



# **Submission to the Australian Medical Council for Review of Accreditation**

## **April 2010**

### COLLEGE DETAILS

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# 1. Introduction

The Royal College of Pathologists of Australasia welcomes the opportunity to undergo the Australian Medical Council review of progress in relation to key issues raised in the accreditation report following its first formal accreditation in September 2006. The College found the commendations and recommendations in the report to be most helpful in planning the future directions of the College's education and training program.

Over the last four years the College has carefully considered all recommendations and in most areas has implemented changes in the way the education and training programs are delivered. Significant progress has been achieved with the curricula and the assessment processes offered by the College. Additional staff resources have been provided in the education and training areas to assist Fellows with responsibilities in these areas with the implementation of the recommended changes.

Considerable funding has also been provided to develop a number of online educational resources and further work is underway in creating training networks on a regional basis to support trainees at a local level.

The College has reviewed the area of small discipline training as requested. A number of the sub-disciplines of pathology have only a small number of trainees at any one time and a resultant small number of Fellows. These sub-disciplines however play a vital role in the delivery of health care and it is the considered opinion of the College Council and its Fellows and other external stakeholders that they must continue to be supported.

Trainees have played an integral role in assisting the College to deliver its training and education programs and additional support has been provided to the Trainee Advisory Committee to allow this to continue.

While there has been some improvement in the number of Fellows in active practice over the last four years in Australia, workforce shortages in pathology continue to cause problems and concerns. On occasions this has had an impact on the College's ability to have sufficient volunteers to support its training programs, but ways to overcome these problems have been implemented where possible. The College maintains an active dialogue with governments on this issue.

The College over the last four years has reviewed and refined its processes for assessment of overseas trained specialists (OTS) and international medical graduates (IMG). The introduction of a peer assessment pathway to Fellowship and the development of detailed step guides to assist OTSs in understanding the processes involved in the assessments have been two significant changes during this time.

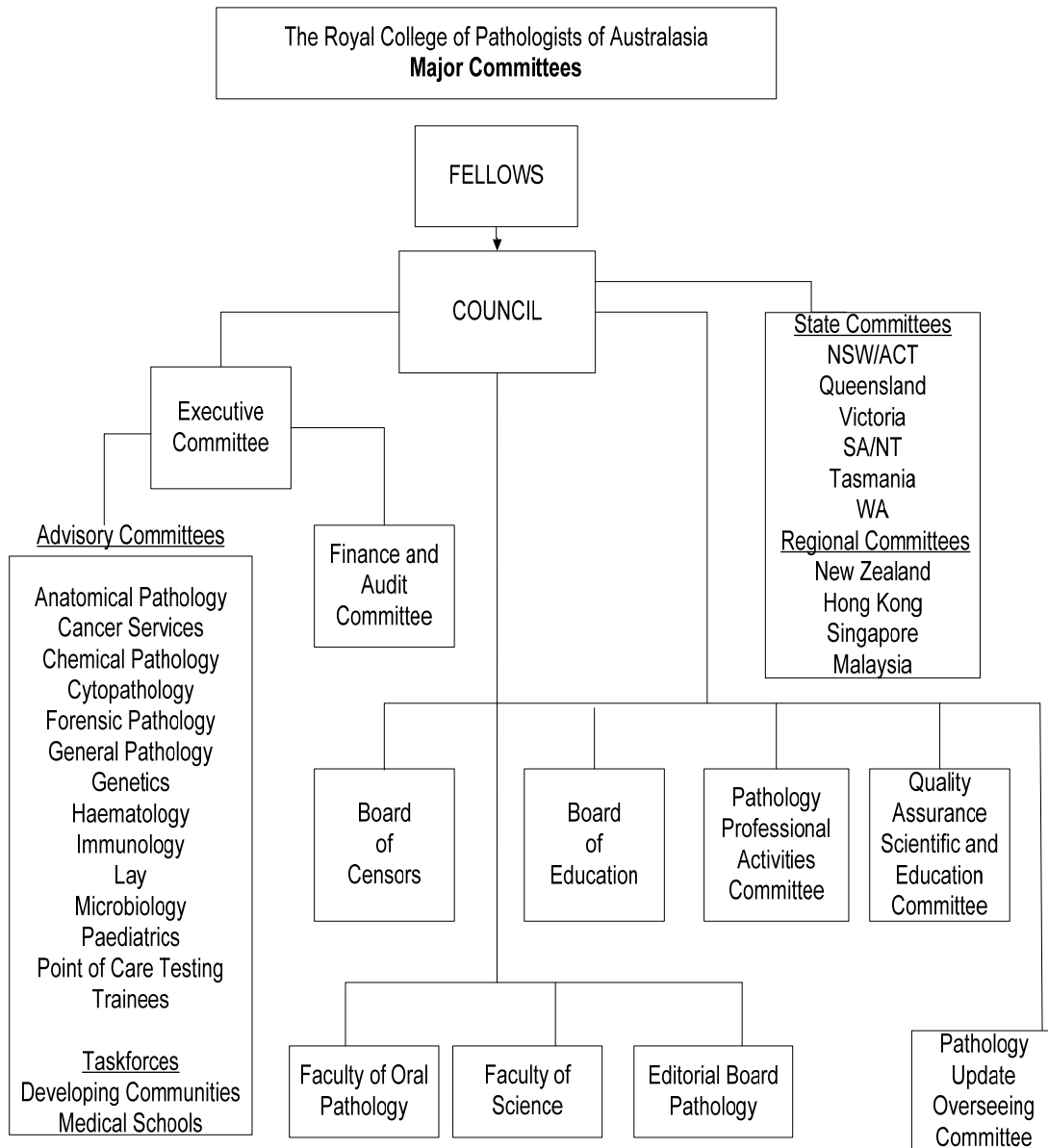
The College has also reviewed its Continuing Professional Development programs and has been in active dialogue with medical schools and other Colleges to develop collaborative initiatives. These include projects such as the University of New South Wales Advanced Standing Pathway towards Fellowship and the development of a bank of questions for Basic Pathological Sciences with the Royal Australian and New Zealand College of Radiologists.

All these initiatives and how the College has responded to other recommendations are detailed in the following submission.

## 2 Structure and organisation of the College

### 2.1 Overview

Since 2006 the organisational structure has evolved to meet changing needs. There have been significant changes to the structure and function of the major committees and the management team. The figure below shows the current structure.



Changes to the composition and function of some of the major committees have been made to enhance efficiency and communication between committees.

The Council remains the governing body of the College and comprises the President, office bearers and Councillors representing the states and regions to which the College extends its programs.

The Board of Censors (BOC) now comprises the chief examiners and the New Zealand representative and no longer has assistant examiners as members. This has reduced the size of the BOC by almost ten members, providing a more effective and efficient structure. Assistant examiners may be delegated tasks by chief examiners to deal with issues such as laboratory accreditation and the determination of training for Overseas Trained Specialists (OTS). The BOC now focuses more on strategic issues and invites input from discipline advisory committees for guidance and recommendations to inform decision making. Each discipline has established curriculum review panels that have been working with the assistance of the Curriculum Development Officer to review the curricula and assessment processes.

The Board of Education has changed over the past year from a regional to a discipline based structure. Links to the discipline advisory committees (ACs) and the BOC have been strengthened with reports from these meetings being standing agenda items. Reports from the chair of the BOC, the BOC Registrar, the Operations Manager - Education and Training and the Director, Education are now also standing agenda items.

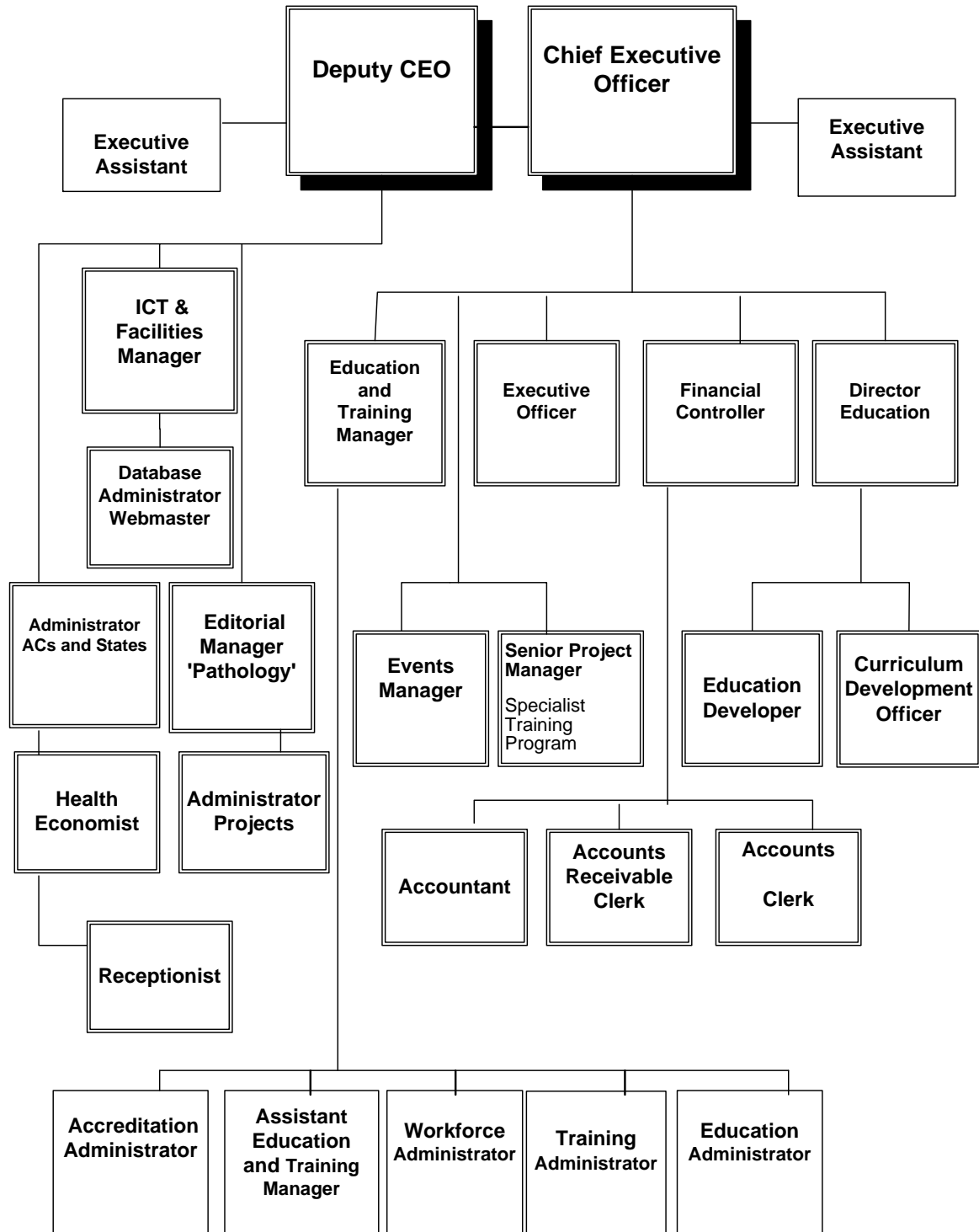
The Trainee Advisory Committee (TAC) is now represented on the Council, BOC, BOE, Pathology Professional Activities Committee (PPAC), Overseas Trained Specialists (OTS) Subcommittee, Quality assurance, Scientific and Education Committee (QASEC) and the Pathology Update Program Overseeing Committee. Further information on the activities of the TAC may be found in section 5.2.

The Lay Advisory Committee (LAC) was established in 2007 to provide advice and support to the RCPA Council regarding issues which impact on the general community. The LAC also supports the Council in engaging with the community to promote an awareness of the importance of pathology in the delivery of high quality medicine in the community.

The Academic Advisory Committee has been replaced by the Medical School Taskforce. The purpose of the taskforce is to provide a focus within the College in relation to the teaching of pathology to medical students, the resourcing of pathology by universities and the assessment of pathology for medical students. The taskforce consists of a core group of pathologists involved in medical school teaching, supported by a broader group of nominees from the majority of medical schools in Australia and New Zealand.

Details of the committees, including meeting frequency and membership may be found in attached terms of reference documents.

Management Team



Since 2006, five newly created positions have been established to support the College's educational programs.

The Director, Education position was established in January 2008 and will increase to 0.5 to 0.8 FTE from April 2010. The appointee is responsible to the Council and major committees to assist with development and implementation of the educational strategies and policies of the RCPA. This includes responsibilities and interactions at many levels of education within and outside the College, from medical schools through to continuing professional development of Fellows and staff development. The prime focus over the past two years has been to address the AMC recommendations of 2006. The Director, Education heads a team consisting of a Curriculum Development Officer, Education Developer and a Project Officer. The growth of the education team will provide resources for expanding and accelerating the educational initiatives of the College, aligning the objectives of training with up-to-date assessment tools and learning activities.

The Curriculum Development Officer (CDO) position was established in March 2009. This person works closely with the chief examiners and their appointed panels to facilitate further development of curricula and the review and development of assessment strategies and tools for each discipline. This includes curriculum mapping, standard setting and examination question banking. Substantial recent progress has been made as a result of this appointment, as detailed in the attached report on curriculum development.

