

## Policy

Subject:	<b>Curriculum Review Standards and Procedures</b>
Approval Date:	July 2020
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Review By:	BEA
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## Purpose

This policy sets out standards, principles and procedures to be followed for the continuous review of the RCPA's training and education programs.

While new program development and major restructuring are appropriate from time to time, this policy relates primarily to more gradual changes to the curricula and their components and to the Basic Pathological Sciences (BPS) syllabus.

## Standards

Curriculum development and review processes for the RCPA's medical and dental specialist programs must be designed in accordance with the accreditation standards of the Australian Medical Council (AMC), Medical Council of New Zealand (MCNZ), Australian Dental Council (ADC), and the Dental Council of New Zealand (DCNZ). While not subject to accreditation, the RCPA applies similar standards, principles and processes apply to its programs for medical scientists.

## Definitions

A **curriculum** is a plan that sets expectations for learning. It includes the rationale (philosophy) underpinning the course or program, what is to be learned (learning outcomes), how it is to be learned (learning activities) and how it is to be assessed. A constructively aligned curriculum pays attention to the links between these three elements. It is not necessary to refer to assessment as a separate entity; it is part of the curriculum.

The **hidden curriculum** refers to the unplanned informal learning that inevitably surrounds the planned formal curriculum and includes values, attitudes, behaviours, social and cultural expectations, for example.

A **syllabus** refers to a list of topics describing the expected scope of knowledge to be achieved in a program such as BPS.

## Structure

RCPA programs are structured in accordance with overall program outcomes reflecting the broad roles of specialists in the delivery of health care.

For medical and dental pathology programs the outcomes are grouped as:

- Discipline-specific functions
- Roles as a manager
- Research and scholarship
- Professional qualities

Note: The Basic Pathological Sciences syllabus is a component of all medical and dental pathology programs.

For Clinical Forensic Medicine, the program outcomes are defined in terms of Entrustable Professional Activities (EPAs) and grouped as:

- General clinical forensic medicine
- Paediatric forensic medicine
- Custodial medicine
- Sexual offence medicine
- Medicolegal death investigation (coronial)

For the Faculty of Science, the program outcomes are grouped in terms of:

- Research standards
- Clinical laboratory standards
- Innovation, development and leadership standards

Within these frameworks, the programs define graduate outcomes which are the minimum learning outcomes in terms of discipline-specific knowledge and skills, including generic skills as applied in the specialty discipline, that the graduate of any given specialist program must achieve.

As far as possible, outcomes should be classified in terms of milestones or articulation of the stage of the program at which they are expected to be achieved.

### **Principles**

- Regular review is in accordance with changing healthcare needs, technological developments and evolving best practice
- Expert educationists work in collaboration with discipline specialists for the continuous improvement of programs
- Trainees are involved, particularly in relation to transitional requirements and assessment changes
- RCPA programs are compared for content and standards with those of other relevant educational institutions and frameworks, e.g. RACP (particularly for joint programs), RCPATH (UK), CanMEDS (Canada), ACGME (US)
- There is documentation of standards and expectations of trainees as they progress through the program to the level required for fellowship or other applicable award
- Curricula maintain alignment between graduate outcomes, assessment methods and enabling tasks and learning activities
- Curricula include a variety of assessment methods that are achievable and fit for purpose, with a macro-level matrix to guide assessment through various stages of the program

### **Timeframes for review**

- Review is normally conducted once every 5 years and completed within a year
- Earlier review may be required to comply with accreditation conditions or to align with reaccreditation of programs
- In extraordinary circumstances, review can be postponed for up to two years and time to complete extended by one year

- The above applies to programs with no trainees, except that if after the two-year postponement there are still no trainees, the need to continue the program should be reviewed by the Board of Education and Assessment
- Completion must take into account the requirements for 12-month notification to trainees of assessment changes, and should align with publication of Handbooks in November each year

### **Stakeholders**

The following stakeholders may be consulted, as appropriate, to the curriculum being reviewed:

- Board of Education and Assessment
- Chief and Principal Examiners in the relevant discipline
- Examiner panels and supervisors in the relevant discipline
- Discipline Advisory Committees
- Faculty Committees
- Trainees' Committee
- Committees for Joint College Training in relation to joint programs
- Lay Committee representing community/consumer perspectives

