



The Royal Australasian
College of Physicians

The Royal Australasian College of Physicians

The Journey and where to from here?

Physician Education & Certification
at the RACP

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Outline

- Who are we?
- Educationally
 - Where have we come from (and why)?
 - Where are we now?and lessons learned
 - Where are we heading?and the challenges confronting us



RACP - Who are we?

Royal Australasian College of Physicians

145 Macquarie St
Sydney Australia



The Royal Australasian
College of Physicians





RACP History

- Established in 1938
- *Hominum servire saluti* :To serve the health of our people
- In Australia and New Zealand
- 1991/2 Faculties established
- 1994 CPD programme (MOPS) established
- 1998 Australian College of Paediatrics amalgamates with RACP
- 1999-2004 Chapters established
- 2004 Accreditation by Australian Medical Council (AMC)
- 2012 Voting re Trainees becoming voting members

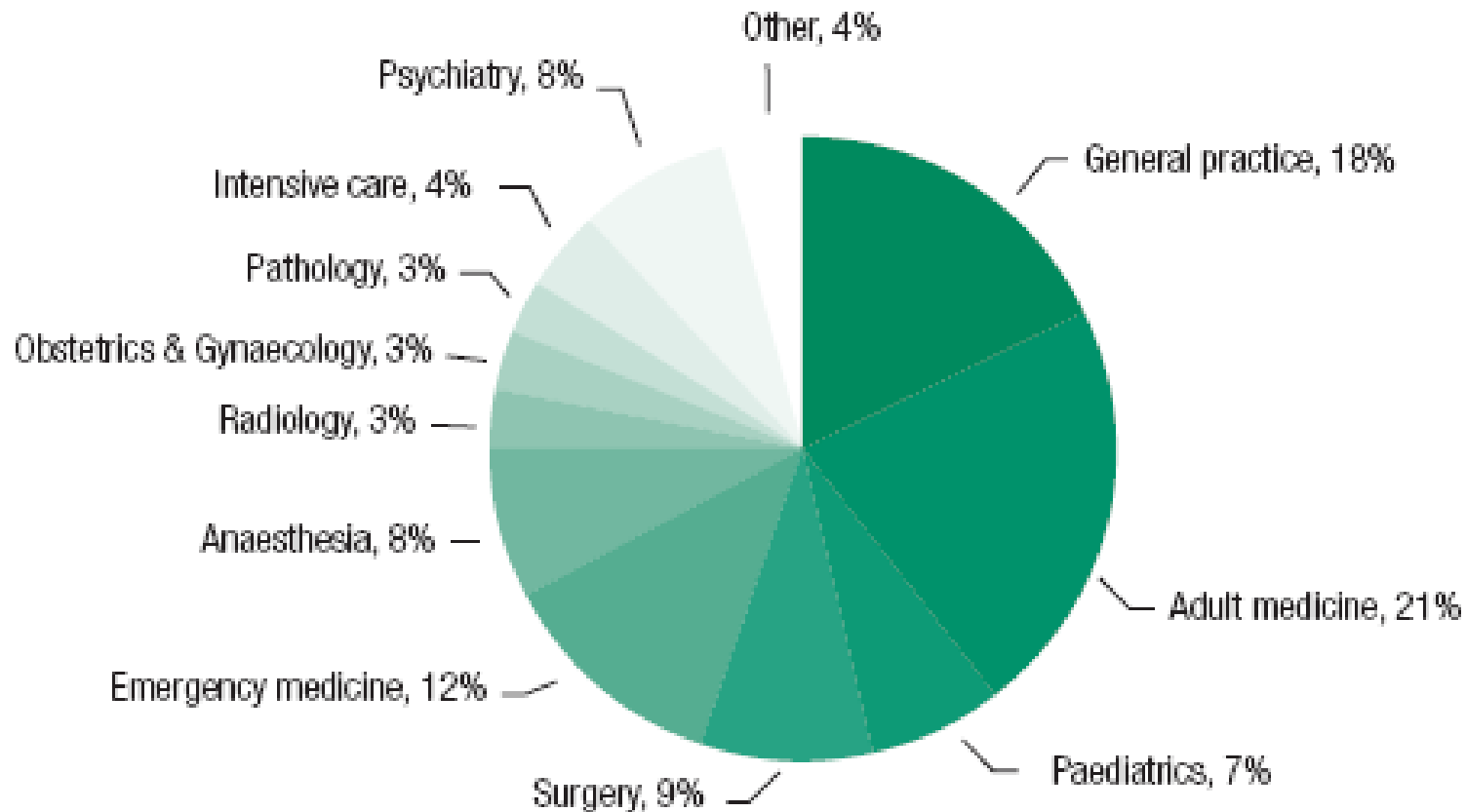


RACP Facts and Figures

- > 14,000 Fellows
- > 5,000 trainees.
- > 200 staff, (>120 in Education), at 7 offices in 2 countries
- 25 specialties
- 67 training pathways
- Approx 1/3 of all medical vocational trainees in ANZ



Australian Trainees by Specialty(2009)



(31% of all trainees in “physician specialities”)



RACP - Current Structure

- 2 Divisions: Adult, Paediatrics & Child Health*
- 3 Faculties: Rehabilitation*, Occupational & Environmental* and Public Health Medicine*
- 4 Chapters: Sexual Health*, Palliative Care, Addiction Medicine and Community Child Health

- Different qualifications
- Celebrate our diversity
- Specialty Societies (SSs); separately incorporated, independent organisations



RACP Strategic Goals for 2010-2012

- Deliver excellent **education**, training and assessment.
- Actively **engage with key internal and external stakeholders**, including Speciality Societies, other colleges and key health bodies.
- Increase the profile and position of RACP to **shape the health agenda**.
- Align the physician **workforce** to meet emerging needs.
- Strengthen the **internal culture and governance** of RACP.



Education in RACP pre 2004 - the Reality

- Basic Training (Adult Medicine & Paeds)
 - “laissez-faire” approach
 - No formal curricula
 - Limited supervision
 - Single annual “high stakes” written and clinical examinations
- Advanced Training (various)
 - No formal curricula
 - Conducted by Fellows (in SS).
 - Supervisors reports
 - No exit exam



Education in RACP pre 2004 - The Issues

- Increasing disquiet of Fellows and trainees
- Not justifiable
- Not meeting the needs of the trainees
- Educationally unsound
- Great product: but “in spite of” rather than “because of”
- AMC ACCREDITATION.





“You never want a serious crisis to go to waste. What I mean is that it’s an opportunity to do things you could not do before.”



Rahm Emanuel

President Barack Obama’s Chief of Staff

Stimuli for Change

- Changing patterns of healthcare
- Respond to changing societal requirements
- Conform to international best practice
- Professionalism and patient focus
- Preparation for lifelong learning
- Accreditation (via AMC)



Education in RACP in 2004: the Response

- Education Strategy Working Party



- Education Strategy Implementation Board



- 2007 Governance Review



- 2011 Education Governance Review
(separation of policy and operation)