An Education Designer position was established in February 2010 to develop and deliver a wide range of educational resources for the College, particularly those that are deliverable online. These resources will be suitable for International Medical Graduates (IMGs), Trainees and Fellows and will target areas of the curriculum that are currently under-addressed, or that can optimally be provided in electronic format.

A Project Officer was appointed in November 2007 to coordinate a project funded by the Department of Health and Ageing. Substantial funds have been allocated for the development of educational resources including online videos and mock examinations to support IMGs. The Project Officer also provides administrative assistance to the education team.

A Senior Project Manager was appointed in November 2009 to coordinate the allocation of substantial government funding for the Specialist Training Program. This funding will provide support for IMGs ongoing funding and establishment of new training positions in rural and regional networks, educational grants and development and delivery of educational resources.

As well as these additions to the staff structure, the College has revised the title and position description of the Education and Training manager to become the Operations Manager – Education and Training. This position is responsible for operational management of the Education, Training and Assessment functions of the College. It also provides managerial support to the Board of Censors (BOC) and the Board of Education (BOE). These Committees are responsible for the development of policy directions for education, training and assessment for the College in line with the College Council approval and/or delegation.

The RCPA has expanded the role of Professional Administrator – New Zealand Committee of Pathologists. This position provides support for the operations of the committee that coordinates many activities for Fellows and Trainees in New Zealand. It has enhanced the capacity of the College to respond to requirements of the Medical Council of New Zealand. It also provides greater opportunity for liaison and educational exchange between members in New Zealand and Australia.

## **2.2 Plans for development**

See strategic plan and action list.

With respect to College governance, the main developmental priorities for 2010 onwards are:

### **1. The strengthening of regional networks for the coordination and delivery of training**

Substantial funding has been obtained to develop state-based regional training networks that will improve training capacity and access to training opportunities and resources for trainees, particularly in areas outside large central laboratories. It will provide greater support for supervisors and assessors in their increasingly demanding roles. See attached proposal for the Specialist Training Program.

### **2. The possible establishment of a joint RCPA/RACP training program in clinical genetics.**

The proposed joint training program in clinical genetics recognises an increasing community need for access to quality clinical and laboratory services in genetics, and an opportunity to enhance training through collaboration between the two colleges. Negotiations are in early stages, but there has been an in-principle agreement between the RACP and RCPA to advance this initiative. This will build on the well-established training program that the College has in place for genetic pathology, as for other very successful joint RCPA/RACP training models already in place.

### **3. The establishment of a Faculty of Science within the RCPA**

In December 2009, RCPA Fellows voted strongly in favour of establishing a Faculty of Science (By-Laws attached) that will recognise the achievements and strengthen contributions of elite scientists to the science and practice of pathology in Australia and New Zealand. This initiative will address workforce issues in laboratory science and enhance opportunities for collaborative initiatives in pathology training and research. A faculty committee is being established to set the criteria for membership and to develop the curriculum and assessment processes.

## **2.3 Key educational challenges for the College**

### **1. Curriculum development**

Continued development and enhancement of the curriculum and educational opportunities for Trainees is a key ongoing challenge to which the College will continue to apply substantial resources in the next few years. The aims are to:

- More clearly articulate the required outcomes of pathology training in each discipline, integrating the broad responsibilities of pathologists in the community and health care environment as well as management of laboratory services.
- Continue reviewing assessments against the curricula to optimise validity, reliability and practicality and providing authentic assessment of all areas of competency required for a newly qualified pathologist. This includes the development of a suite of in-training assessment tools targeted at assessment of performance and competence in areas that are currently under-assessed.
- Develop an enhanced array of educational opportunities and interactive resources targeted at specific areas that are currently under-addressed. Electronic media will be used where this is likely to be efficient and effective.
- Enhance access to opportunities and resources for continuing professional development.

### **2. Promote quality education in pathology for medical students and junior doctors.**

This includes pathology as a basic science underpinning clinical medicine, and rational use of pathology investigations. The Medical School Taskforce will address some of these initiatives. Others will be attended to by groups such as the Manual Editorial Committee and through collaborations with universities and health services. Priorities include:

- Increase exposure to quality teaching for medical students and junior doctors, including the strengthening of teaching of pathology as a basis for understanding disease
- Optimise involvement of pathologists in providing input and support for medical school curricula and resource development
- Propose nationally consistent standards for teaching and assessment of pathology in medical schools
- Offer opportunities for junior doctors to engage in pathology rotations during their PGY1 and 2 years
- Enhancements and introduction of Pathology Decision Support Tools for the RCPA Manual Online.
- Ongoing support and development of the UNSW Advanced Standing Pathway (see section 3.7).

### **3. Address the shortages of pathologists and medical laboratory scientists in Australia and New Zealand.**

This has been a longstanding priority of the RCPA and will continue to be focused as follows:

- Gather up-to-date data on the total pathology workforce and factors influencing career choice in pathology.
- Monitor the balance between training and consultant posts
- Attract highly motivated and capable medical students and graduates into the pathology training program

- Communicate the critical place of pathology and pathologists in clinical care, encouraging pathologists to be advocates in this endeavour.
- Lobby government bodies and health administrators to provide increased funding and training opportunities in pathology and medical laboratory science (see fact sheet)
- Engage medical students in pathology programs that may lead to recognition of prior learning when registering for training with the RCPA
- Streamline processes for selected OTS to work as pathologists in Australasia and gain Fellowship where appropriate

## **Attachments to Section 2**

RCPA Strategic plan 2007

RCPA Strategic plan – updated action list 2009/2010

2009 RCPA Annual Report

Terms of Reference Board of Censors

Terms of Reference Board of Education

Council Charter

Terms of Reference Advisory Committees

Terms of Reference Trainee Advisory Committee

Terms of Reference Lay Advisory Committee

Terms of Reference Medical School Taskforce

\* Terms of Reference OTS Sub-committee

By-Laws Faculty of Science

Specialist Training Program Agreement

Terms of reference Specialist Training Program Trainee Networking Overseeing Committee

Position description - Director, Education

Position description – Operations Manager - Education and Training

Position description - Curriculum Development Officer

Position description - Educational Designer

Position description - Project Officer IMG project

Position description – Senior Project Manager - STP project

Roles and responsibilities of BOC Registrar

RCPA Pathology Update 2010 Registration Brochure

UNSW Advanced Standing Pathway

Workforce factsheet

Pathology rotations for PGY1/PGY2 doctors

\*Document under review – updated version to follow

## 3 Pathology education and training

### 3.1 Goals and objectives of training

The realignment of our training program is being oriented towards the newly articulated goals and objectives of training in the 2009 AMC standards. The statements in these standards are included in the 2010 Trainee Handbook.

The intention is to emphasise the key roles that pathologists play in delivering safe, quality patient care, and the professionalism that underpins the high standards of knowledge and skill that will equip new pathologists to work unsupervised and to maintain competence throughout their professional lives, in complex and changing environments.

Whilst the RCPA maintains high standards of training in traditional skills, the training program is evolving to address new technologies and the capacity of the pathologist to continuously adapt to rapid changes in technology and health care delivery.

### 3.2 Progress of curriculum development

#### **Recommendation:**

*Continue the work of developing and promoting the curriculum documents to enable a successful implementation of the RCPA curricula from 2007, and report to the AMC on the implementation*

#### **Response:**

The education and training programs of the RCPA are currently undergoing extensive revision. This work is proceeding under the direction of the Director, Education, and considerable progress has been made since the appointment of the CDO who has been working with Chief Examiners and their appointed panels in ongoing review and implementation of the RCPA training curricula. This work is being partly funded by a grant from the Quality Use of Pathology Program to enhance specialist training pathways. As a background to this activity, The CDO produced a Review of National and International Approaches to Specialty Training in Pathology. This document has been used to inform decisions about ongoing developments with the RCPA curricula.

Since this report was presented to the Board of Censors in July 2009, the review of curricula has focused on the following key priorities:

- Restructuring and revision of curricula through consultation with committees for each discipline and subsequent consultation with the wider fellowship and the TAC.
- Integration of the previous Generic Curriculum into the curricula for each discipline.
- A review of assessment processes with the aim of achieving:
  - alignment with the curricular outcomes
  - greater emphasis on in-training and formative assessment
  - improved rigour of assessment processes
- Enhancing assessment processes for Basic Pathological Sciences (BPS).
- Preliminary learning needs assessment with a view to expanding opportunities for learning experiences targeted to the outcomes specified in the revised curricula.

It is proposed to publish a new set of Trainee handbooks to reflect these changes. One handbook will be common to all disciplines. It will articulate the general aims of the training program and contain general and administrative information for all Trainees. Separate supplementary handbooks will be available for each discipline, allowing Trainees easy 'one-stop' access to all the expected outcomes and standards for their discipline, a range of suggested learning activities, and details of assessments particular to that discipline. The current handbook is available only online to facilitate updating and accessibility.

### **3.3 Enhancing structured learning experiences**

#### **Recommendations:**

*Enable Trainees to spend some time during their training in rural and regional Australia. Invest in the development of a more structured set of learning and training experiences for Trainees, building on the activities already available at a range of sites and making use of a range of educational and technological approaches.*

*Consider enhancing the activities of state/education committees, including state training activities, by providing some administrative support and funding.*

#### **Response:**

A table showing the current number of trainees in rural and regional positions is attached.

The RCPA has attracted a significant amount of funding from the Department of Health and Ageing to develop educational programs to support regional training networks and international medical graduates (IMGs). Many resources developed with this funding will be available for the benefit of all Trainees and Fellows.

The RCPA has been granted funding under the Australian Government's Specialist Training Program for 53 pathology training positions for 2010, and further years to be confirmed. This grant will provide funding for 20 new training positions and ongoing funding for 33 existing pathology training positions in expanded settings. Further, the provision of funding under this grant will be used to support training networks for expanded settings of training, develop programs to support International Medical Graduates (IMGs) and support the practice of pathology in rural settings (for both training and support of pathologists). Funding will provide for development of online resources and grants to assist trainees and pathologists to participate in activities that would previously have been inaccessible. This will contribute to building workforce capacity and supporting the ongoing education needs of trainees in expanded settings, IMGs and rurally based pathologists. It will open up new opportunities for Trainees to gain exposure to practices commonly undertaken outside of major public teaching hospitals and/or which cannot be optimally provided to trainees in major public teaching hospitals.

An overseeing committee coordinated by a senior project manager will prioritise the allocation of resources for this project. Some funds will be used towards employing an educational designer to develop electronically deliverable resources relevant to the curriculum and the needs of IMGs and rural trainees and pathologists.

A project to support IMGs and rurally-based Trainees via online videos, recorded lectures, educational modules and mock examinations has been underway since late 2007. A large number of resources have been made available through this project and these are available

to all members via the RCPA website. A policy has been developed to ensure that these and all other educational resources will be periodically reviewed.

A Trainee education portal has been established on the RCPA website, providing discipline-based access to existing training materials and links to helpful pathology-related sites. In addition to the IMG resources mentioned, there have been a number of other recent additions to the site including a collection of 300 anatomical pathology and haematology cases with clinical notes, images and feedback. The College is currently planning implementation of a learning management system to facilitate design and delivery of a growing range of online courses and formative assessments. New educational resources are currently being developed, such as a series of interactive online cases in genetics for IMGs, Trainees and continuing professional development for Fellows.

Recent RCPA surveys of Trainees and supervisors have been used to identify needs for development of educational materials and to determine preferred methods of delivery. This will inform decisions about prioritisation of funding for educational development. Reports from this survey are referred to throughout this document.

The discipline Advisory Committees are now taking an active role in advising the Board of Education about education needs for training and CPD in their discipline. For example, it has been determined that there are particular needs for development of courses in molecular genetics and pathology informatics. Requests for educational support will be prioritised and facilitated by the Board of Education.

The RCPA continues to fund and sponsor a large number of courses and seminars for Trainees and Fellows. Some recent and very popular initiatives include an annual immunopathology short course in Sydney, a short course in forensic pathology conducted each November in Hobart, and a one-day Mortuary and Autopsy course held each year in conjunction with the Pathology Update Program. The College has now taken over the management of the popular Viruses in May program previously run by the Australian Society for Microbiology. An informatics course was conducted in 2007 in collaboration with the Association for Pathology Informatics and the Health Informatics Society of Australia. Pathology management courses have been offered up until 2009, though the format of management training will be revised to reflect changing needs in this area. The RCPA continues to offer programs such as Recent Advances in Pathology and the Small Biopsy Course.

The trainee program at the Pathology Update has been enhanced with sessions devoted to presentations of particular interest to Trainees, and a new Trainee Induction Day introduced in 2008.

### 3.4 Generic Curriculum

#### Recommendation:

*In annual reports to the AMC, report on development of Generic Curriculum*

#### Response:

In response to the Clarke Report (2003), the RCPA developed a *Generic Curriculum* designed to address the non-technical aspects of pathology based on the CanMEDS model of medical professionalism. The curriculum was widely publicised during 2005, and placed on the website for review by all members. Unfortunately minimal feedback was provided.

