



The Royal Australasian  
College of Physicians

# Equipping the Fellowship for its functions and roles in Specialist Medicine now and into the future

## New Education Initiatives

Kevin Forsyth, Dean



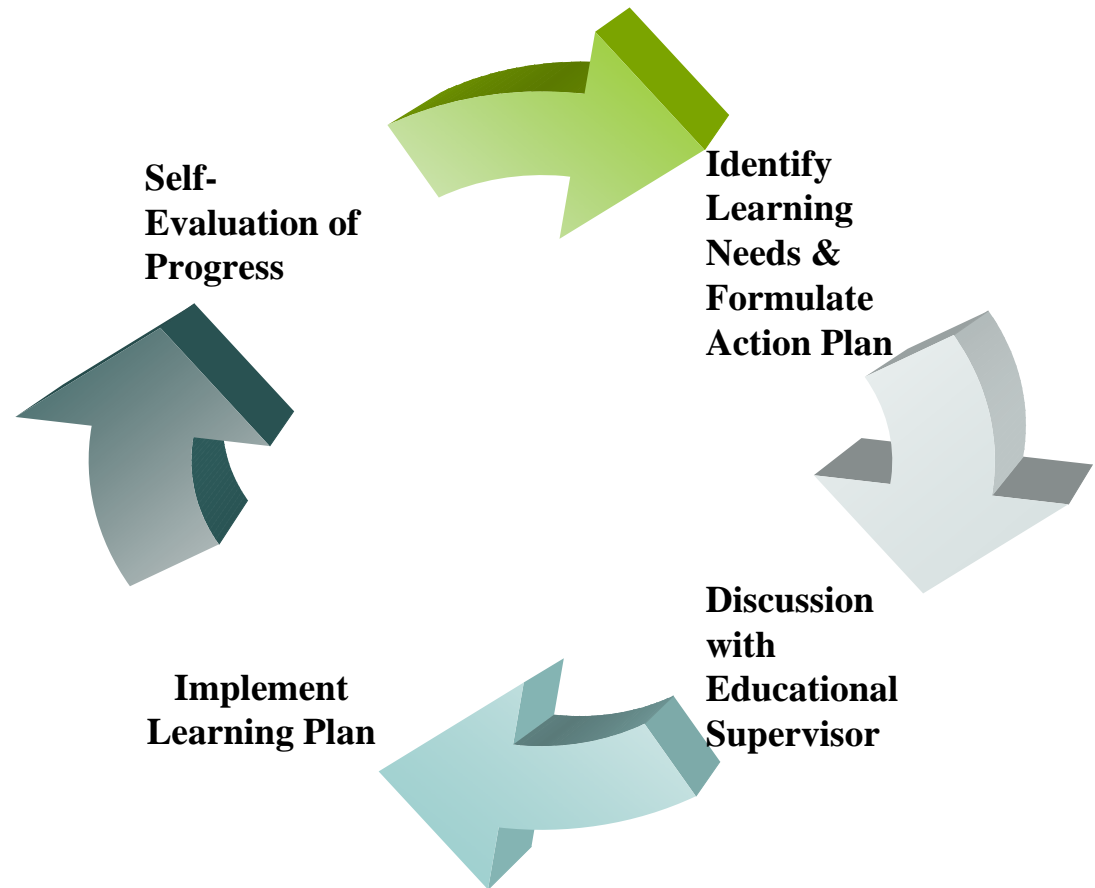
## Context for Change – why a new program?

- ❖ RACP Education Strategy
- ❖ RACP Governance Review
- ❖ External pressures and modern educational best practice
  - AMC
  - ACCC
  - increasingly knowledgeable and demanding public
- ❖ The way we learn
  - medical school education processes
  - construction of knowledge to enable understanding
  - Professional practice--curriculum--assessments

## Learning Needs Analysis

### Learning Needs Analysis involves four key steps:

1. Identification and analysis of learning needs and formulation of an action plan.
2. Discussion with Educational Supervisor of learning needs and plan
3. Implementation of an On - going Learning Plan
4. Regular Self-Evaluation. This involves critical review of progress, reassessment of needs and refocussing of learning plan as required





## Educational Rationale: The Importance of Reflective Learning

**Reflection is a process by which learners are able to extract relevant learning principles embedded in practice that can be utilised to better their professional practice.**

