Physician Readiness for Expert Practice

Advanced Training in Paediatric Emergency Medicine

2019–20 Program Requirements Handbook

Paediatrics & Child Health Division
About the 2019–20 handbook

This handbook outlines the complete program requirements for the RACP Physician Readiness for Expert Practice (PREP) Advanced Training in Paediatric Emergency Medicine 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.

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<th>Changes to program requirements for 2019–20</th>
<th>Rationale for changes</th>
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Acuity of cases now required to be 1 to 3. | To ensure trainees gain exposure to as many cases as possible |
| **Research Requirements**
New requirement for trainees commencing from 2019 onwards. | To align with College-wide implementation of research projects. |
| **Shift Reports**
New requirement – 2 shift reports to be completed in the last 6 months of PEM training. Minimum 3-month gap between reports. | To provide feedback on the trainee’s coordination of the shift and align with the ACEM requirement. |
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Paediatric Emergency Medicine

Paediatric Emergency Medicine is concerned with the short-term emergency treatment of children, from neonates to adolescents.

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. Trainees can enter Advanced Training in Paediatric Emergency Medicine from either the RACP stream or ACEM stream. The RACP administers the training program for RACP stream trainees, whilst the ACEM administers the training program for ACEM stream trainees. ACEM trainees should refer to the ACEM regarding administrative and process issues.

RACP Stream

<table>
<thead>
<tr>
<th>Program</th>
<th>Advanced Training in Paediatric Emergency Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overseeing committee(s)</td>
<td>Committee for Joint College Training in Paediatric Emergency Medicine (CJCT)</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 Paediatric Emergency Medicine Advanced Training Curriculum (PDF 1MB)  
• Download the Professional Qualities Curriculum (PDF 1MB) |
| Qualification | Fellowship of the Royal Australasian College of Physicians (FRACP) |

ACEM stream

ACEM trainees can register their interest in the program at any stage. They are advised to register early, as this allows appropriate individual tailoring of their program.

To be eligible to train under the Joint College Training Committee (JCTC) in Paediatric Emergency Medicine, ACEM stream trainees must have been accepted into Advanced Training by successfully completing:
• 24 months Emergency Medicine Basic Training  
• a minimum of 12 months provisional training  
• ACEM Primary Examination.
*For ACEM trainees, a total of 24 months in adult emergency department (ED) training is required, of which 12 months may be undertaken during provisional training. Therefore, the amount of adult ED training required during Advanced Training will vary between 12 and 24 months depending on the amount undertaken during provisional training.
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

Project Report and Logbook

- Download the Paediatric Emergency Medicine Project Report Cover Sheets (DOC 138KB)
- Download the Paediatric Emergency Medicine Project Supervisor Reports (DOC 147KB)
- Download the Paediatric Emergency Medicine Research Project Criteria (PDF 223KB)
- Download the Paediatric Emergency Medicine Adult Emergency Medicine Logbook (PDF 586KB)

Supervisor’s reports

- Download the Paediatric Emergency Medicine Supervisor’s Report (DOC 382KB)

Contact us

Phone:  +61 2 8247 6232
Email:  PaedEmergency@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. Trainees must organise the timely submission of all necessary documentation, keep a copy of the application for future reference and pay required fees.

**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 Paediatric Emergency Medicine (DOC 475KB)*.

**New Zealand Trainees**

New Zealand Trainees

Download, complete and submit the *application form to apply for Advanced Training in Paediatric Emergency Medicine (DOC 475KB)* by the due dates below.

**Closing dates for applications in Australia**

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
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<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>
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</tbody>
</table>

**Closing dates for applications in New Zealand**

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
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<tbody>
<tr>
<td>31 March</td>
<td>Closing date for applications for prospective approval of April to August rotations</td>
</tr>
<tr>
<td>31 May</td>
<td>Closing date for applications for prospective approval of rotations in the second half of the current year</td>
</tr>
<tr>
<td>31 October</td>
<td>Closing date for applications for prospective approval of rotations in the first half or whole of the following year</td>
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</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 Paediatric Emergency Medicine 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:

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

Education policies
Education policies underpin all training requirements.

Key education policies include the following:

- Academic Integrity in Training
- Flexible Training
- Progression through Training
- Recognition of Prior Learning (RPL)
- Special Consideration for Assessments
- Trainee in Difficulty Support (TIDS).