In 2006 and 2007, Dr Pryor, then Registrar to the BOC, was contracted to conduct a series of educational workshops for supervisors and Trainees throughout Australia, New Zealand, Hong Kong and Singapore. The workshops were co-facilitated by a previous Education and Training Manager. Among the objectives of these workshops were the promulgation of the *Generic Curriculum*, and demonstration of an associated formative assessment tool, the *Learning Diary*. This was developed for the RCPA by a team at the University of Sydney. During these workshops, feedback was obtained from over 200 participants. The curriculum was shortened and tailored for the specific needs of pathologists.

Subsequent interviews with Trainees, supervisors and other stakeholders have further informed decisions about this project. For reasons discussed in section 4.5, the *Learning Diary* was not accepted by members, and alternative approaches to addressing the broad areas of professionalism are being developed.

Though the content of the *Generic Curriculum* was acceptable to members, the CanMEDS framework did not integrate with the main discipline curricula and was seen as an 'add-on'. There was concern that this would detract from the message that professionalism is integral to being a pathologist.

It became clear that the elements of the *Generic Curriculum* should be integrated into the discipline curricula to be readily identifiable and taken seriously. New curricula for all disciplines are currently being developed based on a general framework recommended by Professor Clarke. These curricula integrate the content of the *Generic Curriculum* in a way that is contextualised and tailored for each discipline.

The CanMEDS framework is now being phased out in favour of this new structure. New in-training assessment tools are being developed which map to the new discipline curricula and cover relevant areas in authentic work-based situations. Corresponding learning activities are being recommended as part of the curricula, and resources are being developed to support learning. For example, interactive educational modules on laboratory management, ethics and professionalism have been developed to support these aspects of the curricula. Further resource development is planned.

The Trainee Handbook is being reorganised to facilitate easy access to all elements of the curriculum including details of assessment and resources to support their development as broadly competent medical specialists. This reflects the goals and objectives of specialist medical education as articulated in the 2008 accreditation standards. The revised microbiology curriculum is attached as an example of the integrated curriculum framework.

### 3.5 Pathologists as researchers

#### Recommendation:

*Consider strategies to support trainees to achieve 'pathologists as researchers' learning outcomes, including*

- *ways in which trainees with the aptitude and enthusiasm for research can be encouraged to pursue studies towards a higher degree, taking advantage of the research stream available in the training program;*
- *formal educational activities covering research governance, ethics, design and analysis that will enable all trainees to be research literate.*

#### Response:

Australasian pathologists have a fine tradition as researchers. Some have been Nobel Prize winners, and many others have received worldwide recognition for their research. Our Trainees are exposed to these role models as a result of training in the institutions where these researchers work. They have been inspired by world leaders in pathology research at the annual RCPA Pathology Update Programs. Recent speakers have included Nobel Prize winners Professor Elizabeth Blackburn and Professor Robin Warren, and 2006 Australian of the Year, Professor Ian Frazer.

In accordance with the 2006 AMC recommendations, the RCPA has maintained and enhanced training with respect to research as follows:

- The RCPA continues to offer Trainees opportunities to qualify for Fellowship through the research stream as described in the Trainee Handbook.
- Many Trainees have undertaken a PhD or MD before commencing training, or during their training period. In some cases, flexibility in timing of examinations can be offered to facilitate a Trainee's completion of a PhD. In many cases, a PhD will enable a Trainee to be exempted from the Basic Pathological Sciences examination. (See policy on Trainees undertaking research).
- At the annual Pathology Update Program, Trainees are strongly encouraged to present research work. Specific time slots in the program are set aside for oral presentations of Trainees' work.
- A generous range of prizes for Trainee posters and oral presentations is offered to at the RCPA Pathology Update Program and New Zealand Annual Scientific meeting.
- Greater recognition towards research is now being offered or planned for research work as credit towards the attainment of Fellowship. For example:
  - In anatomical pathology, research reports, posters and oral presentations will be accepted as part of a portfolio that also includes case reports and other items. Case reports require trainees to demonstrate proficiency in searching and reviewing literature, critical academic writing and the use of bibliographic software.
  - In forensic pathology trainees may submit research presentations together with case reports as assessable items in a portfolio.
  - Candidates in microbiology, haematology and immunopathology are required to submit substantial dissertations or research projects for assessment prior to their part 2 examination.

- In chemical pathology candidates are required to submit four case reports. These are often published papers.
- Publications in *Pathology* journal published by the RCPA sometimes include Trainees amongst principal or secondary authors. Collaboration with supervisors to produce these publications represents an excellent opportunity for learning research skills.
- It has been proposed to showcase Trainee research on the RCPA website by providing a list of publications from trainees, together with summaries and articles about selected work.
- Outcomes relating to research skills have now been integrated into discipline curricula (see example). These relate to research ethics, grant writing, ethics/consent/privacy issues, statistics, clinical trials, principles of conducting research and manuscript preparation. There are plans to develop online education modules to support these areas of the curriculum.
- An online educational module, Ethics of Clinical Research, from Monash University is promoted to RCPA Trainees.
- Courses on research skills are often available at local institutions and universities. Recognition will be given for attendance at courses (for example via documentation in a portfolio). Formal courses are advertised to Trainees via the fortnightly bulletin, *Pathology Today*, and on the RCPA website.
- A comprehensive list of local and overseas conferences is maintained on the RCPA website.
- A number of training positions are funded by research institutions.
- Some research institutions are accredited for training.

### **3.6 Recognition of prior learning (RPL)**

As previously, applications for RPL are evaluated according to tables of accepted qualifications and on a case-by-case basis. Training time credit and examination exemption tables are continuously updated and are available on the RCPA website. Any doctor with previous experience in pathology or a related field, when registering for training with the RCPA, is entitled to submit relevant documentation for review by the Chief Examiner in their discipline to determine whether they are eligible for RPL.

The attached tables should be read in conjunction with the policies for assessment of OTS, peer review pathway for Fellowship and training determinations.

Additionally, the RCPA is working with medical schools to establish programs that may be recognised towards pathology training if the graduate decides to register for training with the RCPA. These programs are described in the next section.

### 3.7 Partnerships with medical schools

#### Recommendations:

*Explore opportunities to develop shared modules and training activities with other colleges and medical schools*

*Work constructively with medical schools to explore and devise new models for teaching pathology in the undergraduate curriculum, including the possibility of a shift in the locus of some teaching to hospital and community facilities*

#### Response

A number of initiatives are underway to explore opportunities for the development of partnerships with medical schools and sharing of training activities with other colleges and medical schools:

- The RCPA has co-developed with UNSW an advanced standing pathway whereby undergraduate medical students undertake independent learning projects and selective teaching in pathology, participate in pathology education and assessment activities in PGY1, and undertake a 10 week rotation in pathology during PGY2. Students who complete this program may be granted up to one year's advanced standing towards RCPA Fellowship training.
- The RCPA is also negotiating with the University of Sydney a range of joint initiatives (see discussion paper), including:
  - Introduction of an academic stream in pathology training
  - Academic recognition and training for College supervisors and teaching staff
  - Provision of components of College training program by the university, e.g. online teaching modules that can be used by both medical students at the university and by pathology Trainees, junior doctors and medical students preparing for the Basic Pathological Sciences examination.
  - Recognition of prior accredited learning for Sydney Medical School students undertaking specific additional study in pathology.
- The RCPA Medical School Taskforce has been set up to provide assistance to medical schools in enhancing pathology curricula and learning resources in medical schools throughout Australia. Amongst its activities, the taskforce is seeking to discover resources that may be shared between universities.
- The Medical School Taskforce is actively pursuing measures to strengthen the teaching of pathology as a study of disease in medical schools and are reviewing curricula of a number of medical schools and providing input. This must be a two-way process. Strategies are needed to improve cooperation from medical schools, and to establish a productive working relationship with the Committee of Medical Deans.
- The RCPA continues to offer scholarships to medical students undertaking projects in pathology and has been very pleased to note that the uptake of this initiative has grown considerably in recent years.
- A joint project involving the RCPA and UNSW has been funded by the Quality Use of Pathology Program to develop computer-based simulations to teach students and

junior doctors about rational and cost-effective ordering of pathology tests. This program is currently being developed, and will be tested by medical students at UNSW prior to being made available to all doctors through the Confederation of Postgraduate Medical Education Councils (CPMEC) website.

- Dr Pryor has been appointed to the Vertical Integration Working Party of the CPMEC. This will provide an opportunity for pathology-related input across the spectrum of medical education in Australia and participation in projects that map both medical school and specialist College curricula to the Australian Junior Doctor Curriculum Framework. This will facilitate recognition of prior learning for doctors registering with the RCPA and facilitate pathology education at student and prevocational levels.
- Dr Pryor is also a member of the Network of Medical College Educators (NMCE). She is working actively in this network on a number of inter-college projects, including sharing of assessment items in basic sciences, sharing of resources for workplace-based assessment, and the development of shareable resources for supervisor training. The NMCE has established an online collaboration to enable sharing of documents and a compendium of resources and modules that may be shared between specialist colleges. RCPA has reached an agreement with RANZCR for sharing of some assessment items in pathology.

### 3.8 Report on small disciplines

#### Recommendation:

*Review and report on those disciplines which attract few or no Trainees and, in determining the future range of training programs in pathology, consider alternative ways of meeting community need.*

#### Response:

Disciplines that attract relatively few Trainees include genetics, chemical pathology, general/clinical pathology and oral pathology. Although relatively few in number, Fellows in these disciplines have unique skills that are essential for the delivery of quality diagnostic services in Australia and New Zealand.

The fact that the Commonwealth Government has been assigning priority to these areas in funding for training positions, and the development of training programs in genetics in the UK and USA attests to the recognised need to expand and sustain these disciplines.

The following table shows the number of trainees entering small training programs since 2006. \*\*Figures not yet finalised for 2010.

	2006	2007	2008	2009	**2010
Chemical Pathology	7	7	9	4	1
Forensic Pathology	0	1	3	6	1
General Pathology	0	4	0	1	2
Genetics	2	3	2	1	0
Oral Pathology	2	1	0	1	0

**Genetic pathology** in particular is an area of burgeoning need with the rapid growth in knowledge of the human genome, the potential for a vast array of genetic tests, and the community health burden of genetically-determined diseases. Accurate detection of these diseases and innovative approaches to patient education, prevention and treatment can lead to substantial cost savings to the community and benefits to patients and their families. Furthermore, without qualified specialists in this field, there would be a risk of the proliferation of testing that is of dubious value and quality, at great cost to the community. It is also essential that the information derived from genetic tests be integrated with other clinical and laboratory data i.e. that genetic tests not be seen as a stand-alone commodity that can be divorced from other aspects of medical testing.

Genetics is pervasive and all disciplines of pathology necessarily include elements of genetics that are specific to that discipline. Nonetheless, genetic pathology is also a discrete discipline of pathology in its own right, involving a broad understanding of genetic analysis and interpretation which encompasses the genetic expertise of other disciplines. A genetic pathologist has a deep understanding of medical and laboratory genetics, and is able to apply common yet highly technical solutions such as DNA sequencing, quantitative PCR, and microarrays to a wide variety of clinical problems. This requires specific training and assessment to equip these pathologists to practice competently.

The College has recently produced a series of vodcasts of the 'Day in the Life of Pathologists' to educate the public and other medical professionals about the role pathologists play in medicine. Unfortunately this is often poorly understood even by other medical colleagues. The genetic pathology vodcast may be viewed on the DVD accompanying this submission.

NPAAC, the body responsible for standard setting in our laboratories recognises that genetic testing is technically distinct from other laboratory disciplines and raises specific and complex technical and accreditation issues. For this reason, it has drafted a number of genetic-specific standards which apply to Australian laboratories. The standard for molecular genetic laboratories is being revised and should be released for public comment mid 2010. This revision is necessary despite the last standard being published in 2006, an indication of the pace of change in this discipline.

Genetic pathology is a recognised subspecialty in the UK and the US, and clinical genetics is recognised as a subspecialty in internal medicine in Australia, the US, and the UK. It seems illogical that the clinical subspecialty is recognised but the laboratory basis for this clinical discipline is, as yet, not recognised as a specific discipline.

The volume of genetic testing and number of types of genetics tests available are increasing at a dramatic rate, and this is a rapidly changing field in terms of both complexity and frequency of testing. Failure to recognise this will hamper efforts to ensure that testing is properly developed and regulated in accordance with community need. An extensive review of genetic testing in Australia has identified many issues impacting on training and accreditation in genetic pathology.

The RCPA genetic pathology program was established in 1997. Plans to establish a joint RCPA/RACP training program in clinical genetics will enhance the availability of resources for training and assessment, and improve access to clinical services for patients. The RCPA recognises an urgent need to increase training opportunities for specialists in genetics and to have this recognised as a subspecialty of pathology.

