

NEW CURRICULA

Learning, teaching, and assessment programs

Advanced Training in Community Child Health



RACP
Specialists. Together

About this document

The new Advanced Training in Community Child Health (CCH) curriculum consists of curriculum standards and learning, teaching, and assessment (LTA) programs.

This document outlines the Advanced Training in CCH LTA programs for trainees and supervisors. It should be used in conjunction with the Advanced Training in CCH [curriculum standards](#).

The new curriculum was approved by the College Education Committee in May 2024. Please refer to the [College website](#) for details on its implementation.

Contents

Program overview	4
About the program.....	5
Purpose of Advanced Training.....	5
Overview of specialty	5
Supervising committee.....	6
Qualification	7
Learning goals and progression criteria	8
Learning, teaching, and assessment structure	8
Entry criteria	9
Progression criteria.....	9
Learning goals	10
Developmental & psychosocial training.....	13
Learning, teaching, and assessment requirements	15
Overview.....	15
Entry	16
Training application	16
Learning.....	17
Learning blueprint.....	17
Professional experience	19
Rotation plan	19
Community child health educational tutorial series	20
Learning theme: Child safety and maltreatment.....	20
Learning theme: Child population health.....	21
Courses.....	22
Recommended resources.....	25
Teaching.....	26
Supervision.....	26
Assessment	27
Assessment blueprint	27
Learning capture.....	29
Observation capture	29

Progress report.....	30
Research project	30
Roles and responsibilities.....	32
Advanced Trainee.....	32
Rotation supervisor	32
Assessor.....	32
Progress Review Panel.....	33
RACP oversight committees	33
Resources	35
For trainees	35
For supervisors.....	35

Program overview

CURRICULUM STANDARDS

The [curriculum standards](#) are summarised as 14 learning goals. The learning goals articulate what trainees need to be, do and know, and are assessed throughout training.

BE	1. Professional behaviours
DO	2. Team leadership 3. Supervision and teaching 4. Quality improvement 5. Assessment and management – Child Maltreatment 6. Assessment and management – Developmental and behavioural 7. Assessment and management – Child population health 8. Prescribing 9. Longitudinal care 10. Communication in child centred care
KNOW	11. Developmental and behavioural paediatrics 12. Child safety and maltreatment 13. Social paediatrics 14. Child population health

LTA STRUCTURE

The learning, teaching, and assessment (LTA) structure defines the framework for delivery and trainee achievement of the curriculum standards in the program. The program is structured in three phases. These phases establish clear checkpoints for trainee progression and completion.



Entry criteria

Prospective trainees must have:

- completed RACP Basic Training, including the Written and Clinical Examinations
- general medical registration with the Medical Board of Australia if applying in Australia, or a medical registration with a general scope of practice with the Medical Council of New Zealand and a practising certificate if applying in Aotearoa New Zealand.
- an Advanced Training position in an RACP-accredited training setting or network or an approved non-core training position.

LTA PROGRAMS

The LTA programs outline the strategies and methods to learn, teach, and assess the curriculum standards.

Entry

- [training application](#)

Learning

Minimum 36 months FTE [professional experience](#)
[Developmental and psychosocial training](#)

- [rotation plan](#) per rotation

[CCH educational tutorial series](#)

[Child safety and maltreatment learning theme](#)

[Child population health learning theme](#)

[RACP Advanced Training Orientation resource](#)

[RACP Supervisor Professional Development Program](#)

[RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource](#)

[RACP Health Policy, Systems and Advocacy resource](#)

[Recommended resources](#)

Teaching

- [supervisors](#) per rotation

- [research project supervisor](#)

Assessment

- [learning captures](#) per phase

- [observation captures](#) per phase

- [progress reports](#) per phase

- [research project](#)

About the program

Purpose of Advanced Training

The RACP offers Advanced Training in 33 diverse medical specialties as part of Division, Chapter, or Faculty training programs.

The purpose of Advanced Training is to develop a workforce of physicians who:

- have received breadth and depth of focused specialist training, and experience with a wide variety of health problems and contexts
- are prepared for and committed to independent expert practice, lifelong learning, and continuous improvement
- provide safe, quality health care that meets the needs of the communities of Australia and Aotearoa New Zealand.

Overview of specialty

A community child health (CCH) paediatrician has expertise in the complex interplay between physical, social, and environmental factors, along with the human biology, that affects the growth, neurodevelopment, and wellbeing of all young people. They see the entire community as the patient, shifting focus to all children and young people, rather than simply those who they see in the clinic. There is an understanding that social determinants of health need to be considered in medical care with an emphasis on working with other professions to improve outcomes for all children and young people.

CCH paediatricians are proactively responding to the increasing prevalence of infants, children and young people who are at risk of harm from various causes; who have been victims of abuse or neglect; who have developmental and behavioural problems; or who have chronic and complex conditions and special needs.

The four domains of CCH are child protection, social paediatrics, child development and behaviour, and child population health. The domains overlap, and while some practitioners practice in only one, they will still require understanding and skills from the other domains.

