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Physician Readiness for Expert Practice

Advanced Training in Respiratory Medicine and Sleep Medicine

2019-20 Program Requirements Handbook

Adult Medicine Division
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 Respiratory Medicine and Sleep 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.

Changes to program requirements for 2019-20	Rationale for changes
Training Rotations Intensive Care Medicine (ICM) no longer counts towards core training. It can still count as non-core training.	To ensure trainees complete sufficient core respiratory training to cover the knowledge and skills required for professional practice.
Developmental & Psychosocial Training Clarification - Developmental and Psychosocial Training (required for Paediatrics & Child Health trainees only) does not count towards non-core training.	To clarify existing requirements.
Supervision Requirements Updated supervision requirements for core and non-core training.	To align Australia and New Zealand requirements.
Case-based Discussion (CbD) Minimum 3 per year, minimum 1 per 6-month period.	To align Australia and New Zealand requirements.
Direct Observation of Procedural Skills (DOPS) Minimum 4 per year, 2 per 6 month period	To align Australia and New Zealand requirements.
Logbook Addition of specific procedure and patient numbers for Paediatric Respiratory Medicine. Addition of specific procedure numbers for Paediatric Sleep Medicine.	To better reflect the procedural skills and knowledge required for clinical practice. To clarify existing requirements.
Learning Needs Analysis (LNA) Minimum 2 per year, 1 per 6 month period	To align Australia and New Zealand requirements.

Changes to program requirements for 2019-20	Rationale for changes
Meeting Attendance (Post FRACP trainees) Post-FRACP trainees who have already completed Advanced Training in Respiratory Medicine and/or Sleep Medicine are now only required to attend one meeting over the course of training instead of two.	To align requirement for all Post-FRACP trainees.
Mini-CEX Minimum 3 per year, minimum 1 per 6-month period	To align Australia and New Zealand requirements.
Professional Qualities Reflection (PQR) Minimum 1 per year	To align Australia and New Zealand requirements.
Research Requirements Reduction in research requirements for Australian dual Respiratory and Sleep trainees.	To align with College-wide implementation of research projects to enable trainees to gain research skills and experience and to align Australia and New Zealand.

Table of contents

Respiratory Medicine and Sleep Medicine

Respiratory Medicine and Sleep Medicine description

Program overview

Advanced Training provides a 'depth' of Respiratory Medicine and Sleep Medicine 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.

Program	Advanced Training in Respiratory Medicine and Sleep Medicine
Overseeing committee(s)	Specialty Training Committee in Respiratory & Sleep Medicine (Australia) (STC) Specialist Advisory Committee Respiratory Medicine and Sleep Medicine (New Zealand) (SAC)
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 Respiratory Medicine (Adult) Advanced Training Curriculum (PDF 1.1MB) • Download the Respiratory Medicine (Paediatric) Advanced Training Curriculum (PDF 1.3MB) • Download the Sleep Medicine (Adult) Advanced Training Curriculum (PDF 1.6MB) • Download the Sleep Medicine (Paediatric) Advanced Training Curriculum (PDF 1.8MB) • Download the Professional Qualities Curriculum (PDF 1MB)
Qualification	Fellowship of the Royal Australasian College of Physicians (FRACP)

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 Respiratory Medicine and Sleep Medicine Supervisor's Report (Australia) (DOC 331KB)
- Download the Respiratory Medicine and Sleep Medicine Supervisor's Report (New Zealand) (PDF 71KB)

Logbook

- [Download the Sleep Medicine Logbook (XLS 1.4MB)](#)

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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 Respiratory Medicine and Sleep Medicine 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.

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 Respiratory Medicine and Sleep Medicine (DOC 472KB).

New Zealand Trainees

Download, complete and submit the application form to apply for Advanced Training in Respiratory Medicine and Sleep Medicine (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 in Australia

15 February	Closing date for applications for prospective approval of rotations in the current year
31 August	Closing date for applications for prospective approval of rotations in the second half of the current year

Closing dates for applications in New Zealand

31 March	Closing date for applications for prospective approval of April to August rotations.

31 May	Closing date for applications for prospective approval of rotations in the second half of the current year.
31 October	Closing date for applications for prospective approval of rotations in the first half or whole of the following year.

Post-FRACP Sleep Medicine trainees

Post-FRACP Sleep Medicine trainees should follow processes for variations in training and the guidelines below to ensure that appropriate training is undertaken.

