



ENTRY CRITERIA

Summary of proposed changes

- No proposed changes

CURRENT REQUIREMENT	Prospective trainees must have: <ul style="list-style-type: none"> • completed RACP Basic Training, including the Written and Clinical Examinations • a current medical registration • been appointed to an appropriate Advanced Training position
PROPOSED REQUIREMENT	Prospective trainees must have: <ul style="list-style-type: none"> • 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.

PROFESSIONAL EXPERIENCE

Summary of proposed changes

- Please see appendix 1 on page 5 for further details on professional experience.

CURRENT REQUIREMENT	Complete 36 months of certified training time in at least 2 different training settings, including: <ul style="list-style-type: none"> • 24 months FTE minimum in accredited core medical oncology clinical training positions • 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).
PROPOSED NEW REQUIREMENT	Complete at least 36 months of relevant professional experience in approved rotations in at least 2 different training settings, including: <ul style="list-style-type: none"> • Minimum 24 months FTE in accredited paediatric medical oncology clinical training position(s). • Maximum 12 months FTE in a prospectively approved supplementary training position(s). The following may be suitable supplementary training for paediatric oncology: <ul style="list-style-type: none"> ○ cancer genetics ○ laboratory-based ○ malignant haematology ○ palliative medicine ○ radiation oncology ○ research

LOCATION OF TRAINING

Summary of proposed changes

- No proposed changes

CURRENT REQUIREMENT	<ul style="list-style-type: none"> • 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 NEW REQUIREMENT	<ul style="list-style-type: none"> • 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.



LEARNING PROGRAM

Summary of proposed changes

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

CURRENT REQUIREMENT	2 x Learning needs analysis per training year (1 per 6-month rotation)
PROPOSED NEW REQUIREMENT	1 x 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>

LEARNING COURSES

Summary of proposed changes

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

PROPOSED NEW REQUIREMENT	<ul style="list-style-type: none"> • 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 Program, by the end of Advanced Training • Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource, by the end of Advanced Training
---------------------------------	---

RECOMMENDED LEARNING ACTIVITIES

Summary of proposed changes

- Communication skills workshop to become “recommended” rather than “required”
- Attendance to a national or international recognised training course or conference in paediatric oncology or haematology.

CURRENT LEARNING ACTIVITIES	<ul style="list-style-type: none"> • Attend 1 x approved communication skills workshop
PROPOSED LEARNING ACTIVITIES	<ul style="list-style-type: none"> • Attend 1 x approved communication skills workshop • Attend 1 x nationally or internationally recognised training course or conference in paediatric oncology or haematology.

TEACHING PROGRAM

Summary of proposed changes

- All training rotations require a supervisor with FRACP in Medical Oncology
- Introduction of Progress Review Panels

CURRENT REQUIREMENT	<p>Core training</p> <ul style="list-style-type: none"> • 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. <p>Non-core training</p> <ul style="list-style-type: none"> • 2 x supervisors per rotation, who are Fellows of the RACP or another college.
PROPOSED NEW REQUIREMENT	<ul style="list-style-type: none"> • Name 2 eligible individuals for the role of Education Supervisor, including: <ul style="list-style-type: none"> ○ Minimum 1 x supervisor, who is a Fellow of the RACP in paediatric medical oncology. ○ <i>Recommended: wherever possible, trainees should maintain the same Education Supervisors throughout a phase of training.</i> • 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-CEX replaced with Observation Captures
- Professional qualities reflections replaced with Learning Captures
- Supervisor's report replaced by Progress reports
- Trainee's report requirement removed

CURRENT REQUIREMENT	<ul style="list-style-type: none"> • 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 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)
PROPOSED NEW REQUIREMENT	<ul style="list-style-type: none"> • 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