CCH paediatricians:

- **assess and manage infants, children, and young people.** CCH paediatricians work with patients with developmental, learning, behavioural and emotional problems, disabilities, physical health issues, those exposed to or at risk of child abuse and neglect, and those in out of home care, with a focus on health and developmental complexity.
- **work under diverse and challenging circumstances.** CCH paediatricians operate in a diversity of environments to address challenging diagnostic problems, drawing on their consultative, diagnostic, and procedural skills. CCH paediatricians work within the context of the family, school, and community.

- **use a population health approach.** CCH paediatricians undertake a variety of population child health activities encompassing needs assessment for child and adolescent populations, community rates of diagnosis, screening and surveillance, infectious disease control, injury control, health program planning, evaluation, and research including the quantitative and qualitative measurement of health outcomes and wellbeing.
- **apply knowledge of health policies and services.** An integral part of practice is knowledge of government policies, programs and services and their philosophical underpinnings which affect the health of children, particularly those with additional needs.

CCH paediatricians provide leadership and person-centred care with a focus on communication, respect, and advocacy for children. Professional roles include:

- addressing complex behaviour, mental health, and risk-taking behaviours
- understanding the influence of adverse childhood events, child and family resilience, and intergenerational trauma on a child's wellbeing
- **child and adolescent health equity.** CCH paediatricians improve health equity across all populations with a focus on priority populations.
- **multidisciplinary teamwork.** CCH paediatricians are involved in multidisciplinary and interagency teamwork including support of primary health linkages.
- **interagency partnership and communication.** CCH paediatricians demonstrate commitment to the multidisciplinary and multi-agency approach across government and non-government sectors to provide effective health service provision and management.
- **advocacy.** They use advocacy skills to gain a greater understanding of life course models, the social determinants of health and their impact on child health outcomes. Community child health paediatricians lead health promotion and advocacy through education, information provision, effective use of medicine and other preventive programs and advocacy.
- **teaching and research.** CCH paediatricians show academic leadership through participation in teaching, training and research, and individual professional development through an ability to critically appraise literature, evaluate the evidence base for clinical interventions and population-based health strategies, undertake research, demonstrate computing skills, and continuing medical and other professionally relevant education.

Supervising committee

The program is supervised by the Advanced Training Committee in Community Child Health.

Qualification

Trainees who successfully meet the completion standards and criteria of this program will be awarded Fellowship of the Royal Australasian College of Physicians (FRACP).

Learning goals and progression criteria

Learning, teaching, and assessment structure

The learning, teaching and assessment structure defines the framework for delivery and trainee achievement of the curriculum standards in the Advanced Training program.

Advanced Training is structured in three phases. These phases will establish clear checkpoints for trainee progression and completion.

- 1 Specialty foundation**
 - Orient trainees and confirm their readiness to progress in the Advanced Training program.
- 2 Specialty consolidation**
 - Continue trainees' professional development in the specialty and support progress towards the learning goals.
- 3 Transition to Fellowship**
 - Confirm trainees' achievement of the curriculum standards, completion of Advanced Training, and admission to Fellowship.
 - Support trainees' transition to unsupervised practice.



Figure: Advanced Training learning, teaching, and assessment structure

- An **entry decision** is made before entry into the program.
- **Progress decisions**, based on competence, are made at the end of the specialty foundation and specialty consolidation phases of training.
- A **completion decision**, based on competence, is made at the end of the training program, resulting in eligibility for admission to Fellowship.



Advanced Training is a **hybrid time- and competency-based training program**. There is a minimum time requirement of full-time equivalent experience, and progression and completion decisions are based on evidence of trainees' competence.

Entry criteria

Entry attributes	<p>Prospective trainees can demonstrate:</p> <ul style="list-style-type: none">• a commitment and capability to pursue a career as a community child health paediatrician• the ability and willingness to achieve the common learning goals for Advanced Training:<ul style="list-style-type: none">• team leadership• supervision and teaching• the professional behaviours, as outlined in the Competencies
Entry criteria	<p>Prospective trainees must have:</p> <ul style="list-style-type: none">• completed RACP Basic Training, including the Written and Clinical Examinations• general medical registration with the Medical Board of Australia if applying in Australia, or a medical registration with a general scope of practice with the Medical Council of New Zealand and a practising certificate if applying in Aotearoa New Zealand.• an Advanced Training position in an RACP-accredited training setting or network or an approved non-core training position.

Progression criteria

To progress to the next phase or to complete the program, trainees must demonstrate:

- the ability to plan and manage their learning and to complete their learning and assessment requirements in a timely manner
- achievement of the learning goals to the levels outlined in the [learning goal progression criteria](#).

Training committees or delegated progress review panels will consider evidence supporting trainees' achievement of the progression criteria and make progress decisions.

If criteria have not been met, committees or panels may decide to place conditions on trainees' progression to the next phase of training or not to progress trainees until all criteria have been achieved.

Learning goals

The [curriculum standards](#) are summarised as **14** learning goals.

The learning goals articulate what trainees need to be, do, and know, and are assessed throughout training on a five-point scale. This scale determines the expected standard for each learning goal at the end of each training phase. Trainees must meet these standards to progress to the next phase or complete the program.

Learning and assessment tools are linked to the learning goals which allows trainees to demonstrate competence across each learning goal.