**Chemical pathologists** oversee the largest numbers of pathology tests. While the testing itself may be automated, chemical pathologists are responsible for complex quality assurance and quality control systems that must be in place in order for test results to be

reliable. Further, clinicians often order multiple chemical pathology tests, and they frequently require assistance with interpretation of results. Chemical pathologists provide essential guidance for clinicians in choosing and interpreting tests in a way that is cost-effective, timely and relevant to the diagnosis.

A chemical pathology vodcast in the 'Day in the Life of Pathologists' series is available on the DVD accompanying this submission.

As stated in this vodcast...

"The doctors cannot know what we do here. It's just not possible. They obviously have a focus which goes from the end of us through to the patient, and we provide that link between the two. They can't phone a machine. When they phone, they want to speak to a person who can synthesise information and tell them things they don't know."

**General and clinical pathology:** The structure of general pathology training has changed over the past 20 years as explained in the attached document. This also describes the rationale for the establishment of the discipline of clinical pathology.

General pathologists play key roles in regional centres where it is not feasible to employ multiple sub-specialist pathologists. Having pathologists onsite in regional laboratories means that a much larger proportion of testing can be performed locally, avoiding the deterioration of specimens and risks in transporting them, and providing cost savings and improved turnaround times with consequent patient benefits. General pathologists provide for a full range of common and a number of urgent tests, but refer more complex tests to sub-specialist pathologists. A large proportion of 'point of care' testing is supervised by general pathologists.

General pathology Trainees have a vast array of educational resources available to them, since they draw upon much of what is available through other disciplines as well as very varied practical experience. Recognising the advantages of being multi-skilled and having flexibility to participate in a wide variety of workplace settings, a number of single-discipline Fellows/Trainees apply to do extra training in other disciplines in order to expand their scope of practice. Unfortunately it has been difficult to recruit doctors directly into the general or clinical programs. Reasons for this were explored in the 2009 surveys of Trainees, new Fellows, supervisors and examiners.

Although many overseas trained specialists who apply to work in Australia wish to work in general pathology, these pathologists must first be assessed and supervised by Fellows of the RCPA who are trained in general pathology. Thus there is a great need to train more general pathologists locally.

Clinical pathology is a discipline available to those who wish to train in all the clinical disciplines of pathology, but not anatomical pathology. It includes emphasis on laboratory management. This option is designed for pathologists who are interested in managing large laboratories or laboratory networks. Clinical pathologists work alongside anatomical pathologists in these settings. Though this program has been offered since 2005, no Trainees have yet registered.

### **Forensic pathology**

As for the rest of the world, Australasia has a serious shortage of forensic pathologists. Feedback from Fellows and Trainees in late 2003 suggested that the pathway to Fellowship

in forensic pathology at that time was causing some trainees not to enter this discipline and was also detracting from IMGs wishing to move to Australia to work.

As a consequence, a review of forensic pathology training was undertaken in 2004. It was decided in late 2005 to separate forensic pathology from anatomical pathology and to appoint a chief examiner in forensic pathology. Initially, Trainees still had to undertake the part 1 examination in anatomical pathology. They could then either undertake a part 2 examination in forensic pathology, or a part 2 examination in anatomical pathology and a post-Fellowship Diploma of Forensic Pathology.

In 2008 it was decided that a part 1 examination in forensic pathology would also be offered. Along with some changes to the way in which forensic laboratories provide support to trainees to attain basic anatomical pathology training in hospitals, this initiative has led to an increased interest in forensic pathology as a specialty.

A specific curriculum and set of assessments have been designed to cover the multi-discipline skills required of the forensic pathologist, as well as their unique functions.

A forensic pathology vodcast in the 'Day in the Life of Pathologists' series is available on the DVD accompanying this submission.

### **Oral Pathology**

The College established a Faculty of Oral Pathology in 1996 for medical and dental graduates. Initially members were 'grandfathered' into the Faculty, but a formal training and examination program was also established. The first Fellowship of the faculty by examination was granted in 1999. Though only small in number, oral pathologists require specific areas of expertise that are not covered in other disciplines of pathology. A number of the Fellows of the Faculty of Oral Pathology are also Anatomical Pathologists, thereby providing linkage to that discipline. Cross-over between examiners in these two areas is encouraged to assist in the smooth operation of the exam process.

### **3.9 Curriculum challenges, future plans and strategies**

The main priority for the immediate future is to continue the processes of curriculum development. This includes strengthening the integration of non-technical competencies such as leadership, management, communication and professionalism. Alignment of assessment processes to all areas of the curriculum and the development and pilot testing of new tools as detailed in the next section will involve major commitment of resources over the next few years. Coupled with this is the need to build our educational resources, particularly in areas where access to suitable training is currently limited. For example in the field of molecular pathology, the delivery of online education and facilitation of participation in training experiences through regional networks can expand opportunities.

Trainees are generally supportive of the directions the College is taking in these areas, although some have been disappointed with slow progress. They remain concerned about inconsistencies between disciplines with respect to recognition of and incentives for Trainee research. They would like to have greater input into the development of curricula and review of assessments.

Panels for each of the disciplines have been increasingly active in reviewing curricula and assessments over the past year, and the growth of the education team will provide support to further facilitate these processes. As curricula are updated, trainees will be invited to have input, as they have for the microbiology curriculum.

Curriculum development is a very time consuming and ongoing process that requires a substantial time commitment from voluntary Fellows. In the context of current workforce shortages, it is likely to remain a challenge for all concerned.

### **Attachments to section 3**

2010 Trainee Handbook  
Microbiology curriculum  
Review of national and international approaches to specialty training in pathology  
Curriculum review  
Table: trainees in regional postings  
Proposal for STP funding  
TOR overseeing committee for STP project  
Funding agreement IMG project  
List of resources from IMG project  
Policy - Educational Materials on the College Website  
Immunopathology short course program 2010  
Short course in forensic pathology 2010  
Mortuary and Autopsy course program 2010  
Pathology Update Program 2010  
Viruses in May program 2010  
Trainee Induction Day 2009 program  
Recent Advances program 2009  
Small biopsy course flyer 2009  
Informatics course 2007  
Clarke report 2003  
Policy - Trainees undertaking research  
List of prizes and research awards for trainees  
Training time credits table  
Exam exemptions table  
Policy on assessment of OTS  
Advanced standing pathway – UNSW  
Templates for pathology rotations PGY1/2  
Medical school scholarships  
Terms of reference – Medical School Taskforce  
Proposal for collaboration with University of Sydney  
Funding agreement for QUPC/UNSW/RCPA project  
Project plan – genetics cases  
General pathology career choice survey  
Training Determinations, Examination Exemptions  
Peer review pathway for award of Fellowship  
NPAAC standards (human genetics, cytogenetics, molecular genetics)  
Review of genetic testing  
The need for general pathology  
History of clinical pathology discipline  
Proposal for learning management system  
Review of qualifications and experience required for forensic pathology  
Online learning project design brief

## 4 Assessment

### 4.1 Review and development of assessment strategies

#### Recommendations:

*Develop a clear strategy for addressing and implementing the recommendations on the Clarke Report on assessment*

*Develop further and publicise the assessment matrix for the pathology sub-disciplines.*

#### Response:

Review of the College's assessment strategies has been a major activity of discipline panels over the past few years. A detailed review on assessment strategies and the curriculum review are attached. This has been facilitated over the past year by the CDO. The processes have been informed by a review of the assessment methods employed by other colleges in Australasia and worldwide. This review was prepared by the CDO and presented to the BOC in July 2009. Examples of recent progress include:

- In microbiology the development of the curriculum, changes to the examination structure and new in-training assessment tools is at an advanced stage.
- In anatomical pathology, a plan has been agreed upon for a significant number of changes to the examination structure and implementation of in-training assessments over the next three years
- In immunology there is no longer a viva examination for Part 1. A modified essay question paper has been trialled.
- There have been significant modifications to the Basic Pathological Sciences examination as detailed in section 4.6 and the attached curriculum review document.
- Further detail on in-training assessment is presented in section 4.3.

Examination blueprints have been produced and are undergoing ongoing refinements with detail being progressively added. Current assessment processes are detailed in the Trainee Handbook, and recent changes are highlighted in the curriculum review document.

## 4.2 Vetting of examination questions

### Recommendation:

*Review the responsibilities of Chief Examiners, to require that written examination questions, practical exams and vivas be vetted by the relevant examiners' panels.*

### Response:

Procedures have been implemented to improve the development, vetting and standard setting for examination questions. Changes have been substantial for the Basic Pathological Sciences examination, as described in section 4.6. Procedures for other disciplines are:

- General pathology: For the 2009 Part 1 written and MCQ exams, all questions were reviewed by at least 2 experienced examiners prior to finalising, with all written questions having a template answer prepared and used as a 'gold standard' when marking. Each individual question was independently marked by 2 examiners, with only borderline or fail answers being marked a third time by the chief examiner. The MCQ paper was also marked independently by the chief examiner and deputy. Prior to the viva exams, the four appointed examiners discussed all proposed questions with the expected standard of answer mutually agreed upon. Summary sheets of all questions with scoring were retained by the College.
- In chemical pathology the written examinations are compiled by the group of examiners. They are asked to put forward questions which the chief examiner puts into a draft paper. The content takes into account previous papers and the chemical pathology blueprint.
- In forensic pathology all questions are vetted by a panel member who does not have a trainee sitting the exam.
- In microbiology the examination questions are determined by an examination subcommittee of the Microbiology Advisory Committee using the curriculum as a guideline. Committee members also prepare model answers which are distributed to examiners with the written examination questions. Examiners receive written feedback on the congruence of their marking. All written papers are marked by two independent examiners and marks are reviewed by the Chief examiner. Standardised vivas prepared by this committee will be introduced for part 1 and part 2 candidates in microbiology in 2010.
- In anatomical pathology, the chief examiner, the associate and assistant chief examiners meet over a weekend to select the slides for the practical examinations.

## 4.3 In-training assessment

### Recommendation:

*Develop and report in annual reports on strategies for ensuring consistent and equitable processes for in-training assessment of trainees, including the training of supervisors*

### Response:

As part of the curriculum and assessment review process, examiners' panels are working with the CDO to match assessments to the curriculum. This process has highlighted areas that are currently under-assessed, particularly relating to competency in day-to-day procedures and solving clinical problems on the job, as well as communication skills and

professional attitudes. A number of in-training assessments are being developed or planned to address these gaps.

There are recognised deficiencies with the annual supervisors' reports in terms of variability in standards and completeness of documentation and the extent to which supervisors can make informed decisions in assessing Trainees. These deficiencies have been highlighted in recent surveys. Measures to improve these assessments include:

- Clarification of the grading scale and how to apply it
- Requiring input from at least one senior person in addition to the supervisor
- Emphasising the formative value of the reports as well as the need to take them seriously as a summative assessment
- Aligning the supervisors' reports to other forms of assessment. For example, items in the proposed portfolio can be used to assist the supervisor in completing the report.
- Training of supervisors through workshops and online education

A portfolio approach to assessment is being developed, where portfolios will contain records of a variety of assessment tasks designed specifically for each discipline. These may include for example:

- Directly observed practical skills (DOPS) (Example in microbiology curriculum)
- Case-based discussions (Example in microbiology curriculum)
- Written case reports
- Publications, research reports, poster and oral presentations
- Teaching and mentoring activities
- Records of attendance at courses, participation in audit and management related activities
- Log books
- Significant incident reports (Sample form attached)
- Personal safety checklist (Sample form attached)

For the longer term, the introduction of a multi-source feedback (MSF) tool is being considered.

Training for supervisors in providing formative assessment and feedback to Trainees is offered through the Teaching on the Run Program (see section 7.1), but with the further rollout of in-training assessment tools it is planned to engage a project officer to assist with training of supervisors during the initial implementation and evaluation phases.

#### **4.4 Case books assessment**

##### **Recommendations:**

*Review the current requirements for case book assessments and document clearly other ways in which this competency may be achieved.*

##### **Response:**

The 2009 assessment survey revealed ongoing concerns about the casebook assessment. The anatomical pathology assessment panel has discussed this issue in depth. It has been proposed to phase out the casebook assessment in its current form and replace it with a portfolio of case reports, research reports, posters and presentations.

The exact requirements for these case reports are to be finalised, although trainees will certainly be required to demonstrate an ability to integrate clinical and pathological findings, conduct a thorough literature review and present a well-structured report with critical analysis.

Timing of submission of portfolio components will be flexible within certain prescribed guidelines. Although requirements will be clearly communicated, trainees will be expected to take personal responsibility in the compilation of their portfolios. Standards will be no less rigorous, but the approach will allow for a broader range of competencies to be assessed. It is anticipated that the process will ultimately be less stressful for trainees and examiners, and will enhance the learning benefit.

#### **4.5 Learning Diary**

##### **Recommendation:**

*In relation to the Learning Diary:*

- *Review the concerns expressed by trainees and supervisors about the Learning Diary and incorporate this into future planning.*
- *Enhance communication with trainees and supervisors about the objectives of the Learning Diary*

##### **Response:**

In 2005, the RCPA entered into a contract with CIPHE, University of Sydney, to develop a *Learning Diary*, as a required formative assessment to support the *Generic Curriculum* (see section 3.2) and to promote Trainees' development of a broad range of professional competencies, particularly in the non-technical domains. The objectives of the *Learning Diary* were directly linked to the *Generic Curriculum*.

