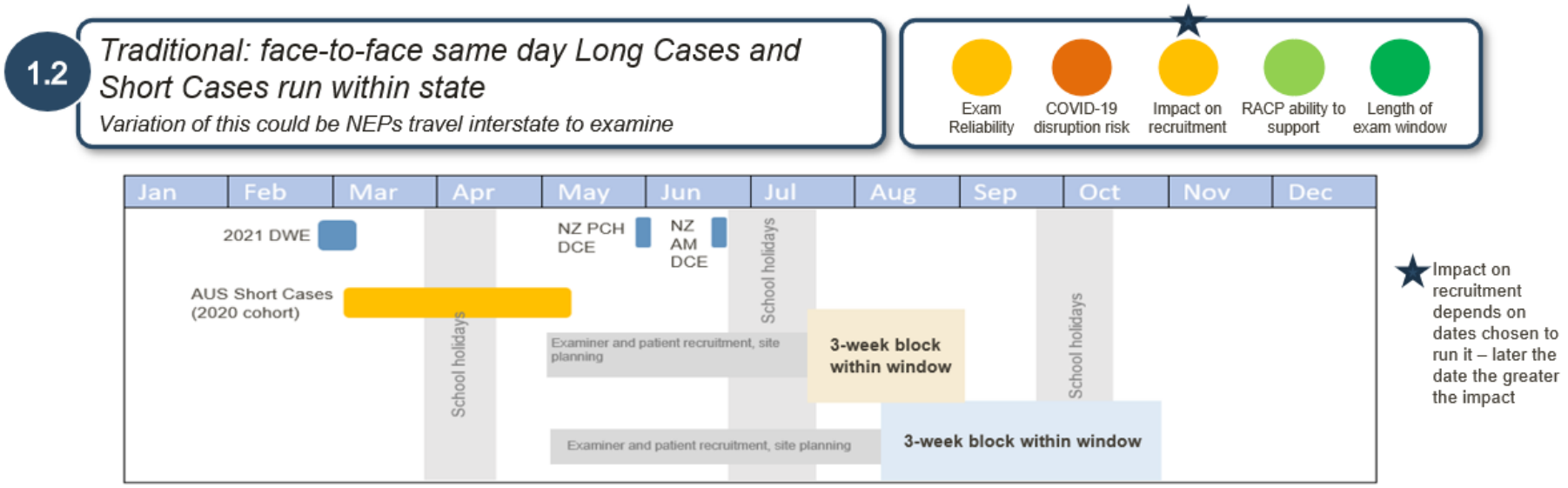
- Rigour of exam is maintained (reliability =0.71)
- No change to candidate or examiner experience of the exam
- Traditional exam format preferred by DPEs in NSW/VIC and AIM BTC
- Minimal impact on recruitment timelines and trainee progression (if run at traditional time - mid July AM)
- Most efficient delivery approach in terms of hospital/examiner/patient time resources required to examine all candidates - 3 weeks. Simplest option for RACP to support.
- RACP support processes well established

Disadvantages

- Highest COVID-19 risk with high likelihood and significant impact and major disruption to exams
- Significant risk of COVID-19 transmission
- If one state/territory has a local COVID-19 outbreak it would have flow on effects across the country
- Potential significant workforce impacts – candidates/examiners in quarantine
- Potential significant reputational damage if unable to deliver this model due to COVID impacts

Figure 2: Traditional Format with Interstate Travel

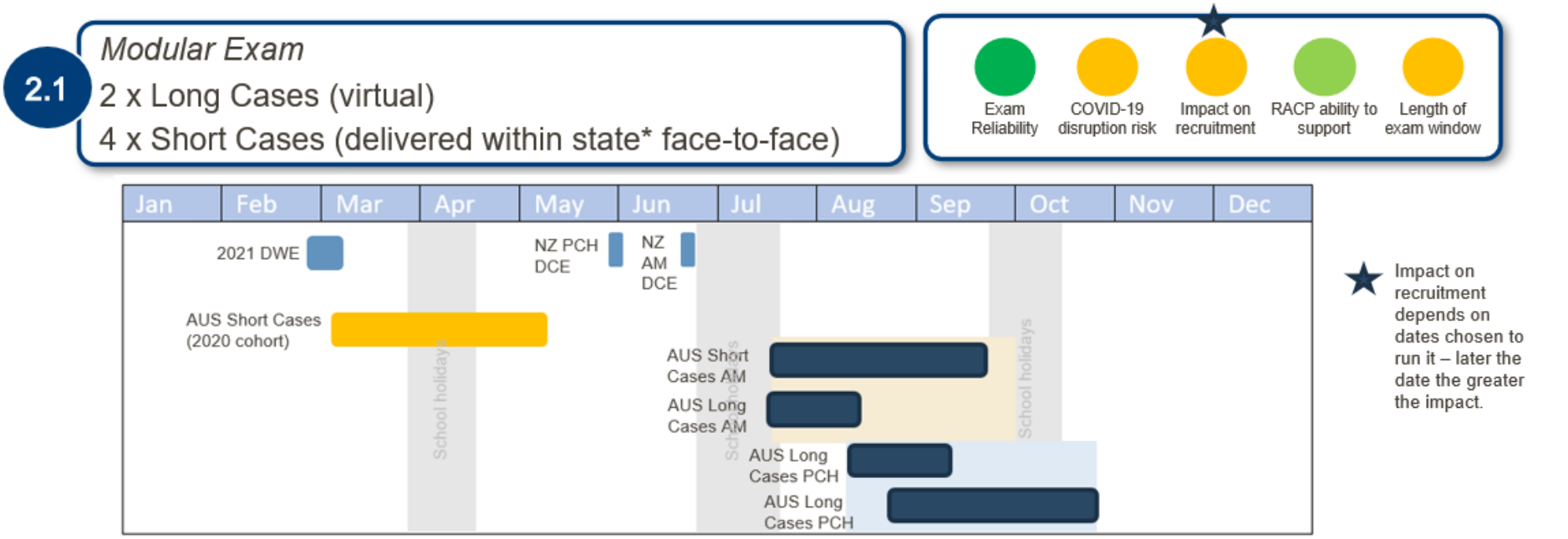
Traditional Format with No Interstate Travel



Advantages	Disadvantages
• Minimal change to candidate or examiner experience of the exam • Efficient model to run and examine all candidates nationally within 3-week timeframe • Traditional format preferred by NSW and Vic DPEs and BT AIM • Manageable with variable COVID-19 restrictions – option to delay locally without impacting other areas of country • Could create bubbles between hospitals/networks intrastate but this would increase risk of COVID impacts • RACP support processes well established	• Not able to ensure candidates are examined by someone who does not know them and therefore cannot have a personal bias for or against them (variation of this option with traveling NEPs would mitigate this but also increase COVID disruption risk). • Not able to ensure candidate is not familiar with the patient (particularly with LC patients). • This option does not retain interstate/external examiners in the Long Cases. • Still requires some travel within state which increases COVID impact risk

Figure 3: Traditional Format with No Interstate Travel

Modular Exam Format



Staggered start for AM and PCH to reduce complexity to manage

Condensed timeframe for delivery of LC with flexibility to deliver SC locally when preferred within exam window

Option least likely to be disrupted by COVID-19

Advantages

- Option least likely to be disrupted by COVID-19 impacts
- Minimal change to candidate experience and perception of the exam – accepted by examiners and candidates
- Options for examiners to be involved in exams for half days or full day.
- No change to examiner numbers.
- No change to number of patients.