- Part time training must be at a minimum load of 0.4 EFT as per the Flexible Training Policy.
- Training must be at a site accredited to provide sleep medicine training and within the accreditation allotment of the site.
- Training positions must include a combination of supervised sleep medicine clinics, lab-based experience, inpatient management (including management of respiratory failure) and attendance at sleep specific educational meetings.
- Trainees must have two supervisors who are sleep medicine physicians.
- Trainees must submit the Logbook of procedures and all work-based learning and assessment tools.
- All lab work requirements (including set ups, staging and scoring, reporting) need to be completed during the accredited training period in sleep medicine.
- Post-FRACP training requirements are the same as those for pre-FRACP trainees in terms of case load, numbers of studies reported, set ups, and educational presentations and these need to be completed during their training time in sleep medicine.
- Time spent in private practice seeing patients with sleep disorders will not be considered as part of sleep medicine training unless the clinic is accredited for the provision of sleep medicine training.

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 Respiratory Medicine (Adult) Advanced Training Curriculum (PDF 1MB)](#)
- [Download the Respiratory Medicine (Paediatric) Advanced Training Curriculum (PDF 1.3MB)](#)
- [Download the Sleep Medicine (Adult) Advanced Training Curriculum (PDF 1.6MB)](#)
- [Download the Sleep Medicine (Paediatric) Advanced Training Curriculum (PDF 1.8MB)](#)
- [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

Core training (minimum 24 months)	Non-core training (maximum 12 months)
Content	
• Respiratory Medicine Advanced Training Curriculum (Adult Medicine) and/or Sleep Medicine Advanced Training Curriculum (Adult Medicine) OR • Respiratory Medicine Advanced Training Curriculum (Paediatrics & Child Health) and/or Sleep Medicine Advanced Training Curriculum (Paediatrics & Child Health) • Professional Qualities Curriculum	
Supervision	
Supervision per rotation: • 1 supervisor with FRACP actively practising in Respiratory and/or Sleep medicine • 1 supervisor with FRACP ideally practicing in Respiratory Medicine and/or Sleep Medicine.	Supervision per rotation: • 1 supervisor with FRACP • 1 supervisor with FRACP or Fellowship of another college appropriate to the rotation
Work-based learning and assessment tools	
Per rotation: • 1 Supervisor's Report (2 for 12-month rotations) Per year: • 3 Case-based Discussions (1 per 6-month period) • 4 Direct Observations of Procedural Skills (2 per 6-month period) • 2 Learning Needs Analysis (1 per 6-month period) • 3 mini-Clinical Evaluation Exercise (1 per 6-month period) • 1 Professional Qualities Reflection	

By the end of Advanced Training:

Respiratory Medicine:

36 months of certified training time consisting of:
- 24 months core respiratory medicine training
- 12 months non-core training*

Sleep Medicine:

36 months of certified training time consisting of:
- 24 months core sleep medicine training
- 12 months non-core training*

Dual Training in Respiratory Medicine and Sleep Medicine:

36 months of certified training time consisting of:
- 24 months core respiratory medicine training
- 12 months core sleep medicine training*

- 1 Logbook^
- Meeting attendance (national or international scientific meetings)
- Developmental and Psychosocial Training (Paediatrics & Child Health trainees only)*
- Research requirements:
  o 1 Respiratory Medicine/Sleep Medicine Research Project for trainees commencing before 2017 and Australian trainees commencing in 2017-18
  o 1 RACP Research Project for New Zealand trainees commencing in 2017-18
  o 1 RACP Research Project for all trainees commencing in 2019 onwards

^ Both a respiratory medicine logbook and a sleep medicine logbook must be completed for dual respiratory medicine and sleep medicine certification *Developmental and Psychosocial Training (required for Paediatrics & Child Health trainees only) does not count towards non-core 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

For Advanced Training in Respiratory Medicine:

36 months certified training time consisting of:

- 24 months core respiratory medicine training
- 12 months non-core training

For Advanced Training in Sleep Medicine:

36 months certified training time consisting of:

- 24 months core sleep medicine training
- 12 months non-core training

For Dual Training in Respiratory Medicine and Sleep Medicine:

36 months certified training time consisting of:

- 24 months core respiratory medicine training
- 12 months core sleep medicine training

Core training

A minimum of 24 months (FTE) must be spent in accredited clinical training positions. The STC is unable to guarantee the quality of training at overseas sites and as such, the STC does not consider accreditation of core training at overseas sites.

