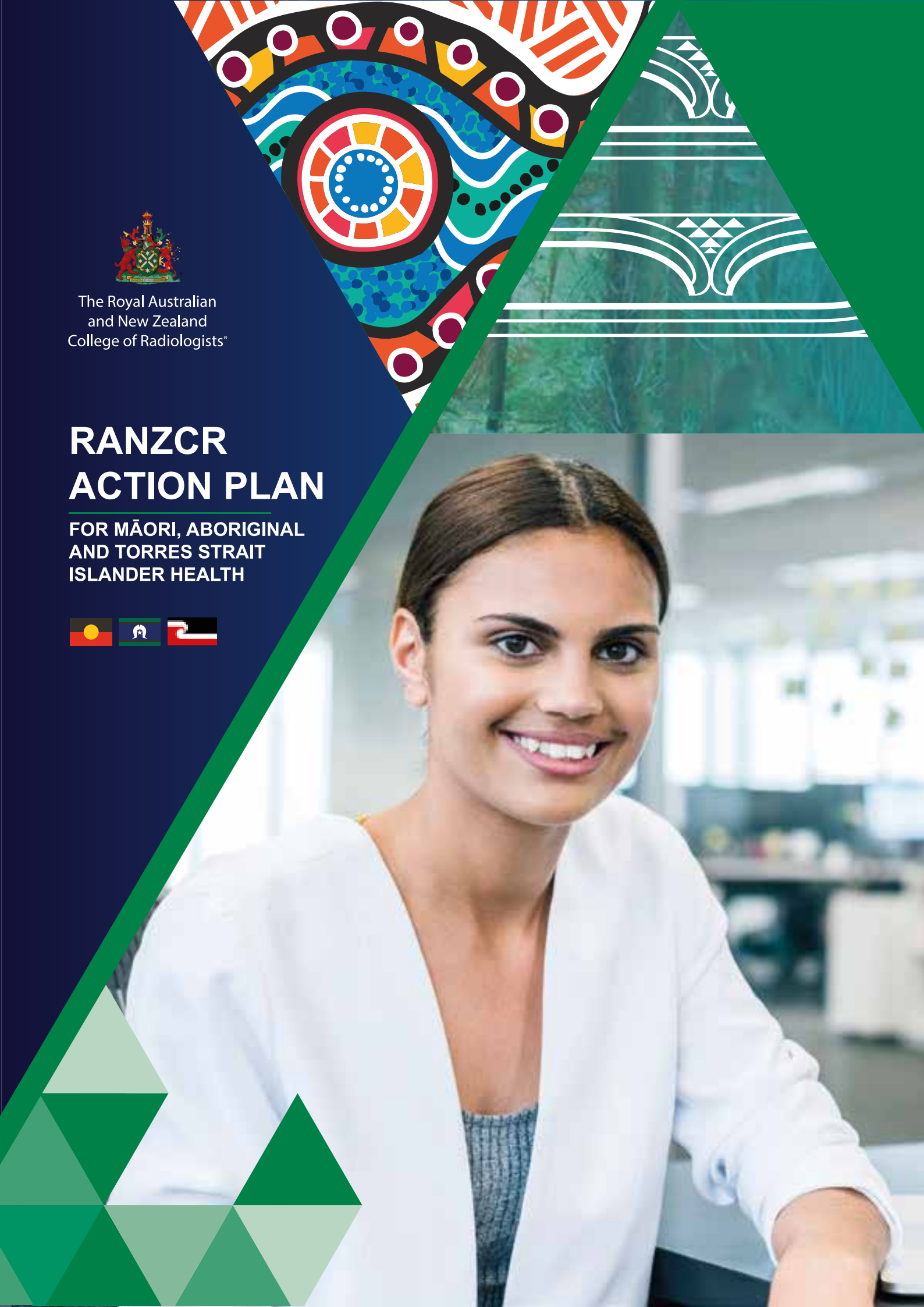
The Royal Australian and New Zealand College of Radiologists®

RANZCR ACTION PLAN

FOR MĀORI, ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH



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RANZCR acknowledges the Traditional Owners of Country throughout Australia. We recognise the continuing connection of Aboriginal and Torres Strait Islander people to the sky, lands, waters and culture and we pay our respect to their Elders past, and present and emerging.

RANZCR acknowledges Māori as tangata whenua and Treaty of Waitangi partners in Aotearoa New Zealand.

ABOUT RANZCR

The Royal Australian and New Zealand College of Radiologists (RANZCR) is committed to improving health outcomes for all, by educating and supporting clinical radiologists and radiation oncologists. RANZCR is dedicated to setting standards, professional training, assessment and accreditation, and advocating access to quality care in both professions to create healthier communities.

RANZCR creates a positive impact by driving change, focusing on the professional development of its members and advancing best practice health policy and advocacy, to enable better patient outcomes. RANZCR members are critical to health services: radiation oncology is a vital component in the treatment of cancer; clinical radiology is central to the diagnosis and treatment of disease and injury.

RANZCR is led by clinicians who are democratically elected by the membership. The ultimate oversight and responsibility for RANZCR is vested in the Board of Directors. The work of RANZCR is scrutinised and externally accredited against industry standards by the Australian Medical Council and the Medical Council of New Zealand.

A NOTE ON LANGUAGE

The College respectfully acknowledges Māori, Aboriginal, Torres Strait Islander Peoples as the First Peoples of Aotearoa and Australia respectively. Throughout these documents, the term Indigenous is respectfully used interchangeably with Aboriginal, Torres Strait Islander and Māori Peoples given the bi-national context. The College acknowledges that self-determination and cultural safety are fundamental to outcomes for all Aboriginal and Torres Strait Islander Peoples in Australia, Māori in Aotearoa and Indigenous Peoples globally.

ACKNOWLEDGEMENTS

The College would like to thank the members of the RANZCR Māori, Aboriginal and Torres Strait Islander Executive Committee who led the development of the Action Plan: Prof Vin Massaro, Dr Keen Hun Tai, Clin A/Prof Sanjay Jeganathan, Dr Dana Tipene-Hook, Ms Monica Barolits-McCabe, Ms Miriam Cavanagh, Dr Tane Taylor, Mr Mark Nevin and Ms Madeleine d'Avigdor.

A broad range of stakeholders were contacted for feedback, particularly, Māori, Aboriginal and Torres Strait Islander health organisations and other healthcare stakeholders that RANZCR works with on a regular basis. Specific stakeholders who responded to the consultation are listed in Appendix 8.1 Consultation with Stakeholders and RANZCR Membership.

RANZCR thanks ABSTARR Consulting for their assistance in the development of this Action Plan.

GLOSSARY

Ahpra means the Australian Health Practitioner Regulation Agency.

AMC means the Australian Medical Council.

ASM means the RANZCR Annual Scientific Meeting.

Board means the Board of Directors of the College elected or appointed.

Chief Executive Officer means the person appointed to the position of Chief Executive Officer of the College.

Clinical Radiology means the clinical practice of the diagnosis and treatment of patients utilising imaging modalities including general radiography, fluoroscopy, mammography, ultrasound, computed tomography, magnetic resonance imaging, nuclear medicine and bone densitometry.

College means The Royal Australian and New Zealand College of Radiologists, being a company limited by guarantee under the Corporations Act.

CRCAC means the Clinical Radiology Curriculum Assessment Committee.

CRETC means the Clinical Radiology Education and Training Committee.

CRRC means the Clinical Radiology Research Committee.

CRTC means the Clinical Radiology Trainee Committee.

Dean of the Faculty of Clinical Radiology means the person for the time being elected to that office by the Faculty Council of the Faculty of Clinical Radiology.

Dean of the Faculty of Radiation Oncology means the person for the time being appointed to that office by the Faculty Council of the Faculty of Radiation Oncology.

Educational Affiliate means a person specified in the Register as an Educational Affiliate of the College.

Faculty means the Faculty of Clinical Radiology or the Faculty of Radiation Oncology.

Faculty Council means the governing body of any Faculty.

Fellow means a member who has been admitted to Fellowship of the College and whose membership of the College has not terminated for any reason.

IMAG means thee Council of Medical College's Interdisciplinary Māori Advisory Group.

IMG Committee *means the cross-Faculty International Medical Graduate Committee.*

LIME means Leaders in Indigenous Medical Education.

MATEC means the RANZCR Māori, Aboriginal and Torres Strait Islander Executive Committee.

Member means a member of the College.

MCNZ means the Medical Council of New Zealand.

NTD means the clinical radiology Network Training Director.

Office Bearer means a person holding the office of President, Treasurer, Dean of the Faculty of Clinical Radiology, Dean of the Faculty of Radiation Oncology or Chairperson of the New Zealand Branch.

