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Basic Training – Paediatrics and Child Health

Accreditation Renewal Consultation Paper

May 2019

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INTRODUCTION

The Royal Australasian College of Physicians (RACP) has undertaken an extensive development process to produce relevant and flexible accreditation requirements for Basic Training – Paediatrics and Child Health.

This Basic Training Paediatrics and Child Health Accreditation Renewal Consultation Paper contains three distinct documents which outline:

- workplace expectations of training providers (Basic Training Accreditation Requirements)
- accreditation decision framework
- the classification of training providers

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Basic Training - Paediatrics and Child Health Accreditation Requirements

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Introduction

The RACP is recognised by the Australian Medical Council (AMC) and the Medical Council of New Zealand (MCNZ) as an education provider and as such the RACP is responsible for developing and maintaining standards for physician workplace training in Australia and New Zealand.

Standards are central to an accreditation program. They articulate the expectations for workplace training and are used to measure the quality of training provided. In the Training Provider Standards for Clinical Training Programs (the Standards) the RACP has defined nine accreditation standards which describe the foundation required to deliver quality physician training. The Standards are grouped into four themes: environment and culture, training oversight, training support and curriculum implementation. Under each of the standards there are Training Provider criteria and Setting criteria which need to be met.

Supporting the Standards, the RACP has developed accreditation requirements unique to each clinical Training Program. These requirements are actions which need to be addressed for a Training Provider to offer a specific Training Program.

The variable size, structure and training offered by Training Providers requires a degree of flexibility on behalf of the RACP when applying requirements. Limited ability to address some requirements does not necessarily preclude Training Program accreditation. The RACP can classify Training Programs according to the training opportunities available and may apply discretion when making decisions about accreditation.

Purpose and Scope

This document outlines the accreditation requirements for a Setting and Training Network delivering Basic Training in Paediatrics and Child Health.

To understand the Basic Training – Paediatrics and Child Health Accreditation Requirements, they should be read in conjunction with the [RACP Training Provider Standards](#).

Training program and rotation evaluation

The evaluation of clinical Training Programs and their rotations will include consideration of:

1. The level and number of Fellows and senior staff capable of providing adequate and appropriate supervision for trainees of all levels at all times.
2. An appropriate number and case-mix of patients to provide trainees with adequate clinical experiences and an appropriate level of involvement in their assessment and management.
3. A specialist workforce sufficient to safely deliver care and provide effective training.
4. Appropriate equipment and facilities for the provision of medical care and training.
5. Access to an appropriate range of clinical support services.

Accreditation Requirements

Standard 1: Safety and Quality

The environment and culture encourage safety promoting behaviours and support the delivery of high-quality patient and population-centred care.

Setting Requirements

- 1.1 A Paediatrics and Child Health Basic trainee is involved in patient safety and health quality care activities undertaken by the training setting.
- 1.2 A Training Setting ensures a Paediatrics and Child Health Basic Trainee completes an advanced life support course (or equivalent) and is oriented to their setting.
- 1.3 Consultant led handover occurs at least daily.

Notes

- 1.1 Acquiring competency in patient safety and quality improvement requires experiential learning. A training setting provides a trainee exposure to interprofessional system-based solutions on patient safety.

A setting actively involves the trainee in medical audits, morbidity and mortality conferences and patient safety event reviews.

- 1.2 A setting ensures a trainee receives training in neonatal, infant and child advanced life support. The training adheres to the paediatric advanced life support and neonatal guidelines of the Australian or New Zealand Resuscitation Council. The training must involve a theoretical and practical component.

A trainee who may provide care to an adult needs to complete an Australian or New Zealand Resuscitation Council accredited advanced life support course Level 2 before commencing their duties.

A trainee is orientated into the setting's medical emergency and cardiac arrest resources and procedures and is supported to complete their responsibilities. The setting's responses to medical emergencies and cardiac arrests are monitored to check outcomes and ensure suitable quality.

- 1.3 Handover occurs at least once every day. Where trainees work night duty, the handover occurs after each night shift. A consultant facilitates handover at least 5 days a week; an advanced trainee can facilitate handover for a maximum of two days.

Everyone relevant for handover is present.

Handover is essential for patient safety. Handover presents an opportunity for trainees, especially those on night shift to have access to Consultant teaching.

