

## **ENTRY CRITERIA**

#### **Summary of proposed changes**

No proposed changes

#### CURRENT REQUIREMENT

Prospective trainees must:

- have completed RACP Basic Training, including the Written and Clinical Examinations
- hold a current medical registration
- have been appointed to an appropriate Advanced Training position

# PROPOSED REQUIREMENT

Prospective trainees must:

- have completed RACP Basic Training, including the Written and Clinical Examinations.
- hold a General medical registration with the Medical Board of Australia if applying in Australia, or a medical registration with a general scope of practice with the Medical Council of New Zealand and a practising certificate if applying in Aotearoa New Zealand.
- have been appointed to an appropriate Advanced Training position.

## PROFESSIONAL EXPERIENCE

#### **Summary of proposed changes**

- Change in the number of endocrine clinics required within training rotations:
  - number of clinics required in Required Clinical Year (RCY) rotations unchanged
  - number of clinics required in Core clinical rotations decreased to 3 per week (outpatient only) or 2 per week and an inpatient load.
  - number of clinics required in supplementary rotations increased to 2 per week.

#### CURRENT REQUIREMENT

Complete **36 months** of certified training time, including:

- 12 months in an accredited RCY training position, attending a minimum of 4 outpatient endocrine clinics per week
- 12 months minimum in an accredited Core clinical training position attending a minimum of 4 endocrine outpatient clinics or 3 endocrine outpatient clinics per week and an inpatient load with equivalent workload of one outpatient clinic per week
- 12 months maximum of non-core training can be undertaken in other disciplines or in research with:
  - attendance at 1 endocrine clinic session per week is mandatory, with 2 clinics (endocrine and diabetes) recommended.

### PROPOSED NEW REQUIREMENT

Complete at least 36 months of relevant professional experience, including:

- 12 months in an accredited RCY training position, attending a minimum of 4 outpatient endocrine clinics per week
- 12 months minimum in an accredited Core clinical training position, attending a minimum of 3 endocrine outpatient clinics or 2 endocrine outpatient clinics per week and an inpatient load with equivalent workload of one outpatient clinic per week
- 12 months maximum in an approved supplementary training position, attending a minimum of 2 endocrine outpatient clinics per week

# LOCATION OF TRAINING

#### **Summary of proposed changes**

 Number of accredited training settings required increased from one to two for Australian Trainees.

#### CURRENT REQUIREMENT

- Recommended that training is completed at more than 1 training site.
- Complete at least 24 months of training in Australia and/or Aotearoa New Zealand.

# PROPOSED NEW REQUIREMENT

- Australian trainees are required to complete training in at least 2 different accredited training settings.
- Aotearoa New Zealand trainees are recommended to complete training in at least 2 different accredited training settings.
- Complete at least 24 months of training in Australia and/or Aotearoa New Zealand.



# **LEARNING PROGRAM**

#### **Summary of proposed changes**

 Learning Needs Analysis replaced with new Learning Plan tool which will be common across all Advanced Training programs.

CURRENT REQUIREMENT	2 Learning Needs Analysis per year.
PROPOSED NEW REQUIREMENT	1 Learning plan per phase of training, reviewed quarterly.

## **LEARNING COURSES**

#### **Summary of proposed changes**

 Adoption of new RACP learning courses that will be common across all Advanced Training programs.

CURRENT REQUIREMENT	<ul> <li>Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource, by the end of Advanced Training</li> </ul>
PROPOSED NEW REQUIREMENT	<ul> <li>RACP Orientation to Advanced         Training resource (within the first six months of Advanced Training)     </li> <li>RACP Health Policy, Systems and Advocacy resource (recommended completion before the Transition to Fellowship phase)</li> </ul>
	<ul> <li>RACP Supervisor Professional Development <u>Program</u>, by the end</li> </ul>

Training.

of Advanced Training

Islander and Māori Cultural Competence and Cultural Safety resource by the end of Advanced

Australian Aboriginal, Torres Strait

# LEARNING ACTIVITIES

#### **Summary of proposed changes**

- Trainee interview changed to recommended only and within the first two phases of training
- Change to the list of approved meetings/courses (see Appendix on page 5 for full list and proposed changes).

CURRENT LEARNING ACTIVITIES	<ul> <li>1 Trainee interview (during your first year of core training for Australia only)</li> <li>3 approved meetings and/or learning course attendances (by the end of Advanced Training).</li> </ul>
PROPOSED LEARNING ACTIVITIES	<ul> <li>1 Trainee interview (recommended for Australian Trainees only and to be completed before progressing to Transition to Fellowship phase)</li> </ul>
	<ul> <li>3 approved meetings and/or learning course attendances (by the end of Advanced Training).</li> </ul>



## **TEACHING PROGRAM**

#### **Summary of proposed changes**

 Introduction of Progress Review Panels across all Advanced Training programs.