Peak Imaging Coalition means the forum for collaboration between the professional associations in clinical radiology, including the ACPSEM, the ASA, ASMIRT, ASUM, Faculty of Clinical Radiology and MINA.

PPC means the clinical radiology and radiation oncology Professional Practice Committees.

President means the person for the time being appointed to that office by the Board.

QIC means the radiation oncology Quality Improvement Committee.

Radiation Oncology means the clinical practice of managing patients with cancer and other conditions and may involve the use of ionising radiation.

RO Alliance means the peak group comprising the four key specialties in radiation oncology and representing their respective organisations: the Faculty of Radiation Oncology, RANZCR; the Australasian College of Physical Scientists & Engineers in Medicine (ACPSEM); the Australian Society of Medical Imaging and Radiation Therapy (ASMIRT); and Cancer Nurses Society of Australia (CNSA).

ROETC means the Radiation Oncology Education and Training Committee.

RORC means the Radiation Oncology Research Committee.

ROTC means the Radiation Oncology Trainee Committee.

Standing Committee means a standing committee of the College.

Student Member means a person who has been granted student membership.

SQSC means the clinical radiology Safety, Quality and Standards Committee.

Terms of Reference means any terms of reference created by the Board or by a Faculty Council with the approval of the Board in respect of any Branch or Branch Committee, Standing Committee, Faculty, Specialist Interest Group, committee or other College body.

TND means the radiation oncology Training Network Director.

Te Tiriti o Waitangi means The Treaty of Waitangi.

1. EXECUTIVE SUMMARY

Māori, Aboriginal and Torres Strait Islander Peoples experience poor health outcomes compared with other populations in Australia and New Zealand. Despite numerous government initiatives attempting to address this, the impacts of colonisation, biased perspectives, racism and discrimination continue to prevent Māori, Aboriginal and Torres Strait Islander Peoples from receiving safe and quality care. It is everyone's responsibility to recognise this and help address these failures at every level.

The Royal Australian and New Zealand College of Radiologists ('the College') is committed to improving the health outcomes and wellbeing of Māori, Aboriginal and Torres Strait Islander Peoples. Moreover, the College will support the professions of clinical radiology and radiation oncology to contribute to equitable health outcomes for Māori, Aboriginal and Torres Strait Islander Peoples with a series of considered and targeted activities, detailed in this Action Plan. This initiative is central to the College's strategic priorities. The long-term objectives are to work towards achieving Indigenous population parity in the clinical radiology and radiation oncology workforce and that cultural safety is integral to our training and continuing professional development programs.

The College has started and will continue to work and partner with Māori, Aboriginal and Torres Strait Islander Peoples to pursue meaningful, effective and sustainable outcomes.

The College acknowledges the many years of tireless work and advocacy undertaken by Indigenous Elders, Ancestors and Indigenous leaders. This work is informed by Te Tiriti o Waitangi (The Treaty of Waitangi)

in Aotearoa and its principles, and the ethical, moral and legal responsibilities it entails and the Uluru Statement from the Heart, which has been endorsed by Aboriginal and Torres Strait Islander communities and is respected by the College.

In addition, the College acknowledges the Australian government's Closing the Gap policy framework and associated targets to reduce life expectancy gaps within a generation, and New Zealand's equivalent Māori health strategies and frameworks. While some progress has been made, many indicators regrettably show little or no change, or in some cases, worse outcomes than originally benchmarked.

This Action Plan outlines the College's journey to achieving its vision of equitable health and outcomes for Māori, Aboriginal and Torres Strait Islander Peoples and increasing their participation in our professions.

This Action Plan supports and aligns with the College's 2022 to 2024 Strategic Plan. It has been developed by the College's Māori, Aboriginal and Torres Strait Islander Executive Committee (MATEC) and is presented to our membership, stakeholders and internal governing bodies for comment.

This Action Plan is integral to managing change and delivering outcomes. It is a document that clearly outlines the roles, responsibilities and targets the College seeks to meet and maintain. This Action Plan will be a continuous source of reference as it articulates what is involved to ensure an alignment between the vision and the steps involved to realise it.

2. THE JOURNEY SO FAR

The College is committed to change and accepts that redressing the health inequities experienced by Māori, Aboriginal and Torres Strait Islander Peoples requires a coordinated focus on multiple fronts. Furthermore, the College is committed to improving access and support for Māori, Aboriginal and Torres Strait Islander Peoples to clinical radiology and radiation oncology training, Fellowship and services.

The College recognises that practising cultural safety is essential to achieving meaningful change. Cultural safety is defined by the Australian Health Practitioner Regulation Agency and the National Health Leadership Forum of Aboriginal and Torres Strait Islander health peak organisations as follows:

'Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities. Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.'

'Patient safety for Aboriginal and Torres Strait Islander Peoples is the norm. We recognise that patient safety includes the inextricably linked elements of clinical and cultural safety, and that this link must be defined by Aboriginal and Torres Strait Islander Peoples.' (Ahpra, 2020).

Cultural safety is defined by the Medical Council of New Zealand as:

'The need for doctors to examine themselves and the potential impact of their own culture on clinical interactions and healthcare service delivery.

The commitment by individual doctors to acknowledge and address any of their own biases, attitudes, assumptions, stereotypes, prejudices, structures and characteristics that may affect the quality of care provided.

The awareness that cultural safety encompasses a critical consciousness where healthcare professionals and healthcare organisations engage in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care, as defined by the patient and their communities.' (MCNZ, 2019).

The College established an Indigenous Taskforce in 2018 to analyse what it would need to do to meet the accreditation requirements of the Australian Medical Council and Medical Council of New Zealand. The Taskforce recommended four pillars of work to guide all future Indigenous initiatives of the College (on which this Action Plan has been structured). It further recommended the need to grow capacity in this area, which can only be realised through the implementation of a new governing body. This body would ensure that work occurs and progresses over time and is aligned with College values and strategy. The Taskforce emphasised the need for the inclusion of expert Indigenous voices in College decision-making on Indigenous matters. This recommendation led to the establishment of MATEC as a Board sub-committee to provide advice on these matters to the Board and the Faculty Councils.

There are three major themes on which the Action Plan is based. Firstly, education and training, which are core to the remit of any medical college. The College is committed to reaching out to Indigenous trainees and ensuring that training environments are suitable for them by: ensuring cultural safety at training sites via the

accreditation standards, promoting cultural safety in the workplace and training sites; eliminating discrimination and unconscious bias in the curriculum; and providing more targeted support for Indigenous trainees as well as encouraging meaningful engagement with Indigenous communities.

Secondly, the College is committed to the continuous upskilling of its members to deliver culturally competent, safe clinical practice. This commitment is an integral component for making an effective and long-term difference to Māori, Aboriginal and Torres Strait Islander Peoples' health and will be embedded through the training programs, continuous professional development and standards we develop.

Finally, the College understands that there are benefits to be gained from partnering with Māori, Aboriginal and Torres Strait Islander Peoples, and from promoting a culturally safe workforce and will continue to find ways by which such partnering arrangements can be expanded.

2.1 Māori, Aboriginal and Torres Strait Islander Executive Committee (MATEC)

MATEC was established by the Board in 2020 as a bi-national peak committee to provide authoritative advice to the Board, the Faculty of Radiation Oncology, the Faculty of Clinical Radiology and other key committees, on how to significantly reduce disparities in health outcomes for Māori, Aboriginal and Torres Strait Islander Peoples.

MATEC is leading and advising the College to achieve the shared vision of equitable health outcomes for Indigenous people and communities and increasing the participation of Indigenous people in our professions. MATEC aims to achieve these goals through clear governance and accountability, giving prominence to Indigenous voices and leadership, integrating strategies across the College, and providing clarity in achieving Indigenous population parity in the clinical radiology and radiation oncology workforce and health outcomes.

2.2 Context and alignment

This Action Plan has been developed to closely align with the Australian Medical Council's (AMC) *Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs by the Australian Medical Council 2015.* Each action listed in this Action Plan is intended to meet specific standards from the AMC (which partners with the MCNZ when accrediting the College). This is for two purposes. The first is to provide context for the actions proposed and each action should be read in light of the listed standard. (The full list of AMC standards appears in Appendix 8.2. Please note, these are the AMC Standards current in 2021). The second is to assist the College in its reporting to the AMC as progress on each action will be used as evidence of achievement of each relevant standard.

This Action Plan has also been developed to closely align with the Australian Health Practitioner Regulation Agency's (Ahpra) strategy *The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020−2025.* Again, this is to provide context and where an action is aligned to a specific objective of this strategy, it is to be developed with the Ahpra objective in mind.