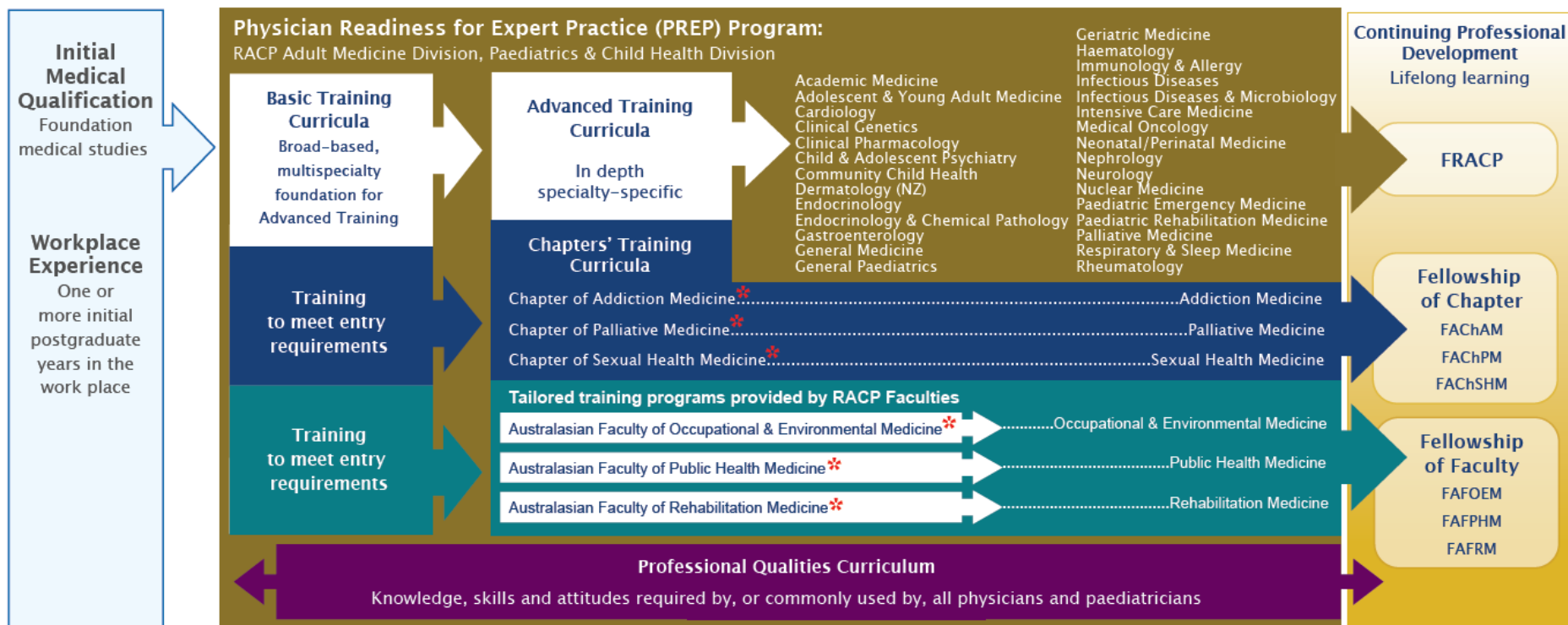
PREP Training thus far...

Training Year

2008	2009	2010	2011
<p>PREP Basic Training commences 2008</p>			
<ul style="list-style-type: none"> • Curricula • Formative assessments • Teaching and learning tools • BT Portal 	<ul style="list-style-type: none"> • Ongoing portal development • Increase in requirements 	<ul style="list-style-type: none"> • Formative assessments become mandatory <div data-bbox="1083 951 1425 1115" data-label="Text"> <p>AMC Accreditation Visit</p> </div> <ul style="list-style-type: none"> • AMC Accreditation until 2014 	<div data-bbox="1464 619 1914 783" data-label="Text"> <p>PREP Advanced Training commences</p> </div> <ul style="list-style-type: none"> • AT Curricula • Formative assessments • Teaching and learning tools • AT Portal launched • Faculty Portal end 2011 <div data-bbox="1456 1250 1798 1415" data-label="Text"> <p>PREP Consultaion</p> </div>

Where we are - RACP Training Pathways (2011)

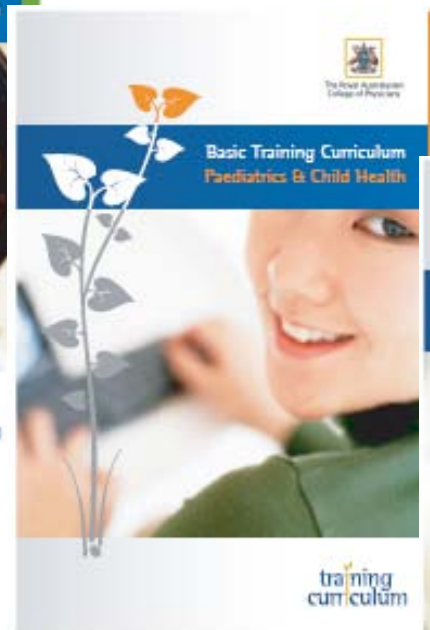
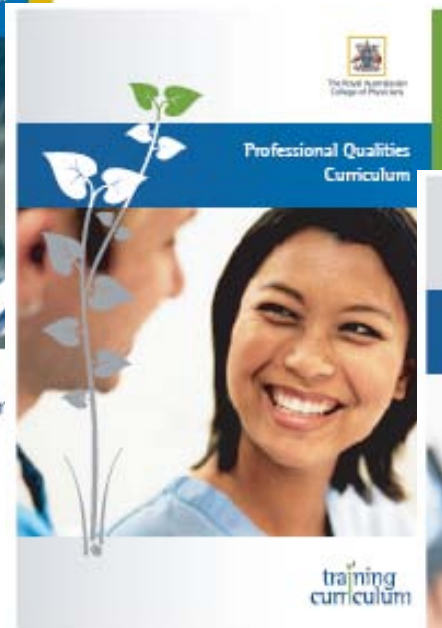
Training Pathways for Physicians and Paediatricians Specialist Training Programs



* Please see specialty-specific training handbook for training program entry requirements

RACP Curricula

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A Broad View of Professionalism



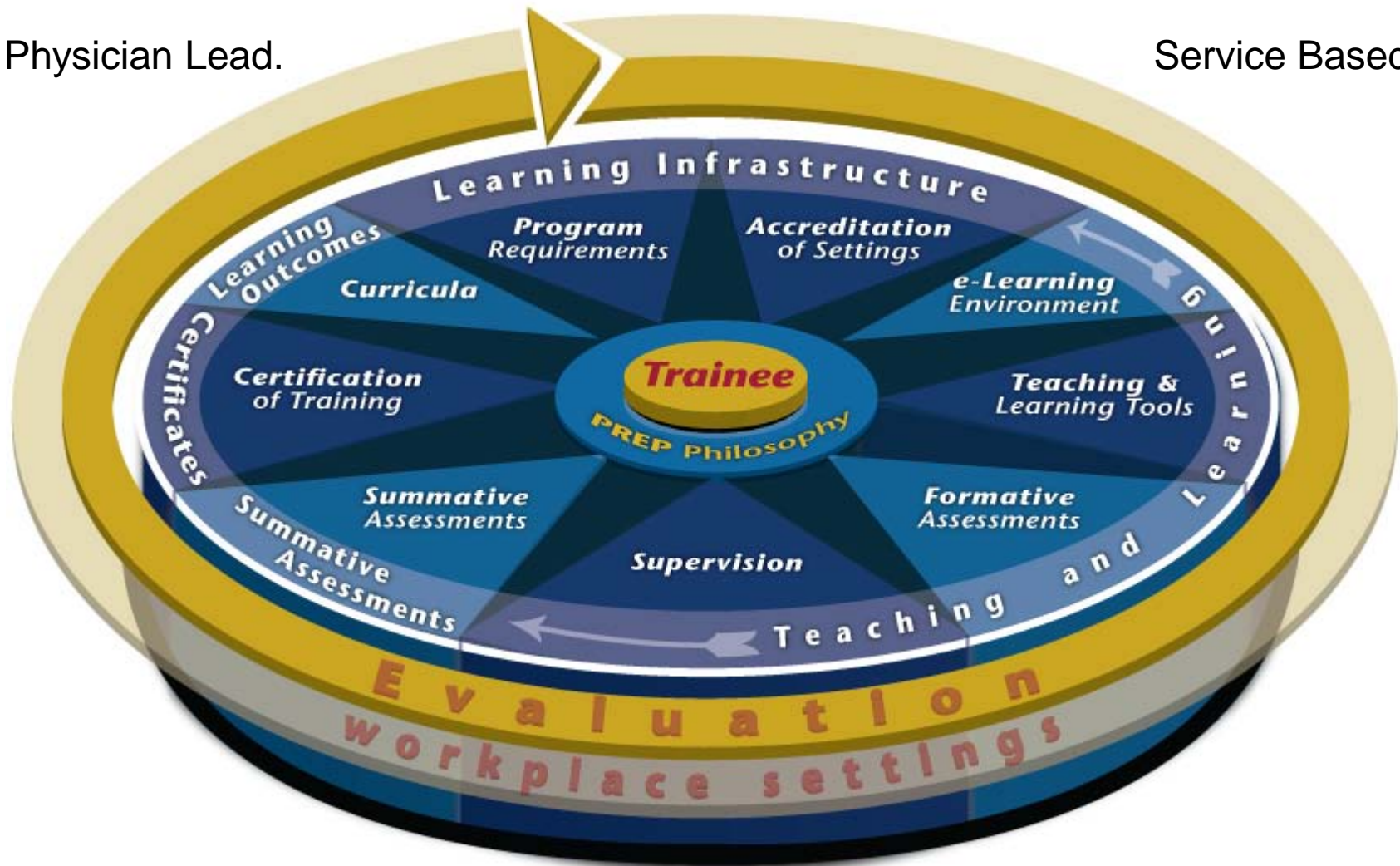
PROFESSIONAL QUALITIES CURRICULUM (PQC)