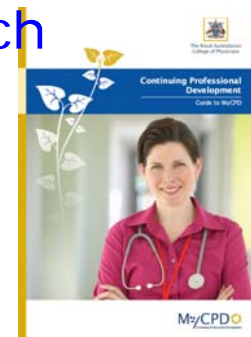
*Gordon J. et al. (2000). Strategic Planning in medical education: enhancing the learning environment for students in clinical settings, Medical Education, 34: 841-850.*

*Mezirow , J. (1978) Perspective Transformation, Adult Education, 100-110.*

*Schon,D. (1983). The Reflective Practitioner. How professionals think in action, London: Temple Smith.*

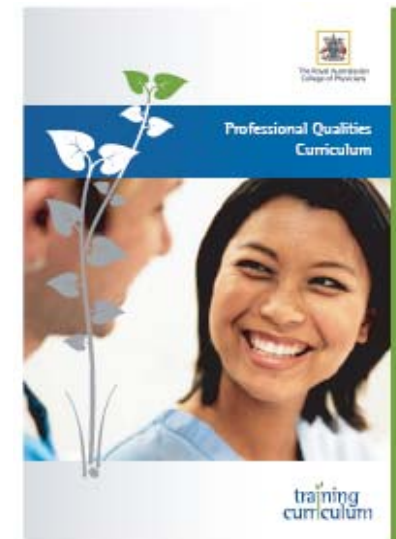
## RACP Education - Key components

- Our Supervisors and Fellows and the health system in which education and training is delivered
- new education committees
- e-portfolio and Electronic Learning Environment
- MyCPD
- New curricula
  - **basic training adult and paediatric, professional qualities, advanced training**
- New teaching and learning processes, new formative assessments, new educational supervisory processes
- Faculties progressively re-engineering education programs



## Professional Qualities Curriculum - Domains

1. Communication
2. Quality and Safety
3. Teaching and Learning (Scholar)
4. Cultural Competency
5. Ethics
6. Clinical decision-making
7. Leadership and management
8. Health Advocacy
9. The Broader Context of Health



Reflects Australian / New Zealand medical, political, social and demographic contexts

## MyCPD - Key Features



- On-line Program
- Facilitates Lifelong Learning
- Encourages planning and reflection
- Based on 6 categories
  - **Educational Development, Teaching & Research**
  - **Group Learning Activities**
  - **Self Assessment Programs**
  - **Structured Learning Projects**
  - **Practice Review & Appraisal**
  - **Other Learning Activities**

# MyCPD - The Process



## Overview of MyCPD





## Divisional Basic Training

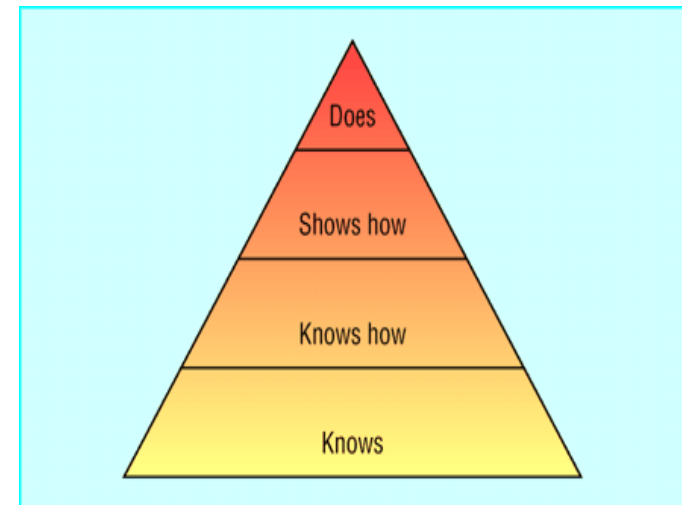
- New program beginning implementation in 2008
  - Underpinned by Basic Training and Professional Qualities Curricula
- On-line registration introduced for new cohort
  - Will be available for all new and re-registering trainees in 2009
- Range of on-line planning, learning and assessment tools
- Educational supervision
- Systematic, formative, workplace based assessment
  - provides feedback to Trainees on their learning journey

# The Significant Incident Analysis Tool

Stage	Key Question(s) to consider	Explanation
1. Describe the incident	What happened?	The trainee should objectively describe in detail the incident, the context in which it occurred and the outcomes of the incident.
2. Evaluate the incident	Why did it happen?	The trainee is asked to consider the key underlying factors (both positive and negative) that contributed to the incident. Underlying factors may pertain to a variety of personal factors (emotional and intellectual) related to the trainee, group dynamics, procedural factors and factors related to the broader hospital and health care system.
3. Synthesis of Learning	What have you learned? How can patient care be improved?	The trainee is asked to consider the insights they have gained from the incident and the ways in which practice could be modified based on these insights.
4. Take action	Describe the course of action taken / are taking to improve practice? Who was involved? How will this change be monitored?	The trainee should select a course of action to take to improve practice and monitor the change. Trainees are encouraged to provide evidence of change where possible.