These publications have produced standards which aim to deliver a healthcare system that eliminates racism and produces equitable health outcomes through prioritising the delivery of culturally safe care for both patients, and culturally safe environments for the workforce.

This Action Plan also directly relates to the College's draft strategic plan for 2022 to 2024.

2.3 Current data and outcomes

Measurement of the progress and impact of this Action Plan requires an understanding of the current circumstance and baseline. This includes data and outcomes that have been achieved in this area. Where relevant, current College initiatives have been listed in this document to assist with an understanding of the current circumstances. It is acknowledged that this is not a comprehensive list as there are many activities at a local level that are not visible to the broader College.

This Action Plan also includes suggestions for parameters to measure as a baseline in certain areas. It is recognised that the list of these parameters is not comprehensive nor measurable as the tools and systems are not yet in place. It is acknowledged that the parameters are desirable, if not implementable in their entirety.

3. THE JOURNEY BEFORE US

This section reiterates the commitment captured in the College's Statement of Intent for Māori, Aboriginal and Torres Strait Islander Health. This is available on the RANZCR website: www.ranzcr.com/our-work/indigenous-health-and-engagement.

The College's vision is to achieve equitable health and workforce outcomes for Māori, Aboriginal and Torres Strait Islander Peoples.

It will honour its commitment to Indigenous health by:

- Increasing the number of Māori, Aboriginal and Torres Strait Islander Peoples in the clinical radiology and radiation oncology workforce
- Ensuring cultural safety is an essential component of clinical safety, and aligns with best practice and the accreditation standards of the Australian Medical Council (AMC) and Medical Council of New Zealand (MCNZ)
- Building and maintaining sustainable relationships with the Indigenous health sector
- Ensuring College governance and strategic plans address Māori, Aboriginal and Torres Strait Islander Peoples' health priorities.

The College's values in relation to this work are:

Indigenous Worldview – to respect and embed Indigenous worldviews throughout the College and its spheres of influence.

Integrity and Courage – to renew organisational policies and systems to remove any potential barriers to optimal health, wellbeing and safety outcomes for Māori, Aboriginal and Torres Strait Islander Peoples.

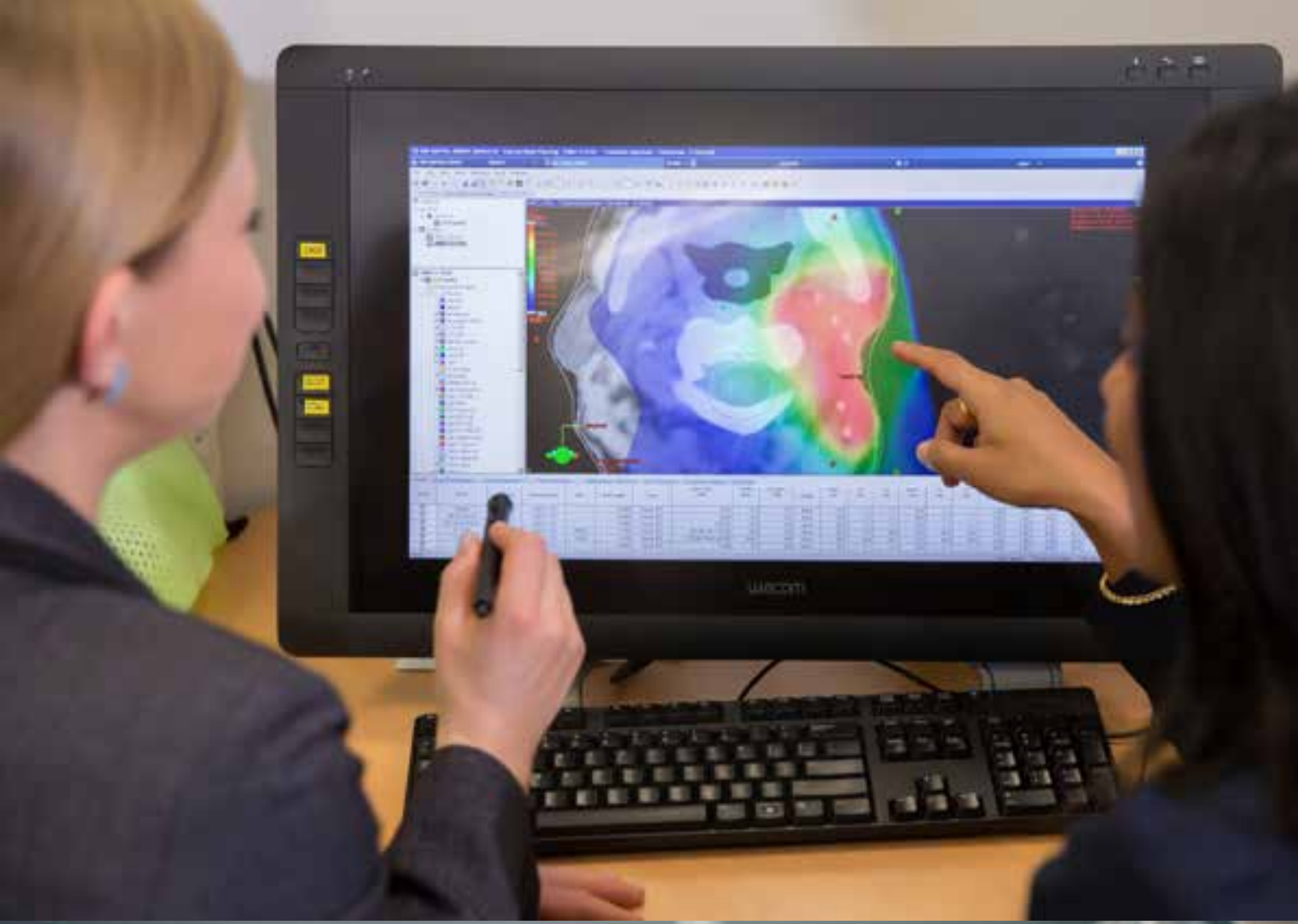
Ethics – to adopt an ethical approach by doing what is right, not what is expedient; with a forward thinking, collaborative attitude and a patient-centred focus. We will consult appropriately when at the limits of our knowledge and be transparent about our own capacity and capability to enable self-determination for Māori, Aboriginal and Torres Strait Islander Peoples.

Accountability – to be accountable to our members and the Indigenous patients and communities we serve.

Leadership – to enable and embed Indigenous leadership and self-determination to ensure best practice in delivering more equitable health outcomes. Māori, Aboriginal and Torres Strait Islander Peoples have the right to make decisions about their health and wellbeing, workplace safety and cultural practices.

3.1 Our Stakeholders

The College has an extensive network of established relationships across health care in Australia and New Zealand. As a medium-sized medical college, it understands the value of partnering with stakeholders and health consumers to build effective coalitions and deliver outcomes. A specific focus is given to partnerships and collaboration in this Action Plan. While this relates to the second pillar—networking, collaboration and advocacy—it is interspersed throughout all actions as it is only through involvement of stakeholders, networks and partners that many of these actions will be fully realised. The College acknowledges its role as one of the partners in broader efforts of systemic reforms to health care and supports the work of all stakeholders in this field.



4. THE FOUNDATIONS AND PILLARS

The Action Plan is divided into foundational actions and those associated with the four pillars that the College has identified as essential to the change process. The four pillars are:

1. Education
2. Networking, collaboration and advocacy
3. Selection of trainees
4. Mentorship.

Foundational actions are needed to ensure the College succeeds in the work and changes along the line of the four pillars.

These foundational actions will focus on ensuring all within the College are committed and supportive of the tasks ahead. An informed Board, Faculty Councils, clinical leadership and workforce are key to a smooth transition. Without the necessary foundational work, the effort risks appearing meaningless to those involved with subsequent activities being deprioritised or even resisted. Conscious and deliberate underpinning of the vision for change through the foundational actions are essential to combat this prospective issue.

Fundamental to the success of the foundational actions and four pillars is a readiness to learn, understand and embrace change. This includes all participants being encouraged to embrace the discomfort that may arise from confronting and understanding the potential for one's own unconscious biases, racism or discrimination.


Education
Selection of trainees
Networking, collaboration and advocacy
Mentorship

5. ACTIONS

5.1 Foundational actions

In order for the four pillars to operate successfully, they need to be built on solid ground. These foundational actions can be understood as a necessary precursor.

They will create an enabling environment for the College's vision of change to occur. These actions focus on ensuring all involved are given the opportunity to understand the rationale for change, and why the change will be implemented through the four pillars.

Current College initiatives

- The Indigenous Taskforce identified four key pillars for improvement and investment.
- The College established MATEC as an advisory body to the Board and Faculty Council (which includes Indigenous perspectives).
- The College developed a change management plan.
- The College published the Statement of Intent in May 2021.
- The College prepared the College's committees to contribute to the activities in the four pillars.
- The College embedded the Action Plan into the broader College Strategy.