Standard 2: Learning Environment

The environment and culture value learning and support training.

There are no additional accreditation requirements for this standard¹.

¹ Please refer to [Training Provider Standards](#) Page 9 for Training Provider criteria.

Training oversight

Standard 3: Governance

The Training Provider has a systematic approach to training responsibilities and relationships.

Training Provider Requirements

- 3.1 The number of Basic Trainees allocated to a rotation does not exceed the rotation's capacity to train.
- 3.2 A Training Program is led by a Training Program Director, who is an RACP Fellow.

Notes

- 3.2 When a Training Program is administered by a Network, there is a Training Program Director for at least each principal training program and the Network. A Training Program Director should be selected according to the [Educational Leadership and Supervision Framework](#).

Standard 4: Training Management

The Training Provider manages staff, resources and structures to deliver best practice training.

Training Provider Requirements

- 4.1 A Training Program Director² has time and budget allocated to complete their role and has a Medical Education Support Officer and administrative staff to deliver the Training Program.
- 4.2 The Training Provider ensures applicants selected for the Paediatrics and Child Health Basic Training Program meet the selection criteria.
- 4.3 The Training Provider ensures all Paediatrics and Child Health Basic Trainees have Clinical Supervisors and a Rotation and Education Supervisor in accordance with the RACP Basic Training Learning, Teaching, and Assessment Program.

Notes

- 4.1 A Medical Education Support Officer has paediatric educational expertise and works with the Training Program Director to support and improve training. The time allocated to a Training Program Director and required hours of medical education support are outlined in Appendix 1.
- 4.2 The prospective trainees meet the entry and selection criteria outlined in the Basic Training in Paediatrics and Child Health Learning, Teaching, and Assessment Program Requirements.
- 4.3 The Clinical and Rotation Supervisor(s) are Fellows of Specialist Medical Colleges, The Education Supervisor, Setting and Network Training Program Director(s) are RACP Fellows.

Supervisors are assigned to a trainee. A trainee has a level of flexibility to change a supervisor if there is not a good fit.

The Clinical and Rotation Supervisor(s) are located at the Training Setting where the trainee works.

A Trainee is assigned an Education supervisor for the duration of each Phase of the Training Program. The Education supervisor is located at the Training Setting where the trainee spends most of the training phase.

The length of time a trainee has one Fellow acting as both their Rotation and Education supervisor is minimised.

² Training Program Director refers to both a setting and network Training Director. Training Program Director is an alternate name for Director of Physician Training.

Training support

Standard 5: Educator Leadership, Support and Wellbeing

Educators are skilled and supported in their teaching and leadership roles.

Training Provider Requirements

- 5.1 The Training Provider ensures Educators have completed all the RACP Supervisor Professional Development Program Modules.
- 5.2 A Rotation and Education supervisor(s) can supervise a maximum of five Basic Trainees at any one time.
- 5.3 Rotation and Education Supervisors are allocated time to complete their supervisory responsibilities.

Notes

- 5.1 Consultants and Fellows who have not been Educators previously have twelve months to complete the RACP Supervisor Professional Development Program Modules.

Educators utilise RACP resources and incorporate recommendations into the Training Program. The resources recommended for the Training Program are listed in the Basic Training Learning, Teaching, and Assessment Program Requirements.

- 5.2 Basic Trainees are trainees registered with either the RACP Paediatrics and Child Health or Paediatrics and Child Health Divisions.

Where possible trainees in the foundation, consolidation and completion phases are equitably distributed to education supervisors.

Standard 6: Trainee Support and Wellbeing

Trainees receive a fair, positive and supportive training experience

There are no additional accreditation requirements for this standard³.

³ Please refer to [Training Provider Standards](#) Page 19 for Training Provider criteria.

Curriculum implementation

Standard 7: Curriculum Delivery

The curriculum is implemented so trainees can achieve the learning outcomes and become independent, skilled physicians.

