About the 2019-20 handbook

This handbook outlines the complete program requirements for the RACP Physician Readiness for Expert Practice (PREP) Advanced Training in Community Child Health Program. Satisfactory completion of these requirements is necessary for admission to Fellowship of the College or completion of post-Fellowship training.

The 2019–20 handbook applies to all Australian and New Zealand based trainees registered in a PREP program in 2019 and/or 2020, regardless of the year in which they commenced PREP Advanced Training. A trainee is considered to be in a PREP Advanced Training Program if they first enrolled in that program from 2011 onwards. Where not specified as being particular to either Australia or New Zealand, information applies to trainees and supervisors in both countries.

2019–20 Program requirement updates

Overseeing committees evaluate training requirements every two years (previously annually) to ensure that they are in line with educational best practice. Requirements are published and communicated accordingly. Changes to the training program that may substantially impact a trainee’s plan for training will be implemented following an extended period of notice. It is the trainee’s responsibility to ensure that they are following the correct handbook.

### Changes to program requirements for 2019-20

<table>
<thead>
<tr>
<th>Training Rotations</th>
<th>Rationale for changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Non-clinical activities” are now called “Child Population Health activities”.</td>
<td>To align requirements with themes in CCH Curriculum.</td>
</tr>
<tr>
<td>Program of Excellence renamed the Community Child Health Educational Tutorial Series (CCH ETS) and removed from time-based requirements.</td>
<td>To better reflect the nature and type of requirement.</td>
</tr>
<tr>
<td>Clarification of examples for Child Protection Training requirements.</td>
<td>To ensure that trainees are exposed to necessary skills in child protection clinical training.</td>
</tr>
<tr>
<td>New Child Protection Case Assessment.</td>
<td>To provide clarity.</td>
</tr>
<tr>
<td>New definitions of core and non-core training rotations.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervision</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Previously the supervisor with FRACP was permitted to have an equivalent to FRACP and was not required to be actively practising in CCH.</td>
<td>To provide clarity and ensure that trainees nominate a supervisor with adequate knowledge and experience in CCH.</td>
</tr>
<tr>
<td>Supervision of a forensic/child protection paediatrician for child protection rotations is now acceptable.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CCH Educational Tutorial Series (previously Program of Excellence)</th>
<th>To better reflect the nature and type of requirement.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renamed and removed from time-based requirements. To be undertaken during core or non-core training.</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Developmental-Behavioural Clinical Evaluation Exercise (DB-CEX)</th>
<th>To increase trainees’ competency in clinical skills.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimal increase to 4 over course of training (clinical rotations only). Each DB-CEX replaces 1 mini-CEX in that rotation.</td>
<td></td>
</tr>
<tr>
<td>Changes to program requirements for 2019-20</td>
<td>Rationale for changes</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td><strong>Research Project</strong></td>
<td>To align and reduce research requirements for dual trainees.</td>
</tr>
<tr>
<td>• All trainees to follow new RACP Research Project Requirement</td>
<td></td>
</tr>
</tbody>
</table>
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Community Child Health
The specialty of community child health involves an understanding of the complex interplay between physical, social and environmental factors, and human biology affecting the growth and development of all young people.

Program overview
Advanced Training provides a ‘depth’ of specialty training under supervision to prepare trainees for independent practice as consultants. It builds on the skills developed in preceding training through work-based assessments and learning tools as outlined in this handbook.

<table>
<thead>
<tr>
<th>Program</th>
<th>Advanced Training in Community Child Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overseeing committee(s)</td>
<td>Advanced Training Committee in Community Child Health (ATC)</td>
</tr>
</tbody>
</table>
| Entry requirements     | • Completion of RACP Basic Physician Training, including the RACP Written and Clinical Examinations  
                          • Current medical registration  
                          • Appointment to an appropriate Advanced Training position |
| Minimum duration       | 3 years full-time equivalent (FTE) |
| Curricula              | • Download the Community Child Health Advanced Training Curriculum (PDF 1MB)  
                          • Download the Professional Qualities Curriculum (PDF 1MB) |
| Qualification          | Fellowship of the Royal Australasian College of Physicians (FRACGP) |

Quick links
- Apply or re-register
- Program requirements overview
- Important dates
- Advanced Training Portal
- Accredited training sites
- Part-time training
- Membership fees (including training fees)
- Supervision
- Download the Advanced Training supervisor amendment form (DOC 153KB)
- Download the Advanced Training interruption of training form (DOC 1.1MB)

Learning and assessment tool forms
Supervisor’s Reports
- Download the Community Child Health Supervisor's Report (.doc 116KB)

Child Protection Case Assessment
- Child Protection Case Assessment Logbook (DOC 45KB)
- Child Protection Case Assessment Workflow (PDF 162KB)
- Child Protection Case Assessment Form (DOC 45KB)
- Child Protection Case Assessment Guide (PDF 272KB)

Project
- Download the Community Child Health Paediatrics project report cover sheet (DOC 138KB)
- Download the Community Child Health Project Supervisors report (DOC 146KB)

Contact us
Phone: +61 2 8247 6231
Email: CommunityChildHealth@racp.edu.au
Apply for Advanced Training

Eligibility
New trainees can apply for Advanced Training after completing Basic Training, including passing the Divisional Written and Clinical Examinations. They must have current medical registration and appointment to an appropriate Advanced Training position at a suitable training site.