Foundational actions

No.	Action	Lead	By when	Alignment	
				Ahpra Objectives	AMC standards
F1	Developing understanding, capability, competence and culturally safe practice through upskilling of: • Board • Faculty Council members and Chairs of the College's Standing Committees (Tier 1) • College Staff	MATEC has a role to build the capacity and understanding of relevant topics including cultural safety and clinical excellence across the College (training to be provided via an external provider)	Mid 2022	5, 6	1.4.1 1.7.1 3.2.9 3.2.10
F2	Cultural safety training to be made available for Australian and Aotearoa NZ Members which must acknowledge the different contexts of both countries, including specific training on Te Tiriti, pre-colonial and colonial history and impacts on health outcomes.	MATEC as above	End 2022	5, 6	1.4.1 1.7.1 3.2.9 3.2.10
F3	MATEC's role in relation to the Action Plan and relationship to the rest of the College to be clarified for all committees. Followed by the writing of guidance for distribution across the College. All College committees will be consulted.	MATEC and Board	End 2021	7, 8	1.1.1 1.1.5
F4	Discussion, decision, and alignment of decision-making process at Faculty Council level to ensure Indigenous advice and perspective is integrated into the Faculties' governance structure.	Faculty Councils	End 2022		
F5	Establish baseline number of Māori, Aboriginal, and Torres Strait Islander trainees and Fellows in the College.	Senior Management	Late (Q3) 2022	12	6.2.2
F6	Comprehensive stakeholder mapping exercise to determine who can support implementation of the actions in this plan and how stakeholders can support implementation of actions.	Senior Management and Faculty Councils	Early 2022	10	2.1.3 6.2.3
F7	Development of a comprehensive and detailed communication plan regarding implementation of the Action Plan. This will include who to communicate with, what to communicate, when to communicate, and in which sequence communication should occur. This will include development of consistent messages and celebration of achievements, including social media and website usage.	Senior Management and Faculty Councils	End 2021	16	2.1.3 6.2.3
F8	Develop a Position Statement on the College's renunciation of racism and discrimination and how it must be addressed. This Position Statement to be used as a foundation for the work in this Action Plan alongside the Statement of Intent.	Board with support and advice from MATEC.	End 2022		3.2.9 3.2.10
F9	Use the College's new evaluation framework to ensure consistency, clarity and accountability for this Action Plan. This must include input from Māori, Aboriginal and Torres Strait Islander trainees and Fellows on College services and policies.	Faculty Councils	End 2023	5, 6	1.4.1 1.7.1 3.2.9 3.2.10

5.2 Pillar One: Education

Delivering meaningful education on cultural safety is essential to realising the College's vision for change. Education and training ensure that practitioners learn to reflect and understand the impact their own culture can have on the delivery of services to their patients' health outcomes (AMC, 2015). Evidence-based action is to be prioritised to reflect the positive impacts cultural safety has within the healthcare sector, as well as a focus on how racism is a key determinant of poor health outcomes.

Education is integrated across the spectrum of medical training and any education developed is undertaken within the context of what has gone before and what will come after. A focus on the education already undertaken in these areas while in medical school and while training as a junior doctor is a key to success in this area. While this education will be introduced by the College for all trainees and Fellows, the education must acknowledge their prior, current and future learning journey.

Education on cultural safety must be tailored across the training continuum for medical students, junior doctors, trainees, new Fellows, experienced Fellows and is updated and adapted to accommodate emerging prior learning. This education is not a 'one stop shop' or 'one size fits all'. It is a journey of learning, reflection and discovery. Of note, Fellows involved in training have a dual focus—education and learning about these topics themselves; and education and learning about how to teach these topics as instructors and how to engage with these topics, particularly racism, as supervisors of training and clinical activities.

Furthermore, education should focus on the cultural needs of Aboriginal and Torres Strait Islander and Māori Peoples, and promotion of a holistic model of health that is responsive to and respectful of Indigenous knowledge.

To achieve this, education and training in cultural safety for the College and our members is seen as compulsory, integrated and continuous.

Current College initiatives

- Learning outcomes pertinent to cultural safety and understanding of Māori, Aboriginal and Torres Strait Islander histories, cultures and health are incorporated into enhanced training programs being launched in 2022.
- Training sites are accredited against standards to ensure they are providing appropriate environments for trainees (note: this does not currently include requirements for cultural safety).

Pillar One Actions

No.	Action	Lead	By when	Alignment	
				Ahpra Objectives	AMC standards
1.1	Embed cultural safety training of Directors of Training and other Fellows associated with supervision and education of trainees on site. Include consideration of CPD and modifications to position descriptions to embed the training across time.	CRETC and ROETC with assistance from MATEC (training done via external provider)	End 2022	2	1.4.1 1.6.2 3.2.9 3.2.10
1.2	Review of the learning outcomes for trainees to determine whether the content is aligned with the Statement of Intent and achieves the intended outcomes. This includes a gap analysis of what needs to be adjusted, added or removed in the learning outcomes to ensure alignment with the Statement of Intent and this Action Plan.	CRETC and ROETC with assistance from MATEC	End 2022		1.7.1 3.2.9 3.2.10 8.1.1 8.1.2
1.3	Analysis of training site accreditation standards with revisions to ensure they are culturally safe environments for Māori, Aboriginal and Torres Strait Islander Peoples and trainees, and are operating in alignment with the Statement of Intent. Include measures, such as an effective complaint reporting and resolution process, to ensure that racism is explicitly addressed. This is to ensure patients, trainees or supervisors do not experience racism. This includes supervisor to trainee racism and vice versa. Include training for assessors to understand how to evaluate sites in this respect.	CRETC, ROETC and with assistance from MATEC	End 2022		1.6.2 1.7.1 3.2.9 3.2.10 6.2.1 8.2.1 8.2.2
1.4	Development of a system, underpinned by policy and procedure, that ensures future reviews of the curricula and the development of all new policies include Māori, Aboriginal and Torres Strait Islander perspectives and the contribution of their expertise.	MATEC in collaboration with Faculty Councils, CRETC and ROETC	End 2022		1.7.1 6.1.1
1.5	Embed training and education opportunities for Fellows through existing College processes and events (e.g. ASM).	PPCs in collaboration with relevant committees	End 2022		1.7.1 6.1.1
1.6	Implement new cultural safety training modules for Fellows and review and updating of these over time. Ensure these incorporate learning opportunities to further Fellows' understanding of Aboriginal and Torres Strait Islander health, history and cultures in Australia and Māori health, history and cultures in New Zealand.	PPCs in collaboration with MATEC	End 2022		1.7.1 3.2.9 3.2.10 6.1.1
1.7	Engagement with trainees when updating the training program in areas of cultural safety. Acknowledging that in some areas (e.g. topics of historical trauma) the approach to training may be different for Indigenous and non-Indigenous trainees.	Trainee Committees (CRTC and ROTC)	ongoing		6.1.3 8.1.4 8.1.6
1.8	Consider how to incorporate cultural safety training into Fellows CPD cycle through existing CPD governance and structures to ensure the application of this learning to activities such as patient care, oversight of the care team or trainee supervision. (Must align with 1.6).	PPCs, Faculty Councils in collaboration with MATEC	End 2023	6	1.2.1 1.7.1 9.1.2 9.1.8

No.	Action	Lead	By when	Alignment	
				Ahpra Objectives	AMC standards
1.9	Investigate and include new areas for CPD engagement which contribute to meeting members' CPD requirements (Examples are AIDA, Te ORA and LIME conferences and education events).	PPCs	End 2022		9.1.3 9.1.4 9.1.5 9.1.6 9.1.7
1.10	Ensure Māori, Aboriginal and Torres Strait Islander patient cultural safety is a part of the assessment of IMGs, thereby setting expectations that this is required to practise in Australia or New Zealand Develop specific training for IMGs to assist them to prepare for this updated assessment, aligned with the Statement of Intent. Note that this training will be different for IMGs planning to work in Australia or New Zealand.	IMG Committee, advised by CRETC and ROETC	End 2023		3.2.9 3.2.10
1.11	Review International Medical Graduates (IMG) policy, protocol and procedures to ensure IMGs practising as clinical radiologists and radiation oncologists in Australia and New Zealand are prepared to work in culturally safe environments. This must include training in cultural safety.	IMG Committee, advised by CRETC and ROETC	End 2024		1.2.1 10.1.1 10.1.2 10.2.1
1.12	Review of College policy and procedures to determine whether the College is culturally safe for IMGs and consequent development of actions to remedy culturally unsafe practices.	IMG Committee, advised by CRETC, ROETC and MATEC	End 2024		8.2.2
1.13	Undertake a comprehensive review of the trainee assessment process (including programmatic assessment and examinations) to ensure Māori, Aboriginal and Torres Strait Islander trainees are assessed equitably with their peers. Include examination of cases and activities to ensure no bias or racism is present.	CRETC and ROETC with the guidance of MATEC	End 2023		1.7.1 2.2.1
1.14	Ensure the consistency of messages and approaches in training and CPD remain aligned with the Statement of Intent and goals of this Action Plan. Examination of training and upskilling considers the complete medical training path: from medical student, through intern and residency, College trainees and Fellows.	CRETC and ROETC with guidance from Faculty Councils and MATEC	End 2024		1.7.1 3.4.1
1.15	Review of the training programs policies and guidelines to ensure they support and align with the Statement of Intent and Action Plan.	MATEC, Faculty Councils, CRETC and ROETC	End 2022		1.7.1 3.2.9 3.2.10 6.2.1