Training Provider Requirements

- 7.1 The Training Provider provides experiential, social and formal learning opportunities which align to the Paediatrics and Child Health Basic Training Program Curriculum.
- 7.2 The Training Provider ensures a trainee's rotations align to the clinical experience requirements outlined in the Paediatrics and Child Health Basic Training Program Curriculum.
- 7.3 The Training Provider enables a trainee to complete the required and recommended formal learning courses identified for each Phase of the Paediatrics and Child Health Basic Training Program Curriculum.
- 7.4 The Training Provider provides an induction to the Training Program to a trainee within two weeks of commencing the Foundation phase of training.

Setting Requirements

- 7.5 The Training Setting is required to have the Paediatrics and Child Health Basic Training rotations it offers prospectively accredited or approved by the RACP.
- 7.6 The Training Setting ensures a rotation has formal learning opportunities aligned to the responsibilities required by the Department's clinical service.
- 7.7 A trainee has access to a minimum of four hours of Protected Time for Formal Learning per week.

Notes

- 7.1 Trainee attendance at social or formal learning opportunities are not prevented by service delivery, or gaps in the roster. All trainees have access to a formal learning program. Formal Learning is organised by the Setting offering the Principal Training Program or a Training Network.
- 7.2 A trainee's clinical experiences include caring for patients with undifferentiated complex conditions, and the provision of acute, longitudinal and ambulatory care

At least two thirds of a trainee's rotations are from specialities listed in the in the Paediatrics and Child Health Basic Training Program Clinical Experience Requirements.

Trainees are offered sufficient ambulatory care opportunities to meet the Paediatrics and Child Health Basic Training Program requirements.

A training provider is to ensure the maximum number of times a trainee completes a rotation is twice. A trainee can only spend six months in a single speciality. A Training Provider is to actively minimise the number of duplicate rotations offered to a trainee.

- 7.3 A list of the required and recommended learning courses is outlined in the Paediatrics and Child Health Basic Training Learning, Teaching, and Assessment Program Requirements.

7.4 The induction includes an orientation to their speciality.

Induction is provided to all trainees including those who did not start their training at the beginning of a clinical year.

7.5 A rotation is between 10 and 14 weeks long and can include a maximum of two specialties.

Approved and accredited rotations are to continuously align with the learning goals of the Paediatrics and Child Health Basic Training Program Curriculum, RACP Training Provider Standards and Basic Training Paediatrics and Child Health Accreditation Requirements.

A rotation without approval or accreditation does not count towards a trainee's clinical experience requirements. A Training Provider is to actively minimise placing a trainee into an unapproved or unaccredited rotation. If this must occur, the Training Provider is to inform the trainee prior to commencement that the rotation does not contribute to their clinical experience requirements.

Medical speciality, medical education, nights and relief rotations are accredited by the RACP. Supervised clinical research and rotations in departments accredited by other Specialist Medical Colleges or Postgraduate Medical Councils (in specified circumstances) are approved by the RACP.

7.6 Formal learning is a structured activity which provides a supportive framework to deliver learning outcomes. Formal learning develops an understanding of the foundations, theories and evidence which underpin and/or amplify what is learned through experience and social interaction. Examples include interprofessional meetings, journal clubs, patient presentations and courses.

7.7 The Training Setting offering a principal training program is to ensure that over a training phase a trainee's protected time averages to four hours per week over a year.

Where the number of hours of protected time offered is less than the number of hours of formal learning offered, the setting, in consultation with the trainees, will determine which formal learning activities will be protected.

Standard 8: Supervision

A high standard of supervision is provided to trainees at all times.

Setting Requirements

- 8.1 A Training Setting provides accessible clinical supervision 100% of the time a trainee provides service.
- 8.2 A Training Setting has a minimum of two consultants available to provide supervision for each rotation.
- 8.3 A Training Setting ensures there is onsite clinical supervision in an ambulatory setting when a Basic Trainee provides service.

Notes

- 8.1 A trainee has a clear understanding of who is providing clinical supervision and the chain of clinical supervision.

A trainee has ready access to clinical supervision which aligns to their level of competence. Supervisors need to actively assess the level of supervision a trainee requires: direct supervision, indirect supervision or supervision at distance.

Settings with trainees in Post Graduate Year 2 are to meet the supervision requirements determined by the jurisdiction and or Postgraduate Medical Council.

A trainee has Consultant supervision 100% of the time they provide service. If a Consultant is unavailable on site, they are available by phone and can be called to the setting when required. The Consultant is located near the setting and can reach the setting in a reasonable timeframe.