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 (<i>heard of</i>)	Knows the topics and concepts in this knowledge guide that underpin patient care (<i>knows</i>)	Knows how to apply the knowledge in this knowledge guide to patient care (<i>knows how</i>)	Frequently shows they can apply knowledge in this knowledge guide to patient care (<i>shows how</i>)	Consistently applies sound knowledge in this knowledge guide to patient care (<i>does</i>)
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 criteria		Completion criteria
		End of specialty foundation	End of specialty consolidation	End of Transition to Fellowship
Learning goals				
Do (work tasks)	1. Professional behaviours	Level 5	Level 5	Level 5
	2. Team leadership: Lead a team of health professionals	Level 2	Level 3	Level 4
	3. Supervision and teaching: Supervise and teach professional colleagues	Level 2	Level 3	Level 5
	4. Quality improvement: Identify and address failures in health care delivery	Level 1	Level 3	Level 4
	5. Clinical assessment and management of oncological and haematological conditions: Clinically assess and manage the ongoing care of patients	Level 2	Level 4	Level 5
	6. Acute paediatric oncology care: Manage the early care of acutely unwell patients	Level 3	Level 4	Level 5
	7. Longitudinal care: Manage and coordinate the longitudinal care of patients over the course of their condition, including transitions to survivorship and long-term follow-up	Level 2	Level 3	Level 4
	8. Communication with patients: Discuss diagnoses and management plans with patients	Level 2	Level 3	Level 4
	9. Prescribing: Prescribe therapies tailored to patients' needs and conditions	Level 2	Level 3	Level 5
	10. Investigations and procedures: Select, organise, and interpret investigations, and plan, prepare for, perform, and provide aftercare for important practical procedures	Level 2	Level 3	Level 5
	11. 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 1	Level 3	Level 4
Know (Knowledge Guides)	12. Scientific foundations of paediatric oncology	Level 1	Level 3	Level 4
	13. Acute and emergency paediatric oncology care	Level 2	Level 4	Level 5
	14. Oncological conditions	Level 1	Level 3	Level 4
	15. Non- malignant haematological conditions	Level 1	Level 3	Level 4
	16. Anticancer therapies and supportive care/ Principles of management	Level 1	Level 3	Level 4

APPENDIX 1

PROFESSIONAL EXPERIENCE

Details on expected professional experience in paediatric medical oncology

During your professional experiences you are to part take in the following as part of an accredited position:

- Regular attendance at (dependent upon the training rotation (e.g., neuro-oncology; solid tumour, leukaemia):
 - Interprofessional team meetings
 - Journal club and other critical appraisal activities
 - Long term follow up/ transition clinics
 - Multidisciplinary teams/ Multidisciplinary care teams
 - Transplant meetings
 - Precision Medicine presentations – offered online and are available every week via zero2
- ANZCHOG online modules (for nursing staff, clinical trials, different languages) (recommended)
- EViQ modules (recommended)
- Presentation/ poster at local, national, international meeting (recommended)
- Gain experiences in
 - Bone Marrow Aspiration and Trepine Biopsy
 - Education about and usage of Common Terminology and Criteria for adverse events (CTCAE)
 - Haematology, clinical and adult
 - Inpatient, daycare and outpatient care, including doing ward rounds as lead by end of training
 - Lab research/ non-clinical research
- Lumbar Puncture, and giving intrathecal chemotherapy, prescribing chemotherapy
- Medical oncology clinics
- On call component, (from home, taking calls from own hospital, patients, families, and external doctors)
- Orientation to ANZCHOG, Clinical Oncology Group, International Society of Paediatric Oncology and other large clinical trial providers with understanding of their protocols and resources available
- Palliative/ symptom care
- Quality assurance and improvement activities including involvement in mortality and morbidity meetings
- Rotating through all the speciality areas including neuro-oncology, solid tumours, leukaemia, stem cell transplantation
- Teaching and supervision of junior trainees
- Observations in:
 - Apheresis procedure (collection of stem cells)
 - Follow a patient through oncological radiation planning and treatment
 - Interventional radiological procedure/ treatment
 - Surgical oncological treatments