5.3 Pillar Two: Networking, Collaboration and Advocacy

Partnership is essential to realising the College's vision for change. Networking, relationship building, and collaboration are key actions to support partnership. This partnership traverses many areas. This vision for change at the College is likely similar to many other organisations, including medical colleges. The College will seek opportunities to take a leadership and advocacy role in this area. Initiatives to realise the actions are able to be shared to advance learning and health outcomes.

Building relationships and partnering with Indigenous health organisations can assist in developing long-term strategies to achieve equitable health and workforce outcomes for Māori, Aboriginal and Torres Strait Islander Peoples. Māori, Aboriginal and Torres Strait Islander approaches to health care, life and knowledge are based in holistic approaches and are translatable across all health care.

Current College initiatives

- The College is an established voice in health care with numerous existing relationships and partnerships to leverage.
- The College has established relations with AIDA and Te Ora and has attended their conferences in recent years to promote training in clinical radiology and radiation oncology.
- The College regularly advocates to governments and can partner with representative bodies for Māori, Aboriginal and Torres Strait Islander Peoples on matters of common interest.

Pillar Two Actions

No.	Action	Lead	By when	Alignment	
				Ahpra Objectives	AMC standards
2.1	Create a forum for interested members of the College to lead change, engage with and discuss topics emerging from the Statement of Intent and the Action Plan.	MATEC and Board and Faculty Councils	End 2022		1.7.1
2.2	Amend accreditation standards and provide guidance for all training sites to include building and maintaining formal links and networks with local Māori, Aboriginal, and Torres Strait Islander communities & groups. For some practices or hospitals, it may be better to appoint a local clinical champion to assist. Increase regional training opportunities for all trainees and explore flexible rotation options for Māori, Aboriginal and Torres Strait islander trainees.	CRETC, ROETC, Network Training Directors (CR) and Training Network Directors (RO)	End 2023	Appendix on Progress	1.6.4 2.1.2 2.2.1 6.2.1 8.2.2
2.3	Assess the nature of outreach engagement of training sites with Indigenous communities and learn from best practice examples. Develop resources to assist all training sites, multidisciplinary teams, hospitals and practices in their engagement with local communities.	CRETC, ROETC and network governance committees. Training Networks (for training sites). SQSC and QIC for other hospitals and practices	End 2023		1.5.1 1.6.4 2.1.2 3.2.9
2.4	Review currently available consumer resources in clinical radiology and radiation oncology to determine the appropriateness and accessibility of resources for Māori, Aboriginal and Torres Strait Islander audiences.	Inside Radiology Editorial Board and Targeting Cancer Management Committee			1.5.1 1.6.4 2.2.1
2.5	Produce meaningful displays within the physical environment of the College to celebrate successes and further educate and inform.	CEO and Board	End 2022	15	

No.	Action	Lead	By when	Alignment	
				Ahpra Objectives	AMC standards
2.6	Development and implementation of an educational module which informs trainees and Fellows how to access, integrate and work with Aboriginal, Torres Strait Islander or Māori liaison officers and health workers, and the purposes of their role. This to include education on the role of ACCHOs and Kaitakawaenga Māori in care and service delivery. Aboriginal Community Controlled Health Organisation: *a primary health care service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive, and culturally appropriate health care to the community which controls it, through a locally elected Board of Management.*	MATEC, CRETC, ROETC and PPCs	Mid 2023		1.4.1 1.4.2 2.1.2 3.2.9 3.2.10
2.7	RANZCR will partner with the representative bodies for Māori, Aboriginal and Torres Strait Islander Peoples to advocate for shared priorities in relation to health care and service delivery.	Faculty Councils	ongoing		1.6.4
2.8	Revision of standards for practices and hospitals to include cultural safety and understanding that it is essential to excellent clinical practice. This includes clinical radiologists and radiation oncologists having a leadership role in ensuring competent cultural safety is embedded within competent clinical care. This is about embedding patient safety through leadership in the clinical space. Specific feedback should be sought from Indigenous members of the healthcare teams. Once the new practice standards are developed, RANZCR to liaise with IANZ and the DIAS Advisory Committee regarding their application to their respective accreditation schemes.	SQSC, QIC and Faculty Councils in collaboration with MATEC. Peak Imaging Coalition and RO Alliance	End 2022	17	1.7.1 2.1.1 2.1.2 3.2.9 3.2.10 6.2.1 8.2.2
2.9	Provide guidance for practices and hospitals on how to integrate service delivery between their facilities and Māori, Aboriginal and Torres Strait Islander communities. Acknowledging there would be different models for clinical radiology and for radiation oncology due to the different relationships with patients.	Faculty Councils with SQSC and QIC Peak Imaging Coalition RO Alliance	End 2023		2.1.2
2.10	Inclusion of topics related to the Statement of Intent and the Action Plan at Annual Scientific Meetings and related conferences to educate and engage with partners and stakeholders. Develop a plan for inclusion over the next 3 years.	MATEC, CEO, and ASM organising committees	ongoing	15	6.2.3

5.4 Pillar Three: Selection of Trainees

Increasing the number of Māori, Aboriginal and Torres Strait Islander trainees will contribute directly to progress towards equity in health and workforce outcomes. Cultural safety should be understood as essential to the success of this pillar, as it will address the intrapersonal, institutional and systemic racism which hinder Indigenous trainees' likelihood of success and retention.

RANZCR has initiatives designed to grow and better distribute the regional and rural workforce which need to dovetail with considerations regarding growth of Māori, Aboriginal and Torres Strait Islander Workforce. That regional workforce will also play a critical role in improving access to services by Indigenous patients.

Current College initiatives

- The College's Annual Indigenous Scholarship was established.
- The College participated in AIDA's 2021 Growing Our Fellows event.
- The College participates in the Interdisciplinary Māori Advisory Group (IMAG) hui (the CMC Te ORA cultural competency group).
- The College participates in Leaders in Indigenous Medical Education (LIME) Network Workshops.

Pillar Three Actions

No.	Action	Lead	By when	Alignment	
				Ahpra Objectives	AMC standards
3.1	Acknowledgement in writing and speech that the first step to effective selection and retention of Māori, Aboriginal, and Torres Strait Islander individuals is to ensure that the College and the workplaces of trainees and Fellows are culturally safe. The achievement of this is supported by completion of the actions in this document and fulfilling the Statement of Intent however it is important to make explicit statements.	CEO, Board, and MATEC	Sept 2021		
3.2	Review of current and planned selection processes to ensure Māori, Aboriginal and Torres Strait Islander candidates are able to equitably participate in the process alongside their peers.	CRETC and ROETC with guidance and outcome monitoring from MATEC	End 2022	9	1.3.1 5.2.3 5.4.1 5.4.2
3.3	Implement criteria for candidates for training positions to demonstrate an understanding of Māori, Aboriginal and Torres Strait Islander health and equity.	CRETC, ROETC and Training Networks	End 2022 (ready to implement in 2023)	12	6.2.1 6.2.2
3.4	Design and implement a new recruitment strategy that targets candidates who are Māori, Aboriginal, and Torres Strait Islander within the overall recruitment campaign	CEO, Board, Faculty Councils, CRETC and ROETC	End 2022 (ready to implement in 2023)	9	2.2.1 7.1.1 7.4.2 7.1.3
3.5	Review of Annual Indigenous Scholarship in light of Statement of Intent and Action Plan.	Board and MATEC	End 2022		7.4.1 7.4.2
3.6	Examine and determine the role of Māori, Aboriginal, and Torres Strait Islander Fellows on the interview panels for Māori, Aboriginal, and Torres Strait Islander candidates.	CRETC and ROETC	End 2023 (ready for		7.1.3 8.1.5 8.1.6
3.7	Training on minimising the application of unconscious/ implicit bias for those who sit on Selection Panels.	CRETC and ROETC	End 2023 (ready for		7.1.3