Clinical supervision can be provided by an Advanced Trainee, who has been assessed as being competent to provide supervision.

During work hours a clinical supervisor is available on site for most of a Basic Trainee's working day.

During basic training, trainees need to reach a level of competency where they can, if required, be the most senior doctor in a setting. A trainee's competence is assessed to ensure they can work with supervision at distance prior to being the most senior doctor in a setting.

A foundation phase trainee cannot be the most senior doctor on site.

Career Medical Officers can be utilised for clinical supervision in emergencies or critical care when there is a clear chain of command back to a consultant.

- 8.2 A Basic Trainee is to have Consultant level clinical supervision at all times. A single Consultant will have times when they are unable to provide supervision, so a second Consultant is available to take on the supervision responsibilities.
- 8.3 A clinical supervisor is available in the ambulatory setting to review all new and complex patients. Ambulatory settings can include clinics, outpatient departments and consultant offices.

Standard 9: Feedback and Assessment

Trainees receive effective feedback and robust assessment.

Training Provider Requirements

- 9.1 The Training Provider facilitates trainee completion of their Rotation Plans, Phase Plans Learning Captures, Observation Captures, Rotation Report and Progress Reports.
- 9.2 The Training Provider ensures a trainee has at least three one-on-one meetings with their Rotation Supervisor. A trainee has at least five one-on-one meetings with their Education supervisor a year.
- 9.3 The Training Provider provides examination preparation activities for a trainee eligible to sit the RACP Written and Clinical Examinations.
- 9.4 The Training Provider offers clinical examination placements equal to or greater than the number of trainees it has who are eligible for the clinical examination.
- 9.5 The Training Provider uses Progress Review Panels to monitor a trainee's performance, determine a trainee's progression status and their completion of the Training Program.

Notes

- 9.1 A trainee is responsible for completing the curriculum's assessment requirements. Successful completion of these activities is dependent on the Training Setting providing time and opportunities for these interactions, ensuring staff fulfil their responsibilities and encouraging staff to identify work experiences suitable for completion of work-based assessments.

The Training Provider is to ensure:

- learning captures and observation captures are completed monthly
- rotation and phase progress reports are completed.

- 9.2 Meetings between Educators and trainees are opportunities to evaluate wellbeing, outline expectations, provide advice, give feedback on performance and progression, and complete Rotation or Phase Plans and progress reports.

A Rotation Supervisor is expected to meet with a trainee to discuss:

- and finalise the rotation plan;
- a trainee's progress midway during the rotation;
- and finalise the rotation report.

An Education supervisor is expected to meet with a trainee to discuss:

- and finalise the Phase Plan;
- a trainee's progress during each rotation;
- and finalise the phase report.

- 9.3 Examination preparation activities include study groups, trial examinations and study leave (including leave to complete the examination).
- 9.4 A Training Provider of a principal training program is required to host the Clinical Examination. A Training Provider at a minimum, has the same number of examination places as examination candidates. A Training provider can achieve this by working with other training providers.



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Basic Training – Paediatrics and Child Health

Accreditation Decision Framework

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Introduction

The RACP is recognised by the Australian Medical Council (AMC) and the Medical Council of New Zealand (MCNZ) as an education provider and as such the RACP is responsible for developing and maintaining standards for physician workplace training in Australia and New Zealand.

The RACP has developed a decision framework which outlines the components of a training program's accreditation. The components include:

- Accreditation Decision
- Capacity to Train
- Duration of Training
- Trainee types
- Training Program classification

Accreditation decisions are determined by the RACP training and or accreditation committees.

Purpose and Scope

This document outlines the accreditation decision framework for a Basic Training in Paediatrics and Child Health Training Program.

Training Program Accreditation Decision Framework

When a Basic Training Paediatrics and Child Health Training Program is accredited, the Training Provider will receive an accreditation decision which details the:

1. **Accreditation Decision:** The accreditation decision includes
 - 1.1. Accredited
 - 1.2. Provisionally Accredited
 - 1.3. Accredited with conditions
 - 1.4. Not accredited
 - 1.4.1. Accreditation not achieved
 - 1.4.2. Accreditation withdrawn
 - 1.4.3. Accreditation lapsed
2. **Capacity to Train:** the number of trainees who can participate in the training program and each rotation.
3. **Duration of Training:** the maximum length of time a trainee can be in the Training Setting.