Disadvantages

- Additional planning and organisational effort required by sites to manage two exam activities
- Significant planning and management by RACP
- Candidates and examiners need to be available for 2 exam activities
- Timeframe to complete all exam activities longer than traditional format

Figure 4: Modular Exam Format

Divisional Written Exam

Dr Kee Meng Tan provided the following update on the 2021 DWE:

- The 2021 DWE was delivered on 15 February 2021 at 19 sites across AoNZ and AU with 1283 candidates sitting the exam.
- The exam occurred at the same time as Melbourne entered a lock-down and Auckland introduced increased restrictions. The Examination panel met and determined that the exams could go ahead.
- It is anticipated that in the post-COVID era, reserve examinations will be required to accommodate any candidates who are showing even minor symptoms of illness.
- Results were released on 11 March 2021.

Annual pass rate percentage by country

Year	Overall	Australia	New Zealand
2021	76.7% (737/961)	76.1% (665/874)	82.8% (72/87)
2020	78.2% (761/973)	77.8% (693/891)	82.9% (68/82)
2019	73.3% (641/874)	70.9% (540/762)	90.2% (101/112)

CBT Project Update

Desley Ward, Manager, Assessment and Selection, provided the following update:

- Project is tracking well and on schedule.
- First scheduled CBT is AFRM Module 1 Exam on 18 May 2021.
- User acceptance testing completed by Fellows, Trainees, and RACP Staff.
- AFRM Mock Exam successfully completed on 11 March 2021.
- Applications open on 27 April 2021 for CBT DWE in October. This exam will not count as an attempt. If there are too many applicants, positions will be balloted.
- Contingency plans are in place for both technological and COVID-19 issues.

The participants raised and discussed the following matters:

Divisional Written Exam and Computer Based Testing

- Trainees felt they were not provided enough information regarding potential impacts to the DWE during recent COVID-19 outbreak. It was discussed that input from the Chief Health Officer was required before a decision could be made and then communicated to the trainees. This decision was difficult to obtain given the timing of the outbreak. A lesson learnt is to have the Chief Health Officer provide a decision beforehand when there are potential impacts.

- Preference for CBT positions should be given to trainees who already attempted the DWE as the attempt does not count. It was clarified the ballot system will be used if applications exceed the 250 limit for Adult Medicine.
- It was suggested that separating candidates into smaller rooms for the DWE should occur to minimise risk. It was advised candidates were divided into groups to minimise contact at the 2021 DWE in February. Additionally, CBT will occur in smaller rooms and will assist to minimise risk in future.

Divisional Clinical Exam

- The modular format for the DCE delivery seems preferable given COVID-19 will still be a factor in 2021. However, shorten the duration of the exam period if possible.
- Clear communication from the College on 2021 DCE format will alleviate uncertainty for trainees.
- Release of results to trainees as early as possible will help to alleviate stress. It was advised that quality assurance measures require additional checks to occur before results can be released. Additionally, the Easter break caused further delay.
- Email received by trainees undertaking the 2+2 model is ambiguous and should clearly indicate if the trainee has been successful.
- Drawback to 2+2 model is that trainees may be disadvantaged if they happen to fail one of their first 2 cases. The stress on the candidate if they are advised they need to return for 2 additional cases is significant.
- Digital Scoring Sheet (DSS) was difficult to complete for Short Cases within the 10-minute window, this was not a factor for Long Cases. It was advised that the DSS will continue to be streamlined. However, giving additional time is unlikely due to the need to accommodate as many candidates as possible on the day.
- System required to ensure the patient, local examiner, and National Examiner Panel (NEP) member are not from the same location as candidates experience anxiety if they are familiar with anyone in attendance. It was acknowledged that this issue is ongoing and exacerbated by COVID-19 impacts leading to localised examinations. This was highlighted as an issue at Princess Alexandra Hospital due to the recent COVID-19 outbreak and assistance from the College in arranging examiners was requested. Additionally, it was stated that when candidates know their patient or examiner, this has led to claims of bias.
- Consideration for reducing the duration of the 2021 DCE delivery period was requested. It was indicated the 2020 DCE modular delivery resulted in a protracted exam period which was exhausting for candidates and examiners.
- Candidates being able to attempt the Long Case from home was queried. It was stated this is not ideal but may be necessary to accommodate COVID-19 impacts during lockdowns.
- If the modular format for the 2021 DCE is used, where possible, Long Cases would be delivered during the week and Short Cases would be delivered on weekends.
- The logistics of finalising the dates of the DCE was queried. It was clarified that the Examinations team is heavily dependent on confirmation from hospitals before dates can be finalised. Additionally, the CEC is likely to have finalised the exam window by the end of April.
- Concern about the 2021 DCE occurring too late in the year was raised due to recruitment impacts. The preference for a July start to the DCE was stated, particularly for NSW.
- The 2020 DCE virtual delivery approaches to accommodate COVID-19 impacts is being reviewed and the RACP is well positioned to share knowledge of approaches used with peer nations.
- Leave for DWE and DCE candidates and rostering complications were discussed. In particular, the impact of accommodating leave for both the Long Case and Short Case components rather than a single examination date in the traditional format.

Trainee Wellbeing

- Feedback provided that the RACP Support Program is difficult for trainees to access given delays to receiving support after contacting Converge. It was advised that the College will contact Converge for further information about average response times.
- Employee Assistance Programs (EAP) and the perceptions held by trainees when using the EAP provided by their employer were discussed. It was advised trainees should be reassured their information is kept confidential by an EAP.

Capacity to Train

- High numbers of candidates for the DWE and DCE was highlighted as a factor contributing to examination delivery issues. It was stated that the new accreditation standards will assist to address this capacity to train issue.