No.	Action	Lead	By when	Alignment	
				Ahpra Objectives	AMC standards
3.8	Review the best practice of other medical colleges in the selection processes of Māori, Aboriginal, and Torres Strait Islander candidates (supporting Action 3.2).	CRETC and ROETC	Mid 2023		1.4.2
3.9	Introduce minimum benchmarks for the number of Māori, Aboriginal, and Torres Strait Islander trainees. Liaise with state governments, relevant bodies in New Zealand and the other decision-making groups about the number of clinical radiology and radiation oncology training placements available in the state to enable the establishment of these benchmarks (supporting Action 3.2).	Board and Faculty Councils with guidance from MATEC	In readiness for 2024 intake	8,9,10	1.6.1 2.2.1 7.1.3
3.10	Develop tools and resources to assist networks in reviewing, updating and strengthening their selection and retention processes.	CRETC and ROETC	In readiness for 2024 intake		1.5.1 7.1.3 7.4.1 7.4.2
3.11	Offer free registrations to Annual Scientific Meetings to selected individuals who meet pre-determined criteria (to be developed). Complimentary passes may be provided for Australian and New Zealand conferences.	ASM Committee	By Jun 2022 ready for 2022 ASMs (passes available in 2021 also)		

5.5 Pillar Four: Mentorship

Supporting Māori, Aboriginal and Torres Strait Islander trainees, Educational Affiliates and Fellows is essential to ensuring that the work carried out by the College results in positive structural change. These actions support the integrity and meaning of the change process. They represent the work that must be done within the College to support Māori, Aboriginal and Torres Strait Islander Peoples. These actions should be further built upon and developed through continuous engagement with Indigenous trainees, Educational Affiliates and Fellows.

The success of this pillar depends greatly on the strength of pillars one to three, as it is through an educated, culturally safe and connected workforce that these initiatives can thrive.

Current College initiative

- The Faculty of Radiation Oncology has established a general mentorship program, currently being piloted in 2021.

Pillar Four Actions

No.	Action	Lead	By when	Alignment	
				Ahpra Objectives	AMC standards
4.1	Promotion of ethical research in Indigenous Health. Developing a detailed research agenda with targets. This includes a review of the College's Indigenous Research Prize in light of the Statement of Intent.	Research Committees (CRRC and RORC)	End 2022	12	2.1.2
4.2	Provide practical support and resourcing of, and freedom for Māori, Aboriginal, and Torres Strait Islander members to engage critically in the change process, and to actively contribute to advancing towards equitable health and workforce outcomes.	Board, CEO and MATEC	End 2021		6.1.2 6.1.3 8.1.4
4.3	Formalise links with AIDA and Te Ora to support trainees and Fellows who are Māori, Aboriginal, and Torres Strait Islander. (Connected to Pillar 2).	MATEC	ongoing	Appendix Progress	1.6.4 8.2.3
4.4	Development of mentoring programs for Māori, Aboriginal, and Torres Strait Islander trainees and Fellows. Consider how the program will engage with individuals at specific points in their learning journey (for example at the stages of exams, Fellowship, retirement)	Faculty Councils	End 2023		7.2.1 7.4.1 7.4.2 8.1.1
4.5	Commission an external body to undertake an investigative project interviewing existing Māori, Aboriginal, and Torres Strait Islander trainees and Fellows to learn of their experiences – what is and is not working from the Action Plan – and create better outcomes in future engagements. This body will not to be associated with the progression or registration of trainees or Fellows.	Board	End 2024		7.5.1 7.5.2
4.6	Rely on Indigenous-led methods of Identification of Māori, Aboriginal, and Torres Strait Islander Peoples.	Board and Executive	End 2022		
4.7	Survey among membership, how many are interested in and do work in Indigenous health and work with Māori, Aboriginal and Torres Strait Islander individuals. Survey to be used to ascertain whether they are Indigenous or non-Indigenous allies willing to support and mentor Indigenous trainees.	Faculty Councils	End 2022		

6. GOVERNANCE

The oversight of the delivery of actions in this plan is the responsibility of the Board and Faculty Councils, advised by MATEC. MATEC will provide regular reports to the Board and Councils on the achievement of actions. Where follow-up with bodies within the College is required, this will be the responsibility of the Board and Councils.

With this governance structure in place, implementation of each action will be led by a particular body within the College and it is this body that will be accountable for delivery of that action.

6.1 Targets and measurable goals

An implementation tracker will be devised with a chronological listing of all actions and completion dates.

Some specific actions may require the development of their own targets or specific indicators of the outcomes and whether the original intent has been met and/or delivered.

6.2 Implementation

From this Action Plan, each Faculty or committee will incorporate these activities into their annual work plans for the coming years. Those actions which span more than one committee must involve ongoing dialogue between committee chairs to ensure that the relative roles of each committee are understood and the activities progress.

Some actions may be grouped by the Board or Council —e.g. those associated with selection—and an implementation framework (or operational plan) put in place with the bodies that will complete them. In the process of aligning these steps to this Action Plan, there will be opportunities to directly align with the College's Strategic Plan.

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8. APPENDICES

8.1 Consultation with Stakeholders and RANZCR Membership

A broad range of stakeholders were contacted for feedback, particularly, Māori, Aboriginal and Torres Strait Islander health organisations and other healthcare stakeholders that RANZCR works with on a regular basis.

The stakeholders who responded to the consultation are (in alphabetical order):

- 18 RANZCR Members/Committees
- A Māori Radiation Therapist
- Australian Diagnostic Imaging Association Australian Indigenous Doctor's Association Australian Medical Association
- Australian Society of Medical Imaging and Radiation Therapy
- Australasian Association of Nuclear Medicine Specialists
- Australasian Society for Ultrasound in Medicine Māori Health Advisory Group at The Royal Australasian College of Surgeons
- Medical Council of New Zealand
- Medical Oncology Group of Australia
- National Aboriginal Community Controlled Health Organisation
- Prostate Cancer Foundation of Australia Radiation Therapy Advisory Group
- The Australasian College of Emergency Medicine
- The LIME Network
- The Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- The Royal Australian and New Zealand College of Psychiatrists
- The Royal Australasian College of Medical Administrators
- The Royal Australasian College of Surgeons
- The Royal New Zealand College of General Practitioners

8.2 Australian Medical Council (AMC) Standards

The AMC develops accreditation standards for specialist medical training programs and their education providers. The Medical Board of Australia approves accreditation standards for the medical profession. The AMC uses these accreditation standards to assess medical programs for accreditation and uses the standards in monitoring accredited programs and providers. The standards are listed below using the numbering system referenced in this Action Plan. The latest version of the AMC document, with all notes, is found here.

Standard 1. The context of training and education

1.1 Governance

1.1.1 The education provider's corporate governance structures are appropriate for the delivery of specialist medical programs, assessment of specialist international medical graduates and continuing professional development programs.

1.1.2 The education provider has structures and procedures for oversight of training and education functions which are understood by those delivering these functions. The governance structures should encompass the provider's relationships with internal units and external training providers where relevant.

1.1.3 The education provider's governance structures set out the composition, terms of reference, delegations and reporting relationships of each entity that contributes to governance, and allow all relevant groups to be represented in decision-making.

1.1.4 The education provider's governance structures give appropriate priority to its educational role relative to other activities, and this role is defined in relation to its corporate governance.

1.1.5 The education provider collaborates with relevant groups on key issues relating to its purpose, training and education functions, and educational governance.

1.1.6 The education provider has developed and follows procedures for identifying, managing and recording conflicts of interest in its training and education functions, governance and decision-making.

1.2 Program management

1.2.1 The education provider has structures with the responsibility, authority and capacity to direct the following key functions:

- planning, implementing and evaluating the specialist medical program(s) and curriculum, and setting relevant policy and procedures
- setting and implementing policy on continuing professional development and evaluating the effectiveness of continuing professional development activities
- setting, implementing and evaluating policy and procedures relating to the assessment of specialist international medical graduates
- certifying successful completion of the training and education programs.

1.3 Reconsideration, review and appeals processes

1.3.1 The education provider has reconsideration, review and appeals processes that provide for impartial review of decisions related to training and education functions. It makes information about these processes publicly available.

1.3.2 The education provider has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.

1.4 Educational expertise and exchange

1.4.1 The education provider uses educational expertise in the development, management and continuous improvement of its training and education functions.

1.4.2 The education provider collaborates with other educational institutions and compares its curriculum, specialist medical program and assessment with that of other relevant programs.