Advanced Training positions
Core training usually needs to be undertaken at accredited training sites that have been accredited by the overseeing committee for Advanced Training in the relevant specialty. Some specialty groups conduct a coordinated Advanced Trainee Selection and Matching process for appointing trainees to training positions. Details of participating states, regions and specialties are available from June each year.
Please note that the College is not responsible for trainee recruitment and has no role in the recruitment process.

Approval and certification of training
Once trainees have secured a training position, they must prospectively apply for approval as per the Progression through Training Policy. Approval of training periods will be determined by the overseeing committee. To be approved, a trainee’s individual training program must be consistent with the training requirements and appropriate for the stage in training.
Upon completion of each rotation or calendar year of training, the overseeing committee considers each trainee’s progress according to the program requirements. If all requirements of training have been satisfactorily completed, the overseeing committee will certify the period of training.

Prospective changes to approval of training
Trainees should inform the relevant committee as soon as possible if information outlined in their application changes. Some changes may require a revision of the approval decision and may affect the certification of training.

Changes to applications which require prospective approval may include changes to supervision, sites, dates of rotations and flexible training arrangements.

How to apply
Both new and current trainees need to apply for Advanced Training each year.

Australian Trainees
Apply online for Advanced Training by the due dates below.
Where online registration is not available please download, complete and submit the application form to apply for Advanced Training in Community Child Health (DOC 472KB).

New Zealand Trainees
Download, complete and submit the application form to apply for Advanced Training in Community Child Health (DOC 475KB) by the due dates below.
Trainees must organise the timely submission of all necessary documentation, keep a copy of the application for future reference and pay required fees.

Closing dates for applications

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 February</td>
<td>Closing date for applications for prospective approval of rotations in the current year</td>
</tr>
<tr>
<td>31 August</td>
<td>Closing date for applications for prospective approval of rotations in the second half of the current year</td>
</tr>
</tbody>
</table>
College training program resources
This handbook should be used alongside the following resources.

Curricula
RACP curricula outline the learning objectives and associated knowledge, skills, attitudes and behaviours required of graduates of College training programs across program-specific/clinical and non-program/non-clinical attributes.

- Download the Community Child Health Advanced Training Curriculum (PDF 1MB)
- Download the Professional Qualities Curriculum (PDF 1MB)

Advanced Training Portal
Resources for many of the requirements of this training program can be accessed through the Advanced Training Portal. These include:

- summary of training completed and required
- detailed information on training rotations, including approval and certification decisions
- past examination results
- online teaching and learning and formative assessment tools
- information sheets, workflows, rating forms and interactive video tutorials for online tools

Education policies
Education policies underpin all training requirements. Key education policies include the following:

- Academic Honesty and Plagiarism
- Flexible Training
- Progression through Training
- Recognition of Prior Learning
- Special Consideration for Assessments
- Trainee in Difficulty Support Policy

Variations in training and flexible training options
Variations in training processes cover dual, joint, conjoint and post-fellowship training. Flexible training option information covers part-time training, interruptions to training, withdrawing from training and exceptional circumstances.

Trainee responsibilities
All trainees are adult learners who must understand trainee responsibilities and play a role in teaching and mentoring junior doctors.

The College is committed to supporting trainees who are experiencing difficulty in their training. If trainees or supervisors are experiencing difficulty, they should contact their Education Officer and the Training Support Unit.

Supervisor roles and responsibilities
Supervision in PREP training involves a comprehensive level of educationally-focused support for trainees. The College runs supervisor workshops to help develop required skills for this role.

Accreditation of settings
Core training is usually conducted in training positions at accredited training sites that have been accredited by the overseeing committee.
eLearning@RACP

eLearning@RACP is a central, online space which supports College members in their learning. It contains educational resources developed by the RACP or shared by other postgraduate medical colleges. College members can login and access courses and modules designed and developed in collaboration with Fellows, trainees and education committees, on topics including:

- Communication
- Indigenous Health
- Research
- Supervisor Professional Development
- Telesupervision

These courses and modules are optional and completion is not a program requirement.

Admission to Fellowship

Trainees are eligible to be admitted to Fellowship of the College on the completion of all requirements of training. The College will invite trainees to apply for Fellowship once the overseeing committee has recommended them for admission. The admission process involves completion of an application form, and the payment of a fee.

