



ENTRY CRITERIA

Summary of proposed changes

- No proposed changes

CURRENT REQUIREMENT	<p>RACP Basic Trainees</p> <p>Basic Trainees applying must have:</p> <ul style="list-style-type: none"> • completed RACP Basic Training, including Written and Clinical Examinations • a current medical registration • been appointed to an appropriate Advanced Training position <p>Trainees with Fellowship</p> <p>Prospective trainees must:</p> <ul style="list-style-type: none"> • hold a Fellowship from an eligible medical college • have a current medical registration • have been appointed to an appropriate Advanced Training position • Fellows from all RACP's Divisions (AMD and PCHD), Faculties (AFOEM, AFPHM and AFRM) and Chapters (AChAM and AChSHM) are eligible to apply. See eligible medical colleges.
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PROPOSED REQUIREMENT	<p>Prospective trainees must have:</p> <ul style="list-style-type: none"> • 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 non-core training position. <p>And have:</p> <ul style="list-style-type: none"> • Completed RACP Basic Training, including the Written and Clinical Examinations OR • Fellowship from an eligible medical college
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PROFESSIONAL EXPERIENCE

Summary of proposed changes

- Reference to 'training terms' has been replaced with relevant professional experience.

CURRENT REQUIREMENT	<p>Complete 36 months of certified training time in at least 2 different training settings, including:</p> <ul style="list-style-type: none"> • 24 months FTE core training consisting of: <ul style="list-style-type: none"> ○ 6 months of inpatient unit/hospice ○ 6 months of community setting ○ 6 months of teaching hospital/consultation ○ 6 months of cancer care setting • 12 months FTE maximum in non-core training consisting of: <ul style="list-style-type: none"> ○ 6 months of hospital consultation/community/inpatient palliative medicine or related specialty ○ 6 months of elective training
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PROPOSED NEW REQUIREMENT	<p>Complete at least 36 months of relevant professional experience in approved rotations in at least 2 different training settings, including:</p> <ul style="list-style-type: none"> • Minimum 18 months FTE in accredited palliative medicine training positions, consisting of: <ul style="list-style-type: none"> ○ 6 months of inpatient unit/hospice ○ 6 months of community setting ○ 6 months of teaching hospital/consultation • Minimum 6 months FTE in an accredited cancer care setting • Minimum 6 months FTE of hospital consultation/community/inpatient palliative medicine training or training in a related specialty • Maximum 6 months FTE in a prospectively approved supplementary training position, that is palliative medicine related, including research or academic study
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LOCATION OF TRAINING

Summary of proposed changes

- No proposed changes

CURRENT REQUIREMENT	<ul style="list-style-type: none"> • Complete a maximum of 12 months training at one setting for Terms 1, 2 and 3. Trainees must have different supervisors across different settings for these terms • Complete Terms 1, 2 and 3 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 new Learning Plan tool which will be common across all Advanced Training programs

CURRENT REQUIREMENT	1 Learning needs analysis per 6-month rotation
PROPOSED NEW REQUIREMENT	1 Learning plan at the start of each phase training with additional learning plans submitted for each new training period within a phase (e.g., for a trainee moving to a different training position).

LEARNING COURSES

Summary of proposed changes

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

CURRENT REQUIREMENT	<ul style="list-style-type: none"> Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource, by the end of Advanced Training
PROPOSED NEW REQUIREMENT	<ul style="list-style-type: none"> Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource, by the end of Advanced Training RACP Communication skills resource** (recommended completion before the specialty consolidation phase.) RACP Ethics and Professional Behaviour resource** (recommended completion before the specialty consolidation phase.) 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 RACP Leadership, Management, and Teamwork resource** (recommended completion before the specialty consolidation phase.)

**Required in the new Basic Training programs. Not required to be repeated if already completed in Basic Training

LEARNING ACTIVITIES

Summary of proposed changes

- Pain Management Module requirement has been removed from the program.