Non-core training

The overseeing committee may approve a maximum of 12 months of non-core training, which may be spent in related clinical medicine, respiratory research or laboratory work.

The following areas are recommended for complementary training: sleep medicine; respiratory or sleep research; clinical respiratory or sleep physiology; overseas training in respiratory medicine; intensive care medicine.

Training in research will be strongly encouraged during the period of non-core training; ongoing contact with a respiratory supervisor is required.

A number of other specialty areas of medicine are likely to be considered suitable for a non-core period in respiratory medicine, provided trainees can demonstrate an appropriate case mix that is relevant to respiratory medicine and appropriate clinical rotations. These areas include general and acute care medicine; infectious diseases; intensive care; clinical allergy/immunology; cardiology; indigenous health and rural medicine; oncology and palliative medicine; and clinical pharmacology.

Other specialty areas of medicine are less likely to be acceptable for non-core training in respiratory medicine, and these rotations will only be approved if a suitable link to respiratory medicine can be demonstrated, and a suitable clinical case mix and supervisor are available. When considering programs for non-core training, trainees are advised to contact the overseeing committee regarding their proposed non-core program and seek advice prior to accepting any clinical position.

Ideally, non-core training should be prospectively approved before commencing the year of training. Retrospective approval of non-core training will not normally be granted.

Developmental and Psychosocial Training does not count towards non-core training.

Time-based requirements - Training time and rotations

NB: Certification of non-core training will be deferred until the completion of 12 months core training.

Training time in Australia/New Zealand

All core Advanced Training in Respiratory Medicine or Sleep Medicine (minimum 24 months FTE) must be undertaken in Australia and/or New Zealand.

Dual training in Respiratory Medicine and General and Acute Care Medicine

Trainees are able to complete dual training in both Respiratory Medicine and General and Acute Care Medicine over a four-year program. This program includes two years of core respiratory medicine training, and two years of general and acute care medicine training. In order to meet training requirements, the two years of general and acute care medicine training are generally suitable for approval by the STC in Respiratory and Sleep Medicine as 6 months of non-core training per year. This allows the two years of general medicine training to be approved as 12 months of non-core respiratory medicine training.

For trainees completing a dual training program with Advanced Training in General and Acute Care Medicine, non-core training will not be certified until the four-year program has been completed, i.e. 24 months of core respiratory medicine and 24 months of core general and acute care medicine.

Supervision requirements

Purpose

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

Core training

Per rotation:
- 1 supervisor with FRACP actively practising in Respiratory and/or Sleep medicine
- 1 supervisor with FRACP ideally practicing in Respiratory Medicine and/or Sleep Medicine

Non-core training

Per rotation:
- 1 supervisor with FRACP
- 1 supervisor with FRACP or Fellowship of another college appropriate to the rotation

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
Australia: Minimum three per year (one per six-month period) due by 31 January of the following year *New Zealand*: Minimum three per year (one per six-month period) due by the end of the training rotation
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
Australia: Minimum four per year (two per six-month period) due by 31 January of the following year *New Zealand*: Minimum four per year (two per six-month period) due by the end of the training rotation

Acceptable procedures

Respiratory Medicine (Adult Medicine):
- Bronchoscopy/-endoscopic procedures
- Pleural procedures
- Lung function testing
- Non-invasive ventilation (NIV) in acute care
- Thoracic ultrasonography

Sleep Medicine (Adult Medicine):
- Portable monitoring – set-up
- Portable monitoring – interpretation
- Sleep hygiene
- Implementing acute and chronic NIV
- Vigilance studies
- Other

Direct Observation of Procedural Skills (DOPS)

Respiratory Medicine (Paediatrics):

- Bronchoscopy
- Lung function testing
- Non-invasive ventilation (NIV) in acute care

Sleep Medicine (Paediatrics):

- Sleep hygiene
- Implementing acute and chronic NIV
- Vigilance studies
- Other

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.

Requirement

Australia: Minimum two per year (one per six-month period) due by 31 January of the following year

New Zealand: Minimum two per year (one per six-month period) due by the end of the training rotation

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

Australia: Minimum three per year (one per six-month period) due by 31 January of the following year

New Zealand: Minimum three per year (one per six-month period) due by the end of the training rotation

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

Australia: Minimum one per year due by 31 January of the following year

Professional Qualities Reflection (PQR)

New Zealand: Minimum one per year due by the end of the training rotation

More information
- Complete and submit the PQR via the Advanced Training Portal
- Professional Qualities Reflection information sheet and workflow

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.