- Quality & Safety
- Communication
- Cultural Competency
- Leadership
- Health Advocacy
- Teaching & Learning
- Ethics
- Broader Context of Health
- Decision-making

Trainee-Centred Training

Physician Lead.

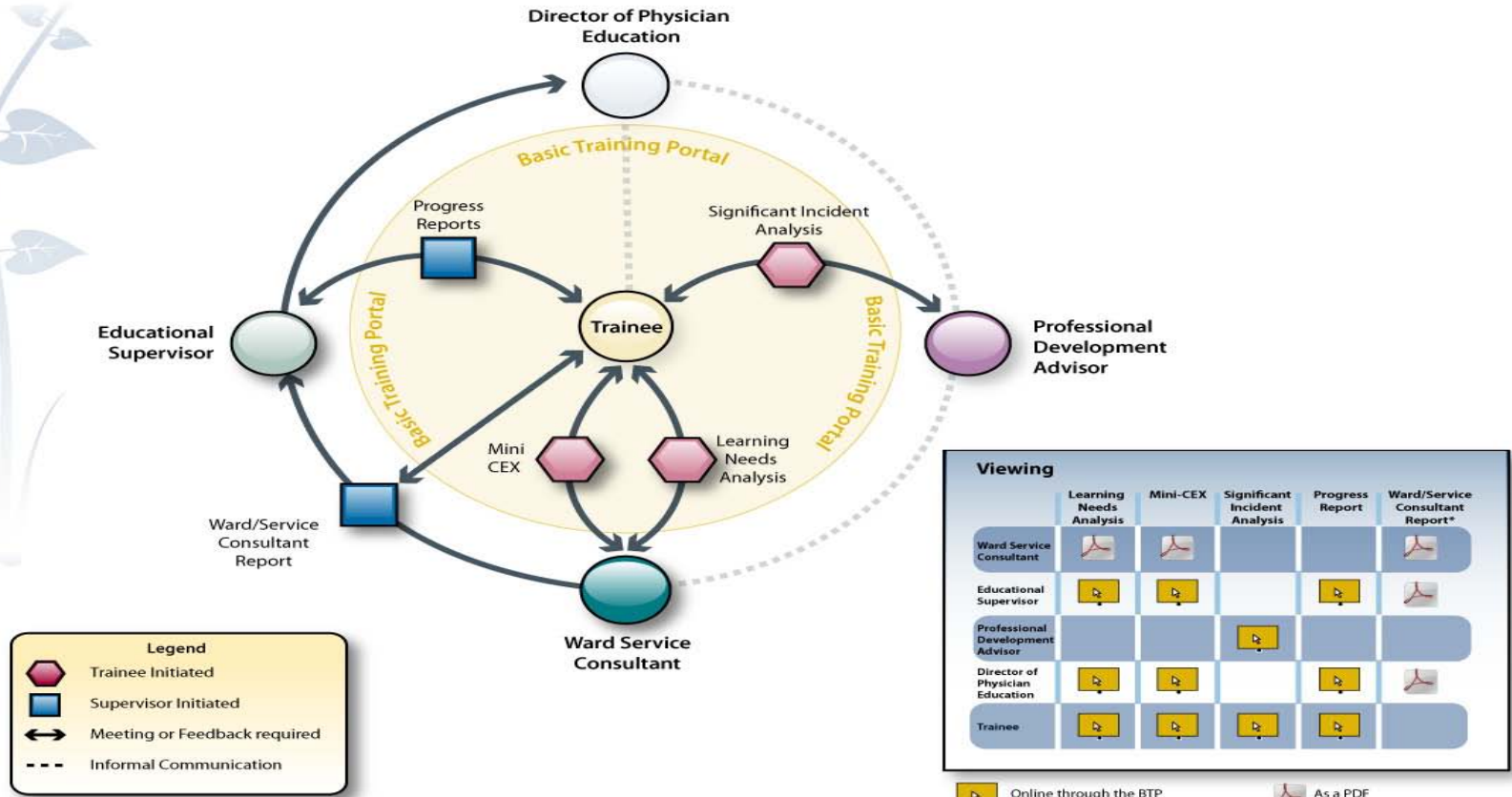
Service Based.



Supported by Skilled RACP Staff.


Trainee Centered Learning Program

Trainee Centred Learning




PREP - Online Learning

You are not currently signed in. [Sign in now](#)



Educating Physicians and Paediatricians
Basic Training Portal
PREP Program: Physician Readiness for Expert Practice



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Basic Training

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Welcome



The Royal Australasian College of Physicians with its Divisions, Faculties and Chapters provide exemplary, workplace-orientated education, training and assessment in more than 30 medical specialties to equip Fellows and trainees in Australia and New Zealand with the knowledge and skills required to perform as physicians and paediatricians.

The College's **Physician Readiness for Expert Practice (PREP) program** provides comprehensive education and training to the majority of medical specialties represented by the College.