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.

The Training Support Unit has Resources for trainees covering topics including learning support and mentoring.

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 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>
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<th>Core training (36 months)</th>
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<tbody>
<tr>
<td><strong>Content</strong></td>
</tr>
<tr>
<td>- Paediatric Emergency Medicine Advanced Training Curriculum</td>
</tr>
<tr>
<td>- Professional Qualities Curriculum</td>
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<table>
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<tr>
<th>Supervision per rotation:</th>
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<tbody>
<tr>
<td>- 1 supervisor with FRACP or FACEM</td>
</tr>
<tr>
<td>- 1 supervisor who may or may not have FRACP or FACEM (recommended)</td>
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</tbody>
</table>

**Work-based learning and assessment tools**

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

- **Per year:**
  - 2 Learning Needs Analysis
  - 4 Case-based Discussions
  - 6 Direct Observations of Procedural Skills
  - 4 mini-Clinical Evaluation Exercises

By the end of Advanced Training:

36 months of certified training time consisting of:
- 18 months paediatric emergency medicine training
- 12 months adult emergency medicine training
- 6 months paediatric intensive care medicine training
- Advanced Paediatric Life Support course
- Developmental and Psychosocial Training (Paediatrics & Child Health trainees only)
- 1 Logbook of procedures (documenting adult emergency medicine procedures)
- 1 Research Project for trainees who commenced training before 2019
- 1 Research Project for trainees commencing training from 2019 onwards
- 2 Shift Reports to be completed in the last 6 months of PEM training
Time-based requirements - Training time and rotations

**Purpose**
To ensure adequate time for trainees to gain necessary learning experiences across a range of relevant rotations.

**Total training time**
3 years (36 months FTE)

**Training rotations**
36 months certified training time consisting of:
- 18 months paediatric emergency medicine training
- 12 months adult emergency medicine training
- 6 months paediatric intensive care medicine training

**Core training**
A minimum of 36 months (FTE) must be spent in accredited clinical training positions under the supervision of a Fellow of the RACP or ACEM.

*Paediatric Emergency Medicine (PEM) – 18 months*
- 12 months of which must be in a senior position as an Advanced Trainee in an ACEM accredited training site.

*Adult Emergency Medicine (AEM) – 12 months*
- Must be in an ACEM accredited emergency department with a substantial trauma load.

*Paediatric Intensive Care Medicine (PICU) – six months*
- Trainees may choose to undertake their PICU training with the Newborn and Paediatric Emergency Transport Service, New South Wales (NETS NSW). However, six months of training with NETS NSW will count as three months core PICU training only and/or three months elective time (if available). The remaining three months of PICU training must be completed in an accredited PICU unit.

Trainees may also choose to undertake their PICU training with MedSTAR, South Australia (SA). Six months with MedSTAR SA will count as three months core PICU training only and/or three months of elective time (if available). The remaining three months of PICU training must be completed in an accredited PICU unit. Please note, as this term is newly accredited, trainees must keep a logbook.

**Elective training**
A maximum of six months of paediatric emergency medicine or paediatric intensive care medicine training completed during Basic Training (at PGY4 or above, and at registrar level or above) may be counted towards Advanced Training requirements, with trainees able to substitute the time that is counted for elective training.

Elective training must be **prospectively approved** by the overseeing committee. Elective training must complement the paediatric emergency medicine training requirements. Disciplines may include child protection, toxicology, research or anaesthetics. Other areas may also be considered.

To be eligible to apply to complete elective training time during Basic Training, it must have been completed within three years of the application date; this will allow for the whole six months to be certified.

If the Basic Training time was three to five years prior to the application date, 50 per cent of the training time will be eligible for certification towards elective training time.

If the Basic Training time was more than five years prior to the application date, no training time will be retrospectively certified towards elective training time.

**Training sites**
A minimum of 2 training sites with at least 6 months at a second site.
### Time-based requirements - Training time and rotations

#### Training time in Australia/New Zealand

A minimum of 12 months of Advanced Training in Paediatric Emergency Medicine 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>
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<tr>
<th>Supervision requirements</th>
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#### Purpose

To provide trainees with appropriate support and guidance to complete the training program.