New Zealand

For Advanced Trainees in 12-month positions:

- One Supervisor's Report is to be submitted by 31 May for the first six months of the rotation.
- One Supervisor's Report is to be submitted by 31 October covering the full 12 months.

For Advanced Trainees in three, four, or six-month positions:

- One Supervisor's Report must be completed for each rotation and submitted by 31 May (for rotations in the first half of the year) and 31 October (for rotations in the second half of the year).

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).

Supervisor's Reports

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

Other requirements

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

NB: Developmental and Psychosocial Training will not be counted towards non-core training.

More information
- [More information on Developmental and Psychosocial Training](#)
- [Learning and assessment tool forms](#)

Logbook of procedures

Purpose

To assist trainees in demonstrating competence in undertaking clinical procedures.

Requirement

One per training program over the course of training.

Logbooks must be updated throughout training and trainees are required to submit logbooks for review at the end of each training year with the Supervisors Report.

Completion of the logbook for the relevant period must also be reported in each Supervisor's Report.

Both a respiratory medicine logbook and a sleep medicine logbook must be completed for dual respiratory medicine and sleep medicine certification.

Trainees are required to maintain a logbook that documents clinical procedures including bronchoscopy, tube thoracotomy and pleural aspiration. The information required for each procedure includes the medical record number, the procedure performed, and the outcome of the procedure including any complications or unusual features. The logbook should state whether these procedures were supervised or unsupervised.

Respiratory Trainees are required to maintain a logbook that documents clinical procedures including bronchoscopy, tube thoracostomy, pleural ultrasound and pleural aspiration. The information required for each procedure includes the medical record number, the procedure performed, and the outcome of the procedure including any complications or unusual features. The logbook should state whether these procedures were supervised or unsupervised. Trainees also need to keep a record of all respiratory function tests reported

Logbook of procedures

Sleep Medicine Trainees are required to maintain a logbook that documents clinical work, sleep lab work, sleep study reporting, presentations and respiratory function test reporting.

Competence may be assessed on the basis of the written record of procedures in the logbook, the written assessment by supervisors who will be asked to verify the details of the logbook, and the trainee's experience and competence.

Guide to number of procedures

As a guide to the numbers required to gain competence, trainees should aim to complete approximately the following numbers of procedures during their training period:

Adult Respiratory medicine

- Bronchoscopies – 200
- Tube thoracostomies – 10
- Lung function reports (total) – 300 (specific tests should be recorded, and it is expected that trainees will gain expertise in the full range of lung function testing including spirometry, gas transfer factor, maximal respiratory pressures, lung volumes, bronchoprovocation testing, cardiopulmonary exercise testing and other specialised tests)
- Thoracic ultrasonography

Highly desirable (optional) procedural skills:

- Transbronchial lung biopsies – 25
- Pleuroscopy
- EBUS

Paediatric Respiratory medicine

- Fiberoptic bronchoscopy – 50 cases performed by trainee during course of training (specific cases to be recorded; observed procedures may also be recorded)
- Lung function reports – 200 (Specific tests should be recorded). It is expected that trainees will gain expertise in the full range of lung function testing including spirometry, gas transfer factor, lung volumes, bronchoprovocation testing, cardiopulmonary exercise testing and other specialised tests. It is also expected that trainees will spend time in the lung function lab to learn the principles of quality assurance and infection control as well as how these tests are performed.
- Pulmonary function tests – trainee performed (i.e. not just reported): 10 Spirometry
- Respiratory Medicine Inpatients: 300 cases
- Respiratory Medicine Outpatient Consultations: 300 cases
  - 100 of these cases should be new referrals
- Non-Respiratory Medicine Admitted Inpatient Consultations for Other Clinical Services: 100 cases

Adult Sleep medicine

Clinical work:

- Total cases (this includes all new and review patients seen as inpatients and outpatients) – 500
- New patients – 150
- New cases in which primary problem is a non-respiratory sleep disorder – 30
- Positive airway pressure therapy – 50
- Institution of NIV – 20

Sleep laboratory work:

- Study set-up and calibration of physiological signals – 5

Logbook of procedures

- Review of raw data: sleep staging and respiratory scoring – 25
- Concordance assessment – 5

Sleep study reporting:

- Total studies – 500
- Level 1 studies – 350
- NIV studies – 20
- Vigilance (MSLT, MWT) – 20