Levels	1	2	3	4	5
Be: Competencies (professional behaviours)	Needs to work on behaviour in more than 5 domains of professional practice	Needs to work on behaviour in 4 or 5 domains of professional practice	Needs to work on behaviour in 2 or 3 domains of professional practice	Needs to work on behaviour in 1 or 2 domains of professional practice	Consistently behaves in line with all 10 domains of professional practice
Do: Entrustable Professional Activities (EPAs)	Is able to be present and observe	Is able to act with direct supervision	Is able to act with indirect supervision (e.g. supervisor is physically located within the training setting)	Is able to act with supervision at a distance (e.g. supervisor available to assist via phone)	Is able to provide supervision
Know: Knowledge guides	Has heard of some of the topics in this knowledge guide that underpin specialty practice (<i>heard of</i>)	Knows the topics and concepts in this knowledge guide that underpin specialty practice (<i>knows</i>)	Knows how to apply the knowledge in this knowledge guide to specialty practice (<i>knows how</i>)	Frequently shows they can apply knowledge in this knowledge guide to specialty practice (<i>shows how</i>)	Consistently applies sound knowledge in this knowledge guide to specialty practice (<i>does</i>)

		Entry criteria	Progression criteria		Completion criteria
	Learning goals	Entry into training <i>At entry into training, trainees will:</i>	Specialty foundation <i>By the end of this phase, trainees will:</i>	Specialty consolidation <i>By the end of this phase, trainees will:</i>	Transition to fellowship <i>By the end of training, trainees will:</i>
Be	1. Professional behaviours	Level 5 consistently behave in line with all 10 domains of professional practice	Level 5 consistently behave in line with all 10 domains of professional practice	Level 5 consistently behave in line with all 10 domains of professional practice	Level 5 consistently behave in line with all 10 domains of professional practice
	2. Team leadership: Lead and work collaboratively with a team of health professionals	Level 2 be able to act with direct supervision	Level 3 be able to act with indirect supervision	Level 4 be able to act with supervision at a distance	Level 5 be able to provide supervision
Do	3. Supervision and teaching: Demonstrate commitment to ongoing professional development and health professions education	Level 2 be able to act with direct supervision	Level 3 be able to act with indirect supervision	Level 4 be able to act with supervision at a distance	Level 5 be able to provide supervision
	4. Quality improvement: Contribute to improving safety, effectiveness, and experience of healthcare	Level 2 be able to act with direct supervision	Level 3 be able to act with indirect supervision	Level 4 be able to act with supervision at a distance	Level 5 be able to provide supervision
	5. Assessment and management – Child Maltreatment: Develop competence in the identification and clinical management of situations of potential or suspected child harm/maltreatment	Level 1 be able to be present and observe	Level 2 be able to act with direct supervision	Level 3 be able to act with indirect supervision	Level 4 be able to act with supervision at a distance
	6. Assessment and management – Developmental and behavioural: Provide comprehensive assessment and management of children who have been referred because of development and behavioural problems	Level 2 be able to act with direct supervision	Level 3 be able to act with indirect supervision	Level 4 be able to act with supervision at a distance	Level 5 be able to provide supervision
	7. Assessment and management – Child population health: Assessment and management of patients through a child population health lens	Level 1 be able to be present and observe	Level 2 be able to act with direct supervision	Level 3 be able to act with indirect supervision	Level 4 be able to act with supervision at a distance
	8. Prescribing: Prescribe therapies tailored to patients' needs and conditions	Level 2 be able to act with direct supervision	Level 3 be able to act with indirect supervision	Level 4 be able to act with supervision at a distance	Level 5 be able to provide supervision
	9. Longitudinal care: Manage and coordinate the longitudinal care of patients with chronic illness, disability, and/or long-term health issues	Level 2 be able to act with direct supervision	Level 3 be able to act with indirect supervision	Level 4 be able to act with supervision at a distance	Level 5 be able to provide supervision

		Entry criteria	Progression criteria		Completion criteria
	Learning goals	Entry into training <i>At entry into training, trainees will:</i>	Specialty foundation <i>By the end of this phase, trainees will:</i>	Specialty consolidation <i>By the end of this phase, trainees will:</i>	Transition to fellowship <i>By the end of training, trainees will:</i>
	10. Communication in child centred care: Communicate effectively and professionally with patients, carers, families, health professionals and other community members engaging with the health service	Level 2 be able to act with direct supervision	Level 3 be able to act with indirect supervision	Level 4 be able to act with supervision at a distance	Level 5 be able to provide supervision
Know	11. Developmental and behavioural paediatrics	Level 2 know the topics and concepts in this knowledge guide that underpin specialty practice (<i>knows</i>)	Level 3 know how to apply the knowledge in this knowledge guide to specialty practice (<i>knows how</i>)	Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice (<i>shows how</i>)	Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (<i>does</i>)
	12. Child safety and maltreatment	Level 2 know the topics and concepts in this knowledge guide that underpin specialty practice (<i>knows</i>)	Level 3 know how to apply the knowledge in this knowledge guide to specialty practice (<i>knows how</i>)	Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice (<i>shows how</i>)	Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (<i>does</i>)
	13. Social paediatrics	Level 2 know the topics and concepts in this knowledge guide that underpin specialty practice (<i>knows</i>)	Level 3 know how to apply the knowledge in this knowledge guide to specialty practice (<i>knows how</i>)	Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice (<i>shows how</i>)	Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (<i>does</i>)
	14. Child population health	Level 2 know the topics and concepts in this knowledge guide that underpin specialty practice (<i>knows</i>)	Level 3 know how to apply the knowledge in this knowledge guide to specialty practice (<i>knows how</i>)	Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice (<i>shows how</i>)	Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (<i>does</i>)

Developmental & psychosocial training

Developmental and Psychosocial (D&P) Training assists 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.