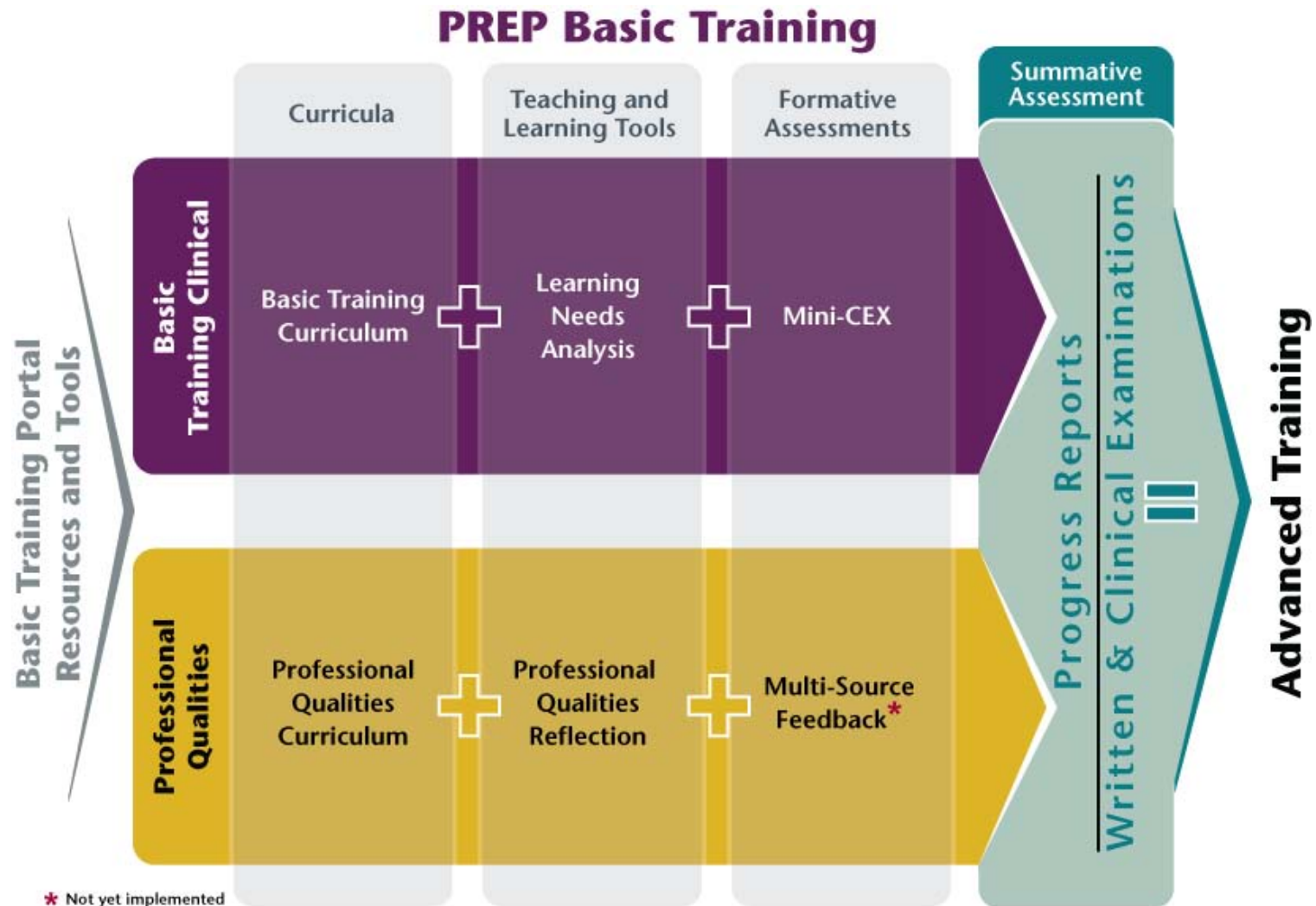
A smaller number of specialties have alternative training pathways delivered by the college's Faculties and Chapters – those tailored training pathways are covered elsewhere and are not included in the Basic Training Portal.
To view the structure of the college, [click here](#).

The portal provides easy access to the relevant information, online learning tools and downloadable resources for each component of the Basic Training phase of the PREP program.

Trainees' meetings with the Dean

In 2009 there will be several meetings held around Australia and New Zealand that will focus specifically on the PREP program. This is a great way for trainees to learn more about the PREP Program and discuss its benefits.
More information regarding these meetings can be found on the College website [here](#).

PREP Basic Training Assessments

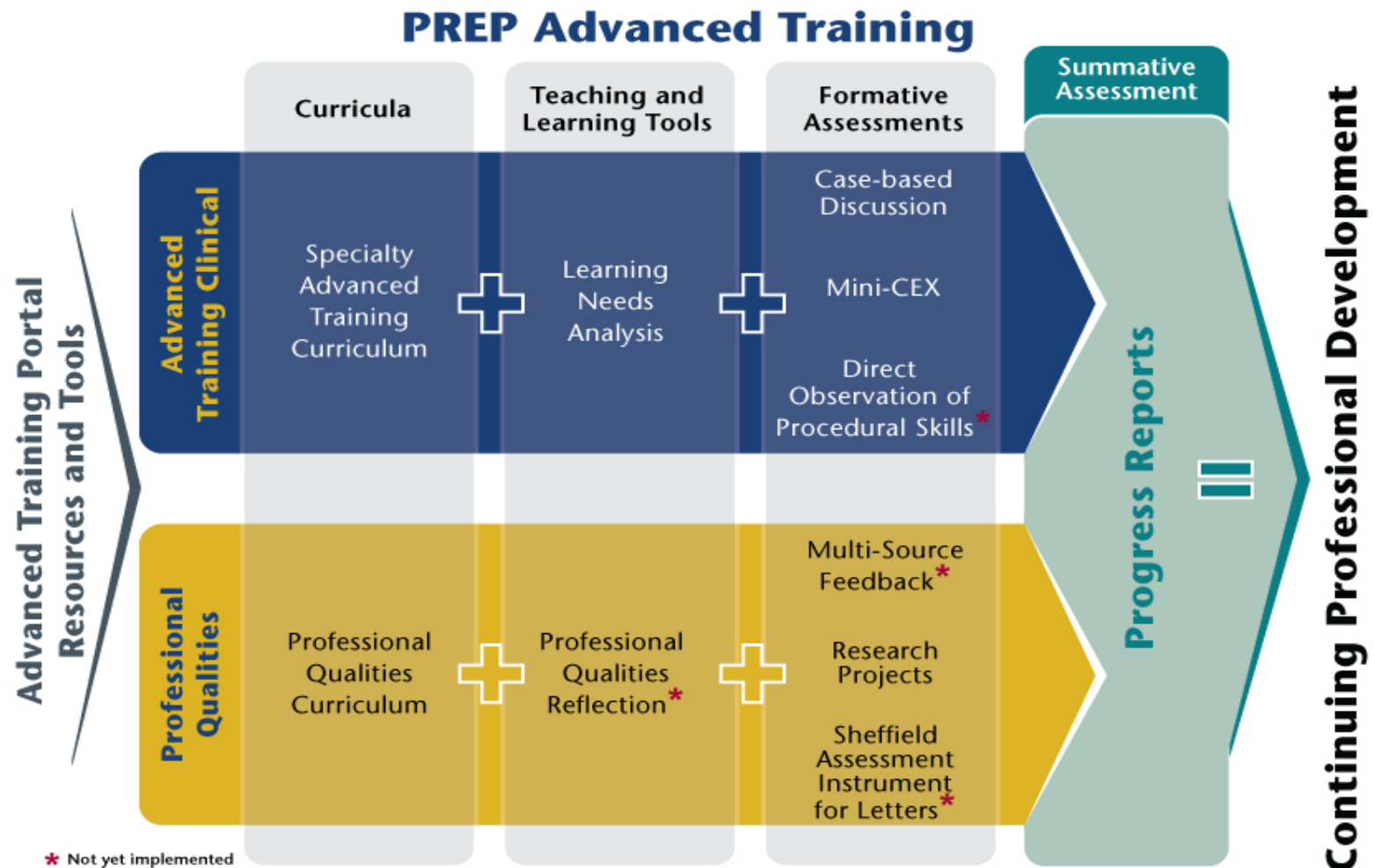


PREP Advanced Training

- Based on curricula prepared in collaboration with Specialty Societies (SSs)
 - Expert content (SS)
 - Educational expertise (RACP)
 - Co-badged
- Advanced Training Summits
- Suite of formative assessment instruments



PREP Advanced Training Assessments



Features of PREP Implementation

- Development of a specific Engagement Strategy
- Incremental implementation
- Initially not compulsory
- “New and Exciting” educational development
- Use of “champions”
- Supervisor Workshops (“lead” by trainees)
- Dean’s Welcomes around ANZ
- On-line reporting



