

### ENTRY CRITERIA

#### Summary of proposed changes

- No proposed changes

<b>CURRENT REQUIREMENT</b>	<p>Prospective trainees must:</p> <ul style="list-style-type: none"> <li>• have completed RACP Basic Training, including the Written and Clinical Examinations</li> <li>• hold a current medical registration</li> <li>• have been appointed to an appropriate Advanced Training position</li> </ul>
<b>PROPOSED REQUIREMENT</b>	<p>Prospective trainees must:</p> <ul style="list-style-type: none"> <li>• Completed RACP Basic Training, including the Written and Clinical Examinations</li> <li>• 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.</li> <li>• An Advanced Training position in an RACP-accredited training setting or network or an approved non-core training position.</li> </ul>

### PROFESSIONAL EXPERIENCE

#### Summary of proposed changes

- No proposed changes

<b>CURRENT REQUIREMENT</b>	<p><b>36 months of certified training</b> time consisting of:</p> <ul style="list-style-type: none"> <li>• 24 months minimum of core respiratory medicine training</li> <li>• 12 months maximum of non-core training</li> </ul>
<b>PROPOSED NEW REQUIREMENT</b>	<p>Complete <b>at least 36 months of relevant professional experience</b> in approved rotations:</p> <ul style="list-style-type: none"> <li>• Minimum 24 months in settings accredited towards respiratory medicine</li> <li>• Maximum 12 months of an approved supplementary training position. The following may be suitable supplementary training for respiratory medicine: <ul style="list-style-type: none"> <li>○ sleep medicine</li> <li>○ clinical respiratory or sleep physiology</li> <li>○ overseas training in respiratory medicine</li> <li>○ intensive care medicine</li> <li>○ Research or academic study via (MD, PhD or Master's degree) that is specific or relevant to respiratory or sleep medicine</li> <li>○ Other specialty areas will require trainees to demonstrate an appropriate case mix that is relevant to respiratory medicine and appropriate clinical rotations.</li> </ul> </li> </ul>

### LOCATION OF TRAINING

#### Summary of proposed changes

- Required to complete training in at least 2 different accredited training settings

<b>CURRENT REQUIREMENT</b>	<ul style="list-style-type: none"> <li>• 24 months minimum of core training in respiratory or sleep medicine must be undertaken in Australia and/or Aotearoa New Zealand</li> </ul>
<b>PROPOSED NEW REQUIREMENT</b>	<ul style="list-style-type: none"> <li>• Complete <b>at least 24 months</b> of training in accredited training settings in Australia and/or Aotearoa New Zealand.</li> <li>• Complete training in at least 2 different accredited training settings.</li> </ul>

### LEARNING PROGRAM

#### Summary of proposed changes

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

<b>CURRENT REQUIREMENT</b>	2 x Learning needs analysis per training year (1 per 6-month rotation)
<b>PROPOSED NEW REQUIREMENT</b>	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.
- Added TSANZ courses as a mandatory requirement. Please appendix 1 on page 5.

<b>PROPOSED NEW REQUIREMENT</b>	<ul style="list-style-type: none"> <li>• RACP <b>Orientation to Advanced Training</b> resource (within the first six months of Advanced Training)</li> <li>• RACP <b>Health Policy, Systems and Advocacy</b> resource (recommended completion before the Transition to Fellowship phase)</li> <li>• RACP Supervisor Professional Development <a href="#">Program</a> (by end of training)</li> <li>• Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety <a href="#">resource</a> (by end of training)</li> <li>• 3 TSANZ procedural competency courses (bronchoscopy, thoracic and pleural ultrasound and fine bore intercostal catheter insertion) (required)</li> </ul>
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### LEARNING ACTIVITIES

#### Summary of proposed changes

- Logbook is now recommended only
- Reduced the number of national or international scientific meetings required over the course of Advanced Training to one

<b>CURRENT LEARNING ACTIVITIES</b>	<ul style="list-style-type: none"> <li>• 1 logbook</li> <li>• 2 national or international scientific meeting over the course of Advanced Training (required)</li> </ul>
<b>PROPOSED LEARNING ACTIVITIES</b>	<ul style="list-style-type: none"> <li>• 1 logbook (recommended)</li> <li>• 1 national or international scientific meeting over the course of Advanced Training (required)</li> </ul>

### TEACHING PROGRAM

#### Summary of proposed changes

- Supplementary training requires a supervisor with FRACP in Respiratory Medicine.
- Introduction of Progress Review Panels

#### CURRENT REQUIREMENT

##### Core training

- 1 x supervisor per rotation, who must be a Fellow of the RACP and a practising respiratory and/or sleep physician
- 1 x supervisor per rotation, who must be a Fellow of the RACP and ideally a practising respiratory and/or sleep physician

##### Non-core training

- 1 x supervisor per rotation, who must be a Fellow of the RACP
- 1 x supervisor per rotation, who can be a Fellow of the RACP or other medical college appropriate to the rotation

#### PROPOSED NEW REQUIREMENT

- Name **2 eligible individuals for the role of Education Supervisor**, including:
  - Minimum 1 x supervisor, who is a Fellow of the RACP in Respiratory 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, Direct Observation of Procedural Skills and Mini-CEX replaced with Observation Captures
- Professional qualities reflections replaced with Learning Captures
- Supervisor's report replaced by Progress reports

#### CURRENT REQUIREMENT

- 1** Advanced Training Research Project over the course of training
- 3** Case-based Discussions (CbD) minimum to be completed each training year
- 3** Mini-Clinical Evaluation Exercises (Mini-CEX) minimum completed each training year
- 4** Direct Observation of Procedural Skills (DOPS) each training year
- 1** Professional Qualities Reflection (PQR) minimum each training year
- 1** Supervisor's Report per rotation