#### CURRENT REQUIREMENT

- 1 supervisor per rotation, who is a Fellow of the RACP and a practising endocrinologist.
- 1 supervisor per rotation, who can be a Fellow of the RACP.

# PROPOSED NEW REQUIREMENT

- Name 2 individuals for the role of Education Supervisor
  - minimum of 1 supervisor per rotation, who is a Fellow of the RACP in endocrinology

#### Recommended:

- Where possible trainees should maintain the same Education Supervisor throughout the phase of training
- If a trainee spends two phases of training at the same setting, a different Education Supervisor(s) should be named to oversee each phase
- Nominate 1 x RACP training committee to act as a Progress Review Panel
- Name 1 x individual for the role of Research Project Supervisor (may or may not be the Education Supervisor).

### ASSESSMENT PROGRAM

#### Summary of proposed changes

- Case-based Discussions and Mini-Clinical Evaluation Exercises replaced with Observation captures.
- Professional Qualities Reflections replaced with Learning captures.
- Supervisor's report replaced by Progress reports
- Decreased number of abstracts of case reports over the course of training from two to one and changed from case reports to any body of research or submitted paper.
- Trainee's report removed.

#### CURRENT REQUIREMENT

- 1 Supervisor's report per rotation
- **1** Professional Qualities Reflection (PQR) per year
- **2** Abstracts of case reports over the course of training
- 2 Case-based Discussions per year
- **2** Mini-Clinical Evaluation Exercises (Mini-CEX) per year
- 1 Research project
- 1 Trainee's Report per rotation (Aotearoa New Zealand only)

#### PROPOSED NEW REQUIREMENT

- **12** Observation captures per phase
- **12** Learning captures per phase
- 4 Progress reports per phase
- 1 Research project
- **1** Abstract of research or submitted paper over the course of training



# LTA STRUCTURE



- A learning, teaching and assessment (LTA) structure defines the framework for delivery and trainee achievement of the curriculum standards
- Advanced Training is structured in three phases that establish checkpoints for progression and completion.

# **PROGRESS POINTS**

- An entry decision is made before entry into the program.
- Progress decisions, based on competence, are made at the end of the specialty foundation and specialty consolidation phases of training.
- A completion decision, based on competence, is made at the end of the training program, resulting in eligibility for admission to Fellowship.

# **RATING SCALES**

Levels	1	2	3	4	5
Entrustable Professional Activities (EPAs)	Is able to be present and observe	Is able to act with direct supervision	Is able to act with indirect supervision (e.g. supervisor is physically located within the training setting)	Is able to act with supervision at a distance (e.g. supervisor available to assist via phone)	Is able to provide supervision
Knowledge guides	Has heard of some of the topics in this knowledge guide that underpin patient care (heard of)	Knows the topics and concepts in this knowledge guide that underpin patient care (knows)	Knows how to apply the knowledge in this knowledge guide to patient care (knows how)	Frequently shows they can apply knowledge in this knowledge guide to patient care (shows how)	Consistently applies sound knowledge in this knowledge guide to patient care (does)
Professional Behaviours (competencies)	Needs to work on behaviour in more than 5 domains of professional practice	Needs to work on behaviour in 4 or 5 domains of professional practice	Needs to work on behaviour in 2 or 3 domains of professional practice	Needs to work on behaviour in 1 or 2 domains of professional practice	Consistently behaves in line with all 10 domains of professional practice