#### Core training

Per rotation:
- 1 supervisor with FRACP or FACEM
- 1 supervisor who may or may not have FRACP or FACEM (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.

### Case-based Discussion (CbD)

| 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 | Four per core training year, two per six-month period, due by 31 January of the following year |
| More information | - Enter CbD rating form data into the [Advanced Training Portal](#) |
| | - [Case-based Discussion information sheet, workflow, rating form and other resources](#) |

### Direct Observation of Procedural Skills (DOPS)

| Purpose | To guide trainee learning and achievement of competency in procedural skills through direct observation and the provision of structured feedback. This is a formative assessment. |
| Requirement | Six per core training year, due by 31 January of the following year |
| Acceptable procedures | Procedures can be carried out during PEM, PICU, Adult Emergency, or elective training time in advanced training. The procedures must be carried out by the trainee on a real patient - the signing off of these procedures by simulation is not permitted. The trainee must be physically observed by the supervisor for the duration of the procedure in order for the DOPS to be signed off. Each DOPS not marked with an “*” below can only be signed off a maximum of three times during Advanced Training: |
| | - Intubation * |
| | - Femoral nerve block * |
| | - Adrenaline auto-injector administration – instruction (in use) |
| | - Pulled elbow |
| | - Forearm reduction/manipulation * |
| | - Procedural sedation – Ketamine * |
| | - Procedural sedation – Nitrous |
| | - Closure of laceration – glue |
| | - Closure of laceration – suture |
Direct Observation of Procedural Skills (DOPS)

- Removal foreign body – eye
- Removal foreign body – ear
- Removal foreign body – nose
- Lumbar puncture – neonate
- Lumbar puncture - < 3 years
- Lumbar puncture - > 3 years
- Urethral catheterisation
- Manual reduction of paraphimosis
- Inguinal hernia reduction *
- Abscess – incision and drainage
- Biers Block *
- Central venous access *
- Re-placement of PEG tube
- Large joint relocation *
- Suprapubic aspiration of bladder
- Intercostal catheter insertions (chest drain) *
- LMA insertion (laryngeal mask airway) *
- Bag Mask Ventilation / neopuff use *
- Insertion of an IO (intraosseous needle) *
- Joint aspiration (elective – not core)

More information
- Enter DOPS rating form data into the Advanced Training Portal
- DOPS Information sheet, rating form, workflow and procedure lists

Learning Needs Analysis (LNA)

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

Two per core training year, one per six-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

Logbook of procedures

Purpose
To ensure trainees are gaining exposure across the full triage scale.

Requirement
One to be kept during Adult Emergency Medicine training documenting 400 cases with acuity 1 to 3 to be submitted with corresponding Supervisor’s Report.

All trainees must maintain a logbook of clinical procedures performed during Adult Emergency Medicine training, including whether the procedures were supervised or not.

The accuracy and currency of the logbook is of the utmost importance. The logbook must be maintained on the prescribed forms and must be available at all times for review as needed by the overseeing committee.

Supervisors are required to confirm in their reports that the logbook is a true and accurate record of the trainee’s experience and that all training requirements have been fulfilled.
### Logbook of procedures

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

### 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 core training year, two per six-month period, due by 31 January of the following 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](#)

### Shift Report

**Purpose**
To provide feedback on the trainee’s coordination of the shift, usually in the acute/resuscitation zones.

**Requirement**
Two shift reports (minimum) to be completed in the last 6 months of PEM training with a minimum 3-month gap between reports.

The trainee is observed for the duration of a clinical shift to assess and provide feedback on performance during a discrete period of clinical work. The trainees may be in charge of the floor or an area of the department.

The Shift Report can be completed by any supervising consultant.

### 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).
Supervisor’s Reports

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

Advanced Life Support (Paediatrics) course or equivalent

**Purpose**
To provide trainees with the necessary skills and guidelines to support patients requiring resuscitation.

**Requirement**
Trainees must complete an ALS course, or equivalent, prior to the completion of Advanced Training. This must be completed once over the course of training if not previously completed during Basic Training. Trainees must submit a certified copy of their ALS certificate as proof of their completion of the course.