New Fellows will receive formal notification from the College that they have been admitted to Fellowship. In addition to the award of Fellowship, individuals who complete training are issued a letter confirming the completion of their training. Fellows who complete another training program subsequent to admission to Fellowship receive a letter confirming all of the RACP training programs that they have completed.

All Fellows in Australia, New Zealand and overseas who are in active practice must meet the requirements of a Continuing Professional Development (CPD) program.
Program requirements

Program requirements are the components of a training program that a trainee must complete in order to progress through training. Mandatory program requirements are linked to the certification of training, progression through training and program completion.

Program requirements are made up of formative and summative assessments, teaching and learning activities, the type and duration of clinical rotations, course work and other requirements, such as minimum overall duration of training.

Overseeing committees evaluate training requirements every two years (previously annually) to ensure that they are in line with educational best practice. Requirements are published and communicated accordingly. Changes to the training program that may substantially impact a trainee’s plan for training will be implemented following an extended period of notice.

It is the trainee’s responsibility to ensure that they are following the correct handbook and are aware of the current program requirements. They must also ensure that they are familiar with current RACP education policies and processes, such as those for dual trainees.
Program requirements overview

<table>
<thead>
<tr>
<th>Training (36 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Content</td>
</tr>
<tr>
<td>• Community Child Health Advanced Training Curriculum</td>
</tr>
<tr>
<td>• Professional Qualities Curriculum</td>
</tr>
</tbody>
</table>

**Supervision** per rotation:
- 1 supervisor with FRACP who is actively practising in CCH*
- 1 supervisor who may or may not have FRACP relevant to the type of rotation (recommended)

*A forensic/child protection paediatrician is an acceptable alternative for child protection rotations

**Work-based learning and assessment tools**

Per rotation:
- 1 **Supervisor’s Report** (2 for 12-month rotations)

Per year:
- 4 **Case-based Discussion** (clinical rotations only)
- 4 **Learning Needs Analysis**
- 4 **mini-Clinical Evaluation Exercises** (clinical rotations only)*
- 2 **Professional Qualities Reflection** (recommended)

**By the end of Advanced Training:**

36 months of **certified training time** consisting of:
- 6 months in developmental & behavioural paediatrics
- 6 months of child population health activities
- 6 months in community-based multidisciplinary paediatrics
- 3 months of child protection training or completion of 15 **Child Protection (CP) case assessments**
- Remaining balance of 36 months in further core or non-core clinical training
- 1 **Research Project**
- 4 **Developmental-Behavioural Clinical Evaluation Exercise** (clinical rotations only)*
- 12 months attendance at **CCH Educational Tutorial Series** (weekly for Australian trainees, fortnightly for New Zealand trainees)

**Developmental and Psychosocial Training**

* Each DB-CEX replaces one mini-Clinical Evaluation Exercise in the year it is completed
### Time-based requirements - Training time and rotations

<table>
<thead>
<tr>
<th><strong>Purpose</strong></th>
<th>To ensure adequate time for trainees to gain necessary learning experiences across a range of relevant rotations.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total training time</strong></td>
<td>3 years (36 months) (FTE)</td>
</tr>
<tr>
<td><strong>Training rotations</strong></td>
<td>36 months of certified training time consisting of the following minimum requirements:</td>
</tr>
<tr>
<td></td>
<td>• 6 months in developmental &amp; behavioural paediatrics</td>
</tr>
<tr>
<td></td>
<td>• 6 months child population health activities (maximum 12 months)</td>
</tr>
<tr>
<td></td>
<td>• 6 months in community-based multidisciplinary paediatrics</td>
</tr>
<tr>
<td></td>
<td>• 3 months child protection training or completion of 15 <a href="#">Child Protection Case Assessments</a></td>
</tr>
<tr>
<td></td>
<td>The balance of the 36 months must be in relevant community child health clinical settings (core or non-core).</td>
</tr>
<tr>
<td><strong>Core training</strong></td>
<td>Some training positions may allow trainees to meet these core requirements concurrently, for example developmental and behavioural paediatrics and community-based multidisciplinary paediatrics; however, a trainee cannot be certified for more than 1.0 FTE in any given training period (i.e. a trainee cannot complete more than 12 months of training time in a 12-month period).</td>
</tr>
</tbody>
</table>

#### Developmental & Behavioural Paediatrics

Developmental and behavioural paediatrics is the assessment and management of patients who have been referred because of developmental and/or behavioural problems. The aim of this core training requirement is to develop core levels of clinical competence in:

- the comprehensive biopsychosocial assessment and diagnostic formulation of developmental-behavioural concerns
- the management of a wide variety of developmental-behavioural concerns (including office-based counselling, facilitating multi-level systemic interventions, and relevant medical treatments)
- communication skills in developmental-behavioural paediatrics (e.g. case presentation, feedback to families, report writing)

For developmental and behavioural paediatrics core training to be approved it must:

- Be undertaken in a developmental and behavioural rotation (e.g. specialist developmental and behavioural clinic), where the case-mix is defined by presenting concerns related to development, learning, behaviour and emotional health
- Have access to a multidisciplinary child development team
- Be supervised by a supervisor with FRACP who is actively practicing in CCH or has particular expertise in Developmental-Behavioural Paediatrics
- Be adequately setup to provide clinical supervision (including direct observation of performance)

Trainees seeking advanced competence in Developmental and Behavioural Paediatrics should consider additional specialised training beyond core requirements.

#### Child Population Health (previously non-clinical activities)

Child population health core training develops core levels of knowledge in key
Time-based requirements - Training time and rotations

areas of child population health.

Child population health core training requirements can be met by completing one of the following three options:

1. Child population health related coursework such as a Master’s in Public Health (MPH) or equivalent – **maximum 6 months equivalent**

   Trainees are required to complete four of the core MPH or equivalent subjects identified by each university. Completion of four core subjects equates to six months of child population health core training time.

   Examples of core MPH subjects that can be accepted include:
   - Introduction to Child Public Health
   - Biostatistics
   - Epidemiology
   - Social Determinants of Health
   - Health Promotion
   - Public Health Policy
   - Health Program Evaluation
   - Qualitative Research Methods
   - Indigenous Health
   - Health economics
   - Public Health Management
   - Introduction to Environmental Health

   Elective MPH subjects or other course works will not count towards CCH training time, unless the trainee is able to clearly demonstrate equivalency to core MPH subjects or CCH requirements in Child Population Health. Evidence of successful completion of each core MPH subject is required for certification of this training time (e.g. university results transcript). The ultimate completion of an MPH degree is encouraged, but not mandatory for CCH training. This requirement can be completed concurrently with any of the above approved core or non-core training.

2. Completion or initiation of a substantial body of child population health research (e.g. PHD or Doctorate) - **maximum 6 months**

   Research must be prospectively approved and must directly relate to the learning outcomes of child population health in the CCH curriculum. Advanced Training research projects will not count towards this requirement.

3. Working in a position that focuses on the learning objectives of the child population health domain in the CCH curriculum - **maximum 12 months**

   The position must clearly demonstrate the capacity to address the learning outcomes of the child population health domain in the CCH curriculum.

   Trainees can be approved for 6 or 12 months, depending on the child population health training. Any additional time spent will not be approved towards CCH advanced training.

   Prospective approval is essential prior to the commencement of postgraduate university courses, research or child population health positions.

   Trainees seeking advanced competence in Child Population Health should consider additional specialised training beyond core requirements.

**Community-based Multidisciplinary Paediatrics**

Community-based multidisciplinary paediatrics is the participation of a trainee in multidisciplinary team clinics and decision-making meetings.

The aim of this core training requirement is for trainees to develop levels of competence in
Time-based requirements - Training time and rotations

Professional teamwork. Key elements include collaborative diagnostic formulation and clinical problem solving, concise case presentations, effective and respectful professional communication, and ability to lead multidisciplinary team conversations. Suitable training rotations will enable the trainee to work collaboratively with clinicians from other professional groups (e.g. speech pathologists, psychologists, etc.). Participation in a multidisciplinary team includes:

- Assessment, diagnostic formulation, management planning, clinical feedback to families, and intervention, for new and review cases
- Collaborative case discussions at decision-making meetings (e.g. discussing patients that have been assessed by the trainee, synthesizing multi-disciplinary input into management plans)

This requirement must be completed concurrently with other core and non-core CCH requirements (e.g. Developmental and behavioural paediatrics, child protection training or non-core clinical training)

Child Protection Training or Child Protection Case Assessments

Child protection core training develops core levels of clinical competence in the identification and management of suspected child maltreatment.

Training may include the development of advanced competence in forensic medical assessment, medicolegal report writing, and provision of evidence in court, where child maltreatment is suspected.

Trainees can meet this requirement by completing one of the following three options:

1. Training in rotations in recognised tertiary-level Child Protection Units in Australia or New Zealand and under the supervision of at least one CCH supervisor with specialist expertise in child protection paediatrics.
2. Completing 15 Child Protection Case Assessments
3. Completing a mix of training time (option 1) and Child Protection Case Assessments (option 2). The completion of five case assessments will equate to one month of child protection training.

Trainees are encouraged to complete child protection courses to enhance their clinical experience; however, the courses will not count towards the three months of child protection core training.