# PROGRESSION CRITERIA

		Progression		Completion
			iteria	criteria
		End of	End of	End of
	Learning goals	specialty	specialty	Transition to
		foundation	consolidation	Fellowship
P P	1. Professional behaviours	Level 5	Level 5	Level 5
	2. Team leadership: Lead a team of health professionals	Level 2	Level 4	Level 5
	3. Supervision and teaching: Supervise and teach professional colleagues	Level 3	Level 4	Level 5
	4. Quality improvement: Identify and address failures in health care delivery	Level 2	Level 4	Level 5
	<b>5. Clinical assessment and management:</b> Clinically assess and manage the ongoing care of patients	Level 3	Level 4	Level 5
	<b>6. Management of transitions in care:</b> Manage transition of patient care between health professionals, providers, and contexts	Level 3	Level 4	Level 5
Ş	7. Acute care: Manage the care of acutely unwell patients	Level 3	Level 4	Level 5
במא	8. Longitudinal care: Manage and coordinate the longitudinal care, and	Level 3	Level 4	Level 5
<u> </u>	appropriate transitions in care, of patients with chronic illness, disability,			
DO (WOLK LASKS)	and/or long-term health issues			
ຣິ	9. Communication with patients: Discuss diagnoses and management plans	Level 3	Level 4	Level 5
	with patients and their families/carers			
	10. Prescribing: Prescribe and monitor therapies tailored to patients' needs	Level 2	Level 4	Level 5
	and conditions			
	11. Procedures: Plan, prepare for, perform and provide aftercare for	Level 2	Level 4	Level 5
	important practical procedures			
	12. Investigations: Select, organise, and interpret investigations	Level 2	Level 4	Level 5
	13. Clinic management: Manage an outpatient clinic	Level 2	Level 4	Level 5
	14. Scientific foundations of endocrinology	Level 3	Level 4	Level 5
	15. Disorders of glucose metabolism	Level 3	Level 4	Level 5
(Sa	16. Disorders of body weight	Level 3	Level 4	Level 5
ğ	17. Disorders of the pituitary, hypothalamus and of water balance	Level 2	Level 4	Level 5
5 a	18. Thyroid disorders	Level 3	Level 4	Level 5
D D	19. Adrenal disorders	Level 2	Level 4	Level 5
<u> </u>	20. Parathyroid, calcium and bone disorders	Level 3	Level 4	Level 5
Knc	21. Male reproductive endocrinology	Level 2	Level 3	Level 5
3	22. Female reproductive endocrinology	Level 2	Level 3	Level 5
Know (Knowledge Guides)	23. Neuroendocrine and inherited tumour syndromes	Level 2	Level 3	Level 4
	24. Lipid disorders	Level 3	Level 4	Level 5
	25. Variations in sex characteristics and gender identity	Level 2	Level 3	Level 4



## **APPENDIX**

#### LEARNING ACTIVITIES - Meeting Attendance

#### **Summary of proposed changes**

- · removed of the Bone Density Course
- · added clinical weekend or Annual scientific meeting to Endocrine Society of Australia Seminar course option.
- added Trainee Days organised by the New Zealand Society of Endocrinology and New Zealand Society for the Study of Diabetes for Aotearoa New Zealand trainees to attend
- moved American or European endocrine meeting or Clinical Endocrinology Update with Board Review Course and additional Aotearoa NZ endocrine or diabetes trainee days for AoNZ trainees as recommended only

#### **Current endocrinology meeting/course requirements**

**Trainees in Australia** are **required** to attend the following once over the course of their training:

- Endocrine Society of Australia (ESA) Seminar
- Australian Diabetes Society (ADS) John R Turtle Diabetes Clinical Skills Course or Practical Skills Course
- Australia & New Zealand Bone & Mineral Society (ANZBMS)
   Bone Densitometry Course or Annual Scientific Meeting
   or Advanced Clinical Postgraduate Meeting.

#### **Trainees in Aotearoa New Zealand** are **required** to attend:

- All New Zealand Society of Endocrinology (NZSE) Clinical Meetings and Trainee Days
- Additional Aotearoa NZ endocrine or diabetes trainee days.
- The following once over the course of their training:
  - ESA Seminar
  - New Zealand Society for the Study of Diabetes (NZSSD)
     Annual Scientific Meeting
  - Clinical Bone Densitometry Course
  - Bone Meeting (such as Rotorua Bone Meeting or ANZBMS Annual Meeting)
  - 1 American or European endocrine meeting <u>or</u>
     Clinical Endocrinology Update with Board Review Course.

## Proposed endocrinology meeting/course requirements

**Trainees in Australia** are **required** to attend the following once over the course of their training:

- Endocrine Society of Australia (ESA) Seminar, clinical weekend or Annual Scientific Meeting
- Australian Diabetes Society (ADS) John R Turtle Diabetes Clinical Skills Course or Practical Skills Course
- Australia & New Zealand Bone & Mineral Society (ANZBMS)
   Annual Scientific Meeting or Advanced Clinical Postgraduate Meeting.

**Trainees in Aotearoa New Zealand** are **required** to attend the following once over the course of their training:

- ESA Seminar, clinical weekend or Annual Scientific Meeting
- New Zealand Society for the Study of Diabetes (NZSSD) Annual Scientific Meeting
- Clinical Bone Densitometry Course
- Bone Meeting (such as Rotorua Bone Meeting or ANZBMS Annual Meeting)
- All New Zealand Society of Endocrinology clinical meetings and trainee days
- Any Trainee Days organised by the New Zealand Society of Endocrinology and New Zealand Society for the Study of Diabetes

#### Trainees in Aotearoa New Zealand also recommended to attend:

- 1 American or European endocrine meeting <u>or</u> Clinical Endocrinology Update with Board Review Course
- Additional Aotearoa NZ endocrine or diabetes trainee days.