The length of time a trainee can remain within a Training Setting will be determined by:

 - the number of approved and/or accredited rotations;
 - the maximum amount of time a trainee can spend in a Training Setting and still meet their Clinical Experience Training Requirements.
4. **Trainee Types:** the types of trainees who can complete the rotation. For example, foundation, consolidation and/or completion phase trainees.
5. **Training Program Classification:** classifies Training Providers based on their ability to deliver structural, training, and assessment accreditation requirements for Basic Training Paediatrics and Child Health.
 - 5.1. Network Training Program
 - 5.2. Principal Training Program in a Training Network
 - 5.3. Adjunct Training Program in a Training Network
 - 5.4. Principal Training Program not in a Training Network
 - 5.5. Adjunct Training Program not in a Training Network

Details of the classification requirements commence on the following page.



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Training Program Classification

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The RACP has developed accreditation standards to articulate its expectation for workplace training. To support the delivery of a training program, the RACP is developing accreditation requirements which outline the workplace expectations unique to each training program.

Accreditation requirements have been developed for Adult Internal Medicine and Paediatric and Child Health Basic Training and are open for consultation. Basic Training is offered by a diverse range of settings and their ability to support basic training varies. To encourage basic training in a variety of settings, the RACP has renewed its Basic Training Program classification system.

The Basic Training Program Classification system for settings and networks includes:

Networked Training

- Network Training Program
- Principal Training Program in a Training Network
- Adjunct Training Program in a Training Network

Non Networked Training

- Principal Training Program not in a Training Network
- Adjunct Training Program not in a Training Network

The BT Training Program Classification System needs to be read in association with the BT Accreditation Requirements and Accreditation Decision Framework.

Purpose and Scope

This document outlines the Basic Training Program network and setting classification's requirements. The requirements are used by BT Accreditation Committees to classify basic Training Programs.

Training Program Classification

1. Network Training Program

Structural Requirements

- 1.1 The Training Network provides a 36 month integrated Paediatrics and Child Health Basic Training Program to each trainee.
- 1.2 The Training Network consists of at least three Training Settings. Of these, one offers a Principal Training Program and includes at least a rural or regional or outer metropolitan setting.
- 1.3 The Training Network is led by an Paediatrics and Child Health Basic Training Network Training Program Director.
- 1.4 A Network Training Program Committee, with representation from the Settings, is responsible for managing the Training Program.
- 1.5 The Training Network has transparent and equitable processes for: recruitment, distribution of trainee workforce between settings and management of workforce shortages, rotation allocation, flexible working, rostering, supervision and temporary movement of trainees across Networks.
- 1.6 The Training Network has a process which facilitates identification of mentors for trainees.

Training Experience Requirements

- 1.7 The Training Network tailors the training offered to the trainee's learning needs.
- 1.8 A trainee's clinical experiences include the provision of acute, longitudinal and ambulatory care. They are provided with a role(s) which involves:
 - initial management of patients being admitted to a medical department;
 - care of patients initially admitted to intensive care or high dependency units.
- 1.9 The Training Network has an established formal learning program, which is accessible to all trainees.
- 1.10 The Training Network ensures trainees receive opportunities to participate in quality assurance and clinical practice improvement.
- 1.11 Trainees are given equitable access to training opportunities no matter where they are located.

Assessment Requirements

- 1.12 The Training Network has a Progress Review Panel.
- 1.13 The Training Network delivers the Paediatrics and Child Health Basic Training Clinical Examination annually. It supplies examiners and at least an equivalent number of places for all trainees within the Network who are eligible to sit the examination.
- 1.14 The Training Network provides an examination preparation program, which prepares all eligible trainees for the Written and Clinical Examinations.
- 1.15 The Training Network monitors the time and opportunities trainees and Educators have to complete work-based assessments.

2. Principal Training Program in a Training Network

Structural Requirements

- 2.1 The Paediatrics and Child Health Basic Training Program is led by a Training Program Director.
- 2.2 The Training Setting has a Training Program Committee, which is responsible for managing the Paediatrics and Child Health Basic Training Program.