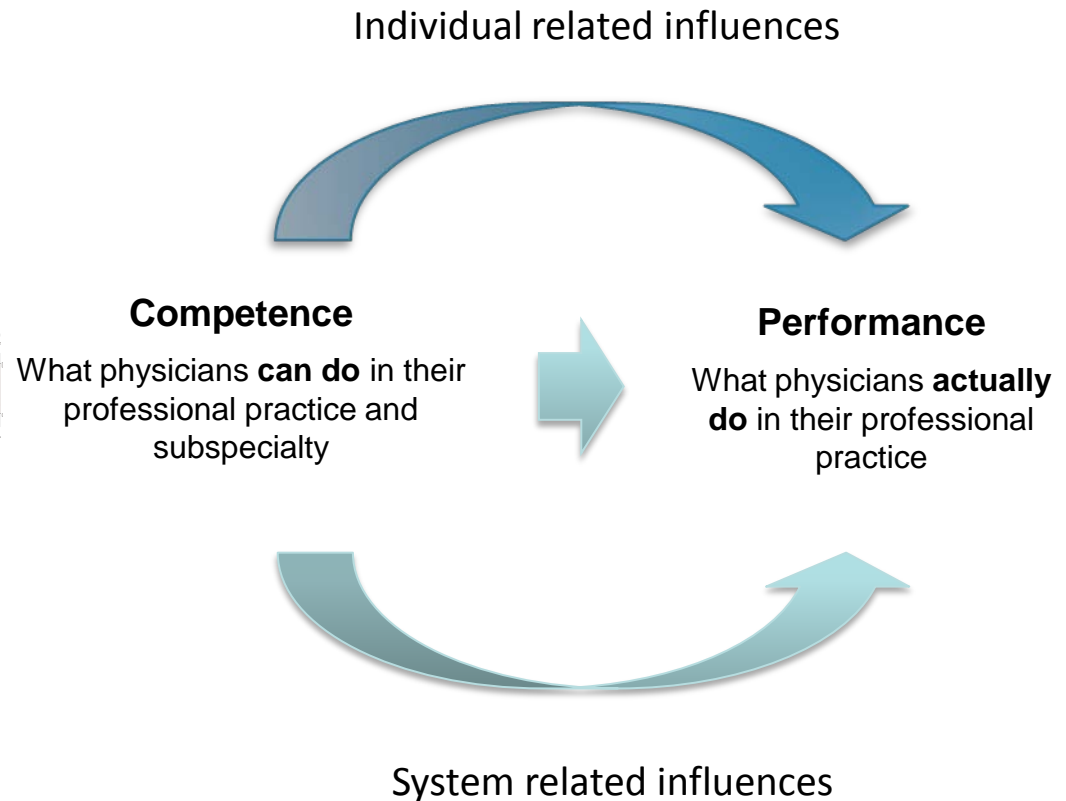
Supporting Physician Performance and Professionalism (SPPP) Project

- “Core Business” for RACP
- “a framework to maintain trust” and meet the challenge of demonstrating ongoing clinical performance
- A framework to guide and support professional members to deliver the highest quality medical care and demonstrate professionalism in the 21st century
- Aligned to Professional Qualities Curriculum (PQC)
- Assist in identifying underperformance and supporting return to high performance
- Add value to CPD, prompting enquiry, learning and continuous improvement
- Meet the challenge of re-validation



SPPP Framework

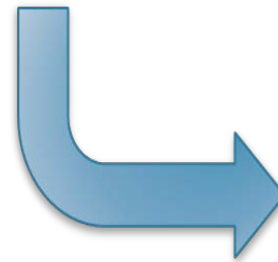
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SPPP Framework



Behavioural markers are short descriptions of good and poor behaviour that have been used to structure training and evaluation of non-technical skills in a range of industries



Performance

What physicians actually do in their professional practice

SPPP Behavioural Markers

Meeting patient, carer and family needs.

Engaging patients and, where appropriate, families or carers in planning and decision-making in order to best meet their needs and expectations.



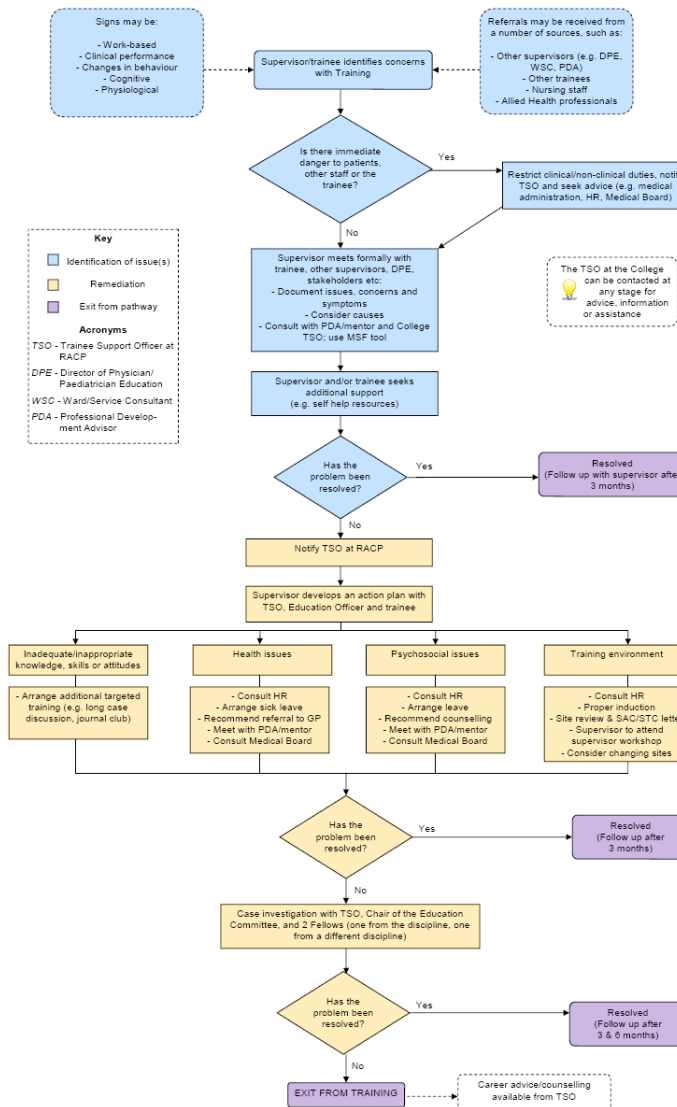
Poor behaviours

- Cancels appointments, consultations or procedures at short notice without adequate reason.
- Inappropriately delegates tasks to junior staff in order to avoid dealing with difficult problems.
- Undertakes an inadequate or incomplete assessment in the context of a patient's physical or cognitive disability.
- Fails to keep track of referred or transferred patients.

