



From the President

11 November 2016

Ms J Radcliffe
Secretary
Senate Community Affairs References Committee
Parliament House
Canberra ACT 2600
Via email: community.affairs.sen@aph.gov.au

Dear Ms Radcliffe

**RE: Inquiry into the medical complaints process in Australia –
Question: 1; Hansard page reference: 51**

I write in response to questions raised by the Senate Community Affairs References Committee's ("the Committee") public hearing held in Sydney on Tuesday 1 November 2016.

The College considers withdrawal from training a serious matter and as such has a formal process in place to record and evaluate applications received from trainees wishing to withdraw from training.

To formally withdraw from a training program, trainees are required to complete an 'Application for Withdrawal' form. This applies to both basic and advanced training programs. Trainees are asked to summarise the reasons for withdrawal and submit these to the College for processing.

Each application is assessed and recorded in the College administration system, including the reason for withdrawal. In our experience, there are often multiple factors that contribute to a trainee's decision to withdraw from training. Depending on the reasons for withdrawal follow up action is taken, if required.

In instances where the trainee has included a reference to bullying and harassment, a College staff member contacts the trainee to offer support and seek further information regarding the matter.

At the present time, the College does not routinely report on the number of trainees who discontinue training due to bullying or harassment. Additional time would be required to generate such a report. However, based on the experience of the College staff who manage trainee reports, we believe this to be a small number.

More recently, and with the establishment of the Training Support Unit (the unit), complaints of this nature have been referred to the unit who work closely with the basic and advanced training teams to provide support and advice to the trainee.

I trust this information is helpful to you and the Committee.

Yours sincerely

Dr Catherine Yelland PSM



The Royal Australasian
College of Physicians

Application for Withdrawal from Advanced Training

Important Information

This form is for use by trainees:

- who wish to withdraw from Advanced Training in a particular specialty training program or
- who wish to withdraw completely from Advanced Training.

You are advised to retain a copy of the completed form for your records.

Before you complete this form

Please ensure you have read and familiarised yourself with the following:

- The relevant [Advanced Training Program Requirements Handbook](#)
- [Flexible Training Policy](#)
- [Progression through Training Policy](#)

Privacy Legislation

The College complies with the requirements of the national Privacy Act 1988 (Cwlth) (Australia) and the Privacy Act 1993 (New Zealand) and has adopted the Australian National Privacy Principles as the guidelines for ensuring the protection of personal information in its care. This policy applies to all personal information collected, stored, used and disclosed by the College. Further details can be found [here](#).

Enquiries & Application Submission

Australian Office	New Zealand Office
Enquiries: Phone: +61 2 9256 5445 Email: AdvancedTraining@racp.edu.au Please send applications to: Education Services The Royal Australasian College of Physicians 145 Macquarie Street SYDNEY NSW 2000 AUSTRALIA	Enquiries: Phone: +64 4 472 6713 Email: AdvancedTraining@racp.org.nz Please send applications to: Advanced Training The Royal Australasian College of Physicians P.O. Box 10 601 WELLINGTON 6143 NEW ZEALAND

Faxed or emailed applications will not be accepted by the Australian office

Pre-Submission Application Checklist

✓ if completed	
<input type="checkbox"/>	I have read the important information on the front of this form.
<input type="checkbox"/>	I have signed this form on page 2. VERY IMPORTANT!
<input type="checkbox"/>	I have made a copy of the completed application form for my personal records.
<input type="checkbox"/>	I have sent the original of the completed application form to the College. Faxed or emailed forms are not accepted by the Australian office.

Notification of Receipt

Once your application has been considered, you will be notified that the application has been received and processed.



Application for Withdrawal from Advanced Training

1. PERSONAL DETAILS

Full Name of Trainee			
	SURNAME / FAMILY NAME		GIVEN / FIRST NAME (S)
Postal Address			
Phone (H)		Phone (W)	
E-mail		Mobile	
Member ID No (MIN)		(Leave blank if MIN not known)	
Member Identification Number (MIN)		(If you don't know your MIN, please leave blank)	
Specialty Training Program(s) currently enrolled in			

2. WITHDRAWAL FROM TRAINING

I wish to withdraw from:

☐ The following specialty training program

(only complete this section if you will continue in another specialty training program)

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OR

☐ RACP Advanced Training

For reporting and evaluation purposes, please summarise your reason(s) for withdrawal:

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3. TRAINEE DECLARATION

☐ I have familiarised myself with the requirements of the *Progression through Training* and *Flexible Training* policies.

Trainee's Signature:

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Date:

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