Training Experience Requirements

- 2.3 The Training Setting provides a trainee with clinical experiences that include two of the following types of care: acute, longitudinal and ambulatory care.
- 2.4 The Training Setting provides a trainee with opportunities to participate in quality assurance and clinical practice improvement.

Assessment Requirements

- 2.5 The Training Setting provides time and opportunities for trainees and supervisors to complete work-based assessments

3. Adjunct Training Program in a Training Network

Structural Requirements

- 3.1 The Training Setting is affiliated with a Training Setting offering a Principal Paediatrics and Child Health Basic Training Program.
- 3.2 A trainee is rotated from the Training Setting offering the Principal Training Program. A trainee is not directly recruited to a setting offering an adjunct training program.
- 3.3 The Training Setting participates in the Principal Training Program Committee and Progress Review Panel.
- 3.4 The Training Program Director leading the Principal Training Program leads the Adjunct Training Program.
- 3.5 The Training Setting will provide a trainee spending more than six months of a training phase at the setting with an education supervisor who is working in the setting.

Training Experience Requirements

- 3.6 The Training Setting provides a trainee with clinical experiences in acute, longitudinal or ambulatory care.

Assessment Requirements

- 3.7 The Training Setting provides time and opportunities for trainees and supervisors to complete work-based assessments

4. Principal Training Program not in a Training Network.

Structural Requirements

- 4.1 An Paediatrics and Child Health Basic Training Program Director who holds a clinical role in the Setting's Medical Division leads the Training Program.
- 4.2 The Training Setting has a Training Program Committee which manages the Paediatrics and Child Health Basic Training Program.
- 4.3 The Training Setting has transparent and equitable processes for: recruitment, distribution of trainee workforce between Training Settings, and management of Setting workforce shortages, rotation allocations, flexible working, rostering and supervision.
- 4.4 The Training Setting has a process which facilitates identification of mentors for trainees.

Training Experience Requirements

- 4.5 The Training Setting tailors the training offered to the trainee's learning needs.
- 4.6 A trainee's clinical experiences include two of the following types of care: acute, longitudinal and ambulatory care. A trainee undertakes a role(s) which involves:
 - a general medicine experience
 - initial management of patients being admitted to a medical department
 - care of patients initially admitted to intensive care or high dependency units.
- 4.7 The Training Setting has an established formal learning program, which is accessible to all trainees.
- 4.8 The Training Setting is required to offer trainees with opportunities to participate in quality assurance and clinical practice improvement.

Assessment Requirements

- 4.9 The Training Setting has a Progress Review Panel.
- 4.10 The Training Setting delivers an examination preparation program which prepares an eligible trainee for the written and/or clinical examination.
- 4.11 The Training Setting provides time and opportunities for trainees and supervisors to complete work-based assessments
- 4.12 The Training Setting delivers the Paediatrics and Child Health Basic Training Clinical Examination annually. It supplies at least the required examiners and an equivalent number of places for trainees who are eligible to sit the examination.

5. Adjunct Training Program not in a Training Network.

Structural Requirements

- 5.1 The Training Setting is affiliated with a Training Setting offering a Principal Paediatrics and Child Health Basic Training Program.
- 5.2 A trainee is rotated from the Training Setting offering the Principal Training Program. A trainee is not directly recruited to a setting offering an adjunct training program.
- 5.3 The Training Setting participates in the Principal Training Program Committee and Progress Review Panel.
- 5.4 The Training Program Director leading the Principal Training Program leads the Adjunct Training Program.
- 5.5 The Training Setting will provide a trainee spending more than six months of a training phase at the setting with an education supervisor who is working in the setting.

Training Experience Requirements

- 5.6 The Training Setting provides a trainee with clinical experiences in acute, longitudinal or ambulatory care.
- 5.7 The Training Setting ensures a trainee has ready access to the Principal Training Program's formal learning program.

Assessment Requirements

- 5.8 The Training Setting ensures a trainee eligible for the Written and/or Clinical Examination can access the examination preparation activities provided by the Primary Training Program.
- 5.9 The Training Setting provides time and opportunities for trainees and educators to complete work-based assessments.