2021 DCE Delivery Poll

The DPEs present were polled to determine their preference for the 2021 DCE delivery format based on the 3 options provided (see Figures 2-4). The votes received were:

1) Traditional format with interstate travel
   0 Votes
2) Traditional format with no interstate travel
   29 Votes
3) Modular exam format
   8 Votes

Accreditation Renewal & Capacity to Train

Accreditation Renewal

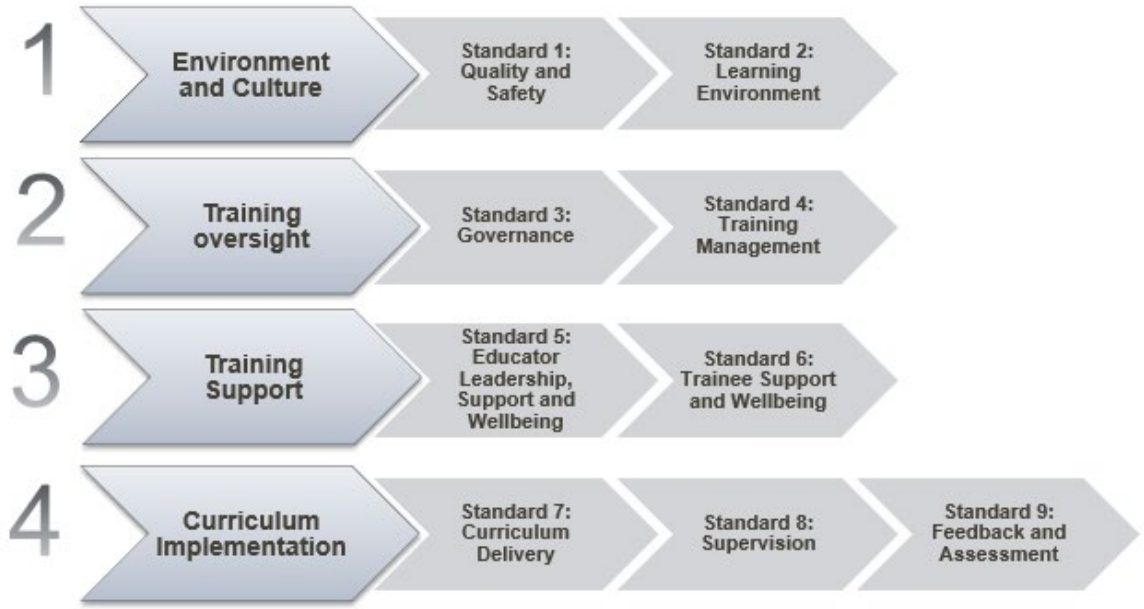
Louise Rigby, Project Manager, Education Renewal Program and Nicole Willico, Senior Implementation Lead, Education Development & Improvement, presented on the changes occurring with the new Accreditation Program:

- The new Accreditation Program launched in 2018 commencing with the new Training Provider Standards which describe what settings need to do to achieve and maintain accreditation.
- Basic Training Accreditation Requirements for Adult Internal Medicine and Paediatrics and Child Health were launched in 2020.
- The Accreditation cycle is largely unchanged from the old program.
- Settings will remain on the 2010 Accreditation standards until they are due for re-accreditation at which point they will be assessed under the new Standards and Requirements.
- Training Provider Accreditation will occur every four years unless otherwise determined by the College Committee for Accreditation.
- Secondment Setting Accreditation has been aligned to their parent setting and their network (formal or informal).
- Joint Accreditation visits for both AIM and PCH will occur under the new system.
- Information sessions were provided to orient committee members, Providers, DPEs, and Accreditors. Further training will be available June to September. Feedback from these sessions has been positive with attendees indicating overall confidence in the Self-Assessment process.
- The DPEs in attendance were encouraged to consider becoming an RACP Accreditor.

Changes in the Accreditation program

Past State	Current State
Only **training programs** are accredited.	The new accreditation program accredits **training settings and training programs**.
There are **five accreditation standards.**	There are **nine accreditation standards**, each with criteria, organized under **four themes**.
Settings are accredited every **five years**.	Settings are accredited every **four years**.
Training rotations are not considered for Basic Training accreditation	**Training rotations** will be part considered for Basic Training accreditation.

New Training Provider Standards and Themes



Further information is available on the RACP website:

Accreditation of a Training Provider Process

Training Provider Accreditation Policy

Training Provider Standards

Basic Training Accreditation Requirements

The participants raised and discussed the following matters:

- It was outlined that the self-assessment form contains sections which may only be applicable to Early Adopter Settings at this stage. The new standards will be gradually introduced as setting accreditation becomes due for renewal.
- Secondment Setting review was raised as impacting regional settings more significantly. It was questioned if consideration was being given to revising this accreditation level. It was outlined that moving to network accreditation and multi-campus settings may assist to alleviate this issue.
- The PDF version of the self-assessment form does not save properly. It was confirmed that a DOC version will be provided if requested.
- It was queried if the New Accreditation Standards will assist to resolve the Capacity to Train issue. It was indicated that this is the intention and would begin to be take effect as settings are accredited under the new standards. It was further stated that some settings may feel they can accommodate more trainees than they presently have once they assess themselves against the new standards and that this could result in an increase in trainee numbers nationally. However, the Accreditation Committee will use the new standards to ensure settings which may be understaffed presently provide sufficient staffing for a suitable training environment. Furthermore, Accreditation has been withdrawn from settings recently who have had trainee wellbeing concerns.
- The importance of Hospital executive leadership involvement in the accreditation process was raised. It was advised the Accreditation Renewal team can arrange an information session involving the DPE and Hospital Executives if requested.
- Consideration should be given to the wellbeing of applicants who are not successful in obtaining a Basic Training position and accept significant periods of nights while they await a position. It was agreed that this is a concern, however, as these individuals are not members of the College a local solution to this matter may be more appropriate.