Developmental and Psychosocial Training

**Purpose**
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.

**Requirement**
This is a requirement for Paediatrics & Child Health trainees only.

*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

More information
- More information on Developmental and Psychosocial Training
- Learning and assessment tool forms
Research requirements

Research Project (for trainees who commenced training before 2019)

**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.

**Requirement**
One satisfactory project by the end of Advanced Training due by 15 January/15 September

*If the project is not satisfactory or requires rewriting, it will not be reviewed until the next project submission date.*

**Role of the supervisor**
The role of the supervisor is to assist the trainee in selection of the project and the project design, and to guide the trainee in completion of the project. The supervisor is not a joint author. Project supervisors may contact a member of the overseeing committee regarding suitability of a proposed project.

The supervisor is asked to certify that the project is ready for submission. Trainees must allow adequate time for their supervisor to read and provide feedback prior to the submission date.

The supervisor is required to report on the trainee’s role in the research, including the amount of time spent actually conducting the research (in hours per week and number of weeks). Please see link under information and training resources to download the project supervisor research report that will need to be completed by the supervisor and submitted with the research report.

**Acceptable standard for projects**
Projects should be presented in a standard suitable for publication and should adhere to usual norms for scientific writing.

The written project should be at least 2000 words but should not exceed 5000 words.

**Format for projects**
- A project report should be of a format and standard suitable for presentation at a meeting of a national or international society, or for publication in a peer-reviewed journal.
- Pages should be numbered.
- Text should be in 12-point Arial or Times New Roman.
- The title page should contain the full title of the paper, names of other authors, institute where the work was conducted, name of the project supervisor, date of submission and whether the project is part of a higher degree.
- The abstract should be structured and no more than 250 words, subdivided into the following sequential sections: objective; methodology; results; conclusions. Studies that do not easily conform to this subdivision should still be structured but the headings amended as appropriate. The overall presentation should be similar to that for a journal article, with introduction, patients and methods, and results and discussion sections. The aim/objective/goal must be clearly stated.
- The introduction should be relatively brief and should outline the background of the study including the aims and hypotheses. Detailed literature reviews and discussions should be reserved for the discussion section.
- All terms in the patients and methods sections must be defined. Statistical methods should be presented entirely within the methods section.
- The results section should contain all the results. Results should not be included in the methods or discussion sections, nor should discussion be included in the results section.
### Research Project (for trainees who commenced training before 2019)

Tables, figures and illustrations must be referred to in the text and have appropriate legends. Tables and figures should be readable and intelligible as ‘stand-alone’ items. Any figures and photographs should be labelled on the back. Photographs, results and any other patient material must be carefully screened to remove personal identification items.

- The discussion should be precise, logical and relevant to the particular study. Authors should compare their results with those of other studies and state what contribution the project makes to the existing literature and what the implications are for clinical practice. The discussion should include recommendations for future studies or directions. Limitations of the study (if any) should be mentioned.
- The conclusion should be concise.

**University coursework**

Trainees can apply to the overseeing committee and have university coursework accepted as their research project. Trainees must satisfactorily complete two of the following subjects:

- Clinical epidemiology
- Biostatistics
- Research methods
- Evidence-based medicine.

The two subjects undertaken must be from the same university course. A list of approved university subjects can be obtained by contacting the RACP.

**More information**

- [Learning and assessment tool forms](#)

### Research Project (for trainees commencing training in 2019 onwards)

**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 satisfactory project over the course of training due by the annual submission date of 15 September in any year before the end of Advanced Training.

The research project must be marked as satisfactory prior to admission to Fellowship. It is recommended that trainees submit their research project by the annual submission date 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](#)
### Important dates

<table>
<thead>
<tr>
<th>January–March</th>
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<tbody>
<tr>
<td><strong>15 January</strong></td>
</tr>
<tr>
<td>• Research Project submission date</td>
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<tr>
<td><strong>15 February</strong></td>
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<tr>
<td>• Applications for Approval of Advanced Training due</td>
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*Other activities to be completed this quarter*

- Learning Needs Analysis
- Direct Observation of Procedural Skills
- Case-based Discussion
- Mini-Clinical Evaluation Exercise

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<tr>
<th>April–June</th>
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*Activities to be completed this quarter*

- Learning Needs Analysis self-evaluation
- Mini-Clinical Evaluation Exercise
- Case-based Discussion
- Direct Observation of Procedural Skills