Trainees seeking advanced competence in Child Protection / Forensic Paediatrics will require additional tertiary-level training beyond core requirements.
Time-based requirements - Training time and rotations

Non-core training
The balance of the 36 months of Advanced Training in CCH may be undertaken in one or more of the following options:

1. Further workplace-based core clinical training in:
   - Developmental Behavioural Paediatrics
   - Child Protection Paediatrics (in a recognised Child Protection Unit)
   - Population Health Unit (maximum 12 months in total, excluding coursework and research)

2. Further clinical training in community based specialist paediatric rotations
   It is the responsibility of supervisors and trainees to clearly demonstrate how such rotations will provide adequate training in key areas of the CCH curriculum such as:
   - Developmental and behavioural paediatrics and/or
   - Child protection paediatrics and/or
   - Specialist clinical services for vulnerable populations
   Examples of rotations that may meet these criteria include:
   - Child Refugee specialist clinics
   - Indigenous child health specialist clinics
   - Out of home assessment specialist clinics
   Sites must be prospectively accredited and trainees must nominate a supervisor with FRACP who is actively practicing in CCH.

3. Further clinical training in closely allied paediatric disciplines that enhance domain-specific clinical training in developmental and behavioural paediatrics or child protection paediatrics - Maximum 6 months in total.
   Examples of acceptable rotations may include:
   - Child and Adolescent Psychiatry/ infant mental health
   - Rehabilitation medicine
   - Clinical genetics
   - Adolescent medicine
   - Paediatric neurology
   Prospective approval is essential prior to the commencement of the above rotations.
   It is the responsibility of the supervisor and trainee to clearly demonstrate how such rotations will provide adequate training in key areas of the CCH curriculum.

The following are examples of rotations which will not be approved for CCH training:
Paediatric medical sub-specialties:
   - Endocrinology
   - Respiratory/ Cystic Fibrosis
   - Gastroenterology
   - Haematology
   - Oncology
   - Immunology/Allergy
   - Nephrology
Acute Paediatric medical subspecialties:
   - Neonatal Intensive Care
   - Paediatric Intensive Care
   - Emergency Medicine

Training time in Australia/New Zealand
At least 24 months of Advanced Training in Community Child Health must be undertaken in Australia and/or New Zealand. This is to ensure that trainees receive adequate exposure to local practices and health services.
<table>
<thead>
<tr>
<th>Supervision requirements</th>
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</thead>
<tbody>
<tr>
<td><strong>Purpose</strong></td>
</tr>
<tr>
<td>To provide trainees with appropriate support and guidance to complete the training program.</td>
</tr>
<tr>
<td><strong>Core and non-core training</strong></td>
</tr>
<tr>
<td>Per rotation:</td>
</tr>
</tbody>
</table>
| • 1 supervisor with FRACP who is actively practising in CCH  
  A forensic/child protection paediatrician is an acceptable alternative for child protection rotations.  
| • 1 supervisor who may or may not have FRACP relevant to the type of rotation (recommended) |
| **More information**    |
| • [Supervision](#)     |
| • [Download the Advanced Training supervisor amendment form (DOC 153KB)](#) |
Work-based learning and assessment tools

PREP teaching and learning activities are designed to support reflective practice and self-directed learning. A variety of teaching and learning activities and assessments are used throughout PREP training. These activities cater to a range of learning needs, styles and situations that may arise in workplace training, and aim to facilitate learning and enhance the attainment of desired learning outcomes.

Trainees are required to complete all teaching and learning activities, including formative and summative assessments, throughout training.

Formative assessments focus on assessment for learning through feedback and guidance. The College’s formative assessments aid the trainee and supervisor through a formal feedback discussion, prompting areas for discussion highlighted by the trainee’s performance. The College’s formative assessments are based on existing workplace-based assessment methods and best practice in medical education.

Summative assessments focus on judgements about trainee progression, resulting in pass or fail decisions on a trainee’s performance.

<table>
<thead>
<tr>
<th>Case-based Discussion (CbD)</th>
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<tbody>
<tr>
<td><strong>Purpose</strong></td>
</tr>
<tr>
<td>To guide the trainee’s learning through structured feedback and help the supervisor evaluate the expertise and judgement exercised in clinical cases. This is a formative assessment.</td>
</tr>
<tr>
<td><strong>Requirement</strong></td>
</tr>
<tr>
<td>Four per clinical year, one per three-month period, late in the rotation (clinical core and non-core) due by 31 January of the following year</td>
</tr>
<tr>
<td><strong>More information</strong></td>
</tr>
<tr>
<td>• Enter CbD rating form data into the Advanced Training Portal</td>
</tr>
<tr>
<td>• Case-based Discussion information sheet, workflow, rating form and other resources</td>
</tr>
</tbody>
</table>
**Child Protection (CP) Case Assessment**

**Purpose**
The Child Protection (CP) case assessments are available as an alternative to three months child protection training time required to complete Advanced Training in Community Child Health. The CP case assessments guide trainees to consider ways to improve safety and promote wellbeing whenever they consult with children. The CP case assessments ensure trainees acquire differing levels of expertise and competency in recognising children’s vulnerability to harm as well as actual harms that occur as a result of child abuse and neglect.