#### PROPOSED NEW REQUIREMENT

- 12** Observation captures per year
- 12** Learning captures per year
- 1** Research project
- 4** Progress reports per year

### 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
<b>Entrustable Professional Activities (EPAs)</b>	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
<b>Knowledge guides</b>	Has heard of some of the topics in this knowledge guide that underpin patient care ( <i>heard of</i> )	<b>Knows</b> the topics and concepts in this knowledge guide that underpin patient care ( <i>knows</i> )	<b>Knows</b> how to apply the knowledge in this knowledge guide to patient care ( <i>knows how</i> )	<b>Frequently shows</b> they can apply knowledge in this knowledge guide to patient care ( <i>shows how</i> )	<b>Consistently applies</b> sound knowledge in this knowledge guide to patient care ( <i>does</i> )
<b>Professional Behaviours (competencies)</b>	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	
<b>Be</b>	<b>1. Professional behaviours</b>	Level 5	Level 5	Level 5	
	<b>2. Team leadership:</b> Lead a team of health professionals	Level 3	Level 4	Level 5	
<b>Do (work tasks)</b>	<b>3. Supervision and teaching:</b> Supervise and teach professional colleagues	Level 3	Level 4	Level 5	
	<b>4. Quality improvement:</b> Identify and address failures in health care delivery	Level 3	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	
	<b>7. Acute care:</b> Manage the early care of acutely unwell patients	Level 2	Level 4	Level 5	
	<b>8. Longitudinal care:</b> Manage and coordinate longitudinal care of patients with chronic illness, disability, and/or long-term health issues	Level 2	Level 4	Level 5	
	<b>9. Communication with patients:</b> Discuss diagnoses and management plans with patients	Level 3	Level 4	Level 5	
	<b>10. Prescribing:</b> Prescribe therapies tailored to patients' needs and conditions	Level 3	Level 4	Level 5	
	<b>11. Procedures:</b> Plan, prepare for, perform, and provide aftercare for important practical procedures	Level 2	Level 3	Level 5	
	<b>12. Investigations:</b> Select, organise, and interpret investigations	Level 3	Level 4	Level 5	
	<b>13. Clinic management:</b> Manage an outpatient clinic	Level 3	Level 4	Level 5	
	<b>14. Palliative care:</b> Manage the care of patients at the end of their lives	Level 2	Level 4	Level 5	
	<b>Know (Knowledge Guides)</b>	<b>15. Scientific foundations of respiratory medicine</b>	Level 3	Level 4	Level 5
		<b>16. Acute respiratory care</b>	Level 3	Level 4	Level 5
<b>17. Chronic respiratory care</b>		Level 3	Level 4	Level 5	
<b>18. Thoracic tumours, including mediastinal diseases</b>		Level 3	Level 4	Level 5	
<b>19. Pleural disorders</b>		Level 3	Level 4	Level 5	
<b>20. Respiratory failure, including sleep disordered breathing</b>		Level 3	Level 4	Level 5	

## APPENDIX 1

### Proposed Learning Course

Further information on the three TSANZ courses that are proposed as mandatory requirements.

#### TSANZ competency courses requirement summaries

##### Fine bore intercostal catheter insertion (ICC)

1. Required Reading - Completion of the online module titled 'Chest Drain course for doctors'. This online module can be accessed via the following link <https://www.sdc.qld.edu.au/courses/135>. Evidence of completion is required in the form of a certificate of course completion
2. Attendance at a chest tube insertion instructional session or in-house tutorial -mandatory. This may be a formal TSANZ recognised course, or an informal training session provided by a local assessor/ instructor.
3. Maintenance of logbook; minimum 20 procedures;
  - a) Up to 5 procedures performed on a mannequin
  - b) Up to 5 thoracenteses alone
  - c) Minimum 10 fine bore ICC insertions performed fully independently using (either or a combination of) the Seldinger or needle over the catheter techniques)
4. Assessments: both formative and competency (ICC STAT)

##### Thoracic ultrasound

1. Attendance and successful completion of an approved course
2. Assessments: both formative and competency (UG-STAT)
3. Maintenance of logbook - Minimum 40 correctly completed scans including:
  - a) 10 "Normal" scans and
  - b) 10 Successful ultrasound assisted thoracenteses or ICC insertions
  - c) 10 Intrapulmonary pathologies. Some of these scans may be completed at the course.

##### Standard Bronchoscopy:

1. Completion of the 6 modules of the Essential bronchoscopist eBook.
2. Attendance at an introductory hands-on bronchoscopy course, either externally or within your own department is highly recommended preferably before commencing patient procedures.
3. Assessment: both formative and competency (B-STAT)
4. Maintenance of logbook:
  - a) For any bronchoscopy the trainee may be:
    - I. Observing a bronchoscopy ("Observed"),
    - II. Performing part of a bronchoscopy – i.e. doing small components of a procedure or assisting with sedation ("Assisted")
    - III. Independently performing the majority of the procedure under supervision
  - b) The minimum total number of procedures Observed, Assisted or Completed with Supervision is 150 (50 required to be performed independently)

##### Approx. cost

- TSANZ yearly membership for Advanced Trainees: \$270 (Aust); \$245 (NZ). Access to courses requires membership to TSANZ.
- Current cost per TSANZ module (3 of which are proposed as mandatory): \$175 (Aust), \$159 (NZ)