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<tr>
<th>July–September</th>
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<tbody>
<tr>
<td><strong>15 July</strong></td>
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<tr>
<td>• Supervisor’s Report due for all trainees</td>
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<tr>
<td><strong>31 August</strong></td>
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<tr>
<td>• Applications for Approval of Advanced Training for the second half of the year due</td>
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<tr>
<td><strong>15 September</strong></td>
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<tr>
<td>• Research Project submission date</td>
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</table>

*Other activities to be completed this quarter*

- Learning Needs Analysis
- Direct Observation of Procedural Skills
- Case-based Discussion
- Mini-Clinical Evaluation Exercise

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<tr>
<th>October–December</th>
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<tr>
<td><strong>15 October</strong></td>
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<tr>
<td>• Supervisor’s Report and all PREP tools due for trainees eligible for December Fellowship</td>
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</table>

*Other activities to be completed this quarter*

- Learning Needs Analysis self-evaluation
- Direct Observation of Procedural Skills
- Case-based Discussion
- Mini-Clinical Evaluation Exercise

<table>
<thead>
<tr>
<th>January</th>
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<tbody>
<tr>
<td><strong>31 January</strong></td>
</tr>
<tr>
<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.
- Evolve is a physician-led initiative to ensure the highest quality patient care through the identification and reduction of low-value practices and interventions.
- Pomegranate Health Podcasts (Pomcast) is a monthly medical podcast created by physicians, for physicians.

Useful contacts

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

<table>
<thead>
<tr>
<th>Other College contacts</th>
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<th></th>
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</thead>
<tbody>
<tr>
<td>Education Officers</td>
<td>Email: <a href="mailto:PaedEmergency@racp.edu.au">PaedEmergency@racp.edu.au</a></td>
<td></td>
</tr>
<tr>
<td>Education Officers administer the training program and</td>
<td>Phone: +61 2 8247 6232</td>
<td></td>
</tr>
<tr>
<td>can respond to training-related enquiries.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training Support</td>
<td>Email: <a href="mailto:trainingsupport@racp.edu.au">trainingsupport@racp.edu.au</a></td>
<td></td>
</tr>
<tr>
<td>The Training Support Unit supports trainees and</td>
<td>Phone: +61 2 9256 5457</td>
<td></td>
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<tr>
<td>supervisors of trainees who are experiencing difficulties</td>
<td></td>
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<tr>
<td>in their training.</td>
<td></td>
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</tr>
<tr>
<td>New Zealand</td>
<td>Email: <a href="mailto:trainingsupport@racp.org.nz">trainingsupport@racp.org.nz</a></td>
<td></td>
</tr>
<tr>
<td>Supervisor Support</td>
<td>Phone: +64 4 472 6713</td>
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<tr>
<td>The Supervisor Learning Support Unit provides and</td>
<td></td>
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<tr>
<td>coordinates supervisor skills training.</td>
<td></td>
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</tr>
<tr>
<td>College Trainees’ Committee</td>
<td>Email: <a href="mailto:traineescommittee@racp.edu.au">traineescommittee@racp.edu.au</a></td>
<td></td>
</tr>
<tr>
<td>The College Trainees’ Committee (CTC) reports to the</td>
<td></td>
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<tr>
<td>College Board and represents and advocates on behalf of</td>
<td></td>
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<tr>
<td>trainees.</td>
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<tr>
<td>New Zealand Trainees’ Committee</td>
<td>Email: <a href="mailto:traineescommittee@racp.org.nz">traineescommittee@racp.org.nz</a></td>
<td></td>
</tr>
<tr>
<td>The New Zealand Trainees’ Committee represents and</td>
<td></td>
<td></td>
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<tr>
<td>advocates on behalf of trainees.</td>
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Other contacts

Specialty Societies

Specialty societies are medical/scientific societies that bring together research and clinical scientists and physicians who are actively involved in a particular area of medical practice, e.g. cardiology, geriatric medicine. The specialty societies are independent organisations that contribute to physician education through their members’ involvement in College education committees and activities.

Australasian College for Emergency Medicine

The Australasian College for Emergency Medicine (ACEM) is the not-for-profit organisation responsible for training emergency physicians and advancement of professional standards in emergency medicine in Australia and New Zealand.