Good behaviours

- Plans investigations and treatment taking into account the needs of the patient firstly, and carers
- Ensures appropriate communication with family members concerning plans and outcomes of treatment.
- Follows up referred patients and seeks reports on progress.
- Allows sufficient time for the patient to express concerns or misgivings regarding the course of treatment

Trainee in Difficulty



Appeals Process

- **Decision (Body #1)** – e.g. Independent Review of Training (IRT) (many)
- **Reconsideration** (Body #1) – e.g. same IRT
- **Review** (Body #2) – Divisional Education Committee
- **Appeal** (Body # 3) – Board Appeals Committee (2 Appeals from Trainees in 2011, to date)



Resistance to Change - 10 reasons

- The risk of change is seen as greater than the risk of standing still
- People feel committed to others who are identified with the old way
- People have no role models for the new activity
- People fear they lack the competence to change
- People feel overloaded and overwhelmed
- People have a healthy scepticism and want to make sure new ideas are sound
- People fear hidden agendas among would-be reformers
- People feel the proposed change threatens their notions of themselves
- People anticipate a loss of status or quality of life
- People genuinely believe that the proposed change is a bad idea



PREP Implementation Evaluation and Feedback

Programme needs to be

- physician lead and trainee centred
- context appropriate (impact of diverse workforce and infrastructure issues)
- formalise existing supervisory approaches
- valid, reliable and equitable
- supported by robust implementation approaches
- easily integrated into workflow and inter-related
- evidence-based and outcomes focussed



PREP Implementation Success Factors

- Individual “champions”
- Trainee involvement and leadership
- Piloting of instruments
- Principle of “subsidiarity”
- Use of regionally based Medical Education Officers
- Need to work to realistic timeframes
- Conduct on-going stakeholder engagement and consultation
- Establish clear policy directions (and communicate them)
- Clarity of message
- Communication, communication, communication.....



Where we're headed

- More support for supervisors
- More integrated curricula
- Targeted assessments
- Valid and reliable assessments
- Equitable and justifiable program requirements
- Functional supporting structures eg IT
- Adherence to the RACP education development and implementation



Where we're headed

Current Educational Initiatives

- Review of governance to ensure clear consistent processes
- Refinement of the PREP instruments
- Revision of Curricula, handbooks etc
- Improvements to IT portal
- External review of ALL assessments
- Engagement with healthcare sector; support for supervisors
- Address workforce issue (training positions, capacity to train)
- Greater focus on CPD
 - Use of PREP materials
 - Collaboration with SSs
 - Supporting Physician Performance and Professionalism (SPPP)



Planning for the future

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Tool	Initiation	Available for implementation	Can be incorporated as a mandatory requirement
<i>New tools</i>			
Direct Observation of Procedural Skills (DOPS)/ AFPHM Mini-Public Health Assessment Exercise (mini-PHAX)*	2010	Paper-based: February 2012 Online: October 2012	January 2013
Professional Qualities Reflection (PQR)	October 2012	February 2013	January 2014
Multi-Source Feedback (MSF)	June 2013	January 2015	January 2016
Sheffield Assessment Instrument for Letters (SAIL)	June 2014	March 2016	January 2017
<i>Enhanced tools</i>			
Research project	June 2012	September 2013	January 2014 (<i>if new requirement</i>)
Logbook	August 2012	November 2013	January 2015 (<i>if new requirement</i>)
Progress reports	April 2012	January 2014	July 2014 (<i>use of online tool</i>)
<i>New priorities arising from PREP consultation process</i>			
Online Registration	<i>tbc</i>	<i>tbc</i>	n/a
Portal redesign	January 2011	October 2013	n/a
Mini-CEX enhancements/ AFRM Formal Long Case Assessment (FLCA)*	February 2012	April 2013	n/a
LNA enhancements/ AFPHM Learning contracts*	February 2012	April 2013	n/a

Planning for the future

Australasian

		2011				2012				2013				2014				2015			
		Jan-March	April-June	July-Sept	Oct-Dec	Jan-March	April-June	July-Sept	Oct-Dec	Jan-March	April-June	July-Sept	Oct-Dec	Jan-March	April-June	July-Sept	Oct-Dec	Jan-March	April-June	July-Sept	Oct-Dec
Development	Development		2012 requirements developed			2013 requirements developed*				2014 requirements developed*				2015 requirements developed*				2016 requirements developed*			
	CEC Ratification				2012 requirements ratified		2013 requirements ratified				2014 requirements ratified				2015 requirements ratified				2016 requirements ratified		
	Communication						2013 requirements communicated				2014 requirements communicated				2015 requirements communicated				2016 requirements communicated		

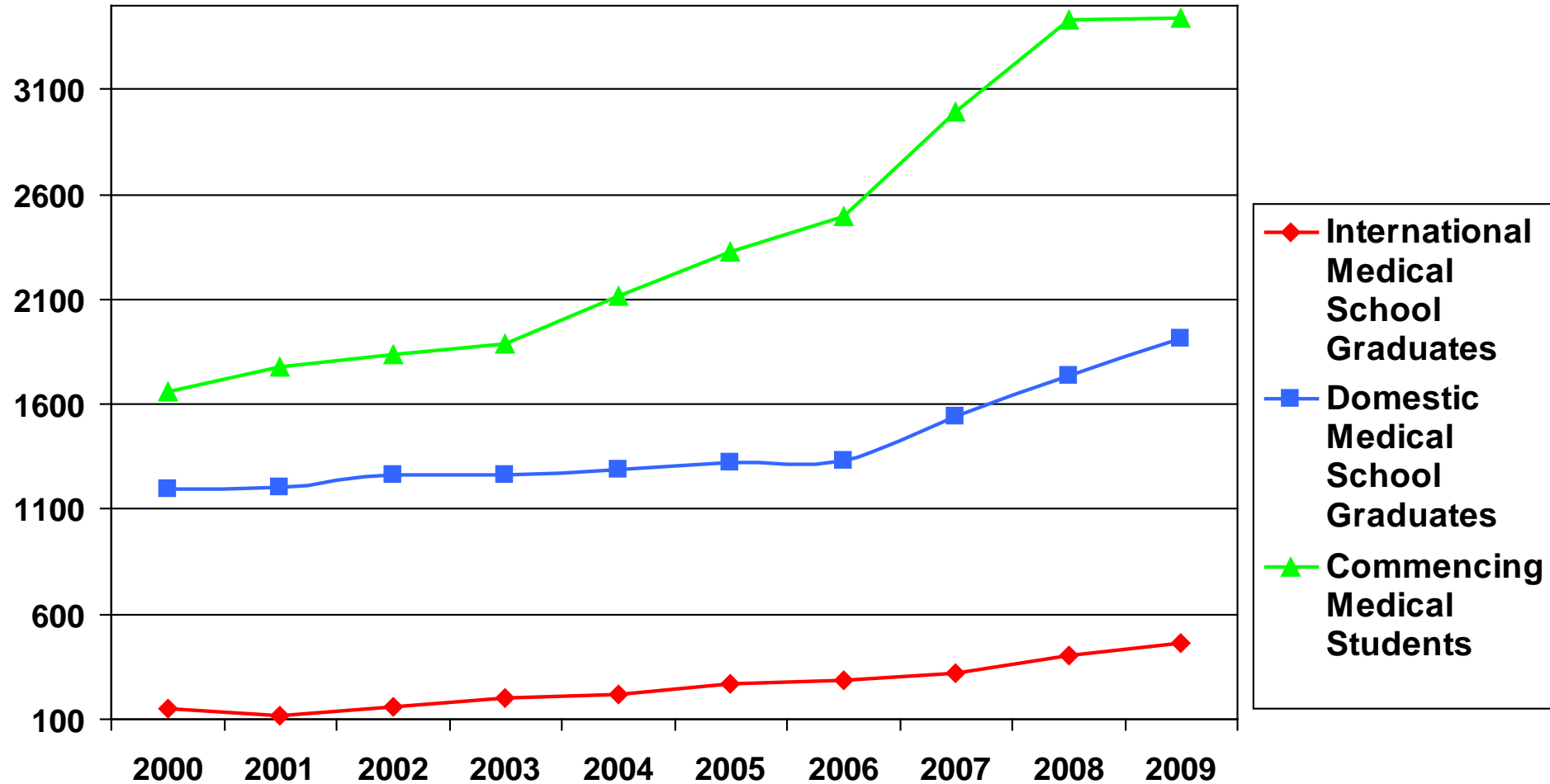
1A Pro Bono Model of Supervision is Under Threat