Presentations:

- Physiology topic – 3
- Sleep cases – 12

In addition to the above, non-respiratory Advanced Trainees must undertake:

- RFT reporting – 100
- Respiratory medicine outpatient clinics – 1 per week
- Inpatient management of respiratory patients, including acute respiratory failure

Paediatric Sleep medicine

Clinical Work:

- Inpatient - 50 cases including consultations
- Outpatient - 350 consultations
- New patients - 150 including
- New cases in which primary problem is a non-respiratory sleep disorder – 30
- Positive airway pressure therapy – 50
- Institution of NIV – 20

Sleep Laboratory work:

- Study set-up and calibration of physiological signals – 5

Review of raw data:

- Sleep staging and respiratory scoring – 25
- Concordance assessment – 5

Sleep study reporting:

- Total studies – 300
- Level 1 studies – 250
- NIV/ CPAP studies – 20
- Vigilance (MSLT) – 5

Presentations:

- Physiology topic – 3
- Sleep cases – 12

Further, non-respiratory trainees should undertake:

- RFT reporting – 100 cases over 2 years

Except where it is stated that specific cases are to be recorded, all numbers listed above are a guide only as to what supervisors and trainees may aim for. Failure to reach these numbers does not provide grounds on which to prevent a trainee from training progression. It is expected that supervisors may assess trainees to be competent to progress without abovementioned numbers being reached.

Logbook of procedures
Except where it is stated that specific cases are to be recorded, the logbook requirement does not mandate recording details of each individual case, but recommends recording of total numbers for that procedure.
More information
Learning and assessment tool forms

Meeting attendance
Purpose
To assist trainees in demonstrating professional learning in Respiratory Medicine or Sleep Medicine.
Requirement
Two over the course of training due by the completion of training* Trainees are required to attend two* national or international scientific meetings and provide documentary evidence of their attendance to the College in the form of a Certificate of Attendance. A tax invoice for registration at an event will not suffice. Evidence can be submitted to via email to the Education Officer. *Post-FRACP trainees who have already completed Advanced Training in Respiratory Medicine Respiratory Medicine and/or Sleep Medicine are only required to attend one meeting over the course of training.

Research requirements

Overview			
Year	**Trainees**	**Australia**	**New Zealand**
Trainees who commenced training before 2017	Respiratory Medicine/Sleep Medicine trainees	1 Respiratory Medicine/Sleep Medicine Project	
	Dual Respiratory Medicine and Sleep Medicine trainees	1 Respiratory Medicine project 1 Sleep Medicine project	
Trainees who commenced training in 2017-18	Respiratory Medicine/Sleep Medicine trainees	1 Respiratory Medicine/Sleep Medicine Project	1 RACP Research Project
	Dual Respiratory Medicine and Sleep Medicine trainees	1 Respiratory Medicine project 1 Sleep Medicine project	
Trainees commencing in 2019 onwards	All trainees	1 RACP Research Project	

Respiratory Medicine/Sleep Medicine Research Project
(for all trainees who commenced training before 2017 and Australian trainees who commenced in 2017-18)

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 in the areas of Respiratory Medicine and Sleep Medicine.

Requirement

For all trainees who commenced training before 2017 and Australian trainees who commenced in 2017-18:

One over the course of training. Trainees are required to submit proof of acceptance of their poster or abstract prior to the completion of training*. The research project/s must be presented at a national or international meeting before fellowship will be conferred.

Trainees are required to undertake a significant research project during their training, in order to understand and apply appropriate research methodologies in laboratory and clinical settings. Trainees should become actively involved in research activities, including quality assurance. Experience should be gained in study design; literature research and review; writing submissions for grant funding and ethics committee approval; data collection; storage and analysis; and computer program evaluation for results analysis, statistics and graphics. Success in these activities is demonstrated by publication or presentation of a significant project at a national or international meeting.

Trainees are required to:
- present and be the principal author of at least one paper at a national or international meeting of a society, e.g. Thoracic Society of Australia and New Zealand (TSANZ), Australasian Sleep Association (ASA) or the College Congress

OR

- prepare an article accepted for publication by a peer-reviewed journal. In general, single case reports will not satisfy this criterion.

Trainees are required to provide the following:
1. Proof of acceptance of their poster or abstract at a national or international meeting.
2. Proof of acceptance of their article for publication.
3. A copy of their abstract or article

* NB: To attain dual certification in both respiratory medicine and sleep medicine, a trainee must complete both a respiratory medicine project and a sleep medicine project.