1.5 Educational resources

1.5.1 The education provider has the resources and management capacity to sustain and, where appropriate, deliver its training and education functions.

1.5.2 The education provider's training and education functions are supported by sufficient administrative and technical staff.

1.6 Interaction with the health sector

1.6.1 The education provider seeks to maintain effective relationships with health-related sectors of society and government, and relevant organisations and communities to promote the training, education and continuing professional development of medical specialists.

1.6.2 The education provider works with training sites to enable clinicians to contribute to high-quality teaching and supervision, and to foster professional development.

1.6.3 The education provider works with training sites and jurisdictions on matters of mutual interest.

1.6.4 The education provider has effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector to support specialist training and education.

1.7 Continuous renewal

1.7.1 The education provider regularly reviews its structures and functions for and resource allocation to training and education functions to meet changing needs and evolving best practice.

Standard 2. The outcomes of specialist training and education

2.1 Educational purpose

2.1.1 The education provider has defined its educational purpose which includes setting and promoting high standards of training, education, assessment, professional and medical practice, and continuing professional development, within the context of its community responsibilities.

2.1.2 The education provider's purpose addresses Aboriginal and Torres Strait Islander peoples of Australia and/or Māori of New Zealand and their health.

2.1.3 In defining its educational purpose, the education provider has consulted internal and external stakeholders.

2.2 Program outcomes Accreditation standards

2.2.1 The education provider develops and maintains a set of program outcomes for each of its specialist medical programs, including any subspecialty programs that take account of community needs, and medical and health practice. The provider relates its training and education functions to the health care needs of the communities it serves.

2.2.2 The program outcomes are based on the role of the specialty and/or field of specialty practice and the role of the specialist in the delivery of health care.

2.3 Graduate outcomes

2.3.1 The education provider has defined graduate outcomes for each of its specialist medical programs including any subspecialty programs. These outcomes are based on the field of specialty practice and the specialists' role in the delivery of health care and describe the attributes and competencies required by the specialist in this role. The education provider makes information on graduate outcomes publicly available.

Standard 3. The specialist medical training and education framework

3.1 Curriculum framework

3.1.1 For each of its specialist medical programs, the education provider has a framework for the curriculum organised according to the defined program and graduate outcomes. The framework is publicly available.

3.2 The content of the curriculum

3.2.1 The curriculum content aligns with all of the specialist medical program and graduate outcomes.

3.2.2 The curriculum includes the scientific foundations of the specialty to develop skills in evidence-based practice and the scholarly development and maintenance of specialist knowledge.

3.2.3 The curriculum builds on communication, clinical, diagnostic, management and procedural skills to enable safe patient care.

3.2.4 The curriculum prepares specialists to protect and advance the health and wellbeing of individuals through patient-centred and goal-orientated care. This practice advances the wellbeing of communities and populations, and demonstrates recognition of the shared role of the patient/carer in clinical decision-making.

3.2.5 The curriculum prepares specialists for their ongoing roles as professionals and leaders.

3.2.6 The curriculum prepares specialists to contribute to the effectiveness and efficiency of the health care system, through knowledge and understanding of the issues associated with the delivery of safe, high-quality and cost-effective health care across a range of health settings within the Australian and/or New Zealand health systems.

3.2.7 The curriculum prepares specialists for the role of teacher and supervisor of students, junior medical staff, trainees, and other health professionals.

3.2.8 The curriculum includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, so that all trainees are research literate. The program encourages trainees to participate in research. Appropriate candidates can enter research training during specialist medical training and receive appropriate credit towards completion of specialist training.

3.2.9 The curriculum develops a substantive understanding of Aboriginal and Torres Strait Islander health, history and cultures in Australia and Māori health, history and cultures in New Zealand as relevant to the specialty(s).

3.2.10 The curriculum develops an understanding of the relationship between culture and health. Specialists are expected to be aware of their own cultural values and beliefs, and to be able to interact with people in a manner appropriate to that person's culture.

3.3 Continuum of training, education and practice

3.3.1 There is evidence of purposeful curriculum design which demonstrates horizontal and vertical integration, and articulation with prior and subsequent phases of training and practice, including continuing professional development.

3.3.2 The specialist medical program allows for recognition of prior learning and appropriate credit towards completion of the program.

3.4 Structure of the curriculum

3.4.1 The curriculum articulates what is expected of trainees at each stage of the specialist medical program.

3.4.2 The duration of the specialist medical program relates to the optimal time required to achieve the program and graduate outcomes. The duration is able to be altered in a flexible manner according to the trainee's ability to achieve those outcomes.

3.4.3 The specialist medical program allows for part-time, interrupted and other flexible forms of training.

3.4.4 The specialist medical program provides flexibility for trainees to pursue studies of choice that promote breadth and diversity of experience, consistent with the defined outcomes.

Standard 4. Teaching and learning

4.1 Teaching and learning approach

4.1.1 The specialist medical program employs a range of teaching and learning approaches, mapped to the curriculum content to meet the program and graduate outcomes.

4.2 Teaching and learning methods

4.2.1 The training is practice-based, involving the trainees' personal participation in appropriate aspects of health service, including supervised direct patient care, where relevant.

4.2.2 The specialist medical program includes appropriate adjuncts to learning in a clinical setting.

4.2.3 The specialist medical program encourages trainee learning through a range of teaching and learning methods including, but not limited to: self-directed learning; peer-to-peer learning; role modelling; and working with interdisciplinary and interprofessional teams.

4.2.4 The training and education process facilitates trainees' development of an increasing degree of independent responsibility as skills, knowledge and experience grow.

Standard 5. Assessment of learning

5.1 Assessment approach

5.1.1 The education provider has a program of assessment aligned to the outcomes and curriculum of the specialist medical program which enables progressive judgements to be made about trainees' preparedness for specialist practice.

5.1.2 The education provider clearly documents its assessment and completion requirements. All documents explaining these requirements are accessible to all staff, supervisors and trainees.

5.1.3 The education provider has policies relating to special consideration in assessment.

5.2 Assessment methods

5.2.1 The assessment program contains a range of methods that are fit for purpose and include assessment of trainee performance in the workplace.

5.2.2 The education provider has a blueprint to guide assessment through each stage of the specialist medical program.

5.2.3 The education provider uses valid methods of standard setting for determining passing scores.

5.3 Performance feedback

5.3.1 The education provider facilitates regular and timely feedback to trainees on performance to guide learning.

5.3.2 The education provider informs its supervisors of the assessment performance of the trainees for whom they are responsible.

5.3.3 The education provider has processes for early identification of trainees who are not meeting the outcomes of the specialist medical program and implements appropriate measures in response.

5.3.4 The education provider has procedures to inform employers and, where appropriate, the regulators, where patient safety concerns arise in assessment.

5.4 Assessment quality

5.4.1 The education provider regularly reviews the quality, consistency and fairness of assessment methods, their educational impact and their feasibility. The provider introduces new methods where required.

5.4.2 The education provider maintains comparability in the scope and application of the assessment practices and standards across its training sites.

Standard 6. Monitoring and evaluation

6.1 Monitoring

6.1.1 The education provider regularly reviews its training and education programs. Its review processes address curriculum content, teaching and learning, supervision, assessment and trainee progress.

6.1.2 Supervisors contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses supervisor feedback in the monitoring process.

6.1.3 Trainees contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses their confidential feedback on the quality of supervision, training and clinical experience in the monitoring process. Trainee feedback is specifically sought on proposed changes to the specialist medical program to ensure that existing trainees are not unfairly disadvantaged by such changes.

6.2 Evaluation

6.2.1 The education provider develops standards against which its program and graduate outcomes are evaluated. These program and graduate outcomes incorporate the needs of both graduates and stakeholders and reflect community needs, and medical and health practice.

6.2.2 The education provider collects, maintains and analyses both qualitative and quantitative data on its program and graduate outcomes.

6.2.3 Stakeholders contribute to evaluation of program and graduate outcomes.

6.3 Feedback, reporting and action

6.3.1 The education provider reports the results of monitoring and evaluation through its governance and administrative structures.

6.3.2 The education provider makes evaluation results available to stakeholders with an interest in program and graduate outcomes, and considers their views in continuous renewal of its program(s).

6.3.3 The education provider manages concerns about, or risks to, the quality of any aspect of its training and education programs effectively and in a timely manner.

Standard 7. Trainees

7.1 Admission policy and selection

7.1.1 The education provider has clear, documented selection policies and principles that can be implemented and sustained in practice. The policies and principles support merit based selection, can be consistently applied and prevent discrimination and bias.