**Requirement**
Trainees may complete 15 over the course of Advanced Training as an alternative to Child Protection training time.

- Case assessments are to include cases across primary, secondary and tertiary child protection. Siblings count as one case.
- Of the 15 case assessments:
  - five cases must form the bases for Case-based discussions (CbD)
  - two of these cases must be tertiary child protection cases and assessed by a child protection/forensic paediatrician.
  - Assessments can be completed face to face or via video/teleconference with a supervisor.
  - Where Trainees wish to complete their Child Protection training requirement through a mix of training time and case assessments, the Trainee will need to complete the five case assessments, including two tertiary case assessments first in order for training time to be accredited. The completion of further primary and secondary case assessments is encouraged. The completion of five case assessments will equate to one month of child protection training.
  - The trainee must also maintain a Child Protection Case Logbook for the fifteen cases. The College may request to view this logbook for the training requirement to be fulfilled.

Case assessments must be submitted to the CCH supervisor/s for approval and must be recorded in the Supervisors Report for that training period to count towards the requirement.

**More information**
- [Learning and assessment tool forms](#)

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**Community Child Health Educational Tutorial Series**

**Purpose**
To guide the trainee’s learning through structured feedback and help the supervisor evaluate the expertise and judgement exercised in clinical cases. This is a formative assessment.

**Requirement**
Attendance over a period of 12 months during core or non-core training

- **Australia**: weekly attendance
- **New Zealand**: fortnightly attendance

The educational tutorial series typically includes topics in the following domains:

- **Developmental-Behavioural Paediatrics**
  - Assessment and Diagnostic Formulation in Developmental-Behavioural Paediatrics
  - Diagnosis and management of common clinical

- **Child Protection**
  - The Child Protection System
  - The public health approach to child protection
## Community Child Health Educational Tutorial Series

- Vulnerable children and families
- Forensic assessment of suspicious injury, possible sexual abuse, or possible emotional harm or neglect

### Child Population health

- Vulnerable children/ families/ populations
- Screening and surveillance
- Health promotion
- Injury prevention

### Professional Skills

- Report writing
- Multidisciplinary Teamwork
- Communication Skills
- Indigenous Cultural Awareness.

## Developmental-Behavioural Mini-Clinical Evaluation Exercise (DB-CEX)

### Purpose

To be used as a structured teaching and learning activity based upon the direct observation of clinical skills in Developmental-Behavioural Paediatrics.

### Requirement

Four over the course of training, late in the rotation (clinical core and non-core) due by 31 January of the following year.

Each DB-CEX replaces one mini-Clinical Evaluation Exercise in the year it is completed.

*Trainees completing in 2019 who are unable to complete all 4 DB-CEXs may seek an exemption from the committee. All trainees must complete a minimum of 2 DB-CEXs.

The DB-CEX has been designed to support diagnostic practice in Developmental-Behavioural Paediatrics. Developmental-Behavioural Paediatrics relies on the synthesis of information from a variety of domains of individual and family function obtained through interview, behavioural observations, direct elicitation of skills, physical examination, collateral history and investigations of various functional abilities. The DB-CEX includes clinical parameters specific to Developmental-Behavioural Paediatrics content.

It is suggested that 90 – 120 minutes should be adequate for observation and feedback during any given Developmental-Behavioural consultation. The observation could take place during protected supervision time at the end of a designated teaching clinic, when the supervisor and trainee operate their clinics in parallel, and follow with a meeting at the end.

Scheduling observations at different points of a training rotation is advisable. This will provide a longitudinal perspective of a trainee’s skill development. Observations performed earlier in a term will provide a baseline snapshot, whilst those undertaken later will allow further feedback to build upon earlier recommendations.

The trainee must enter the data from the completed RACP DB-CEX Evaluation Exercise rating form into the [Advanced Training Portal](#) as part of their record of training.

### More information

- Complete and submit the DB-CEX via the [Advanced Training Portal](#)
- [Developmental – Behavioural Clinical Evaluation Exercise information sheet, workflow, rating form and other resources](#)
### Learning Needs Analysis (LNA)

**Purpose**
To embed the process of planning and evaluating learning in the trainee’s practice.

**Requirement**
Four per year, one per three-month period, early in the rotation due by 31 January of the following year

**More information**
- Complete and submit the LNA via the [Advanced Training Portal](#)
- [Learning Needs Analysis information sheet, workflow and other resources](#)

### Mini-Clinical Evaluation Exercise (mini-CEX)

**Purpose**
For the trainee to receive timely, structured feedback on their performance in real clinical situations. This is a formative assessment.