During 2006, the *Learning Diary* and *Generic Curriculum* were demonstrated in a series of workshops throughout Australia and New Zealand. The response was very negative due to process being seen as cumbersome, time-consuming and a bureaucratic imposition of minimal value. Most workshop participants did not believe that it would encourage reflective learning or enhance feedback from supervisors to Trainees.

Both the curriculum and diary were considerably modified before pilot testing in late 2006. Participants in the pilot study offered written feedback and were interviewed in depth. Though the project enhanced awareness of the areas covered by the *Generic Curriculum*, the *Learning Diary* did little to promote achievement of the aims and generated considerable anxiety for Trainees and supervisors. This resulted in ongoing negative attitudes despite attempts to improve the model.

During a further series of workshops in 2007, further feedback was obtained, indicating that a totally new approach was required. This new approach bore very little resemblance to the *Learning Diary*, and focused on providing a set of online interactive learning resources to support the curriculum, together with minimal requirements for documentation. This was named 'eLOG' (electronic Learning Outcomes Guide). A prototype version was distributed and posted on the RCPA website. Though the improvements and resources were appreciated, the enthusiasm remained minimal.

Just as the *Generic Curriculum* was disconnected with the main discipline curricula, the processes associated with the *eLOG* were disconnected from assessment processes. Hence neither the *Learning Diary* nor the *eLOG* will be developed as distinct entities. Rather, learning resources and tools to support reflective learning and formative assessment will be extracted from them, tailored for the specific disciplines and integrated with overall training and assessment processes.

With respect to communicating the objectives of the *Learning Diary*, primarily to promote reflective learning, formative assessment and the development for professionalism, strategies to address these areas will be implemented in a more holistic way in the years ahead.

## 4.6 Basic Pathological Sciences examination

### Recommendation:

*Review the purpose, timing and utility of the Basic Pathological Sciences (BPS) examination.*

### Response:

This issue has been the subject of vigorous and ongoing debate by the BOC, the TAC and many other individuals. Three surveys have been conducted to canvass views of trainees, supervisors and examiners, and none of these groups conveyed a unified view. Thus there is still controversy and divided opinion, and the BOC has decided to retain the examination with some modifications.

The main rationale for continuing with the BPS exam is that there is great variation in the quality of teaching of basic sciences in Australian and New Zealand medical schools, and those who commence training in pathology may or may not have an acceptable foundation level of knowledge in basic principles of pathology. The examination is pitched at a level considered to be appropriate for a senior medical student who has been well trained in the basic science of pathology.

Other colleges have recognised similar deficiencies in many of their new trainees and there is increasing interest in taking active steps to address them. There has been some discussion about building a common bank of MCQ questions on basic sciences that could be shared between colleges. The RCPA has reached agreement with RANZCR for sharing of basic pathology MCQ banks. RCPA Fellows also assist other colleges in preparing questions to include in their assessments.

Some medical schools such as the University of Sydney have recognised deficiencies in their teaching of pathology and are keen to work with the College to develop teaching materials and assessments aligned with the RCPA standards.

The following table shows the number of candidates sitting the BPS examination in the past three years, together with overall pass rates.

	2006	2007	2008	2009
Number sat	76	95	125	118
% passed	93	82	87	87

The total number increased from 2006 to 2008. 134 candidates initially enrolled in 2009, but 16 withdrew. It is believed that this was partly because candidates were aware that essay questions were being replaced by multiple choice questions. Another possible reason is that because the examination date in 2010 was changed to April, some preferred to defer for a further 6 months.

The BPS examination is available to final year medical students, prevocational doctors and IMGs. An increasing number have been choosing to take this exam before commencing pathology training. This provides them with an opportunity to revise their learning and gain advantage with respect to selection for training in pathology. The number of non-member candidates has been increasing.

More detail about the origin of these non-member candidates will now be sought and their performance and subsequent registration with the College will be prospectively investigated.

A number of changes have been made with respect to the BPS assessment as detailed in the curriculum review report. As well as the timing of the examination and the abandonment of essay questions, procedures involving statistical analysis, question banking and mapping and formal standard setting have been implemented. Assistance with these process and contributions of MCQs has been provided by academic staff at UNSW. A workshop was held to assist examiners with writing MCQs for the examination, and Trainees were also invited to contribute questions. The curriculum has been more clearly articulated with resource materials, including video lectures, being provided on the RCPA website. Further resources and practice questions will be added in coming years.

The annual BPS seminar is now better aligned with the curriculum and examination and a more interactive format is used, however the face-to-face seminar is under review with the likelihood of enhancing online resources and possibly producing a complete online course.

In 2010 the seminar and examination will be held in April. This is to allow trainees to complete the examination early then focus on training in their particular discipline. The advantages and disadvantages of this approach will be assessed in order to inform future decisions about the seminar and examination.

## 4.7 Examination pass rates

### Recommendation:

*Address concerns relating to the failure rates in examinations, and the variability in performance across sites and from year to year.*

### Response:

The following table shows the number and percentage of trainees who passed the various summative assessments in the various training programs for the period 2006 to 2009. No data is available for 2008, and no breakdown for number of attempts is available.

Examination	2006		2007		2008		2009	
	Sat	Passed	Sat	Passed	Sat	Passed	Sat	Passed
Anatomical pathology part 1	57	72%	54	70%	60	57%	79	84%
Anatomical pathology part 2	58	90%	51	84%	50	72%	48	83%
Anatomical pathology forensic slant	3	33%						
Forensic pathology part 1			5	100%			3	67%
Forensic pathology part 2			5	100%	2	100%	3	67%
Chemical pathology part 1	3	67%	7	86%	7	86%	12	58%
Chemical pathology part 2	3	100%	2	100%	5	100%	9	78%
General pathology			2	100%	2	100%	1	100%
Haematology part 1	43	70%	38	84%	31	94%	38	79%
Haematology part 2	23	100%	30	100%	28	100%	37	100%
Immunology part 1	5	80%	6	100%	4	100%	11	82%
Immunology part 2	4	100%	3	100%	7	86%	4	100%
Microbiology part 1	11	73%	18	89%	10	90%	14	64%
Microbiology part 2	6	100%	7	100%	19	100%	11	82%
Oral pathology			2	100%			1	100%
Genetics part 1			1	0%	1	100%	2	100%
Genetics part 2	3	100%	1	100%				100%
Basic pathological sciences	75	95%	98	85%	125	87%	118	86%

Variation across sites is difficult to evaluate given the broad range of examinations offered and the small numbers of candidates in some areas. Previous concerns about examination performance in Queensland were addressed through an extensive review and reorganisation of training programs, facilities and rotations in that state, resulting from a series of targeted site visits. There have been substantial improvements to the quality of training in Queensland as a result.

There have been specific efforts to remediate problems identified in other areas through formal site visits. Planned enhancements to the site visit program are described in section 6.1.

There have been improvements in the way that feedback on examination performance is offered to trainees:

- Trainees who fail any component of an examination are generally given individual written feedback with suggestions for remediation from the chief examiner in their discipline. Further clarification is freely offered by chief examiners on request. Supervisors and/or state/regional councillors participate in the process of giving feedback to failed candidates.
- Chief examiners produce general written reports on the examinations each year. These are available on the RCPA website.
- Group feedback is offered during 'meet the chief examiner' sessions organised for trainees at the annual Pathology Update Program. These sessions are very well attended, and material presented may be made available on the RCPA website. The anatomical pathology session is to be video recorded in 2010.
- Many supervisors offer formative assessments for trainees locally, and access to these will be improved through regional networking arrangements. Online mock examinations have also been made available through the IMG up-skilling project.
- More clearly defined curricula and improved laboratory accreditation processes will also help to achieve more uniform standards
- Some logistic changes have also been made, for example in anatomical pathology in 2009; the practical component (slides) was separated from the cytology and viva examinations in November. This allowed candidates to undertake slide examinations in the more familiar surrounds of their home states. This has been a successful and popular move, and the slide examination will be moved to 4 weeks prior to cytology and viva components in 2010.

#### 4.8 Withdrawal from training

Number of trainees withdrawing from Training 2007-2009

Year	Anatomical Pathology	Microbiology	Haematology	Other	Total
2007	12	2	1	2 chemical	17
2008	7	3	5	1 forensic 1 general	17
2009	5	4	4	1 chemical 1 immunology	15

The total withdrawal rate for 2009 was 2.5%. This has reduced from a high in 2002/2003 of 6%. Trainees who withdraw from training must notify the BOC Registrar. Though exit interviews or formal surveys are not conducted, the Registrar has noted the most common reasons for withdrawal. These include:

- A trainee may defer training for personal or family reasons, and find it difficult to regain suitable part-time employment.

- Trainees who repeatedly fail examinations may not be offered re-employment under some local arrangements.
- Trainees in joint RCPA/RACP training programs may discontinue laboratory training in order to focus on clinical work.
- A small number of trainees find that pathology does not suit them as a career, and they may join another program.

#### **4.9 Assessment challenges, future plans and strategies**

The main focus over the next few years will be to continue mapping the assessments to the curricula and to develop new tools for in-training assessment. Formal summative assessments will continue to be reviewed and reduced in number as new tools are implemented and evaluated. For formal assessments, the focus will be on developing more reliable methods, improved standard setting processes and support for examiners.

Trainees are supportive of recent directions with assessment review, particularly plans to reduce the number of formal summative assessments and the introduction of new methods with improved standard setting procedures. However, Trainees are disappointed by slow progress and concerned about inconsistencies between disciplines, lack of transparency and assistance with exam preparation. Plans are being implemented to address all of these issues, and increased support from the education team will facilitate these plans. As previously mentioned, substantial demands on volunteer time is always a challenge.

#### **Attachments for section 4**

2010 Trainee Handbook

Report on BPS surveys

Curriculum review

Review of national and international approaches to specialty training in pathology

Position description Curriculum Development Officer

Microbiology curriculum

Sample significant incident report

Sample personal safety checklist

## 5 Issues relating to Trainees

### 5.1 Selection policy

#### Recommendations:

*Work actively to obtain the cooperation of other stakeholders, particularly employing authorities, in implementing College guidelines for selection of Trainees*

*Make greater efforts to ensure that prospective Trainees are aware of the College's guidelines for selection of Trainees, and that all Fellows involved in the selection adhere to these guidelines*

#### Response:

The RCPA has in place a set of guidelines\* to assist employers with the selection and appointment of pathology Trainees, developed in accordance with the principles set out in the *Report of the Medical Training Review Panel, Trainee Selection in Australian Medical Colleges, 1998* (the *Brennan Report*). The College guidelines are freely available on the RCPA website and have recently been circulated to all supervisors and employers and will be circulated to prospective Trainees on a regular basis.

The guidelines are not a formal rotation or training program, but are designed to facilitate and simplify the process of the appointment of pathology registrars at a state or regional level. It must be noted that the RCPA is not the employer of any registrar appointed in a rotation, nor does it make the appointments. The purpose of the guidelines is to alert state and regional committees to act as facilitators for employers in coordinating the training positions of various health services so that the specific needs of the organisations and the individual Trainees are optimally met.

Under the Specialist Training Program commencing in 2010, the College will receive funding from the Commonwealth Government specifically directed towards establishing training support networks. The College currently has disparate systems and processes for training networks and facilitation of rotations between states on one level and between disciplines on another level. The College has recognised for some time the gaps within the current approach, and the importance of establishing robust support networks.

The College will be liaising with all the State Committees, Advisory Committees and chief examiners in the first instance to document current practice. This data will also be used to establish the extent of the various roles played by hospitals and Area Health Services in this process and provide a basis for formulating the level of support and resources that will be required.

The table on the next page provides statistical data on the number of trainees entering training programs for each discipline from 2006 to 2009, broken down by state. This data is for Australia only.

A further report compiled by the Registrar in July 2009 is attached. This report details the total number of trainees registered in each discipline in all regions at that time, and the number enrolled for examinations in 2009.

		NSW	QLD	SA	VIC	WA	ACT	TAS	NT	TOTAL
<b>Anatomical Pathology</b>	2006	9	6	1	4	2	1			23
	2007	9	8		10			1		28
	2008	11	11	3	11	2	2			40
	2009	10	5	3	7	9		2		36
<b>Haematology</b>	2006	6	1	1	4				1	13
	2007	9	3	2	5	1	1	1		22
	2008	3	3	1	12	2	1			22
	2009	15	6	2	2	4				29
<b>Microbiology</b>	2006				3	1				4
	2007		1				1			2
	2008	1	2		3	1				7
	2009	5	2		2			1		10
<b>Immunology</b>	2006	2		1						3
	2007	4			1					5
	2008	1			3	3				7
	2009	1	2							3
<b>Chemical Pathology</b>	2006	2	1							3
	2007	1	1			1				2
	2008		1		3					4
	2009				1					1
<b>Forensic Pathology</b>	2006									0
	2007		1							1
	2008	1	1			1				3
	2009	1								1
<b>General Pathology</b>	2006									0
	2007	1	2							3
	2008									0
	2009		1							1
<b>Genetics</b>	2006									0
	2007	1		1		1				3
	2008		1							1
	2009	1								1
<b>Oral Pathology</b>	2006	1								1

## 5.2 Trainee Advisory Committee

### Recommendations:

*Consider adding a position for a Trainee member on all the training-related committees of the College*

*Ensure the Trainees' Advisory Committee is appropriately resourced and supported to communicate effectively with Trainees and to facilitate Trainees' involvement in all areas of the College.*

### Response:

The Trainee Advisory Committee (TAC) is now represented on the Council, BOC, BOE, PPAC, the OTS subcommittee QASEC, and the Pathology Update Program organising committee. A member of the TAC attends each meeting as an observer. Members are invited to submit a report on behalf of the TAC, may speak to any issue, and are consulted on matters relating to Trainees, but may not vote. The RCPA covers all costs for Trainees attending these meetings. TAC members provide invaluable input at board meetings and report back to Trainees through their own networks.