### **Data and sources of data**

- Chief Examiner reports on candidate performance in recent examinations
- Advisory Committee advice regarding developments in the discipline and future healthcare needs
- The Board of Education and Assessment, concerning relationship with other disciplines
- RACP feedback on joint programs
- Trainees and supervisors, concerning the hidden curriculum including workplace affordances and interferences
- Accreditation bodies regarding conditions, recommendations and any new standards, policies or procedures
- Education advisers regarding trainee/supervisor perspectives throughout the year
- Results of evaluation surveys
- Review of requests for review, reconsideration and appeals, and any complaints, concerning possible system issues
- Lay Committee advice concerning changing consumer/community needs and expectations
- RCPA Strategic Plan and corresponding Operational Plan, to ensure that curriculum changes align

### **Steps involved in the review process and research cycle** (see Appendix for detailed procedures)

1. Formulate questions
2. Gather data (including about the hidden curriculum)
3. Collate and analyse data and summarise findings
4. Panel to meet, discuss and decide on the changes that are feasible and acceptable
5. Adjust curriculum, circulate for comment, finalise, and present to BEA

## **Handbook revision**

For curriculum Handbooks, overall structure in terms of program and graduate outcomes, and milestones where applicable, should be retained as described above

Components should include:

- Rationale (aims)
- Training requirements and supervision
- Learning resources
- Discipline-specific and generic outcomes and activities
- Assessment, including examinations, projects/assignments (marked) and portfolio requirements
- Assessment matrix (macro level)
- Forms

The BPS Handbook should include an introduction explaining the syllabus and examination, a detailed topic list, and selected reference material to supplement the standard textbook.

Handbooks should be carefully proof-read before publication.

Ensure that any significant program-level changes are reflected in the administrative and supervisor handbooks if applicable.

Finalised documents are to be retained in Word and PDF formats in the relevant directories of Sharepoint.

Updated handbooks are published in the relevant area of the RCPA website in November each year. These should be accompanied by documents describing any significant changes or transitional requirements, and any additional forms if applicable.

## **Communication**

Other than routine annual updates, completed curriculum reviews and assessment changes should be communicated to involved trainees, network coordinators, supervisors, examiners and applicable Discipline Advisory or Faculty Committees via:

- Pathology Today (mandatory)
- Direct email (mandatory)
- Social media channels (optional)
- Education Advisors in the course of their correspondence and meetings with trainees and supervisors (no fixed procedure)

## **Appendix: Procedures**

### **Step 1: Formulate questions**

- Identify the main stakeholders - who should formulate the key questions and what are they?
- What curriculum changes could be made, based on answers to these questions?
- How high a priority does each question have?

### **Step 2: Gather data (including about the hidden curriculum)**

Gather information/resources from a variety of sources/stakeholders to answer these questions, e.g.

- Assessment results:
  - Trends – are standards realistic? Are they being maintained?
  - Use assessment results to identify areas of curricular weakness. Who is responsible for improving these? How could it be done?
- Assessment blueprints – macro and component level. Is the curriculum being adequately sampled across portfolio and exams?
- Environmental scanning to identify opportunities created by new technology to improve resource delivery and assessment or improve equitable access.
- Learning resources and activities
  - are they current and aligned with outcomes?
  - are there areas of curricular weakness or inequity in delivery? Who is responsible for improving this? How could it be done?
- Information from the workplace (supervisors and trainees) regarding
  - work/training balance/synergies/conflicts,
  - breadth/depth of learning opportunities,
  - time to complete requirements,
  - adequacy of supervision
- Technical developments in pathology including new or superseded techniques
- Handbook review
  - evaluate the extent of alignment across outcomes, resources, assessment types.
  - typographical, formatting or content errors
  - clarity of information
- Governance requirements, BEA, JSAC, NPAAC or AMC regulatory requirements
- Survey results

### **Step 3: Collate and analyse data and summarise findings**

### **Step 4: Panel to meet, discuss and decide on the changes that are feasible and acceptable**

### **Step 5: Adjust curriculum, circulate for comment , finalise, and present to BEA**

## References

### Standards:

- [Australian Medical Council](#)
- [Medical Council of New Zealand](#)
- [Australian Dental Council and Dental Council of New Zealand](#)
- [National Pathology Accreditation Advisory Council requirements for supervision in the clinical governance of medical laboratories](#)

### Related RCPA documents:

- Roles and responsibilities: Chief Examiners, Associates, Assistant Chief Examiners, Principal Examiners and Fellows assisting in the examination process
- Terms of Reference: Board of Education and Assessment
- Terms of Reference: Advisory Committees
- Terms of Reference: Trainees' Committee
- Terms of Reference: Lay Committee
- Guideline: Joint training programs with the RACP
- Guideline: Quality framework for RCPA Examinations –written, practical
- Position statement: Patient expectations of pathologists