**Requirement**
Four per clinical year, one per three-month period, late in the rotation (clinical core and non-core) due by 31 January of the following year

Note that the number of mini-CEX assessments required is reduced by the number of DB-CEX assessments completed in the same year

**More information**
- Complete and submit the mini-CEX via the [Advanced Training Portal](#)
- [Mini-Clinical Evaluation Exercise information sheet, workflow, rating form and other resources](#)

### Professional Qualities Reflection (PQR)

**Purpose**
To help trainees to articulate and formalise ideas and insights about their professional development through the process of reflection.

**Requirement**
Two per year, one per six-month period, early in the rotation due by 31 January of the following year (recommended)

**More information**
- Complete and submit the PQR via the [Advanced Training Portal](#)
- [Professional Qualities Reflection information sheet and workflow](#)

### Research Requirements

**Purpose**
To enable trainees to gain experience in research methods; in interpretation of research literature; in participation in research at some stage of their career; and to develop quality improvement skills. Submission of a research project provides evidence of the skills of considering and defining research problems; the systematic acquisition, analysis, synthesis and interpretation of data; and effective written communication.

**Requirement**
One over the course of training due by the end of Advanced Training.

**Australia**: Due by 31 March, 15 June or 15 September

The research project must be marked as satisfactory prior to admission to Fellowship. It is recommended that trainees submit their research project in their penultimate year of training to allow time for marking and resubmission of research projects initially marked ‘Resubmit’.

### More information
- [More information on Research Projects](#)
- [Research Projects eLearning@RACP module](#)
- [Education policies](#)

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## Supervisor’s Reports

### Purpose
To evaluate and provide feedback on the trainee’s progress, which informs the certification of training decision. This is a summative assessment.

### Requirement
One Supervisor’s Report is due per rotation, two per rotation for 12 month rotations

For Advanced Trainees in 12-month positions:
- One Supervisor’s Report is to be submitted by 15 July for the first six months of the calendar year.
- One Supervisor’s Report is to be submitted by 31 January of the following year covering the final six months of the calendar year.

For Advanced Trainees in positions of six months or less with separate supervisors, or at separate sites:
- One Supervisor’s Report should be completed for each rotation and submitted to the College by 15 July (for first half of the year) and 31 January the following year (for the second half of the year).

Advanced Trainees approaching the end of their training should submit a report that covers the whole second half of the year by 15 October.

The Supervisor’s Report must be completed by supervisors who have directly supervised the trainee. If the supervisor has not directly supervised the trainee throughout the whole rotation, the supervisor should obtain individual reports from those who have directly supervised the trainee and provide a composite report.

Supervisors should discuss the report with the trainee prior to both parties signing the report, and trainees should be provided with a copy of each report.

It is the trainee’s responsibility to ensure that all supervisors receive a copy of the Supervisor’s Report. Failure to do this may result in delays or non-certification of a period of training.

Progression to the next year of training is dependent upon the College receiving satisfactory Supervisor’s Report(s) covering the full year/period of training completed.

Trainees must provide copies of previous Supervisor’s Report(s) to the next year’s/rotation’s supervisor. The College may provide subsequent supervisors with copies of past reports (and any other documents deemed relevant to the trainee’s training).

### More information
- [More information on Supervisor’s Reports](#)
- [Learning and assessment tool forms](#)
- [Progression Through Training Policy](#)
### Other requirements

#### Developmental and Psychosocial Training

*NB: Completion of the Developmental and Psychosocial Training can be satisfied by completing all the requirements of Advanced Training in Community Child Health under the supervision of the ATC in Community Child Health. However, undertaking only a part of Advanced Training in Community Child Health will not satisfy this requirement.*

<table>
<thead>
<tr>
<th>Purpose</th>
</tr>
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<tbody>
<tr>
<td>To assist trainees to develop a sophisticated understanding of child development, encompassing physical, cognitive, emotional, behavioural and social areas, which should be gained from the perspective of the child within the family and in the context of the community.</td>
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<table>
<thead>
<tr>
<th>Requirement</th>
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<tbody>
<tr>
<td>This is a requirement for Paediatrics &amp; Child Health trainees only.</td>
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</table>

**Australia:** Once over entire training period (Basic Training and Advanced Training) for six months due by the end of Advanced Training

**New Zealand:** Once over entire training period (Basic Training and Advanced Training) for three months due by the end of Advanced Training

<table>
<thead>
<tr>
<th>More information</th>
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</thead>
<tbody>
<tr>
<td>- <a href="#">More information on Developmental and Psychosocial Training</a></td>
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<tr>
<td>- <a href="#">Learning and assessment tool forms</a></td>
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</tbody>
</table>
## Important dates