The size of the TAC has increased, and now has representation from most states and regions and most disciplines. High turnover rates are problematic because of exam and work pressures. This means the TAC lacks consistency from year to year.

The TAC terms of reference explain the responsibilities, membership and lines of reporting of the TAC. These are unchanged since 2004.

The TAC is being formally consulted on changes to the curriculum and assessment for each discipline as draft revised curricula become available. There is regular email exchange between the TAC and the RCPA management team to inform Trainees of changes in policy and training and examination matters. All significant changes are also published in the fortnightly newsletter, *Pathology Today*, as they occur. Trainees have indicated that this communication could be further improved, and efforts are now being made to do so.

Administrative assistance for the TAC is provided by the AC Administrator. The administrator takes minutes for meetings and teleconferences of the TAC and assists with correspondence and surveys. The TAC is funded for one face-to-face meeting per year as well as teleconferences as required. IT support is offered to facilitate communication between the TAC and Trainees, although Trainees believe that this could be substantially improved with an effective system for document delivery/download and email/forum exchanges. TAC members have been asked to comment on a proposed new interactive forum system designed to address this concern by facilitating active multi-way communication through the RCPA website. The TAC is currently preparing a strategic plan that will be available at the time of the AMC visit.

### Attachments for section 5

\*Guideline for the selection and appointment of pathology Trainees  
Terms of reference – TAC  
STP agreement  
July 2009 report on Trainee registrations

\*Document under review – updated version to follow

## 6 Environment for education and training

### 6.1 Accreditation of training institutions

#### Recommendations:

*Continue to explore the inclusion of an initial site visit in the training accreditation process and, in the interim, increase the percentage of sites visited during the five-year period of accreditation*

*Develop a more rigorous process for evaluating the yearly returns from the training sites*

*Add a position for a Trainee to College accreditation teams, particularly for those visits where there are questions about the effectiveness of the training program*

*In deciding on the period for accreditation, consider the appropriateness of Trainees spending more than 50 percent of their time in isolated positions where direct contact with other Trainees and access to scheduled teaching sessions are not possible.*

#### Response:

A summary of the College's accreditation activities since 2006 and the outcomes of those activities is attached as requested.

Ongoing resource constraints for conducting site visits to training institutions have prompted the development of an innovative approach that will be trialled in 2010. The National Association of Testing Authorities (NATA) works in conjunction with the RCPA in accrediting laboratories for testing. This involves an extensive site visit program where testing facilities and quality management facilities are inspected in detail. From 2010, laboratories requiring renewal of accreditation for training may submit a preliminary report to the College that will be followed up in conjunction with the NATA visit. The NATA infrastructure and logistic support, together with an efficient use of Fellows' time in inspecting facilities, will mean more regular site visits can be conducted.

A laboratory accreditation \*policy, a checklist and set of forms (example attached) have been designed to support this process. Existing site visit forms have also been updated (example attached) to promote more uniform standards across disciplines.

Annual returns are now required for all accredited laboratories, detailing any significant changes in supervision, staffing, workload, volume and range of testing, educational facilities and any other factors that may impact on training. These returns are reviewed by the Registrar, who notifies the relevant chief examiner of any major changes or concerns.

Whilst it has been recommended to include Trainees on site visit teams, the BOC has decided to appoint new Fellows to fulfil this function as it is considered an unnecessary extra burden for Trainees. The use of new Fellows will remove the potential for conflicts of interest.

In some geographic areas and/or disciplines where there are relatively few Trainees, the possibility of isolation has been recognised by the AMC. Whilst most Trainees do have the opportunity to attend meetings and educational activities outside their institution, funding has now been available to ensure that this will occur. Under the Australian Government Specialist

Training Program agreement, grants of up to \$20,000 (GST excl) each, for up to 20 regional laboratories, are now being offered to support their involvement in educational activities where they will have greater opportunity to interact with other Trainees and experts in their discipline. Details and criteria for this funding are attached.

The establishment of regional networks under this scheme will also provide better coordination of rotations and educational opportunities for those in relatively isolated settings. An increasing range of online educational resources and opportunities for participation in educational activities through videoconferencing and web conferencing will also provide greater equity of access to educational programs and formative assessments. Facilities for collaborative online working are also being established.

Regional networks will facilitate collaboration and interaction and rotations. Trainees experiencing difficulty with access to educational opportunities are able to communicate this via state or regional councillors or the TAC.

## **6.2 Dialogue with health service providers:**

### **Recommendation:**

*Continue to promote ongoing dialogue with health service providers in Australia and New Zealand in relation to workforce training and development to meet the educational ideals of the College and the workforce priorities of health service providers.*

### **Response:**

The Commonwealth funded Specialist Training Program for pathology provides the College with a great opportunity to work with health service providers outside major teaching hospitals to build capacity which will help to address a serious workforce shortage in pathology.

The project offers the opportunity to develop networks of training posts across a broad range of settings beyond traditional teaching hospitals, including a range of public settings (including regional, rural and ambulatory settings), the private sector (hospitals and practices), community settings and non-clinical environments. Networked specialist training arrangements will be based on health care needs of an area with the education potential of training sites being matched to the health care delivery potential of an increased specialist trainee workforce.

Funds from the project will be used to evaluate health service delivery requirements of regions around Australia to identify other suitable training posts to add to the overall network.

The RCPA also maintains dialogue with the Australian Association of Pathology Practices (AAPP), National Coalition of Public Pathology (NCOPP) and state governments with respect to workforce development.

The RCPA is also proactively establishing dialogue with postgraduate medical councils in each state to establish pathology rotations for PGY1 and PGY2 doctors. This initiative will provide capacity for training increasing numbers of medical graduates in coming years, and provide opportunities for junior doctors to consider a career in pathology.

### **6.3 Challenges, future plans and strategies relating to the environment for education and training**

Resource issues are ongoing with labour intensive processes such as laboratory accreditation, where volunteer pathologists must sacrifice a significant amount of time to carry out and review site visits.

The new collaborative arrangement with NATA for site visits will require careful monitoring to ensure that it is administratively sustainable and provides appropriate feedback to the College to assist with making informed decisions about ongoing accreditation.

Similarly, careful monitoring will be required where new training positions have opened up in regional and outer metropolitan areas, as institutions and supervisors taking on Trainees for the first time will need particular support.

For the first time in 2009, the College undertook an evaluation of the clinical learning environment using a validated survey instrument (CLE). This will provide for benchmarking with other colleges such as RANZCR and will enable internal monitoring from year to year as the survey is repeated. See section 8 for further detail of evaluation and monitoring strategies.

#### **Attachments for section 6**

\*Policy - Laboratory Accreditation for Training Programs

Sample NATA site visit form

Sample updated site visit form

Proposal for STP funding

STP Criteria for educational grant

Pathology rotation PGY1/2 templates

Survey report – clinical learning environment

\*Document under review – updated version to follow

## 7 State councillors, supervisors and mentors

### 7.1 Supervision

#### **Recommendation:**

*Take a stronger role in the identification and selection of supervisors, including specifying criteria for appointment and re-appointment.*

*Consider specifying the requirements for the support of supervisors of training in the guidelines for accreditation of training sites and assessing compliance with them*

*Implement a system for regular review of the performance of supervisors that incorporates a process whereby supervisors can receive regular feedback on their work and progress as trainers*

*Improve its communication to supervisors concerning the requirements of the training program and assessment requirements, including the roll-out of supervisor training*

#### **Response:**

The BOC has considered its policy on appointment of supervisors and decided against being involved in these appointments.

According to RCPA policy, supervisors are ordinarily nominated by Trainees. In reality, a shortage of pathologists who are able to provide the required commitment means there is pressure on the selection process. Despite the pressures, there is actually a high level of participation in supervision, attesting to the dedication of Fellows providing this key service. Provided that supervisors fulfil their roles and responsibilities as set out in the RCPA policy on supervision, they are eligible for re-appointment. If at any time a Trainee is dissatisfied with supervision arrangements, they are entitled to nominate another supervisor provided that the Registrar is notified.

Standards, policies and guidelines for supervisors are laid out in the Supervisor Induction Manual that was extensively revised in 2008.

Workshops are offered to support supervisors. In 2009, an adaptation of the popular *Teaching on the Run* program was developed in collaboration with Professor Fiona Lake. These workshops have so far been offered to supervisors and Trainees in Perth, Sydney, Hong Kong and Singapore and have been well received. They will be offered in a number of Australian cities and New Zealand in 2010. It is planned to prepare materials so that the program can be delivered via regional networks by local Fellows. An outline of the program is attached.

During these workshops, supervisors are offered practical support with clinical teaching, feedback and dealing with supervision difficulties. The workshops are also used to communicate changes in College policy relating to training and assessment and provide a forum for discussion of any areas of concern.

Completion of the supervisor training module or a workshop is required at least once every five years and is recorded in the member database along with evidence of participation in CPD. It is planned to produce a new online training module for supervisors.

When completing the annual supervisor's report, Trainees have the opportunity to make confidential comments about supervision on the report form. This is reviewed by the Registrar who may refer matters of serious concern to the relevant state or regional councillor or chief examiner. Supervisors will be contacted for clarification of the issues and may be counselled if appropriate.

Formal individual feedback on performance is not routinely offered to supervisors, however from 2010 aggregated feedback compiled from Trainee surveys will be provided to supervisors, together with recommendations and the opportunity to feed back to the Board of Censors or management team regarding required resources to support their role. This report will be available April/May 2010.

The requirements for support of supervisors has been added to the guidelines for accreditation of sites.

## **7.2 Contribution of scientists to teaching:**

### **Recommendation:**

*Consider enhancing the contribution of interested laboratory scientists to formal teaching, and providing them with increased information and guidance to facilitate this role*

### **Response:**

The College is particularly dependant on scientists to provide training in areas of new technology such as molecular genetics, thus the need to work collaboratively with scientists in training will increase. Much of the day-to-day teaching at the bench is also carried out by laboratory scientists.

The great contribution made by scientists to the training of pathologists has been formally recognised with the establishment of the Faculty of Science of the RCPA. This will provide opportunity for mutual support between scientists and pathologists in education and the political arena. In addition, there have been scientists on some of the College's discipline Advisory Committees for some years and a number of scientists have been made Honorary Fellows of the College.

The College also maintains dialogue with medical scientists via the Pathology Associations Council and its member organisations. The RCPA works with these organisations in providing support for meetings and educational activities, convening joint educational programs such as Viruses in May (Australian Society for Microbiology) and collaborating in initiatives to promote careers in pathology and medical laboratory science.

Many RCPA Trainees and Fellows are members of the scientific organisations and participate actively in their meetings and educational activities. Scientists are also highly encouraged and supported to attend the annual Pathology Update Program and a number of scientists are members of the Update Program planning committees.

Senior scientists who play a significant role in teaching may be invited to participate in RCPA supervisor training workshops where places are available.

### 7.3 Mentoring

#### **Recommendation:**

*Review College statements concerning mentorship, and further define and support the role and support necessary to fulfil the role of mentor.*

#### **Response:**

A mentor can be defined as ‘an experienced and trusted advisor’ or ‘a person, chosen by the candidate to provide professional and personal guidance throughout their training’. The College acknowledges that in most cases, a Trainee’s supervisor will fulfil the role of mentor, or the Trainee may develop a mentor relationship with another person. Alternatively in the smaller states and regions, the relevant Councillor may fulfil that role. However, the College may be asked to nominate a suitable mentor when:

- The Trainee is unable to communicate effectively with his/her supervisor
- The State/Regional Councillor (or the Board of Censors Representative in New Zealand) is unable to fulfil the role
- The Trainee needs objective discipline-specific advice, particularly related to examination failure
- The Trainee is considered to be “at risk”, e.g. an overseas trained specialist undertaking additional training.
- The Trainee/supervisor relationship has broken down.

Further details are in the attached policy on mentoring.

Specific provision has been made under the Specialist Training Program for Trainees in networked regional posts for the establishment of local mentoring and academic support initiatives.

Trainees are also encouraged to nominate personal mentors on an informal basis and some training institutions have local arrangements to facilitate this. Advice to trainees regarding mentoring will be included in the next edition of the Trainee Handbook.

