LOCATION OF TRAINING

Summary of proposed changes

ENTRY CRITERIA

Summary of proposed changes

 Summary of proposed changes No proposed changes 		 No proposed changes 		 No proposed changes 		
CURRENT REQUIREMENT	 Prospective trainees must have: completed RACP Basic Training, including the Written and Clinical Examinations a current medical registration 	CURRENT REQUIREMENT	 Complete 36 months of certified training time in at least 2 different training settings, including: 24 months FTE minimum in accredited core medical oncology clinical training positions: attending a minimum of 3 	CURRENT REQUIREMENT	 Complete Advanced Training at a minimum of 2 training settings. Complete at least 24 months of training in Australia and/or Aotearoa New Zealand. 	
PROPOSED REQUIREMENT	 been appointed to an appropriate Advanced Training position Prospective trainees must have: completed RACP Basic Training, including the Written and Clinical Examinations 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 an Advanced Training position in an RACP-accredited training setting or network or an approved supplementary training position. 	PROPOSED NEW REQUIREMENT	 outpatient clinics per week (averaged over 6 months) attending a minimum of 3 new patients per week (outpatients or inpatient consults) 12 months FTE maximum non-core training can be undertaken in research, laboratory- based training, overseas training relevant and specific to cancer medicine or an additional year of clinical training (medical oncology, cancer genetics, palliative medicine, radiation oncology or malignant haematology). Complete at least 36 months of relevant professional experience in approved rotations in at least 2 different training settings, including: Minimum 24 months FTE in accredited medical oncology core clinical training position(s). attending a minimum of 3 outpatient clinics per week (averaged over 6 months) attending a minimum of 3 new patients per week (outpatients or inpatient consults) Maximum 12 months FTE in a prospectively approved supplementary training position(s). The following may be suitable supplementary training for medical oncology:	PROPOSED NEW REQUIREMENT	 Complete at least 36 months of relevant professional experience in approved rotations in at least 2 different training settings. Complete at least 24 months of training in Australia and/or Aotearoa New Zealand. 	

PROFESSIONAL EXPERIENCE

Summary of proposed changes

radiation oncology

o research



LEARNING PROGRAM

LEARNING COURSES

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 training year (1 per 6-month rotation)
PROPOSED NEW REQUIREMENT	1 Learning plan at the start of each phase training and 1 six-monthly. <i>Recommended: additional learning plans for each new training period within a phase (e.g., if a trainee is planning to move to a different training position/rotation).</i>

Summary of proposed changes

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

CURRENT REQUIREMENT	 Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety <u>resource</u>, by the end of Advanced Training 1 approved Communication Skills Workshop
PROPOSED NEW REQUIREMENT	 RACP Orientation to Advanced Training resource (within the first six months of Advanced Training) RACP Health Policy, Systems and Advocacy resource (recommended completion before the Transition to Fellowship phase)
	RACP Supervisor Professional Development <u>Program</u> , by the end of Advanced Training
	 Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety <u>resource</u>, by the end of Advanced Training
	1 approved Communication Skills Workshop

RACP Specialists. Together EDUCATE ADVOCATE INNOVATE

TEACHING PROGRAM

Supervisor).

ASSESSMENT PROGRAM

 Summary of proposed changes All training rotations require a supervisor with FRACP in medical oncology Introduction of Progress Review Panels 		 Summary of proposed changes Case-based discussions and Mini-CEX replaced with Observation Captures Professional qualities reflections replaced with Learning Captures 		
CURRENT REQUIREMENT	 Core training 1 x supervisor per rotation, who is a Fellow of the RACP and a practising medical oncologist; and 1 x supervisor per rotation, who is a Fellow of the RACP Non-core training 2 x supervisors per rotation, who are Fellows of the RACP or another college. 	Supervisor's rep	 port replaced by Progress reports t requirement removed 1 Professional qualities reflection per training year 1 Supervisor's report per rotation (2 x 12-month rotations - full-time and part-time trainees) 2 Case-based discussions per training year (1 per 6-month rotation) 4 Mini-Clinical Evaluation Exercises per 	
PROPOSED NEW REQUIREMENT	 Name 2 <u>eligible</u> individuals for the role of Education Supervisor, including: Minimum of 1 x supervisor, who is a Fellow of the RACP in medical oncology. Recommended: wherever possible, trainees should maintain the same Education Supervisors throughout a phase of training. Nominate 1 x RACP training committee to act as a Progress Review Panel Name 1 x individual for the role of Recommended Supervisors (market for the role of Recommended Supervisors) 	PROPOSED NEW REQUIREMENT	 4 Mini-Clinical Evaluation Exercises per training year (2 per 6-month rotation) 1 Advanced Training Research Project over the course of training 1 Trainee's Report per rotation (required for Aotearoa New Zealand trainees, recommended for Australian trainees) 12 Observation captures required per phase 12 Learning captures required per phase 4 Progress reports required per phase 1 Advanced Training Research Project over the course of training 	
	Research Project Supervisor (may or may not be the Education			



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

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		Progression criteria		Completion criteria	
	Learning goals	End of specialty foundation	End of specialty consolidation	End of Transition to Fellowship	
	1. Professional behaviours	Level 5	Level 5	Level 5	
	2. Team leadership: Lead a team of health professionals	Level 2	Level 4	Level 5	
(work tasks)	3. Supervision and teaching: Supervise and teach professional colleagues	Level 4	Level 4	Level 5	
	4. Quality improvement: Identify and address failures in health care delivery	Level 2	Level 4	Level 5	
	 Clinical assessment and management: Clinically assess and manage the ongoing care of patients 	Level 3	Level 4	Level 5	
	6. Acute care: Manage the early care of acutely unwell patients	Level 3	Level 4	Level 5	
	7. Longitudinal care, including management of transitions: Manage and coordinate the longitudinal care and appropriate transitions in care of patients with chronic illness, disability, and/or long-term health issues	Level 3	Level 4	Level 5	
	8. Communication with patients: Discuss diagnoses, management plans and prognosis with patients	Level 3	Level 4	Level 5	
	 Prescribing: Prescribe therapies tailored to patients' needs and conditions 	Level 3	Level 4	Level 5	
	10. Investigations and procedures: Select, organise, and interpret investigations and procedures	Level 3	Level 4	Level 5	
	11. Clinic management: Manage an outpatient clinic	Level 3	Level 4	Level 5	
	12. Critical appraisal of evidence: Critical appraisal of evidence to provide the best cancer care, ensuring patient safety, wise allocation of resources, and advancement of research through evidence-based practice	Level 2	Level 4	Level 5	
0	13. Foundations of oncology	Level 3	Level 4	Level 5	
led les)	14. Oncological emergencies and acute care	Level 3	Level 4	Level 5	
(Knowledge Guides)	15. Management of specific malignancies	Level 3	Level 4	Level 5	
EX	16. Anticancer therapies	Level 3	Level 4	Level 5	