<table>
<thead>
<tr>
<th>Period</th>
<th>Dates</th>
<th>Activities</th>
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<tbody>
<tr>
<td><strong>January–March</strong></td>
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<tr>
<td><strong>15 February</strong></td>
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<td>• Applications for Approval of Advanced Training due</td>
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<td></td>
<td></td>
<td><em>Other activities to be completed this quarter</em></td>
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<tr>
<td></td>
<td></td>
<td>• Case-based Discussion</td>
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<tr>
<td></td>
<td></td>
<td>• Mini-Clinical Evaluation Exercise</td>
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<td></td>
<td></td>
<td>• Learning Needs Analysis and self-evaluation</td>
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<td><strong>April–June</strong></td>
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<td></td>
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<td><em>Activities to be completed this quarter</em></td>
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<tr>
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<td></td>
<td>• Case-based Discussion</td>
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<tr>
<td></td>
<td></td>
<td>• Professional Qualities Reflection</td>
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<td><strong>July–September</strong></td>
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<tr>
<td><strong>15 July</strong></td>
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<td>• Supervisor’s Report due for all trainees</td>
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<td><strong>31 August</strong></td>
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<td>• Applications for Approval of Advanced Training for the second half of the year due</td>
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<td><em>Other activities to be completed this quarter</em></td>
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<tr>
<td></td>
<td></td>
<td>• Mini-Clinical Evaluation Exercise</td>
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<tr>
<td><strong>October–December</strong></td>
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<td><strong>15 October</strong></td>
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<td>• Supervisor’s Report and all PREP tools due for trainees eligible for December Fellowship</td>
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<td><em>Other activities to be completed this quarter</em></td>
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<td>• Professional Qualities Reflection</td>
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<td><strong>January</strong></td>
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<td><strong>31 January</strong></td>
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<td>• Previous year’s Supervisor’s Report and all PREP tools due for trainees <em>not</em> applying for Fellowship in December</td>
</tr>
</tbody>
</table>
More information

RACP policies

- [Education policies](#)
- [Privacy Policy for Personal Information](#)
- [Code of Conduct and Working Together Policy](#)

RACP initiatives

- [Curated Collections](#) are learning resource guides based on the contributions and peer review of RACP Fellows and other experts.
- [Pomegranate Podcasts](#) (Pomcast) is a monthly medical podcast created by physicians, for physicians.
- [Evolve](#) is a physician-led initiative to ensure the highest quality patient care through the identification and reduction of low-value practices and interventions.

Useful contacts

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<tr>
<th>Contact the College</th>
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<tbody>
<tr>
<td><strong>Member Services Contact Centre</strong></td>
</tr>
<tr>
<td>First point of contact for general enquiries.</td>
</tr>
<tr>
<td><strong>Australia</strong></td>
</tr>
<tr>
<td>Email: <a href="mailto:racp@racp.edu.au">racp@racp.edu.au</a></td>
</tr>
<tr>
<td>Phone: 1300 MyRACP 1300 69 7227</td>
</tr>
<tr>
<td><strong>New Zealand</strong></td>
</tr>
<tr>
<td>Email: <a href="mailto:racp@racp.org.nz">racp@racp.org.nz</a></td>
</tr>
<tr>
<td>Phone: 0508 MyRACP 0508 69 7227</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Other College contacts</th>
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<tbody>
<tr>
<td><strong>Education Officers</strong></td>
</tr>
<tr>
<td>Education Officers administer the training program and can respond to training-related enquiries.</td>
</tr>
<tr>
<td>Email: <a href="mailto:CommunityChildHealth@racp.edu.au">CommunityChildHealth@racp.edu.au</a></td>
</tr>
<tr>
<td>Phone: +61 2 8247 6231</td>
</tr>
</tbody>
</table>

| **Training Support**  |
| The Training Support Unit supports trainees and supervisors of trainees who are experiencing difficulties in their training.  |
| **Australia**  |
| Email: trainingsupport@racp.edu.au  |
| Phone: +61 2 9256 5457  |
| **New Zealand**  |
| Email: trainingsupport@racp.org.nz  |
| Phone: +64 4 472 6713  |

| **Supervisor Support**  |
| The Supervisor Learning Support Unit provides and coordinates supervisor skills training.  |
| Email: supervisor@racp.edu.au  |
| Phone: +61 2 8076 6300  |

| **College Trainees’ Committee**  |
| The [College Trainees’ Committee](#) (CTC) reports to the College Board and represents and advocates on behalf of trainees.  |
| Email: traineescommittee@racp.edu.au  |

| **New Zealand Trainees’ Committee**  |
| The New Zealand Trainees’ Committee represents and advocates on behalf of trainees.  |
| Email: traineescommittee@racp.org.nz  |