A mandatory period of D&P Training for all paediatricians was introduced to ensure that the changing nature of paediatric practice is reflected in the training programs.

Review of D&P

The College is working to redefine how D&P training will be embedded in the new training programs. This will include defining learning goals, and new options for trainees to achieve these learning goals, which will be embedded into the Basic and Advanced Training programs.

Alternative options for completing D&P training and a timeline for implementation will be communicated during 2025. New D&P requirements will be developed, and any updates will be included in the relevant curricula standards and learning, teaching and assessment programs. Trainees and supervisors will be informed of updates with sufficient notice of any changes to ensure no disadvantage.

Until alternatives are available, **it is important that trainees plan to complete the requirement for D&P training through one of the time-based options currently available, to ensure eligibility for admission to Fellowship on completion of the requirements of Advanced Training.** Trainees must satisfactorily complete this requirement to be eligible for admission to Fellowship under the Paediatrics & Child Health Division.

Aotearoa New Zealand

The D&P training requirement can be met by completing a 3-month full-time equivalent rotation in relevant specialties. These areas reflect a holistic approach to the health problems of children and young people. An understanding of the roles and inter-relationships of many allied health and community-based services, in a way that distinguishes them from experience in organ-based specialties, is required.

Australia

Developmental & psychosocial (D&P) training is currently a time-based requirement consisting of a minimum of six months full-time equivalent (FTE) in one or more of the following areas:

- Developmental/behavioural paediatrics
- Community paediatrics
- Disability/rehabilitation paediatrics
- Child and adolescent psychiatry
- Child protection
- Palliative medicine

These areas reflect a holistic approach to the health problems of children and young people. An understanding of the roles and inter-relationships of many allied health and community-based services, in a way that distinguishes them from experience in organ-based specialties, is required.

Approved training options

- **Option A: A prospectively-approved psychosocial training position (6 months full-time equivalent).** This can be completed as:
 - 2 x 3-month terms, or
 - 1 x 6-month block, or
 - a continuous part-time position, such as 2.5 days a week for 12 months (A conglomerate of experience for shorter time periods adding up to 6 months will not be accepted.)
- **Option B: A prospectively approved rural position (6 months full-time equivalent).** Complete the 6 months of training comprised of a documented weekly program in the psychosocial training areas with an appropriate level of supervision.
- **Option C: Attendance at a prospectively-approved clinic AND completion of an approved learning module.** The D&P training requirement can be completed in one of these formats:
 - 2 x sessions a week for 18 months, or
 - 1 x session a week for 3 years

An approved clinic is determined to be a clinic where other health and/or educational professionals are involved, and supervision is directed by a paediatrician who is experienced in one or multiple areas of D&P Training, such as behaviour, development, rehabilitation and child protection.

The approved learning module may be **one** of the following:

- Evidence of attendance at a lecture series at a recognised institution, related to the D&P Training areas; or
- 3 x referenced case reports/essays demonstrating comprehensive understanding of 3 different issues in the areas of psychosocial training – for example rehabilitation or community paediatrics (1500 to 2000 words each); or
- Completion of the Griffith Mental Developmental Scales course.

Other prospectively approved modules may be considered.

Apply

Contact CommunityChildHealth@racp.edu.au to apply for approval of D&P Training.

Resources

[Developmental and Psychosocial Training Supervisor's Report form](#) (DOC)

Learning, teaching, and assessment requirements

Overview

Requirements over the course of training

What do trainees need to do?	When do trainees need to do it?
Entry	
1 training application	At the start of the specialty foundation phase.
Learning	
Minimum 36 months full time equivalent (FTE) professional experience	Minimum 12 months FTE during each phase.
Developmental and psychosocial training	Before the end of Advanced Training, if not completed during Basic Training.
RACP Advanced Training Orientation resource	Before the end of Advanced Training.
RACP Supervisor Professional Development Program	Before the end of Advanced Training.
RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource	Before the end of Advanced Training, if not completed during Basic Training. Recommended completion before the specialty consolidation phase.
RACP Health Policy, Systems and Advocacy resource	Before the end of Advanced Training. Recommended completion before the transition to fellowship phase.
CCH educational tutorial series	Before the end of Advanced Training.
Child safety and maltreatment learning theme	Before the end of Advanced Training.
Child population health learning theme	Before the end of Advanced Training.
Recommended resources	Recommended completion over the course of Advanced Training.
Teaching	
Nominate 1 research project supervisor	Recommended to be nominated before the specialty consolidation phase.
Assessment	
1 research project	Before the end of Advanced Training. Recommended submission before the transition to fellowship phase.