Capacity to Train

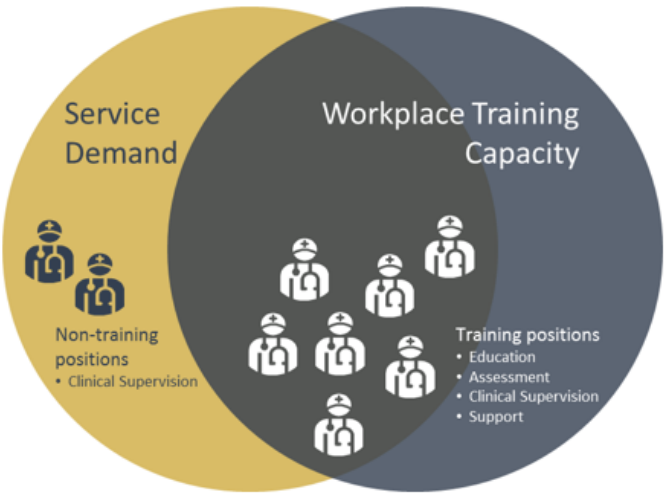
Dr Andrew Henderson, Deputy Chair of the AIM BT Committee and NSW DPE Representative, Louise Rigby, Project Manager, Education Renewal Program, and Jackie O'Callaghan, Senior Project Lead, Education Renewal Program, presented on Capacity to Train:

- Capacity to Train is the number of trainees that a setting can train to meet the training program requirements and become successful practitioners.
- Guidance on Capacity to Train will be integrated into the New Accreditation Program.
- Key components in determining Capacity to Train include access to clinical experiences, appropriate supervision, and access to training.
- The role of Accreditation is to ensure accountability by assessing and requiring quality training and to support training improvement.
- Some settings may not meet the new standards but will be given one cycle to transition.
- Qualitative measures which will be considered:

    - Learning environment
    - Resources to administer and deliver physician training
    - Breadth and depth of experiences which align to the curriculum
    - Accessible, timely and supportive supervision
    - Access to formal learning
    - Health and wellbeing of educators and trainees
    - Trainee performance and progression
- Quantitative measures which will be considered:
    - Maximum number of trainees
    - DCE positions
    - Supervisor support including Trainee to Rotation and Education Supervisor ratios and SPDP completion by educators.
    - DPE support including the FTE for this role, and the FTE requirement for training program coordinator support.
- Draft Guidance on Capacity to Train will be circulated following the DPE Forum.
- Capacity to Train will be introduced in three steps:
    1. Consideration the guidance and use it to determine your capacity to train. Discuss this outcome with medical administration and incorporate this into the self-assessment form.
    2. Number of trainees identified in self-assessment and recorded in TRACC. Capacity to Train to be included in accreditation decision and changes to capacity to train to be reported to RACP.
    3. RACP begins to use Capacity to Train as tool for addressing compliance issues with the Training Provider Standards.

Elements which impact training capacity

- Clinical activity
- Supervision capacity and practices
- Training Provider training culture
- Educational resources and services
- Availability of core rotations
- Assessment practices
- Number of funded positions
- Health service pressure to deliver service



The participants raised and discussed the following matters:

- It was queried if subspeciality training availability has been considered when determining Capacity to Train. It was acknowledged that this could be useful to include in the guidance. Additionally, case-studies should be included to help clarify Capacity to Train calculation for settings which may benefit from this.
- It was stated that selection into training in WA has been successful in improving the quality and motivation of selected trainees. It was noted that WA's process could be included in the Selection into Training information on the RACP website.
- The challenges faced by regional and rural hospitals under the current accreditation system and the opportunity Accreditation Renewal presents to address these issues was highlighted. It was outlined that the new standards have a greater emphasis on ensuring trainees have clinical experiences in different environments. The network model also presents opportunities to address these concerns.
- Concern about an uncapped approach to trainee numbers and this leading to a dilution of Physician Training was raised. The desire by training settings to maximise their trainee workforce was cited as a catalyst for a formal cap not being in place. It was outlined that a prior consultation attempted to introduce a cap, however this was not approved at the time.
- Capacity is a maximum figure and the goal should not be to encourage trainee levels to be at maximum capacity. Excessive trainee numbers have led to an erosion of standards.
- Ensuring access to training for motivated trainees, appropriate supervision, and suitable clinical experiences are the focus of the new standards. These factors will contribute to determining a settings Capacity to Train and address settings oversubscribing their training program.
- There is limited evidence about what the ratios of trainees to supervisors should be, which is the purpose of this consultation process.
- This is a first step to resolving an ongoing issue where hospitals have been staffing specialist roles with trainees.

Questions to Expert Panel and Open Discussion

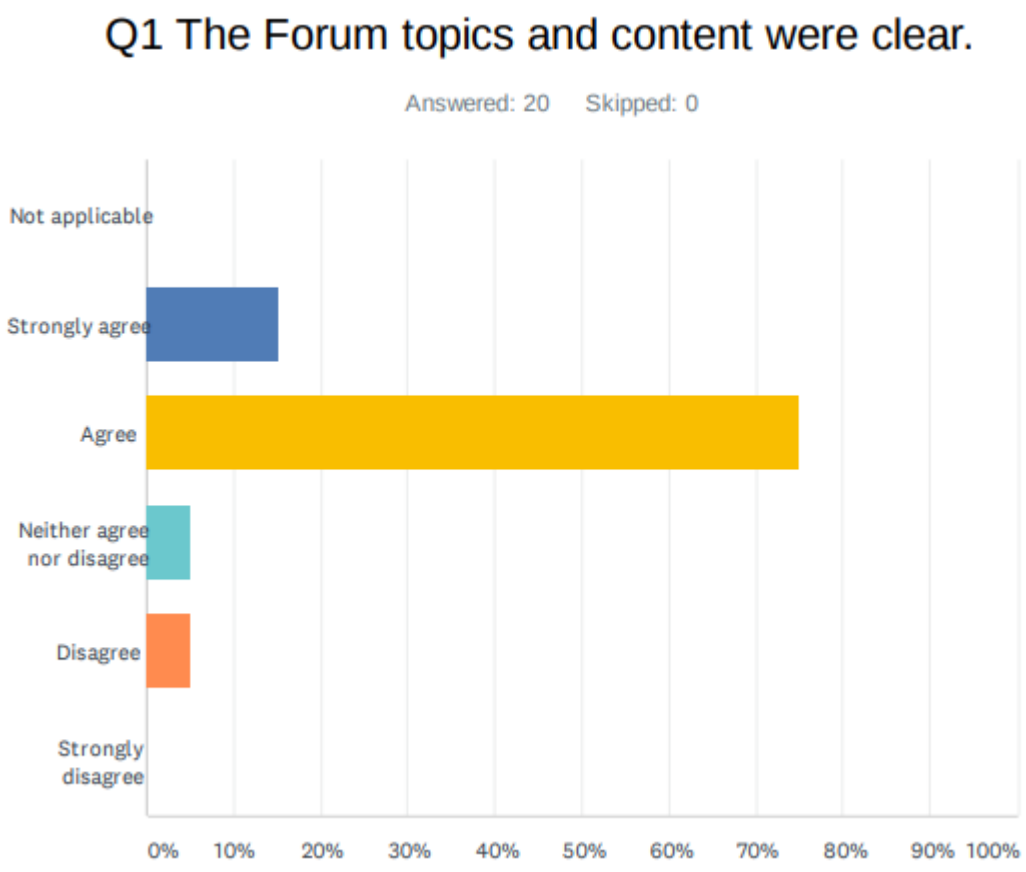
Question	Response
Can the Accreditation paperwork be simplified? We are being required to collate information from prior years which seems excessive.	We are working to simplify the forms but appreciate feedback on where repetition may be occurring or if certain questions are not required. Additionally, we are looking to pre-complete forms where possible. Furthermore, once the information is in Tracc this will then be updatable by the user rather than required to be re-provided.
Why did the College send a list of SPDP Completion for me to transcribe into the application?	The College's data on who has completed SPDP modules is up to date, however, the data on active supervisors at each hospital may not be current. The new TRACC system will require annual maintenance of this data so this should ensure the data is more accurate in future.
Where is the current Accreditation data stored?	The Accreditation data is currently on systems that have been in use by the College for many years. This will be transitioned to a data-warehouse as the source of truth and then transferred into TRACC. There will be a transition period as the way the data is stored currently (word documents etc.) to TRACC (information fields) differs.
With the expanded criteria and standards and the focus on well-being, consideration for ensuring forms are as simplified as possible and easily located on the RACP website would be appreciated.	Thank you, these points are noted. We are working to ensure the website is clear and easy to navigate. Additionally, as previously highlighted, we are working to simplify the forms as much as possible.
Concern was raised about TRACC requiring the DPE to maintain the trainee's rotation information and the additional administrative workload required as a result.	The Capacity to Train guidance includes the requirement for sufficient administrative support to provide a suitable training environment. The TRACC data management should be included in this support by the setting.
We have recently been advised our Accreditation has been extended until 2024, are we required to do anything at this point?	We recommend you attend the training sessions at this stage so you can understand the information you will need to provide for your re-accreditation in 2024.
What happens if a provisional Advanced Trainee (pAT) passes the DCE in August – will their year be certified?	If a pAT trainee passes the 2020 DCE they become eligible for all pAT time to be considered towards their Advanced Training. If a pAT trainee fails the 2020 DCE then their pAT training would no longer be eligible and the trainee will be reverted to Continuation of Basic Training or Interruption of Training. PAT trainees who were unable to attempt the 2020 DCE due to unforeseen circumstances have applied for special consideration to the Advanced Training Committee and they are being treated on a case-by-case basis.
If pATs fail the 2020 DCE and revert from pATs to Basic Trainees, what practically do they do with the College for this to occur?	We are directly contacting trainees who have failed the 2020 DCE. they are required to submit an application for Continuation of Basic Training or an Interruption of Training form.