### 7.4 Regional networks

#### **Recommendation:**

*Strengthening the state and regional training programs by strategies such as providing administrative and secretarial support, augmenting the role of State and Regional Councillor or developing a regional director of training role.*

#### **Response:**

The Specialist Training Program as previously described and detailed in the attached proposal provides support for regional training networks and those who coordinate training in these areas.

State committees are encouraged to coordinate state based education activities. Each state committee may apply, via the State Councillor to the Executive Committee, for funding up to \$2,000 (GST excl) per year for an approved education activity.

Communications with state and regional councillors have been improved by establishing routine procedures for sending lists of members and prompt reports on examination results for Trainees in their jurisdiction. See attached policy- Roles and Responsibilities of State and Regional Councillors.

## 7.5 Appointment and review of examiners

### Recommendation:

*Continue to implement clear processes and policies for the appointment and re-appointment of examiners, including:*

- *Documenting the training expected of examiners*
- *Develop methods for providing feedback to examiners on their work*

### Response:

Policies on the appointment of examiners and the roles and responsibilities of chief, assistant and associate examiners are attached.

Due to work pressures on pathologists, recruitment of examiners has remained difficult, though invitations are extended via *Pathology Today*.

The panel of examiners for microbiology has been proactive in issuing specific invitations to selected microbiologists and documenting their credentials, including CPD participation.

The Chief Examiner in chemical pathology has been actively recruiting examiners in active practice in a variety of settings. Panels generally include chemical pathologists with experience in paediatrics and endocrinology.

There has also been an active recruitment drive for examiners in anatomical pathology via a personal letter from the Chief Examiner to selected individuals.

There are plans to improve support and feedback for examiners and also for supervisors who conduct workplace-based assessments. A project officer may be appointed to facilitate this, and online resources will be offered. General feedback for examiners has been provided via a report on assessments compiled from the 2009 surveys.

Improved support and feedback for examiners in the BPS examination has been implemented as described in section 4.6.

At this stage the training expected of examiners has not been documented beyond that described in the above policies. As assessments and standard setting processes are reviewed, more formal training for examiners will be established to support these processes. It is planned to video-record mock viva examinations for microbiology in 2010 to be used for training of examiners.

## **Attachments for section 7**

Policy - Selection of Examiners for the College  
Policy - Supervision of Training  
Teaching on the Run course notes  
Faculty of Science By-laws  
Viruses in May  
Mentoring Policy  
Policy – state-based education policy  
Policy – appointment of examiners  
Supervisor Induction Manual  
Roles and responsibilities of the Registrar  
Pathology Update Program 2010  
Specialist Training Program agreement  
Charter for Pathology Associations Council

## 8 Monitoring and evaluation

### 8.1 Member surveys and program evaluation

#### Recommendation:

*Implement strategies to ensure higher response rates to evaluation surveys*

#### Response:

Detailed member surveys were conducted in 2009. There were 322 responses to the survey of Trainees, new Fellows and OTS in training (compared to 176 in 2003); and 189 responses to the survey of supervisors and examiners.

Improved response rates were achieved by:

- Directly emailing links to an online survey to all eligible participants. There were repeated reminders via email and published in *Pathology Today*.
- Iterative consultation with all stakeholders and invitations for input into the design of the surveys. This ensured relevance, accuracy and buy-in.
- Explicit explanation of the purposes of the surveys; and
- Assurances regarding confidentiality and security of responses.

Various reports have been prepared from analysis of these surveys as listed in the attachments. These reports are being circulated to relevant committees and will inform decisions about future education and training strategies. A summary report will also be posted on the RCPA website. Surveys will be repeated periodically as part of ongoing program evaluation.

To inform the major committees and assist with program evaluation, statistical data is now being collated on an annual basis. Data includes numbers of Fellows, Trainees, OTS and those employed in Area of Need (AON) positions. These are listed by geographic area, discipline and gender. Pass rates in the BPS, Part I and Part II examinations are recorded, as well as participation rated in the RCPA CPDP. It is proposed to also include data on participation in alternative CPD programs. Data for 2009 is attached.

### 8.2 Feedback from external bodies

#### Recommendation:

*Introduce a formal procedure for the collection of feedback on the training program from sources outside the College, including health care administrators, other health care professionals and health care consumers*

#### Response:

The College receives feedback by maintaining dialogue with a wide range of external bodies, for example:

The National Association of Testing Authorities (NATA) has had a long association with the RCPA through its accreditation program for laboratory testing and the NATA/RCPA Quality Assurance Program. Hence NATA and the RCPA have been very closely involved in matters of laboratory quality management, which directly impact on registrar training. The proposed scheme to link laboratory accreditation for training with NATA site visits will provide very direct opportunity for NATA representatives to comment on aspects of the laboratory training program.

The Specialist Training Program Trainee Networking Overseeing Committee will include representation from the Australian Association Pathology Practices (AAPP), National Coalition of Public Pathology (NCOPP) and the Australian Government Department of Health and Ageing.

The Joint Specialist Advisory Committees (JSACs) provide a channel of communication with the Royal Australasian College of Physicians on issues relating to joint training programs. Representatives from both Colleges work collaboratively in developing and reviewing curricula and administrative arrangements relating to training, as well as reviewing the training programs of individual Trainees.

The Pathology Associations Council (PAC) is a body representing a number of associations of medical scientists. As medical scientists play a large role in the training of pathologists, the RCPA and PAC offer strong mutual support in educational, workforce and political arenas. Individual scientific organisations within PAC collaborate with RCPA in the organisation of scientific meetings and development of educational resources.

The RCPA is involved in a number of projects funded by the Quality Use of Pathology Program. The Committee that oversees the allocation of funds for this program has membership from a variety of organisations. Members are closely involved with the review of such projects as the RCPA Manual Online, the project to review pathology training pathways which is providing funding for the RCPA curriculum review process, and a joint project with UNSW for the development of computer-based simulations to promote rational ordering of pathology.

Postgraduate medical education councils in each state are providing feedback on proposed rotations in pathology for PGY1 and PGY2 doctors. If terms are approved, these councils will be involved in monitoring the laboratory training programs and teaching provided by RCPA Fellows and Trainees.

Consultation with the Department of Health and Ageing and state government health departments provides opportunities for feedback on workforce reviews.

The National Pathology Accreditation Advisory Council (NPAAC) provides feedback on standards relating to laboratories

The College president and CEO attend the respective meetings of the Committee of Presidents of Medical Colleges. They address issues in relation to pathology, particularly with respect to workforce, quality and operational matters affecting the colleges.

The Director, Education is a member of the Network of Medical College Educators. This network offers mutual review and discussion of educational strategies, and organises inter-college meetings for the discussion of education matters of mutual concern.

In New Zealand, the International Accreditation New Zealand (IANZ) plays a similar role to NATA and provides feedback to laboratories. The Medical Council of New Zealand (MCNZ)

also accredits the RCPA training program and carefully reviews all documentation associated with AMC accreditation. MCNZ has provided particular feedback to the RCPA regarding aspects of the CPDP and education in cultural competency specific to New Zealand. The Clinical Training Agency (NZ) and District Health Boards (NZ) also have input into the training program.

**Attachments for section 8:**

NATA site visit policy  
STP overseeing committee  
Specialist training pathways QUPP project  
UNSW QUPP project  
PGY1/2 rotations  
Statistical data for 2009

Survey reports:

Learning environment/learning needs  
Report on RCPA assessments  
Basic Pathological Sciences report  
Report on Joint Specialist Advisory Committee issues  
General pathology career choice survey

Reports available April/May 2010:

Duration of Training  
Support from the College  
Executive summary and recommendations

## 9 Assessment of overseas trained pathologists

### 9.1 Administrative procedures and communication

#### Recommendations:

*Continue to review the College processes for the assessment of overseas trained pathologists to ensure that the time taken for assessment is minimised, and report in annual reports on changes made*

*Provide more explicit advice for overseas-trained specialists on the criteria and standards against which overseas trained specialists are assessed*

*Review strategies for communication with applicants and potential employees concerning the assessment of overseas trained pathologists, in particular the College should  
Develop a 'grid' or flowchart of the process in a readily accessible graphic format;  
Explain the reasons for the various steps in the process*

#### Response:

A comprehensive set of graphical step guides (as listed in the attachments to this section) has been produced to explain the processes applicable to OTS. Applicable policies are also listed in the attachments. These apply to a range of different scenarios in terms of the background of the applicant and their intentions with respect to working in Australia and/or seeking Fellowship of the RCPA. These guides are available through a set of dedicated pages on the publically accessible area of the RCPA website. This site also includes tables of training time credits; examination exemptions; application forms; dates of interviews; and links to the websites of the AMC and Australian and New Zealand medical boards.

### 9.2 Flexible methods of assessment

#### Recommendation:

*Continue to consider flexible methods of assessing individuals according their training, experience and area of practice.*

#### Response:

The RCPA has adopted a policy for the award of Fellowship to selected OTS based on a peer review process, modelled on that employed by the RACP. The policy and associated assessment for are attached. Six UK trained anatomical pathologists are currently undergoing this process.

To be eligible for this pathway, the OTS must have qualifications and experience deemed to be substantially comparable to the standards required of an Australian or New Zealand trained Fellow. Currently only those with FRCPATH (UK) are eligible routinely in the case of anatomical or chemical pathology. Other disciplines with FRCPATH (UK) may also be accepted depending on the scope of the Fellow's training and examinations. The RCPA is

endeavouring to review other qualifications from other jurisdictions, with South Africa identified as the next qualification to be considered.

### **9.3 Challenges, future plans and strategies relating to the assessment of OTS**

Within the College there is currently only one staff member administering OTS applications and assessments, yet there has been a significant increase in applications and this is likely to keep growing.

Considerable variation in the quality of pathology training programs and rigour of assessments worldwide continues to pose a challenge with respect to establishing comparability. Available information and resources to evaluate programs are limited.

It is planned that a senior Fellow will visit South Africa in the near future to conduct a detailed review of their training programs.

#### **Attachments for section 9**

##### **Step guides:**

Assessment of Area of Need Applicants who wish to practise in Australia and obtain Fellowship

Assessment of Overseas Trained Doctors who wish to practise in Australia as an RCPA Trainee and obtain Fellowship

Assessment of Overseas Trained Specialists who wish to practise in Australia and obtain Fellowship

Assessment of Overseas Trained Specialists with Australian or New Zealand medical qualifications who wish to obtain Fellowship

International Medical Graduates who wish to work in Australia as an Occupational Trainee

Overseas Trained Specialists who wish to join the College as an Affiliate

##### **Policies:**

Assessment of Overseas Trained Doctors and Overseas Trained Specialists in Australia and New Zealand

\* Examinations for Overseas Trained Specialists Incorporating Timing of Part II Examinations  
Award of FRCPA to overseas trained specialists via peer review pathway

\*Terms of reference - Overseas Trained Specialist Assessment Subcommittee

Training time credits

Examination exemptions

\*Document under review – updated version to follow

## 10 The RCPA Continuing Professional Development Program

### 10.1 Recent developments

#### Recommendations:

*To underline the personal nature of CPD for each practitioner:*

- *Review the presently fairly rigid requirement for a defined number of credits in specific categories of activity and introduce words like “normally” or “usually”;*
- *Give more explicit recognition to the differences between the ranges of professional activities of pathologists working in large teaching hospitals or urban environments and those working in smaller and more remote institutions or outside the boundaries of full-time hands-on pathology.*

*Consider addressing the claims of excessive bureaucracy and time wasting by better explanation of indicative time requirements to maintain adequate records; this should not normally need to exceed an aggregate of 20 minutes per week*

*Consider introducing to the audit process a review of the relevance of the recorded activities to the practice of the individual involved as well as verifying that those activities apparently took place. This may be best achieved by peer review*

*Consider inviting all participants in the program to allow their names to be placed on the College website as active and up-to-date program members.*

#### Response:

In response to the above recommendations, the wording of the CPDP Information Manual 2009 and the policy have been amended.

In recognition of the fact that Fellows now practice Pathology in an increasingly diverse array of settings as well as changing scopes of practice, the BOE sought feedback throughout much of 2007 and 2008, and changes were made that are evident in the new manual. Provision has been made for greater flexibility in the program, particularly recognising that some Fellows had difficulty for meeting requirements in the ‘Quality’ category.

The number of hours for ‘Quality’ activities has been reduced to 10 hours per year. The number of hours which can be accumulated over one year has been increased to 200 hours. However, the total number of hours has remained at 500 over a period of five years. This will allow Fellows who do not work for 12 months to take a ‘gap year’. It is hoped that these changes move further towards reflecting the needs of Fellows.

It is increasingly the case that employers, registering authorities and other external bodies are demanding proof of participation in appropriate professional development. This demand will be extended over the coming years and will apply nationally across both Australia and New Zealand. The College’s response to this will be to continue to consult with Fellows about their requirements and how the College can help to meet these. The BOE will further develop guidelines as required by circumstances. The College welcomes comments and advice from all Fellows on improvements which can be made to the program.