Requirements per phase

What do trainees need to do?	When do trainees need to do it?
Learning	
1 rotation plan per rotation	At the start of the rotation.
Teaching	
Nominate 2 supervisors per rotation	At the start of each accredited or approved training rotation.
Assessment	
12 learning captures	Minimum 1 per month.
12 observation captures	Minimum 1 per month.
4 progress reports	Minimum 1 every 3 months.

Entry

Training application

Requirement
1 x training application, at the start of the specialty foundation phase.
Purpose
<p>The training application supports trainees to:</p> <ul style="list-style-type: none"> confirm that they meet the program entry criteria provide essential details for program enrolment, ensuring compliance with RACP standards establishes a formal foundation for their training pathway, enabling access to program resources and support <p>The application form will be reviewed by the RACP staff. Trainees will be able to track the status of your application through the College's new Training Management Platform (TMP).</p> <p>Trainees can submit rotation plans and complete assessments while waiting for their application to be approved.</p>
How to apply
Trainees are to submit a training application for the program using TMP .

Learning

Learning blueprint

This high-level learning program blueprint outlines which of the learning goals the learning requirements *could align* and *will align* with.

Learning goals	Learning requirements								
	Professional experience	Learning plan	RACP Advanced Training Orientation resource	RACP Supervisor Professional Development Program	RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource	RACP Health Policy, Systems and Advocacy resource	CCH Educational Tutorial Series	Accredited child protection course	Child Protection Case Assessment logbook
1. Professional behaviours	Could align	Will align	Will align	Will align	Will align	Will align	Could align	Could align	Could align
2. Team leadership	Could align	x	x	x	x	x	Could align	x	Could align
3. Supervision and teaching	Could align	x	x	Will align	x	x	Could align	x	x
4. Quality improvement	Could align	x	x	x	x	x	Could align	x	x
5. Assessment and management – Child Maltreatment	Could align	x	x	x	x	x	Could align	Will align	Will align
6. Assessment and management – Developmental and behavioural	Could align	x	x	x	x	x	Will align	x	Could align
7. Assessment and management – Child population health	Could align	x	x	x	x	x	Will align	x	x
8. Prescribing	Could align	x	x	x	x	x	Will align	x	x

9. Longitudinal care	Could align	x	x	x	x	x	Could align	Could align	x
10. Communication in child centred care	Could align	x	x	x	x	x	Could align	Could align	Could align
11. Developmental and behavioural paediatrics	Could align	x	x	x	x	x	Will align	x	Could align
12. Child safety and maltreatment	Could align	x	x	x	x	Will align	Will align	Will align	Will align
13. Social paediatrics	Could align	x	x	x	x	x	Will align	Could align	Could align
14. Child population health	Could align	x	x	x	x	x	Will align	x	Could align

Professional experience

These requirements can be completed in any sequence over the course of training.

Professional experience
<ul style="list-style-type: none">Complete at least 36 months of relevant professional experience in at least 2 approved rotations.
Location of training
<ul style="list-style-type: none">Complete at least 24 months of training in accredited training settings in Australia and/or Aotearoa New Zealand.A maximum of 12 months can be accepted for prospectively approved overseas settings.
Experiential training
<ul style="list-style-type: none">Minimum 24 months in core Community Child Health accredited positions, including:<ul style="list-style-type: none">Minimum 12 months developmental and behavioural paediatricsMaximum 12 months in 2 different prospectively approved non-core training positions.

Rotation plan

Requirement
1 x rotation plan per rotation.
Description
The rotation plan is a work-based tool to document details of a training rotation and how a trainee intends to cover their program learning goals over the rotation period.
Purpose
The rotation plan helps trainees evaluate their learning gaps, curriculum needs, and local opportunities to meet expected standards. It is validated by College staff to ensure it aligns with the professional experience requirements for the program.
How to complete it
<p>Trainees can submit a rotation plan in TMP under the training plan tab.</p> <p>Trainees undertaking their first rotation of their training program must select the following checkbox, 'The rotation start date is also the start date of my Training Program' to record the start date for their training program.</p> <p>If a trainee is expecting a learning goal to be covered during a rotation, select 'yes' for 'coverage offered' and outline the learning opportunities available.</p> <p>This information will be used by supervisors and overseeing RACP training committee to determine the relevance of the rotation to the program's professional experience requirements.</p> <p>Trainees should upload a copy of the position description and any other supporting information that outlines the training position being undertaken. This should include</p>

regular/weekly activities that the trainee will be undertaking during the rotation (e.g. timetable).

Trainees can also set custom goals to define personal objectives that they want to achieve during the rotation. These goals should be measurable and align with the trainee's professional objectives, skill gaps, or personal interests.

Trainees need to nominate their rotation supervisors in the plan, and they will need to approve the plan in TMP via 'my assigned actions'.

For more information on how to complete a rotation plan review the [training resources](#).

Community child health educational tutorial series

Requirement

12 months (approximately 40 hours) attendance at the community child health (CCH) educational tutorial series by the end of Advanced Training.