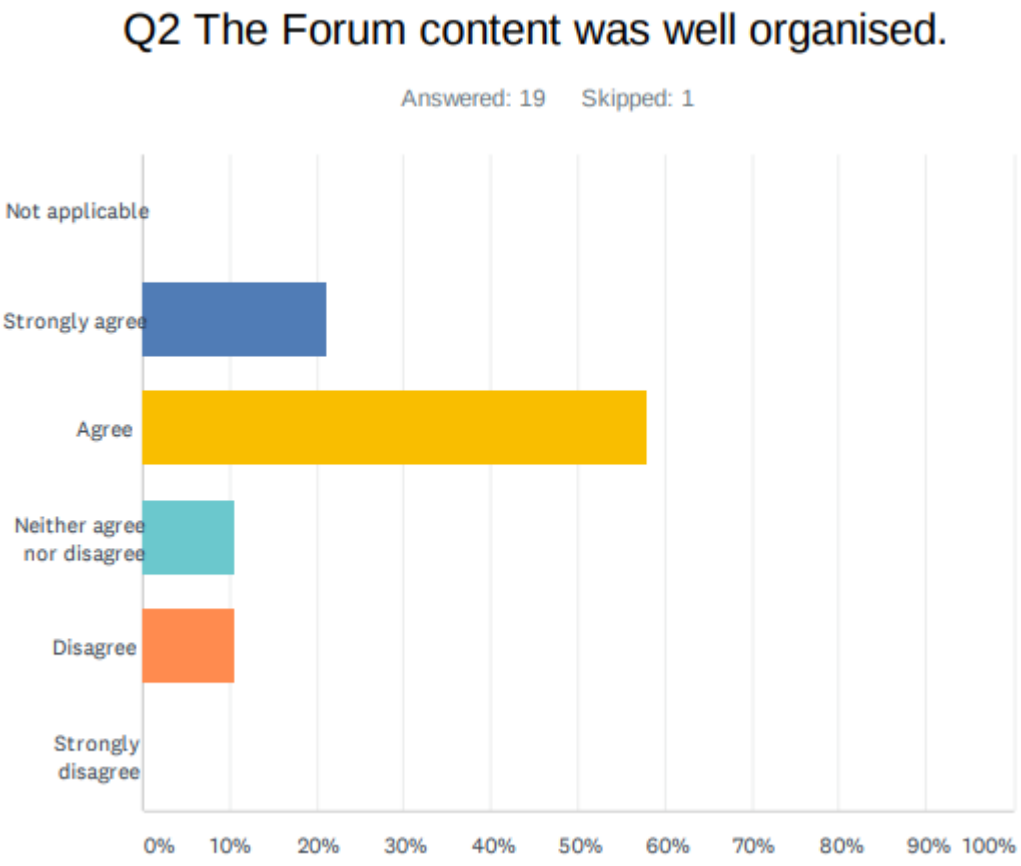
Conclusion

The 2021 DPE Forum concluded at 3:30pm AEST.