Issues

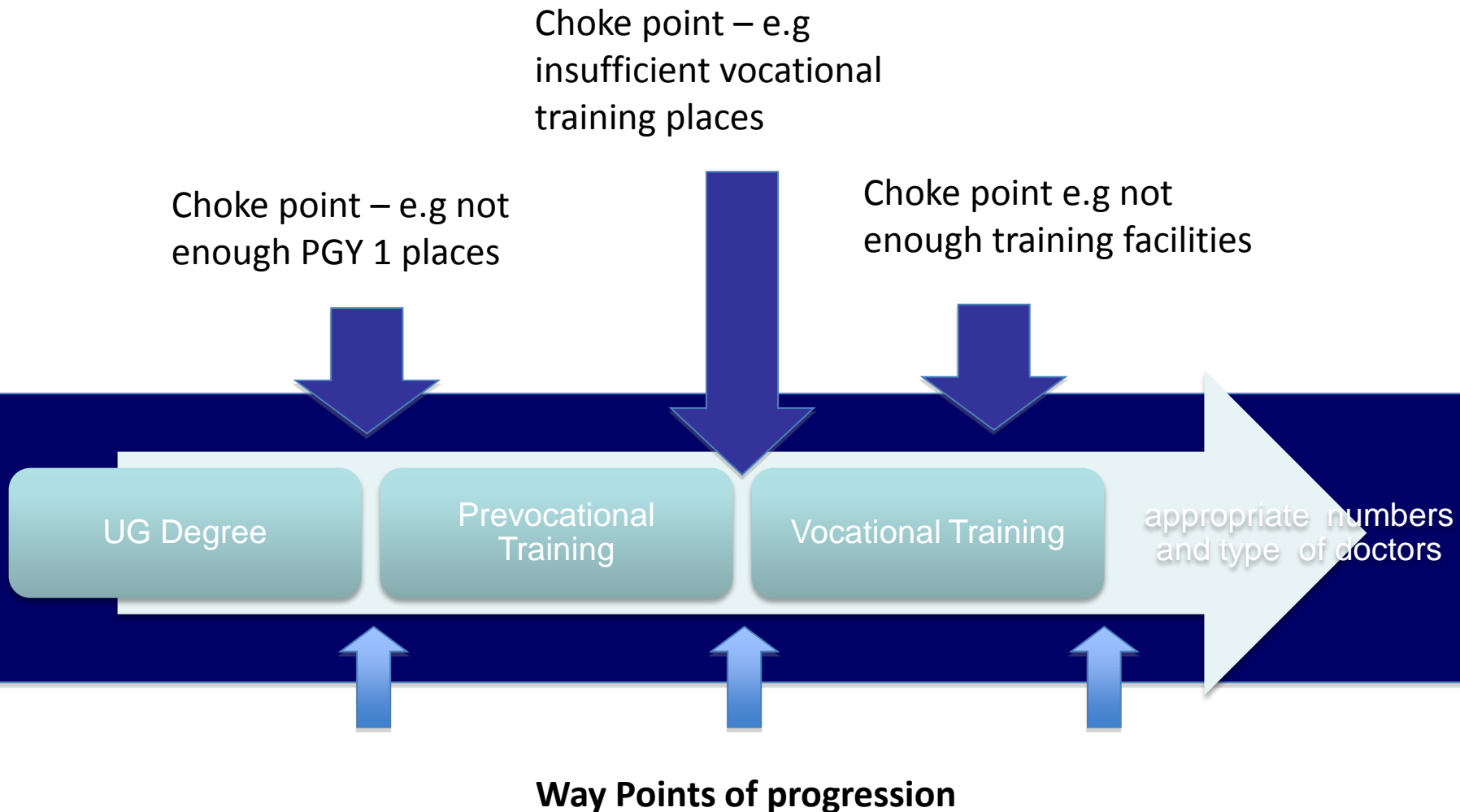
- Increasing service demands on physicians: chronic disease, increasing knowledge, specialisation, & workplace challenges
- Increased expectations of patients
- Increased “compliance” responsibilities
- Increased number of medical students
- Increasing number of trainees
- Increasing efforts to keep patients out of hospital
- Increased care in private sector
- Failure of jurisdictions to recognise teaching responsibility
- ?Generational attitudes



Trends in Australian medical student and medical school graduate numbers



Trends in Australian medical student and medical school graduate numbers



1 Pro Bono Model of Supervision is Under Threat

Strategies

- Advocacy – health depts and jurisdictions
- Up-skilling, recruitment, retention and reward of supervisors
- Concept of “subsidiarity” – local engagement
- Use of Medical Education Officers
- Greater use of other trainees
- Expansion of training sites (Australian Govt STP places - \$120m over 3 years)
- Determine “capacity to train”
- Use accreditation of training settings strategically.



#2 Challenge of Medical Professionalism in 21st Century

Australasian

Issues

- Societal expectations; change in the “unspoken compact”
- New challenges
- New standards eg. social networking
- Identification and “diagnosis”
- Remediation



#2 Challenge of Medical Professionalism in 21st Century

Australasian

Strategies

- Specific Curricula
- Set explicit standards (eg SPPP, ?use in APR)
- Use of peers to make “diagnosis” (individual or unit)
- Remediation
 - Based on Trainee in Difficulty
 - Coordination of services
 - ?Role of Colleges



3 Re-Validation/Re-Certification

Issues

- Enrolment in CPD programme is registration requirement (NZ existing , Aus in 2010)
- Community expectations
- Multiple and different objectives
- Needs to be
 - Suitable for different specialties
 - Suitable for different phases of career
 - Acceptable “cost”
 - Evidence-based



3 Re-Validation/Re-Certification.

Strategies

- Watch the UK!!
- “Ramp up” CPD Programme
- Establish Board Working Party
- Collaborate with other Colleges (to establish framework)
- Collaborate with the registration authorities
- Develop a remediation programme



The Strategic Framework 2012-2015

SOSI - RACP Goals 2012 - 2015

1 RACP is the preferred educator and assurer of Physician performance

2 RACP shapes the medical workforce agenda - particularly for physicians

3 RACP is a respected supporter of research

4. RACP supports its Fellows

5 RACP is shaping the health policy agenda

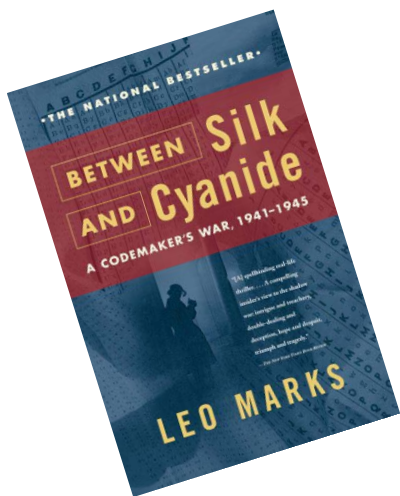
6 A robust and effective College

Acknowledgement

To the huge number of Fellows acting in a pro bono capacity and the highly skilled and dedicated staff of RACP that made all this possible.



“..... with improbable people doing implausible things for imponderable purposes and succeeding by coincidence.”