Description

The CCH educational tutorial series consists of lectures on the main areas of the CCH curriculum. There is a national provider in Aotearoa New Zealand and state-based providers in Australia. The frequency and duration of the lectures depends on the provider but should total 40 hours over 12 months.

Purpose

To provide CCH trainees with crucial learning of the CCH curriculum that cannot be replicated elsewhere.

How to complete it

Trainees are to send their completed CCH [Education Tutorial Series attendance record](#) to CommunityChildHealth@racp.edu.au

Learning theme: Child safety and maltreatment

Requirement

Complete the child safety and maltreatment learning theme by the end of Advanced Training.

Description

- Complete 1 x recognised child protection course

AND

- Complete **one** of the following:
 - Minimum three months in an accredited child protection position

OR

- Minimum 15 x child protection case assessments (CPCAs).

A learning or observation capture should ideally be completed for each CPCA. This alternative to an accredited child protection position will not count towards professional experience time-based requirements but will help the trainee to complete the learning goals related to child safety and maltreatment.

Purpose

Completion of this learning theme assists trainees in gaining the minimum child safety and maltreatment knowledge required of a CCH paediatrician.

How to complete it

Information on how to complete the child safety and maltreatment learning theme will be available in 2025.

Learning theme: Child population health

Requirement

Complete the child population health learning theme by the end of Advanced Training.

Description

Complete **one** of the following:

- Minimum six months in an accredited child population health position

OR

- Child population health learning activities, such as:
 - 4 core subjects from a Master of Public Health (MPH)*
 - research towards a PhD related to child population health

OR

- A combination of time spent in an accredited child population health position and completion of learning activities

*This can be completed through enrolment in an MPH or Graduate Certificate in Public Health.

Trainees completing child population health learning activities will need to map the activities to the child population health learning goals (EPA 6 and knowledge guide 4). A learning capture should ideally be completed for each learning activity.

Completion of learning activities will not count towards professional experience time-based requirements but will help the trainee to complete the learning goals related to child population health.

Core MPH subjects

Examples of acceptable core MPH subjects include:

- Introduction to Child Public Health
- Biostatistics
- Epidemiology
- Social Determinants of Health
- Health Promotion
- Public Health Policy
- Health Program Evaluation

- Qualitative Research Methods
- Indigenous Health
- Health Economics
- Public Health Management
- Introduction to Environmental Health

Elective subjects or other coursework will not count towards the child population health requirement, unless you're able to clearly demonstrate equivalency to core child population health subjects or map the subject to the child population health curriculum learning objectives.

Purpose

Completion of this learning theme assists trainees in gaining the minimum child population health knowledge required of a CCH paediatrician.

How to complete it

Information on how to complete the child population health learning theme will be available in 2025.

Courses

RACP Advanced Training Orientation resource

Requirement

1 x RACP Advanced Training Orientation resource, completed during the first 6 months of the specialty foundation phase.

Description

This resource is designed to orient trainees to Advanced Training. It covers areas such as transition to Advanced Training, training and assessment, and trainee support. It's a 'one-stop shop' that trainees can return to if they ever want to find a useful resource, or need a refresher on the supporting resources, policies, and systems available to them.

Estimated completion time: 1-1.5 hours.

Purpose

The resource is intended to support trainees to successfully navigate their transition to Advanced Training and prepare for unsupervised practice as a specialist physician.

How to complete it

Trainees can complete the [Advanced Training Orientation resource](#) on RACP Online Learning.

Trainees will receive a certificate of completion on RACP Online Learning when they complete the resource. Completion of this requirement will automatically update in [TMP](#).

RACP Supervisor Professional Development Program

Requirement

1 x RACP Supervisor Professional Development Program (SPDP), completed by the end of Advanced Training.

Description

The SPDP consists of 3 workshops:

- Educational Leadership and Management
- Learning Environment and Culture
- Teaching and Facilitating Learning for Safe Practice

See [Supervisor Professional Development Program](#) for more information on the program.

Purpose

This requirement aims to prepare trainees for a supervisory/educator role in the workplace and supports trainees' learning aligned with the "team leadership" and "supervision and teaching" learning goals.

How to complete it

[Register for a supervisor workshop.](#)

Trainees can complete the SPDP in three ways:

- Virtual workshops
- Face-to-face workshops
- Online courses.

Workshops are free and presented by volunteer Fellows trained in SPDP facilitation.

RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource

Requirement

1 x Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource, if not completed during Basic Training.

Trainees must complete the resource by the end of their Advanced Training however it's recommended they complete it before the specialty consolidation phase.

Description

The Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource teaches best practice medicine for Aboriginal, Torres Strait Islander and Māori patients through reflection on the trainee's own cultural values and recognition of their influence on professional practice.

Estimated completion time: 2 hours.

Purpose

This resource supports trainees' learning aligned with the "professional behaviours" learning goal. Specialist training requires trainees to:

- examine their own implicit biases
- be mindful of power differentials
- develop reflective practice
- undertake transformative unlearning
- contribute to a decolonisation of health services for Indigenous peoples

How to complete it

Trainees can complete the [Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource](#) on RACP Online Learning.

Trainees will receive a certificate of completion on RACP Online Learning when they complete the resource. Completion of this requirement will automatically update in the Training Management Platform.