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

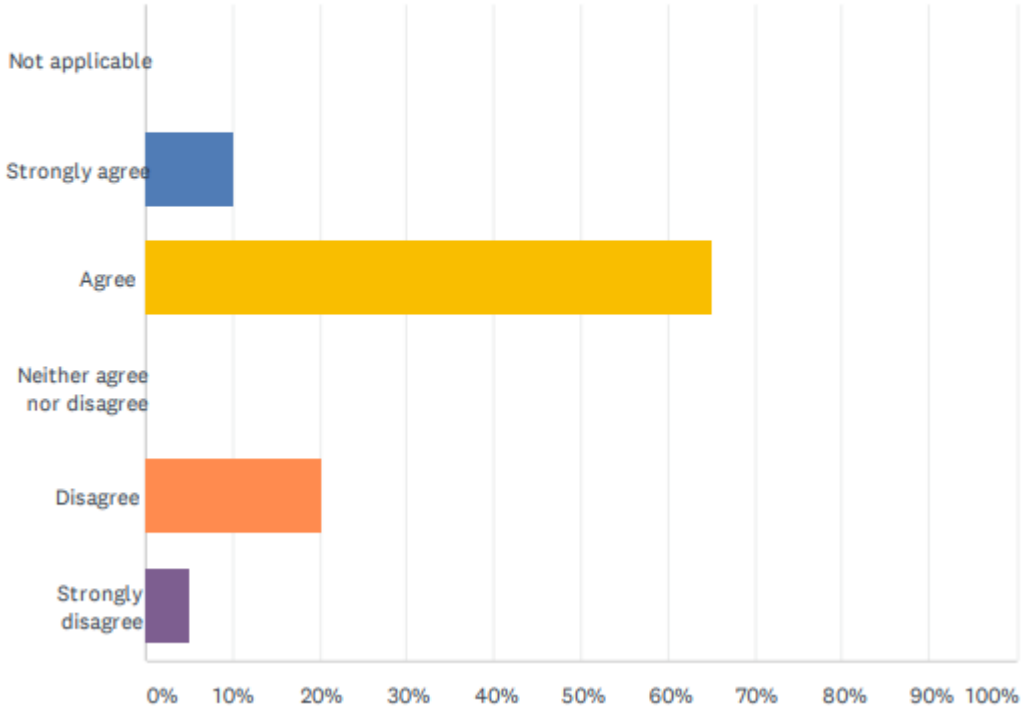
Appendix 1: Meeting evaluation





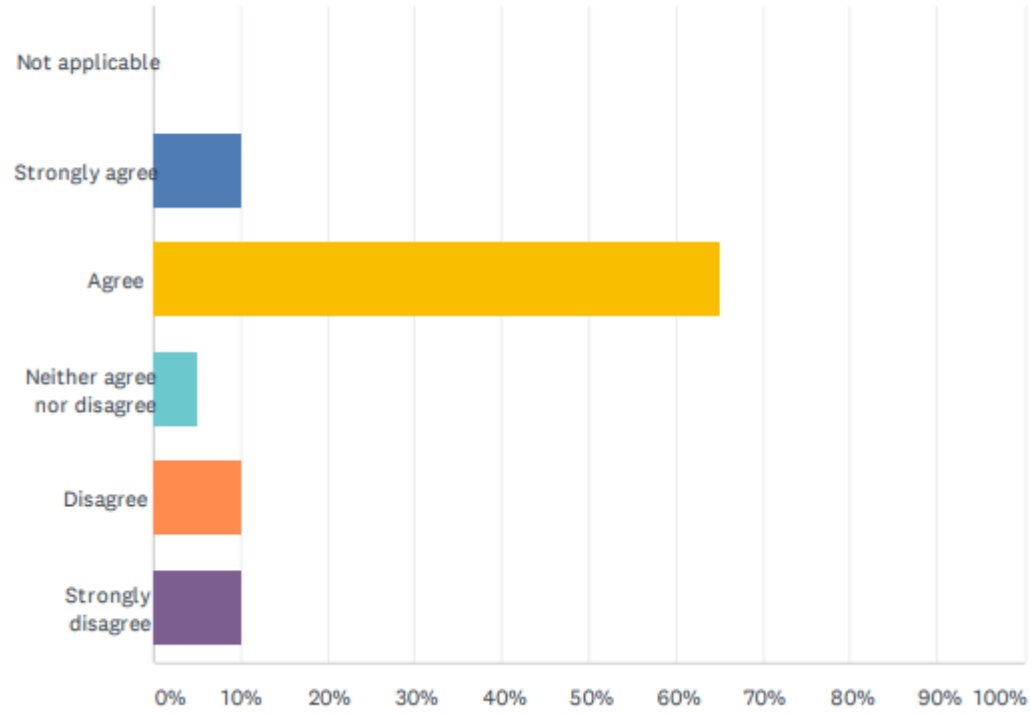
Q3 The length of the Forum was sufficient.

Answered: 20 Skipped: 0



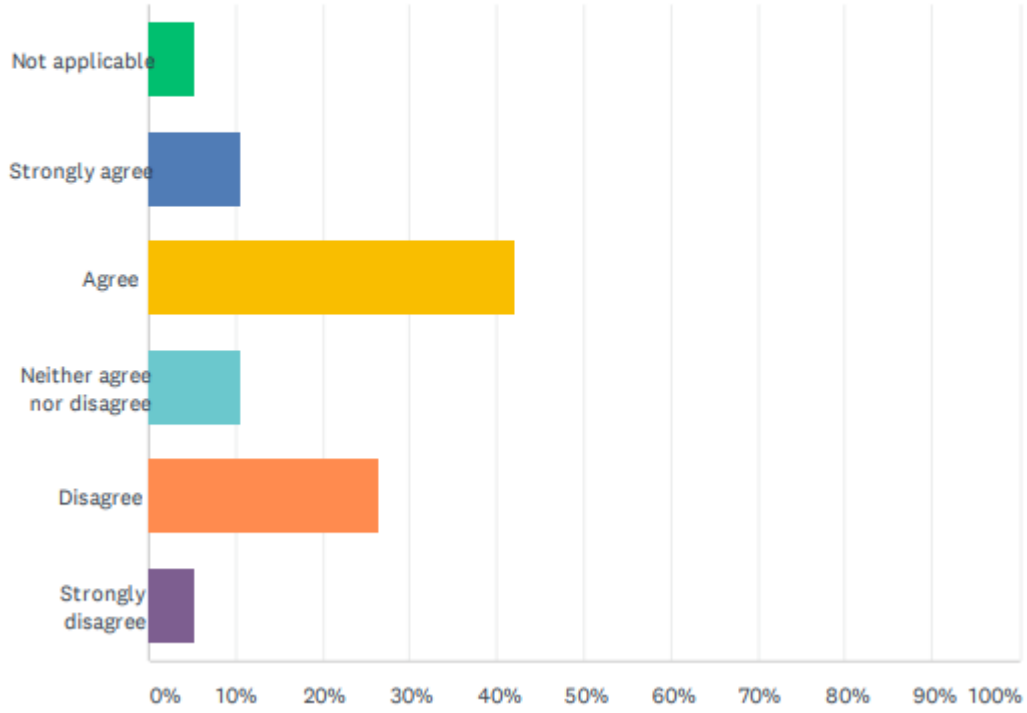
Q4 Questions were encouraged at the Forum.