Participation in a continuing professional development program such as the RCPA CPDP or an equivalently structured program was made mandatory in January 2006.

### CPDP participation rate by discipline, 2009

	Fellows	Completed CPDP	Percent
General pathology	110	80	73%
Anatomical pathology	892	635	71%
Forensic pathology	41	29	71%
Chemical pathology	103	58	56%
Genetics	12	6	50%
Microbiology	235	108	46%
Haematology	490	146	30%
Immunology	102	26	25%
Overall	1985	1088	55%

CPDP participation rates are lower for the clinical disciplines. This is most likely because Fellows in these disciplines participate in alternative programs such as that of the RACP. The RCPA is not always informed of participation in non-RCPA programs.

Due to resource limitations, the audit process has lapsed in recent years. The BOE has resolved to:

- Reinstate auditing from 2010
- Write to all Fellows to remind them of their obligations under the new national registration arrangements in 2010.
- Write to all Fellows who have not submitted a return in the past two years. They will be advised that failure to comply or present evidence of participation in an alternate program may result in non-renewal of membership
- Review IT procedures to facilitate the collation of data and retrieval of certificates.

### 10.2 CPDP challenges, plans and future strategies

The BOE is aware of changing approaches to CPD worldwide, where evidence of active planning and evidence of reflection on learning is required. The Board is also aware of electronic platforms to support these processes and facilitate the collection of documents. The possibility of developing an electronic portfolio platform for Trainees is under consideration and if successful may also have application for the CPDP.

Currently, resources are being channelled into improving educational programs and assessments for Trainees as a priority. However the need to plan for future change to the CPDP is recognised as a medium term aim. Meanwhile, the growing repository of resources for Trainees will also be available to support CPD for Fellows.

### Attachments for section 10

Policy - Continuing Professional Development Program  
 CPDP Information Manual 2009  
 Terms of reference Board of Education

## **11 Conclusions**

As can be seen by the details provided in the submission and the accompanying links to attachments, considerable progress has been made with many of the recommendations made in the 2004 accreditation report. The College looks forward to meeting with the members of the accreditation team in September and is more than happy to provide any further information the team may require in the interim.

## Summary of recommendations and actions

Recommendations	Actions
Continue the work of developing and promoting the curriculum documents to enable a successful implementation of the RCPA curricula from 2007, and report to the AMC on the implementation	CDO supporting ongoing review with BOC and discipline panels.
Enable Trainees to spend some time during their training in rural and regional Australia.	Substantial Australian Government funding (Specialist Training Program) to support new training positions in regional areas.
Invest in the development of a more structured set of learning and training experiences for Trainees, building on the activities already available at a range of sites and making use of a range of educational and technological approaches.	Grants available for educational initiatives in regional areas. eLearning designer appointed to coordinate design and delivery of online resources.
Consider enhancing the activities of state/education committees, including state training activities, by providing some administrative support and funding.	Funding from Specialist Training Program to be used for this purpose.
In annual reports to the AMC, report on development of Generic Curriculum	The learning outcomes specified in the Generic Curriculum are being integrated into the discipline-specific curricula.
Consider strategies to support trainees to achieve 'pathologists as researchers' learning outcomes, including - ways in which trainees with the aptitude and enthusiasm for research can be encouraged to pursue studies towards a higher degree, taking advantage of the research stream available in the training program; - formal educational activities covering research governance, ethics, design and analysis that will enable all trainees to be research literate.	Increased incentives to present research work and gain recognition towards assessment have been introduced. Collaborative arrangements with universities are being negotiated to provide clinical laboratory / academic training opportunities. Educational activities covering research governance are being promoted.
Explore opportunities to develop shared modules and training activities with other colleges and medical schools	Co-developing computer-based case simulations with UNSW. Sharing resources with universities for teaching and assessment of basic pathological sciences. Sharing assessment item banks for pathological sciences with RANZCR. Sharing of learning and teaching resources via network of medical College Educators. Working with RACP on eLearning projects.
Work constructively with medical schools to explore and devise new models for teaching pathology in the undergraduate curriculum, including the possibility of a shift in the locus of some teaching to hospital and community facilities	UNSW advanced standing pathway in place. Negotiations with other universities in progress. Medical School Taskforce having input into medical school curricula.
Review and report on those disciplines which attract few or no Trainees and, in determining the future range of training programs in pathology, consider alternative ways of meeting community need.	Need for training in genetic, general, clinical, chemical, oral and forensic pathology has been established through evaluation of community need.
Develop a clear strategy for addressing and implementing the recommendations on the Clarke Report on assessment	Recommendations of Clarke report have been or are being implemented by BOC and discipline panels, with assistance of CDO.

Develop further and publicise the assessment matrix for the pathology sub-disciplines.	Assessment matrices have been developed and are undergoing further detailed review.
Review the responsibilities of Chief Examiners, to require that written examination questions, practical exams and vivas be vetted by the relevant examiners' panels.	Specific strategies are in place for most disciplines.
Develop and report in annual reports on strategies for ensuring consistent and equitable processes for in-training assessment of trainees, including the training of supervisors	A number of workplace-based assessment tools are being developed and evaluated. Supervisor reports are being updated to align with these assessments. Training addressed through workshops and will later be supported by a project officer.
Review the current requirements for case book assessments and document clearly other ways in which this competency may be achieved.	The casebook will be phased out and replaced by a portfolio of in-training assessments.
In relation to the Learning Diary: Review the concerns expressed by trainees and supervisors about the Learning Diary and incorporate this into future planning. Enhance communication with trainees and supervisors about the objectives of the Learning Diary	The Learning Diary will not proceed as a standalone entity. Elements will be incorporated into portfolios for each discipline.
Review the purpose, timing and utility of the Basic Pathological Sciences (BPS) examination.	The BPS examination has been maintained with improvements to structure, quality control and support. The timing has been changed to April from 2010. This will be further evaluated.
Address concerns relating to the failure rates in examinations, and the variability in performance across sites and from year to year.	Substantial improvements have been achieved in some areas of previous concern (e.g. QLD)
Work actively to obtain the cooperation of other stakeholders, particularly employing authorities, in implementing College guidelines for selection of Trainees. Make greater efforts to ensure that prospective Trainees are aware of the College's guidelines for selection of Trainees, and that all Fellows involved in the selection adhere to these guidelines	Guidelines published and disseminated
Consider adding a position for a Trainee member on all the training-related committees of the College	TAC now represented on all major committees
Ensure the Trainees' Advisory Committee is appropriately resourced and supported to communicate effectively with Trainees and to facilitate Trainees' involvement in all areas of the College.	Improved administrative support for TAC
Continue to explore the inclusion of an initial site visit in the training accreditation process and, in the interim, increase the percentage of sites visited during the five-year period of accreditation	Joint RCPA/NATA site visit program being trialled
Develop a more rigorous process for evaluating the yearly returns from the training sites	Improved forms and review processes for annual returns
Add a position for a Trainee to College accreditation teams, particularly for those visits where there are questions about the effectiveness of the training program	New Fellows to participate in accreditation teams

In deciding on the period for accreditation, consider the appropriateness of Trainees spending more than 50 percent of their time in isolated positions where direct contact with other Trainees and access to scheduled teaching sessions are not possible.	Improved support for trainees in isolated positions
Continue to promote ongoing dialogue with health service providers in Australia and New Zealand in relation to workforce training and development to meet the educational ideals of the College and the workforce priorities of health service providers.	Workforce development needs being addressed through Australian Government funded Specialist Training Program. Dialogue with AAPP, NCOPP, state and NZ governments and postgraduate medical councils.
Take a stronger role in the identification and selection of supervisors, including specifying criteria for appointment and re-appointment.	The BOC considered this and resolved not to be involved in supervisor appointments.
Consider specifying the requirements for the support of supervisors of training in the guidelines for accreditation of training sites and assessing compliance with them	Requirements for support of supervisors have been added to the guidelines for accreditation of sites.
Implement a system for regular review of the performance of supervisors that incorporates a process whereby supervisors can receive regular feedback on their work and progress as trainers	Consolidated feedback offered to supervisors
Improve its communication to supervisors concerning the requirements of the training program and assessment requirements, including the roll-out of supervisor training	Supervisor induction manual published. Teaching on the Run program established for supervisor training
Consider enhancing the contribution of interested laboratory scientists to formal teaching, and providing them with increased information and guidance to facilitate this role	Faculty of Science established. Dialogue and joint educational initiatives with key scientific societies.
Review College statements concerning mentorship, and further define and support the role and support necessary to fulfil the role of mentor.	Policy reviewed. Mentoring encouraged.
Strengthening the state and regional training programs by strategies such as providing administrative and secretarial support, augmenting the role of State and Regional Councillor or developing a regional director of training role.	Regional networks to be established through funding from the Specialist Training Program
Continue to implement clear processes and policies for the appointment and re-appointment of examiners, including:- Documenting the training expected of examiners- Develop methods for providing feedback to examiners on their work	Policies reviewed and revised. Examiners receive feedback on their marking compared to other examiners. Videotaped viva examinations will be used for training of examiners.
Implement strategies to ensure higher response rates to evaluation surveys	Excellent response rate to surveys in 2009
Introduce a formal procedure for the collection of feedback on the training program from sources outside the College, including health care administrators, other health care professionals and health care consumers	Extensive dialogue with government and non-government agencies and professional bodies, professional organisations, educational institutions and community-based groups.
Continue to review the College processes for the assessment of overseas trained pathologists to ensure that the time taken for assessment is minimised, and report in annual reports on changes made	Report attached. Also Peer Assessment Pathway to Fellowship now available
Provide more explicit advice for overseas-trained specialists on the criteria and standards against which overseas trained specialists are assessed	Comprehensive set of graphical step guides produced. Comprehensive information on College website.

<p>Review strategies for communication with applicants and potential employees concerning the assessment of overseas trained pathologists, in particular the College should:</p> <ul style="list-style-type: none"> <li>-Develop a 'grid' or flowchart of the process in a readily accessible graphic format;</li> <li>-Explain the reasons for the various steps in the process</li> </ul>	
<p>Continue to consider flexible methods of assessing individuals according to their training, experience and area of practice.</p>	<p>Policy for peer-review of substantially-comparable OTS implemented.</p>
<p>To underline the personal nature of CPD for each practitioner: Review the presently fairly rigid requirement for a defined number of credits in specific categories of activity and introduce words like "normally" or "usually"</p>	<p>Modifications to CPDP requirements to increase flexibility</p>
<p>Give more explicit recognition to the differences between the ranges of professional activities of pathologists working in large teaching hospitals or urban environments and those working in smaller and more remote institutions or outside the boundaries of full-time hands-on pathology.</p>	
<p>Consider addressing the claims of excessive bureaucracy and time wasting by better explanation of indicative time requirements to maintain adequate records; this should not normally need to exceed an aggregate of 20 minutes per week</p>	
<p>Consider introducing to the audit process a review of the relevance of the recorded activities to the practice of the individual involved as well as verifying that those activities apparently took place. This may be best achieved by peer review</p>	<p>Audits to be reinstated in 2010</p>
<p>Consider inviting all participants in the program to allow their names to be placed on the College website as active and up-to-date program members.</p>	<p>Decided against publishing member names</p>

## 12 List of abbreviations

AAPP	Australian Association of Pathology Practices
AC	Advisory Committee
AON	Area of need
BOC	Board of Censors
BOE	Board of Education
BPS	Basic pathological sciences
CbD	Case-based discussion
CDO	Curriculum Development Officer
CEX	Chief examiner
CIPHE	Centre for Innovation in Professional Health Education
CPD	Continuing professional development
CPDP	Continuing Professional Development Program
CPMC	Committee of Presidents of Medical Colleges
CPMEC	Confederation of Medical Education Councils
DoHA	Department of Health and Ageing
DOPS	Direct observation of practical skills
ETM	Education and Training Manager
FRCPA	Fellow of the Royal College of Pathologists of Australasia
IANZ	International Accreditation New Zealand
IMG	International medical graduate
JSAC	Joint Specialty Advisory Committee
MCNZ	Medical Council of New Zealand
MCQ	Multiple choice question
NATA	National Association of Testing Authorities
NCOPP	National Coalition of Public Pathology
NMCE	Network of Medical College Educators
NPAAC	National Pathology Accreditation Advisory Council
OSPE	Objective Structured Practical Examination
OTS	Overseas trained specialist
PAC	Pathology Associations Committee
PGY1	Postgraduate year 1
PGY2	Postgraduate year 2
PPAC	Pathology Professional Activities Committee
QASEC	Quality Assurance, Scientific and Education Committee
QUPP	Quality Use of Pathology Program
RACP	Royal Australasian College of Physicians
RANZCR	Royal Australian and New Zealand College of Radiologists
RCPA	Royal College of Pathologists of Australasia
RCPPath	Royal College of Pathologists (UK)
SAQ	Short answer question
STP	Specialist training Program
TAC	Trainees' Advisory Committee
UNSW	University of New South Wales
WPBA	Workplace based assessment
CDO	Curriculum Development Officer
CEx	Chief Examiner
CbD	Case-based discussion
MSF	Multi-source feedback

## 13 Contacts

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