Definitions

Ambulatory care	Care provided to individuals who visit, but are not admitted to the hospital, such as patients of emergency departments and outpatient clinics. Also includes care provided to patients of community-based health-care services. Otherwise known as out-patient care.
Accreditation	Accreditation is a cyclic system-wide, multi-staged evaluation process, which uses a set of standards and an independent review to identify the level of congruence between practice and standards. Accreditation provides assurance that the Training Provider has met the Standards and provides quality training.
Adjunct Training Program	A Training Program which deliver smaller section of the curriculum and the emphasis is on experiential and social learning opportunities. These Training Programs are supported by a Principal Training Program which aid with training program management, Formal Learning Programs and assessment of trainee progression.
Assessment	A systematic process for measuring a trainee's progress or level of achievement against the curriculum learning objectives.
Basic Trainee	A trainee registered with the RACP to complete the first stage of training within either the Adult Internal Medicine or Paediatrics and Child Health Division.
Clinical Supervisor	A supervisor who observes and oversees a trainee's work at the point of care.
Completion Phase	This training program phase confirm a trainee's achievement of the curriculum standards and completion of Basic Training, and support their transition to Advanced Training
Consolidation Phase	This training program phase supports a trainee's professional development in the workplace
Consultant	A senior doctor who has fellowship with a College accredited by the Australian or New Zealand Medical Council. Examples include...
Curriculum	A statement of expected learning outcomes that identifies the knowledge and skills to be acquired to achieve competence. It includes a description of the structure and expected methods of learning, teaching, feedback and supervision.
Educators	A collective term used by the RACP to embrace supervisors and Training Program Directors. In the vast majority of cases, educators are Fellows of the RACP.
Education supervisor	A supervisor who observes and oversees the completion of Training Program requirements, trajectory of learning and longitudinal progression.
Experiential Learning	Learning and developing through real or on-the-job experience, including day-to-day tasks, new and challenging experiences, helping to solve problems and reflective practice. Also known as experience.

Formal Learning	Learning and developing through structured courses and programs. For example, lectures, simulation, journal clubs, or conferences.
Foundation Phase	This training program phase orients a trainee to and confirms their readiness to progress in the Basic Training program
Governance	<p>The set of relationships and responsibilities established by a health service between its executive and workforce. Governance incorporates laws, directives, policy, processes, customs and conventions that determine how an organisation is directed and administered.</p> <p>Governance arrangements provide the structure through which the corporate objectives, such as training, are set and the means by which the objectives are to be achieved. They also specify the mechanisms for monitoring performance.</p>
Handover	The process of providing a patient update to the incoming doctor when there is a transition of patient care. This occurs between shifts, when responsibility for a patient changes between consultants, when patients are transferred or discharged, as well as at the end of a rotation.
Health Service	An organisation responsible for the governance, administration and delivery of healthcare, e.g. a hospital, private practice or community health setting.
Longitudinal care	The longer-term care and follow-up of a patient.
Longitudinal progression	Monitoring of a trainee's knowledge, skills and behaviours over more than one rotation to ascertain their progress towards completing their Training Program.
Mentor	A trusted counsellor or guide who advises and supports a trainee throughout physician training.
MESO	The Medical Education Support Officer (MESO) is to assist the Network Director of Physician Education (NDPE) and/or Training Program Director (TPD) with the development, coordination, implementation and evaluation of RACP training program.
Network	A Network delivers an integrated Training Program (the entire curriculum) across multiple Training Settings.
Network Training Program	A Training Program which encompasses the entire curriculum. It offers a full range of training experiences and assesses a trainee's increasing independence and preparedness for independent practice. It is delivered by a Training Network.
Network Training Program Director	Provides educational leadership and oversight for one or more Training Programs within a Training Setting and/or across multiple Training Settings or a Training Network. There are Setting and Network Training Program Directors.
Physician	A doctor who has completed further training in a medical specialty to diagnose and manage complex medical problems. A paediatrician is a physician who specialises in the treatment of infants, children and adolescents.