Answered: 20 Skipped: 0



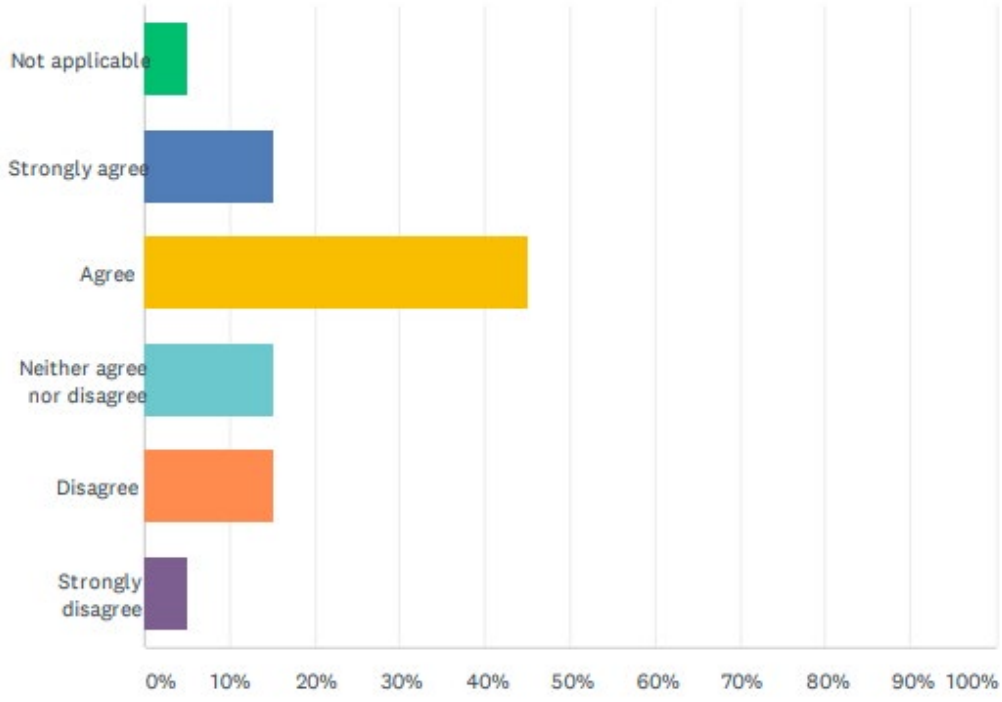
Q5 Questions asked were clearly answered.

Answered: 19 Skipped: 1



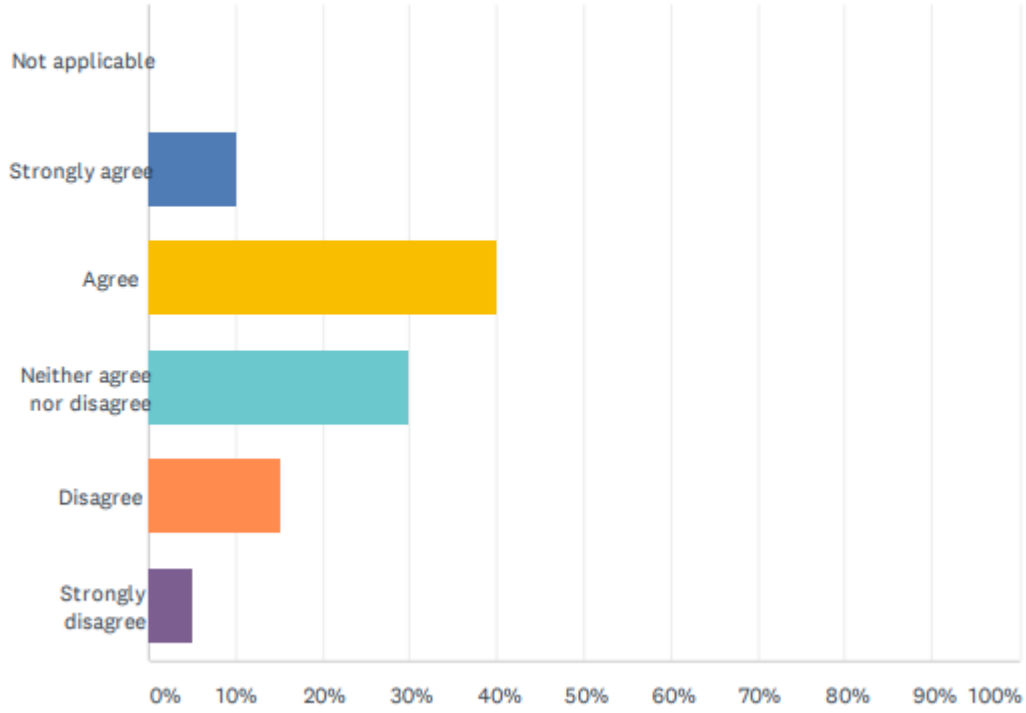
Q6 Participants had ample opportunity to present ideas and opinions.

Answered: 20 Skipped: 0



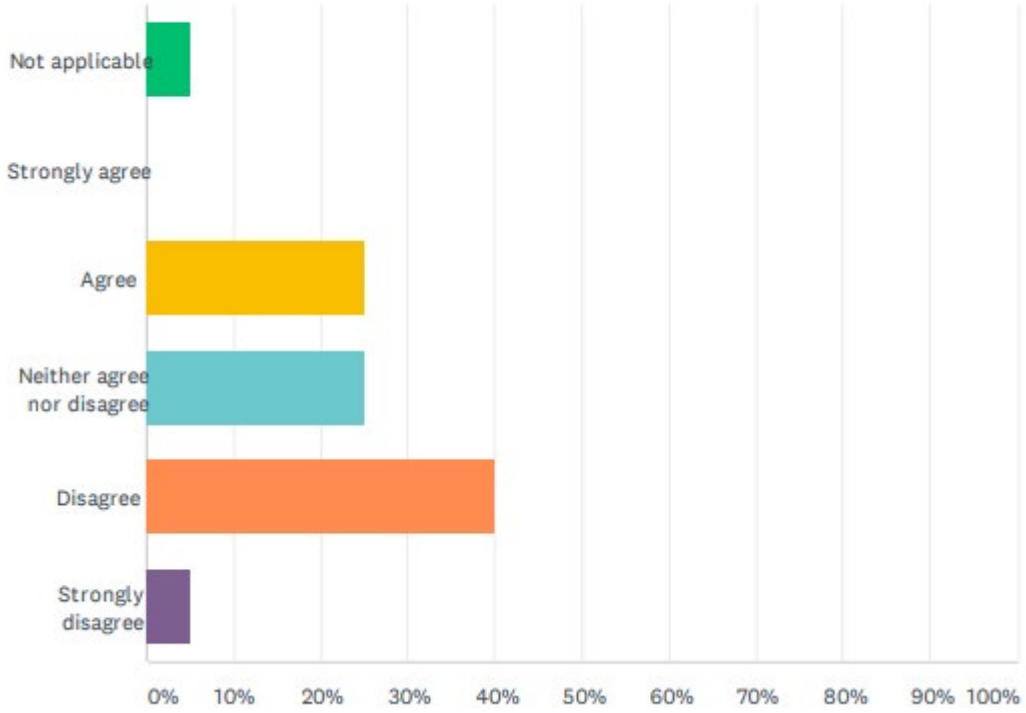
Q7 Forum structure helped the group to consider complex issues