CURRENT LEARNING ACTIVITIES	<ul style="list-style-type: none"> 1 approved communication skills workshop (recommended) 10 Pain Management modules over the course of Advanced Training
PROPOSED LEARNING ACTIVITIES	<ul style="list-style-type: none"> 1 approved communication skills workshop (recommended)

TEACHING PROGRAM

Summary of proposed changes

- 2 [eligible](#) individuals for the role of Educational Supervisor, with at least one supervisor, who is a Fellow of the RACP or AChPM in palliative medicine for all training rotations.
- Introduction of Progress Review Panels

CURRENT REQUIREMENT

Training terms 1, 2 and 3

- 2 supervisors per 6-month rotation, who are Fellows of the RACP or AChPM and are practising in palliative medicine

Training term 4

- 1 supervisor who is a Fellow of the RACP (medical oncology), RACP/RCPA (clinical haematology) or ANZCR (radiation oncology) and actively practising in their specialty
- 1 supervisor who is a Fellow of the RACP or AChPM and actively practising in palliative medicine*.

Training term 5

- 1 supervisor per 6-month rotation, who is a Fellow of the RACP or AChPM and practising in palliative medicine*
- 1 supervisor per 6-month rotation, who has a relevant Fellowship and is actively practising in a related specialty

Training term 6**

- 1 supervisor per 6-month rotation, who is a Fellow of the RACP or AChPM and practising in palliative medicine*
- 1 supervisor per 6-month rotation, who can be a Fellow of the RACP or AChPM that works on-site closely with the trainee

* Supervision can be conducted remotely.

** Not required if undertaking research or academic study via a MD, PhD or Master's degree. For these trainees, a mentor is recommended.

PROPOSED NEW REQUIREMENT

- Name 2 [eligible](#) individuals for the role of **Education Supervisor**, including:
 - Minimum of 1 x supervisor, who is a Fellow of the RACP or AChPM in palliative medicine
 - *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 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
- Case study requirement has been removed from the program.

CURRENT REQUIREMENT

- 1 Professional qualities reflection per 6-month rotation (recommended)
- 1 Supervisor's report per 6-month rotation
- 3 Case-based discussions per 6-month rotation
- 3 Mini-Clinical Evaluation Exercises per 6-month rotation
- 1 Advanced Training Research Project over the course of training
- 1 Case Study over the course of Advanced Training

PROPOSED NEW REQUIREMENT

- 12 Observation captures per year
- 12 Learning captures per year
- 4 Progress reports per year
- 1 Research project over the course of training (submitted by the end of the specialty foundation phase)

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
	Learning goals	End of specialty foundation	End of specialty consolidation	End of Transition to Fellowship
Be	1. Professional behaviours	Level 5	Level 5	Level 5
	2. Team leadership: Provide leadership within teams of health professionals to provide palliative care for patients	Level 2	Level 4	Level 5
	3. Supervision and teaching: Supervise and teach professional colleagues	Level 2	Level 4	Level 5
	4. Quality improvement: Contribute to continuous quality improvement in health care delivery	Level 3	Level 4	Level 5
	5. Clinical assessment and management: Clinically assess and manage the palliative care needs of patients across different stages of a life-limiting illness	Level 2	Level 3	Level 4
	6. Management of transitions in care settings: Manage transition of patient care between care settings and contexts, including hospital, home, residential aged care setting, and palliative care unit	Level 3	Level 4	Level 5
	7. Manage acute changes in clinical condition: Manage the care of acute clinical changes in the palliative care setting, including palliative care emergencies	Level 3	Level 4	Level 5
	8. Communication with patients: Communicate with patients across different stages of a life-limiting illness	Level 3	Level 4	Level 5
	9. Prescribing: Prescribe medications tailored to patients' needs, prognosis and goals of care	Level 2	Level 4	Level 5
	10. Procedures: Plan, prepare for, perform, and provide aftercare for important practical procedures	Level 2	Level 3	Level 4
	11. Investigations: Select, organise, and interpret investigations	Level 2	Level 4	Level 5
	12. Clinic and community management: Manage the care of community-based patients	Level 2	Level 3	Level 5
	13. End-of-life care: Manage the care of patients in the terminal phase/ last days of life	Level 3	Level 4	Level 5
	14. Pain	Level 2	Level 4	Level 5
	15. Managing other symptoms and complications of cancer	Level 2	Level 4	Level 5
	16. Cancer and its treatment	Level 2	Level 4	Level 5
	17. Acute conditions and palliative care emergencies	Level 3	Level 4	Level 5
	18. Managing comorbidities in palliative care	Level 2	Level 4	Level 5
	19. Non-malignant, progressive life-limiting conditions	Level 2	Level 4	Level 5
	20. Comprehensive end-of-life care	Level 3	Level 4	Level 5