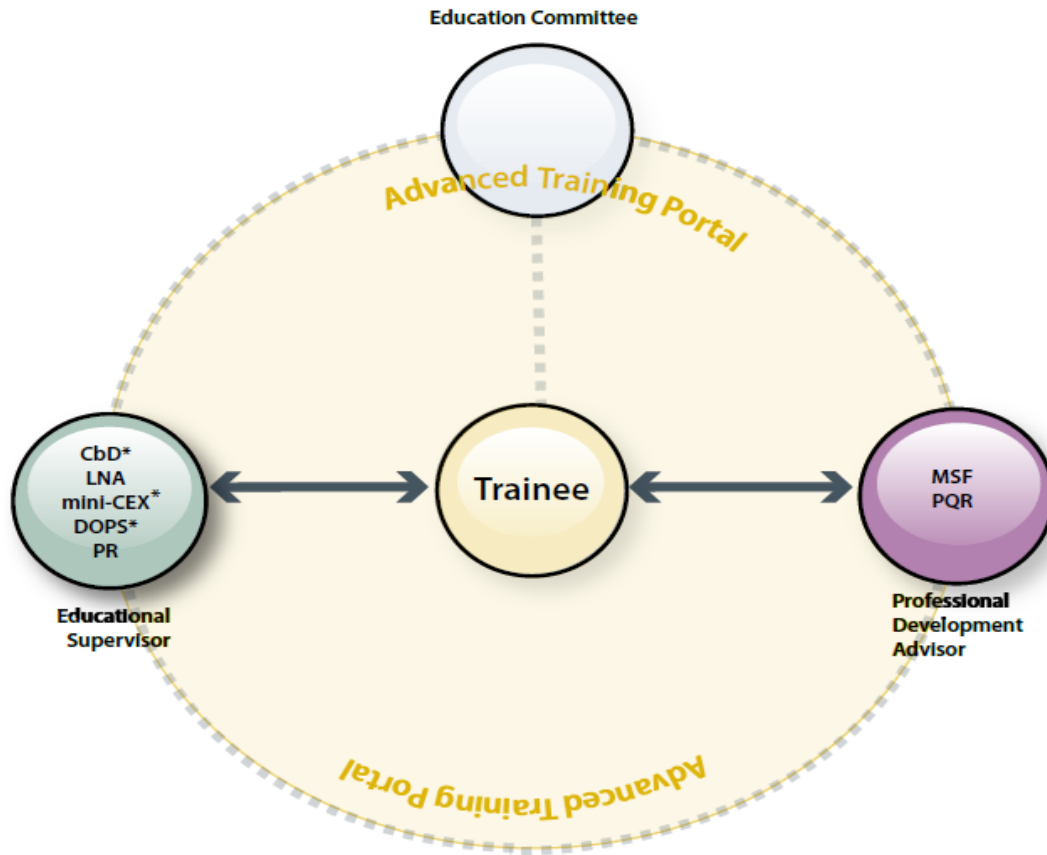
Leo Marks
commenting on the early SOE in
“Between Silk and Cyanide”.

The End.

QUESTIONS



Proposed Supervision Model



Legend

↔ Meeting or Feedback required

- - - Communication

	Educational Supervisor	Professional Development Advisor	Trainee
Progress Report	👉		👉
Multi-Source Feedback	✓	👉	👉
Professional Qualities Reflection	✓	👉	👉
Case-based Discussion	👉		👉
Direct Observation of Procedural Skills	👉		👉
Mini-CEX	👉		👉
Learning Needs Analysis	👉		👉

👉 View online through the ATP

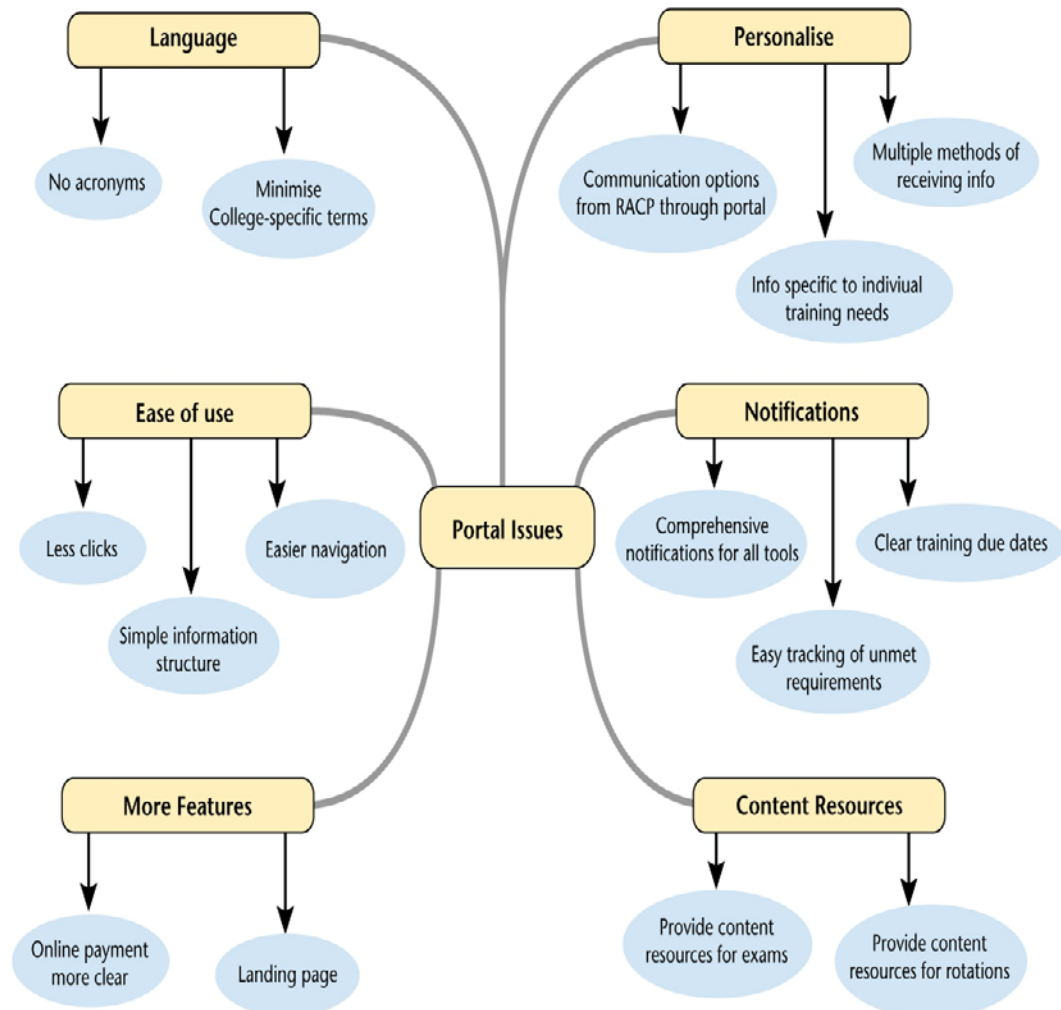
✓ Check if completed through the ATP (cannot view content)

* May be completed by other assessor

ATP: Advanced Training Portal
 Cbd: Case-based Discussion
 DOPS: Direct Observation of Procedural Skills
 Mini-CEX: Mini-Clinical Evaluation Exercise
 LNA: Learning Needs Analysis
 PR: Progress Report
 MSF: Multi-Source Feedback
 PQR: Professional Qualities Reflection

PREP: e-learning portal

- Paperless system
- Don't underestimate the challenges
- Need to pilot, evaluate, obtain feedback
- Up-skilling of Fellows



PREP Implementation Success Factors

- Individual “champions”
- Trainee involvement and leadership
- Piloting of instruments
- Principle of “subsidiarity”

.... holds that a larger and greater body should not exercise functions which can be carried out efficiently by one smaller and lesser, but rather the former should support the latter and help to coordinate its activity.....

- Use of regionally based Medical Education Officers
- Need to work to realistic timeframes
- Conduct on-going stakeholder engagement and consultation
- Establish clear policy directions (and communicate them)
- Clarity of message
- Communication, communication, communication.....



PREP Implementation

Other Lessons

- Need to work to realistic timeframes
- Conduct on-going stakeholder engagement and consultation
- Establish clear policy directions
- Clarity of message
- Communication,
- Communication,
- Communication