7.1.2 The processes for selection into the specialist medical program:

- use the published criteria and weightings (if relevant) based on the education provider's selection principles
- are evaluated with respect to validity, reliability and feasibility
- are transparent, rigorous and fair
- are capable of standing up to external scrutiny
- include a process for formal review of decisions in relation to selection which is outlined to candidates prior to the selection process.

7.1.3 The education provider supports increased recruitment and selection of Aboriginal and Torres Strait Islander and/or Māori trainees.

7.1.4 The education provider publishes the mandatory requirements of the specialist medical program, such as periods of rural training, and/or for rotation through a range of training sites so that trainees are aware of these requirements prior to selection. The criteria and process for seeking exemption from such requirements are made clear.

7.1.5 The education provider monitors the consistent application of selection policies across training sites and/or regions.

7.2 Trainee participation in education provider governance

7.2.1 The education provider has formal processes and structures that facilitate and support the involvement of trainees in the governance of their training.

7.3 Communication with trainees

7.3.1 The education provider has mechanisms to inform trainees in a timely manner about the activities of its decision-making structures, in addition to communication from the trainee organisation or trainee representatives.

7.3.2 The education provider provides clear and easily accessible information about the specialist medical program(s), costs and requirements, and any proposed changes.

7.3.3 The education provider provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.

7.4 Trainee wellbeing

7.4.1 The education provider promotes strategies to enable a supportive learning environment.

7.4.2 The education provider collaborates with other stakeholders, especially employers, to identify and support trainees who are experiencing personal and/or professional difficulties that may affect their training. It publishes information on the services available.

7.5 Resolution of training problems and disputes

7.5.1 The education provider supports trainees in addressing problems with training supervision and requirements, and other professional issues. The education provider's processes are transparent and timely, and safe and confidential for trainees.

7.5.2 The education provider has clear impartial pathways for timely resolution of professional and/or training-related disputes between trainees and supervisors or trainees and the education provider.

Standard 8. Implementing the program – delivery of education and accreditation of training sites

8.1 Supervisory and educational roles

8.1.1 The education provider ensures that there is an effective system of clinical supervision to support trainees to achieve the program and graduate outcomes.

8.1.2 The education provider has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the specialist medical program and the responsibilities of the education provider to these practitioners. It communicates its program and graduate outcomes to these practitioners.

8.1.3 The education provider selects supervisors who have demonstrated appropriate capability for this role. It facilitates the training, support and professional development of supervisors.

8.1.4 The education provider routinely evaluates supervisor effectiveness including feedback from trainees.

8.1.5 The education provider selects assessors in written, oral and performance-based assessments who have demonstrated appropriate capabilities for this role. It provides training, support and professional development opportunities relevant to this educational role.

8.1.6 The education provider routinely evaluates the effectiveness of its assessors including feedback from trainees.

8.2.1 The education provider has a clear process and criteria to assess, accredit and monitor facilities and posts as training sites. The education provider:
- applies its published accreditation criteria when assessing, accrediting and monitoring training sites
- makes publicly available the accreditation criteria and the accreditation procedures
- is transparent and consistent in applying the accreditation process.

8.2.2 The education provider's criteria for accreditation of training sites link to the outcomes of the specialist medical program and:
- promote the health, welfare and interests of trainees
- ensure trainees receive the supervision and opportunities to develop the appropriate knowledge and skills to deliver high-quality and safe patient care, in a culturally safe manner
- support training and education opportunities in diverse settings aligned to the curriculum requirements including rural and regional locations, and settings which provide experience of the provisions of health care to Aboriginal and Torres Strait Islander peoples in Australia and/or Māori in New Zealand
- ensure trainees have access to educational resources, including information communication technology applications, required to facilitate their learning in the clinical environment.

8.2.3 The education provider works with jurisdictions, as well as the private health system, to effectively use the capacity of the health care system for work-based training, and to give trainees experience of the breadth of the discipline.

8.2.4 The education provider actively engages with other education providers to support common accreditation approaches and sharing of relevant information.

Standard 9.
Continuing professional development, further training and remediation

9.1 Continuing professional development

9.1.1 The education provider publishes its requirements for the continuing professional development (CPD) of specialists practising in its specialty(s).

9.1.2 The education provider determines its requirements in consultation with stakeholders and designs its requirements to meet Medical Board of Australia and Medical Council of New Zealand requirements.

9.1.3 The education provider's CPD requirements define the required participation in activities that maintain, develop, update and enhance the knowledge, skills and performance required for safe and appropriate contemporary practice in the relevant specialty(s), including for cultural competence, professionalism and ethics.

9.1.4 The education provider requires participants to select CPD activities relevant to their learning needs, based on their current and intended scope of practice within the specialty(s). The education provider requires specialists to complete a cycle of planning and self-evaluation of learning goals and achievements.

9.1.5 The education provider provides a CPD program(s) and a range of educational activities that are available to all specialists in the specialty(s).

9.1.6 The education provider's criteria for assessing and crediting educational and scholarly activities for the purposes of its CPD program(s) are based on educational quality. The criteria for assessing and crediting practice-reflective elements are based on the governance, implementation and evaluation of these activities.

9.1.7 The education provider provides a system for participants to document their CPD activity. It gives guidance to participants on the records to be retained and the retention period.

9.1.8 The education provider monitors participation in its CPD program(s) and regularly audits CPD program participant records. It counsels participants who fail to meet CPD cycle requirements and takes appropriate action.

9.2 Further training of individual specialists

9.2.1 The education provider has processes to respond to requests for further training of individual specialists in its specialty(s)

9.3 Remediation

9.3.1 The education provider has processes to respond to requests for remediation of specialists in its specialty(s) who have been identified as underperforming in a particular area.

Standard 10.
Assessment of specialist international medical graduates

10.1 Assessment framework

10.1.1 The education provider's process for assessment of specialist international medical graduates is designed to satisfy the guidelines of the Medical Board of Australia and the Medical Council of New Zealand.

10.1.2 The education provider bases its assessment of the comparability of specialist international medical graduates to an Australian- or New Zealand- trained specialist in the same field of practice on the specialist medical program outcomes.

10.1.3 The education provider documents and publishes the requirements and procedures for all phases of the assessment process, such as paper-based assessment, interview, supervision, examination and appeals.

10.2 Assessment methods

10.2.1 The methods of assessment of specialist international medical graduates are fit for purpose.

10.2.2 The education provider has procedures to inform employers, and where appropriate the regulators, where patient safety concerns arise in assessment.

10.3 Assessment decision

10.3.1 The education provider makes an assessment decision in line with the requirements of the assessment pathway.

10.3.2 The education provider grants exemption or credit to specialist international medical graduates towards completion of requirements based on the specialist medical program outcomes.

10.3.3 The education provider clearly documents any additional requirements such as peer review, supervised practice, assessment or formal examination and timelines for completing them.

10.3.4 The education provider communicates the assessment outcomes to the applicant and the registration authority in a timely manner.

10.4 Communication with specialist international medical graduate applicants

10.4.1 The education provider provides clear and easily accessible information about the assessment requirements and fees, and any proposed changes to them.

10.4.2 The education provider provides timely and correct information to specialist international medical graduates about their progress through the assessment process.

8.3 Australian Health Practitioner Regulation Authority Objectives

This Action Plan references the objectives of the National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025. While this applies to Australia, the work in developing this strategy included history and learning from New Zealand and as such is pertinent to the approach in New Zealand.

Cultural Safety

1. Ensure a consistent definition of 'Aboriginal and Torres Strait Islander health' and 'cultural safety' is adopted across the National Scheme
2. Ensure consistency for Aboriginal and Torres Strait Islander health and cultural safety in education and training standards and accreditation guidelines
3. Ensure consistency for cultural safety in health professions codes of conduct
4. Recommend and advocate change to the National Law to ensure consistency in cultural safety for Aboriginal and Torres Strait Islander Peoples
5. Implement cultural safety training for Ahpra staff, Agency Management Committee, National, State, Territory and Regional board
6. Develop a Continuous Professional Development (CPD) and upskilling strategy for the registered health workforce

Increased Participation

7. Governance – Agency Management Committee
8. Governance – Boards and Accrediting Authorities
9. Strengthen the participation of Aboriginal and Torres Strait Islander health professionals in the National Scheme
10. Ensure stakeholder engagement
11. Upgrade the Reconciliation Action Plan (RAP)
12. Improve data quality
13. Develop and implement a five-year Ahpra Aboriginal and Torres Strait Islander Employment Strategy

Greater Access

14. Monitor and report patient safety and notifications
15. Develop and implement a community education campaign
16. Develop and implement a communications strategy

Influence

17. Ensure alignment and consistency with other standards in services and employment
18. Implement a program of thought leadership symposia
19. Convene a national summit on Aboriginal and Torres Strait Islander health workforce

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