RACP Health Policy, Systems and Advocacy resource

Requirement

1 x RACP Health Policy, Systems and Advocacy resource, completed by the end of Advanced Training.

Description

This resource has been designed for Advanced Trainees, as an introduction to health policy, systems, and advocacy.

Estimated completion time: 5 hours.

Purpose

The resource aims to support Advanced Trainees in meeting the health policy, systems, and advocacy professional standard and underpinning competencies outlined in their specialty curriculum, and to enable connections between Advanced Trainees' own practice and the nature and attributes of local, national, and global health systems.

How to complete it

Trainees can complete the [RACP Health Policy, Systems and Advocacy resource](#) on RACP Online Learning.

Trainees will receive a certificate of completion on RACP Online Learning when they complete the resource. Completion of this requirement will automatically update in the Training Management Platform.

Recommended resources

- [RACP Communication Skills resource](#)
- [RACP Ethics resource](#)
- [RACP Introduction to Leadership, Management and Teamwork resource](#)
- [RACP Research Projects resource](#)
- [RACP eLearning resources](#)
- [RACP curated collections](#)

Teaching

Supervision

Rotation supervisors

Core training

Trainees are to have 2 x supervisors per rotation, including:

- Minimum 1 x supervisor, who is a Fellow of the RACP in Community Child Health.
- For core clinical child protection positions, a Fellow of RACP working in forensic/child protection is an acceptable alternative.
- For accredited clinical child population health positions, a Fellow of AFPHM or NZCPHM is an acceptable alternative.

Non-core training

Trainees are to have 2 x supervisors per rotation, including:

- Minimum 1 x supervisor, who is a Fellow of the RACP, relevant to the rotation.

Nominating eligible supervisors

Trainees will be asked to nominate rotation supervisors as part of their learning plan.

Trainees are required to nominate [eligible supervisors](#) who meet the above requirements.

A list of eligible supervisors can be found on [MyRACP](#). The list is not available for post-Fellowship trainees. Post-Fellowship trainees can [contact us](#) to confirm supervisor eligibility.

Research project supervisor

Trainees are to nominate 1 x research project supervisor over the course of Advanced Training. Recommended to be nominated before the specialty consolidation phase.

The research project supervisor guides trainees with their project choice, method, data analysis and interpretation, and quality of written and oral presentation.

More information about this role can be found in the Advanced Training research project guidelines.

Assessment

Assessment blueprint

This high-level assessment program blueprint outlines which of the learning goals *could be* and *will be* assessed by the assessment tools.

Learning goals	Assessment tools			
	Learning capture	Observation capture	Progress report	Research project
1. Professional behaviours	Could assess	Could assess	Will assess	Will assess
2. Team leadership	Could assess	Could assess	Will assess	x
3. Supervision and teaching	Could assess	Could assess	Will assess	x
4. Quality improvement	Could assess	Could assess	Will assess	Could assess
5. Assessment and management – Child Maltreatment	Could assess	Could assess	Will assess	x
6. Assessment and management – Developmental and behavioural	Could assess	Could assess	Will assess	x
7. Assessment and management – Child population health	Could assess	Could assess	Will assess	x
8. Prescribing	Could assess	Could assess	Will assess	x
9. Longitudinal care	Could assess	Could assess	Will assess	x
10. Communication in child centred care	Could assess	Could assess	Will assess	x
11. Developmental and behavioural paediatrics	Could assess	Could assess	Will assess	Could assess
12. Child safety and maltreatment	Could assess	Could assess	Will assess	Could assess

	Assessment tools			
Learning goals	Learning capture	Observation capture	Progress report	Research project
13. Social paediatrics	Could assess	Could assess	Will assess	Could assess
14. Child population health	Could assess	Could assess	Will assess	Could assess

Learning capture

Requirement

12 x learning captures per phase of training, minimum 1 per month.

Refer to [RACP Flexible Training Policy](#) for further information on part-time training (item 4.2).

Description

The learning capture is a work-based assessment that involves a trainee capturing, and reflecting on, professional development activities, including evidence of work-based learning linked to specific learning goals.

Purpose

The learning capture assists trainees to reflect on experiences, promotes critical thinking, and connects these to a trainee's learning goals and professional development. It is also a valuable mechanism for trainees to enhance their understanding of complex topics and less common experiences that may be difficult to encounter in traditional training.

How to complete it

The learning capture is completed via [TMP](#) under the assessment requirements tab.

For more information on how to complete a learning capture review the [training resources](#).

Observation capture

Requirement

12 x observation captures per phase of training, minimum 1 per month.

Refer to [RACP Flexible Training Policy](#) for further information on part-time training (item 4.2).

Description

An observation capture is a work-based assessment which provides a structured process for trainees to demonstrate their knowledge and skills in real-time workplace situations, while assessors observe and evaluate performance.

Purpose

The purpose of the observation capture is to assess skill development, track progress, and provide targeted feedback for improvement for trainees against specific learning goals.

How to complete it

Observation captures are completed via [TMP](#) under the assessment requirements tab.

For more information on how to complete an observation capture review the [training resources](#).