## Assessment in Basic and Advanced Training

- **Integral component of teaching and learning**
- **Utilises formative and summative approaches**
  - **Informs constructive interaction and regular feedback**
  - **Guides and supports learning**
- **Blueprinted against curricula learning objectives**
- **Linked to clinical environment**
  - **Mini-CEX**
  - **Multisource feedback**
- **Multi-sampling**



# Progression through Basic Training

## RACP Physician and Paediatrician Training Program: Progression through Basic Training

Year of training	1 <sup>st</sup> quarter	2 <sup>nd</sup> quarter	3 <sup>rd</sup> quarter	4 <sup>th</sup> quarter
<b>Year 1</b>	<ul style="list-style-type: none"> <li>▪Registration (Initial)</li> <li>▪Receipt of Curricula and College Introduction pack</li> <li>▪Induction / orientation with Ed Supervisor</li> <li>▪Learning Needs Analysis</li> <li>▪Learning contract</li> <li>▪Mini – CEX</li> </ul>	<ul style="list-style-type: none"> <li>▪Educ Supervisor Meeting</li> <li>▪Learning Needs Analysis</li> <li>▪Mini – CEX</li> <li>▪SIAT</li> <li>▪PDA Meeting</li> <li>▪Mid year progress report</li> </ul>	<ul style="list-style-type: none"> <li>▪Educ Supervisor Meeting</li> <li>▪Learning Needs Analysis</li> <li>▪Mini – CEX</li> <li>▪Multi Source Feedback</li> </ul>	<ul style="list-style-type: none"> <li>▪Educ Supervisor Meeting</li> <li>▪Learning Needs Analysis</li> <li>▪Mini – CEX</li> <li>▪SIAT</li> <li>▪PDA Meeting</li> <li>▪Annual progress report</li> <li># Accreditation of training</li> </ul>
<b>Year 2</b>	<ul style="list-style-type: none"> <li>▪Registration (continuation)</li> <li>▪Educ Supervisor Meeting</li> <li>▪Learning Needs Analysis</li> <li>▪Learning contract</li> <li>▪Mini – CEX</li> </ul>	<ul style="list-style-type: none"> <li>▪Educ Supervisor Meeting</li> <li>▪Mini – CEX</li> <li>▪SIAT</li> <li>▪PDA Meeting</li> <li>▪Mid year progress report</li> </ul>	<ul style="list-style-type: none"> <li>▪Educ Supervisor Meeting</li> <li>▪Learning Needs Analysis</li> <li>▪Mini - CEX</li> <li>▪Multi Source Feedback</li> </ul>	<ul style="list-style-type: none"> <li>▪Educ Supervisor Meeting</li> <li>▪Mini – CEX</li> <li>▪SIAT</li> <li>▪PDA Meeting</li> <li>▪Annual progress report</li> <li># Accreditation of training</li> </ul>
<b>Year 3</b>	<ul style="list-style-type: none"> <li>▪Registration (continuation)</li> <li>▪Educ Supervisor Meeting</li> <li>▪Learning Needs Analysis</li> <li>▪Learning contract</li> <li>▪Mini – CEX</li> <li>▪RACP Written Exam</li> </ul>	<ul style="list-style-type: none"> <li>▪Educ Supervisor Meeting</li> <li>▪Mini – CEX</li> <li>▪SIAT</li> <li>▪PDA Meeting</li> <li>▪Mid year progress report</li> </ul>	<ul style="list-style-type: none"> <li>▪Educ Supervisor Meeting</li> <li>▪Learning Needs Analysis</li> <li>▪Multi Source Feedback</li> <li>▪RACP Clinical Exam</li> </ul>	<ul style="list-style-type: none"> <li>▪Educ Supervisor Meeting</li> <li>▪SIAT</li> <li>▪PDA Meeting</li> <li>▪Annual progress report</li> <li>#Accreditation of training</li> </ul>

**Progression to Advanced Training →**



## Advanced training

- Re-engineer architecture to relate to new Basic training and CPD programs
  - ICT based
  - Learning plans
  - New assessments
  - Include PQC, supervision, research, possibly articulation with Universities
- Many of the SACs will migrate into the SS as STCs
  - SS Fellows will have dominant role in AT
  - Educational governance under the policies of College Education Committee