RACP Research Project (for New Zealand trainees who commenced training in 2017-18)

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
For New Zealand trainees commencing training in 2017-18:
One over the course of training due by 31 October in the penultimate year before the end of Advanced Training.
The research project must be marked as satisfactory prior to admission to Fellowship. Submission by 31 October in their penultimate year of training allows 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

RACP 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

For all trainees commencing training in 2019 onwards:

One over the course of training due by 31 October in the penultimate year before the end of Advanced Training.

The research project must be marked as satisfactory prior to admission to Fellowship. Submission by 31 October in their penultimate year of training allows 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

Australia

January–March
15 February
• Applications for Approval of Advanced Training due
Other activities to be completed this quarter
• Learning Needs Analysis
• Direct Observation of Procedural Skills
• Professional Qualities Reflection

April–June
Activities to be completed this quarter
• Learning Needs Analysis self-evaluation
• Mini-Clinical Evaluation Exercise
• Case-based Discussion
• Direct Observation of Procedural Skills

July–September
15 July
• Supervisor's Report due for all trainees
31 August
• Applications for Approval of Advanced Training for the second half of the year due
Other activities to be completed this quarter
• Learning Needs Analysis
• Mini-Clinical Evaluation Exercise
• Case-based Discussion
• Direct Observation of Procedural Skills

October–December
15 October
• Supervisor's Report and all PREP tools due for trainees eligible for December Fellowship
Other activities to be completed this quarter
• Learning Needs Analysis self-evaluation
• Mini-Clinical Evaluation Exercise
• Case-based Discussion
• Direct Observation of Procedural Skills

January
31 January
• Previous year's Supervisor's Report and all PREP tools due for trainees *not* applying for Fellowship in December

New Zealand

December – February
Activities to be completed this quarter
• Learning Needs Analysis
• Mini-Clinical Evaluation Exercise
• Direct Observation of Procedural Skills
• Professional Qualities Reflection

March–May
31 March
• Applications for Approval of Advanced Training for April–August rotations due
31 May
• Applications for Approval of Advanced Training for the second half of the current year due
• Supervisor's Report due for all trainees
Other activities to be completed this quarter
• Case-based Discussion
• Mini-Clinical Evaluation Exercise
• Direct Observation of Procedural Skills
• Learning Needs Analysis self-evaluation

June–August
Activities to be completed this quarter
• Learning Needs Analysis
• Mini-Clinical Evaluation Exercise
• Case-based Discussion
• Direct Observation of Procedural Skills

September–November
31 October
• Supervisor's Report and all PREP tools due for all trainees
• Applications for Approval of Advanced Training for the first half or whole of the following year due
Other activities to be completed this quarter
• Case-based Discussion
• Direct Observation of Procedural Skills
• Learning Needs Analysis self-evaluation

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

Contact the College	
Member Services Contact Centre First point of contact for general enquiries.	*Australia* Email: racp@racp.edu.au Phone: 1300 MyRACP 1300 69 7227 *New Zealand* Email: racp@racp.org.nz Phone: 0508 MyRACP 0508 69 7227

Other College contacts	
Education Officers Education Officers administer the training program and can respond to training-related enquiries.	*Australia* Email: RespiratorySleep@racp.edu.au Phone: +61 2 8247 6279 *New Zealand* Email: RespiratorySleep@racp.org.nz Phone: +64 4 472 6713
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	Email: traineescommittee@racp.edu.au

Other College contacts	
The College Trainees' Committee (CTC) reports to the College Board and represents and advocates on behalf of trainees.	
New Zealand Trainees' Committee The New Zealand Trainees' Committee represents and advocates on behalf of trainees.	Email: traineescommittee@racp.org.nz

Other contacts
Respiratory Medicine and Sleep Medicine societies Respiratory Medicine and Sleep Medicine 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 Respiratory Medicine and Sleep Medicine societies are independent organisations that contribute to physician education through their members' involvement in College education committees and activities. **Thoracic Society of Australia and New Zealand (TSANZ)** The Thoracic Society of Australia and New Zealand is a peak professional body representing Respiratory Medicine physicians in Australia and New Zealand. **Australasian Sleep Association (ASA)** The Australasian Sleep Association is a peak professional body representing Sleep Medicine physicians in Australia and New Zealand.

www.racp.edu.au

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