Progress report

Requirement
4 x progress reports per phase of training, minimum 1 every 3 months. <i>Refer to RACP Flexible Training Policy for further information on part-time training (item 4.2).</i>
Description
A progress report is an assessment that documents trainees' and supervisors' assessment of trainee progress against the training program learning goals over a period of training.
Purpose
Progress reports assess knowledge and skill development, track progress against the phase criteria, and provide targeted feedback for improvement.
How to complete it
Progress reports will be completed using TMP. Instructions on how to complete a progress report will be available in 2025.

Research project

Requirement
1 x research project over the course of Advanced Training.
Description
<p>The research project should be one with which the trainee has had significant involvement in designing, conducting the research and analysing data. Trainees may work as part of a larger research project but must have significant input into a particular aspect of the study.</p> <p>Research projects are not required to be specialty-specific but are required to be broadly relevant to trainees' area of specialty. Broadly relevant can be defined as topics that can enhance, complement and inform trainees' practice in the chosen specialty.</p> <p>Three types of research projects are accepted:</p> <ul style="list-style-type: none">• Research in human subjects, populations and communities or laboratory research• Audit• Systematic review <p>The trainee must have a research project supervisor who may or may not be one of their rotation supervisors.</p> <p>The research project is marked by the training committee as Satisfactory or Unsatisfactory and trainees receive qualitative feedback about their project. The research project should be submitted for marking by the end of the specialty consolidation phase to allow time for resubmission in the transition to Fellowship phase if the project is unsatisfactory.</p>
Purpose
The research project enabled 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.

How to complete it

Detailed information on how to complete the research project can be found in the Advanced Training research project guidelines.

Email research project submissions to Research.Project@racp.edu.au by one of the following deadlines:

31 March, 15 June, or 15 September.

Roles and responsibilities

Advanced Trainee

Role
A member who is registered with the RACP to undertake one or more Advanced Training programs.
Responsibilities
<ul style="list-style-type: none">• Maintain employment in accredited training settings.• Act as a self-directed learner:<ul style="list-style-type: none">○ be aware of the educational requirements outlined in the relevant curricula and education policies○ actively seek and reflect on feedback from assessors, supervisors, and other colleagues○ plan, reflect on, and manage their learning and progression against the curricula standards○ adhere to the deadlines for requirements of the training program.• Actively participate in training setting / network accreditation undertaken by the RACP.• Complete the annual Physician Training Survey to assist the RACP and training settings with ongoing quality improvement of the program.

Rotation supervisor

Role
A consultant who provides direct oversight of an Advanced Trainee during a training rotation.
Responsibilities
<ul style="list-style-type: none">• Be aware of the educational requirements outlined in the relevant curricula and education policies.• Oversee and support the progression of Advanced Trainees within the setting:<ul style="list-style-type: none">○ Assist trainees to plan their learning during the rotation.○ Support colleagues to complete observation captures with trainees.○ Provide feedback to trainees through progress reports.• Actively participate in rotation accreditation undertaken by the RACP.• Complete the annual Physician Training Survey to assist the RACP and training settings with ongoing quality improvement of the program.

Assessor

Role
A person who provides feedback to trainees via the Observation Capture or Learning Capture tool. This may include consultants and other medical professionals, allied health

professionals, nursing staff, patients and their families, administrative staff, and consumer representatives.

Responsibilities

- Be aware of the learning goals of the training program.
- Provide feedback to support the progression of Advanced Trainees within the setting:
 - Complete Observation Captures.
 - Provide feedback on Learning Captures as required.

Progress Review Panel

Role

A group convened to make evidence-based decisions on Advanced Trainees' progression through and certification of training.

More information on Progress Review Panels will be available in 2025.

Responsibilities

- Review and assess trainees' progress.
- Communicate and report on progression decisions.
- Monitor delivery of the Advanced Training program.
- Ensure compliance to regulatory, policy and ethical matters.

RACP oversight committees

Role

RACP-administered committees with oversight of the Advanced Training Program in Australia and New Zealand. This includes the relevant training committee and/or Aotearoa New Zealand training subcommittee.

Responsibilities

- Oversee implementation of the Advanced Training program in Australia and Aotearoa New Zealand:
 - Manage and review program requirements, accreditation requirements, and supervision requirements.
 - Monitor implementation of training program requirements.
 - Implement RACP education policy.
 - Oversee trainees' progression through the training program.
 - Monitor the accreditation of training settings.
 - Case manage trainees on the Training Support pathway.
 - Review progression and certification decisions on application in accordance with the RACP Reconsideration, Review, and Appeals By-Law.
- Work collaboratively with Progress Review Panels to ensure the delivery of quality training.
- Provide feedback, guidance, recommendations, and reasoning for decision making to trainees and supervisors.

- Declare conflicts of interest and excuse themselves from decision making discussions when conflicts arise.
- Report to the overseeing RACP committee as required.

Resources

For trainees

- [Education policies](#)
- [Trainee support](#)
- [Trainee responsibilities](#)
- [Accredited settings](#)
- [Training fees](#)

For supervisors

- [Supervisor Professional Development Program](#)
- [RACP Research Supervision resource](#)
- [RACP Training Support resource](#)
- [RACP Creating a Safe Workplace resource](#)