Principal Training Program	A Training Program which delivers a substantial part of the curriculum. In addition to experiential and social learning opportunities, these settings provide training program management, formal learning for the training program and manage trainee progression.
Protected Time	Time away from clinical duties during work hours which is taken by educators and trainees to deliver and manage training. It can be used for formal learning activities, research and examination preparation. It requires clinical duties to be covered by peers or senior colleagues
Progress Review Panel	The panel reviews a trainee's progression. They assess a trainee at each phase and determining whether they can progress to the next phase. The panel provides a recommendation to the RACP about a trainee's completion of the training program.
Quality Assurance	The maintenance of a desired level of quality.
Rotation	Placement of a trainee with a service for a fixed period of time for the purposes of training.
Rotation Supervisor	A supervisor who oversees trainee teaching, learning and assessment on a rotation.
Setting	A separately constituted health service that coordinates and delivers the workplace components of a Training Program.
Social Learning	Learning and developing with and through others. It includes sharing, coaching, mentoring and feedback, utilising communities and personal networks and other collaborative and cooperative actions. Also known as exposure.
Specialty	A specialty is an area of medicine that requires particular sets of knowledge, skills and experience.
Standard	A broad statement describing the desired and achievable level of performance.
Supervision	An active relationship between a supervisor and a trainee. In the context of patient care, the trainee is provided with monitoring, guidance and feedback on their professional development. The supervisor engages with the trainee, assesses the trainee's strengths and weaknesses, and responds to their needs to maintain patient safety and to enable the trainee to progress and take on more responsibility.
Supervisor	Includes advanced training, educational, rotation and assistant supervisors. Their combined function is to directly observe, support and oversee individual trainee teaching, learning, assessment and progression.
Trainee	A doctor registered with the RACP to undertake training in one of its Training Programs.
Training	Workplace-based experiences, social learning, and formal learning activities and assessments that align to the Training Program's curriculum and requirements.

Training Network	A Network delivers an integrated Training Program (the entire curriculum) across multiple Training Settings.
Training Program	A formal alignment of work-based experiential (rotations or modules), social and formal learning activities that delivers a curriculum. For example, Basic Training in Paediatrics and Child Health Medicine, Cardiology, Addiction Medicine.
Training Program Committee	A committee under the guidance of the Training Program Director plan, implement and manage a Training Program.
Training Program Director	Provides educational leadership within a Training Setting for a Training Program. They plan, implement, manage and advocate for their Training Program. A physician who oversees a defined Training Program within a Training Setting.
Training Provider	A Training Setting or Training Network that coordinates and delivers the workplace components of a Training Program.
Training Setting	A separately constituted health service that coordinates and delivers the workplace components of a Training Program.

Appendix 1: Time allocation guide for educational leadership and support roles

Paediatrics Basic Training Program Director (no Network)

Paediatrics and Child Health Basic Trainees Per Training Setting	FTE – Training Program Director (no Network)
>90	0.7 (may be a shared role)
75-90	0.6 (may be a shared role)
50-74	0.5 (may be a shared role)
30-49	0.4
<30	0.2

Paediatrics Basic Training Program Director (part of a Network)

Paediatrics and Child Health Basic Trainees Per Training Setting	FTE – Training Program Director
>90	0.4
75-90	0.3
50-74	0.25
30-49	0.2
<30	0.1

Paediatrics Basic Training Network Program Director

Paediatrics and Child Health Basic Trainees Per Training Setting	FTE – Network Training Program Director
>90	0.7 (may be a shared role)
75-90	0.6 (may be a shared role)
50-74	0.5 (may be a shared role)
30-49	0.4
<30	0.2

Medical Education Support Officer (MESO) (not part of Network)

Trainees Per Training Setting	FTE – MESO
>90	1.0
75-85	0.8
50-74	0.6
30-49	0.4
<29	0.2

Medical Education Support Officer (part of Network)

Trainees Per Training Setting	FTE – MESO
>90	0.5
75-85	0.4
50-74	0.3
30-49	0.2
<29	0.1

Network Medical Education Support Officer

Trainees Per Training Setting	FTE – MESO
>90	1.0
75-85	0.8
50-74	0.6
30-49	0.4
<29	0.2

About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of more than 16,000 physicians and 7,500 trainee physicians across Australia and New Zealand. The College represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients.

The College offers 61 training pathways. These lead to the award of one of seven qualifications that align with 45 specialist titles recognised by the Medical Board of Australia or allow for registration in nine vocational scopes with the Medical Council of New Zealand.

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