Answered: 20 Skipped: 0



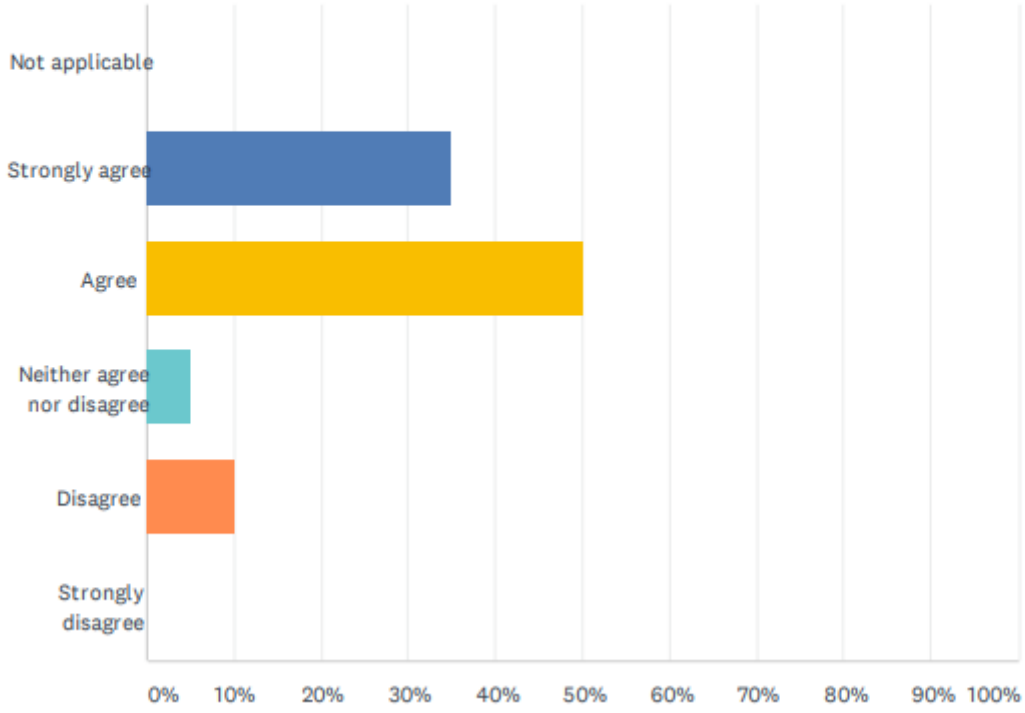
Q8 Forum structure helped the group to make effective recommendations.

Answered: 20 Skipped: 0



Q9 I would be prepared to participate in a similar Forum on another occasion.

Answered: 20 Skipped: 0



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

- Discussion around presentation of the 2021 DCE.
- Feedback on DCE process.
- Discussion on exam format.
- Some of the information was useful. It was interesting to hear from interstate DPEs. Face to face would be better when possible.
- Discussions surrounding exams and curriculum changes.
- Useful to see the contrast in opinions regarding exam dates and timing, and to recognise how challenging it will be to compromise in this space.
- Being able to put forward an opinion about the structure of the 2021 exam.
- Updates on major issues.
- Discussion regarding Clinical exam options and rationale.
- I would like a better understanding of what these forums are supposed to achieve. Too much time was spent communicating information we already know. Chat was disabled. There was no mechanism to vote for recommendations. It was very disheartening to hear that the DPEs are not the people who decide on timing of exams etc. More effort needs to be made to bring those decision makers to these meetings and work with the group to make decisions rather than it being behind closed doors.
- Other DPE feedback.
- Discussion, reflection and insights on challenges of DCE roll out were very valuable.
- Topics were good and a good amount of time was given for some key topics.
- It was useful to learn about the possible scenarios for the examination.
- Getting more information about the college's thinking about the exam.

Which aspect(s) of the day do you think needs improvement? Suggestions for improvement are welcome.

- I think questions would be better presented and fielded if written and submitted via email. The message board is too informal a forum for this.
- In decision making would be ideal to have clear questions followed by voting by Slido.
- Voting could have happened on a separate flatform which could have improved the outcome.
- Face to face better once allowed again. A lot of the information was re-hashed from recent meetings and not necessary. Not having a chat function was a mistake.
- Sad it's wasn’t face to face.
- Should have engaged the chat function earlier.
- Much of the factual information could have been disseminated prior to the meeting. Questions could have been submitted in advance and then answered/discussed. It was a waste of precious time to have didactic lectures.
- It's always difficult to have so many people together to come up with solutions to very challenging problems and give everyone a voice. Small group work with a group representative would be one solution and Slido polls for prespecified questions would be good. Overall, well done considering the limitations of Zoom over face to face.
- The zoom forum did not work for me for this event. Perhaps even getting all state DPEs together and then zoom in centrally would be a compromise. I don't want to spend 6 hours being told information from the college. It's better to just read it.
- It was very long and there was a lot of unnecessary repetition. We didn't come up with 6 hours of useful discussion, despite being there for 6 hours.
- Agenda could have been made available more clearly ahead of time.
- DPEs were spoken at rather than included in the conversation.
- I think having the chat function working and having someone to modulate that would have been better. Also having some options to allow us to vote on some key issues such as a web polling option would have been better to track the views of the group.
- Face to face of course would be ideal.
- Didn't need to be as long.
- There needed to be a voting system or clearer way of clarifying consensus.

Suggested topics for discussion at the next DPE Forum:

- Annual College sessions. Research activities for Trainees
- Capacity to train - needs longer.
- Local implementation of selection into training. How to manage non-training PHOs. Early exit from training, e.g. Diploma of Medicine.
- Innovative workforce solutions - decreasing reliance on medical registrars to run a service.
- Is the content being tested by the written examination, and thus being study, actually achieving our goal of producing better physicians.
- Funding training. We need much higher levels of administrative support especially with new curriculum and assessment. Accreditation is a blunt process. How can the RACP support increased funding for training in hospital networks. It's hard to fight on an individual level.
- Please make it shorter and more succinct.
- Two issues that I do not think were dealt with adequately were: 1. How best to support rural/regional training and rural/regional physicians was alluded to but not addressed. If this is not the right forum, hopefully the RACP is tackling this in another working group as this problem is real and significant. 2. Similarly the issues around our capacity to train increasing numbers of trainees as a College through the DPEs needs to be explored. It seems we are at (or exceeding) our capacity.
- Supporting rural sites is a critical issue and would be good to discuss in a future forum.
- Any other learning opportunities for Supervisors other than SPDP 1-3
- More on recruitment and selection into training.