

## Learning, teaching and assessment programs

**Advanced Training in Clinical Immunology and Allergy** 



## **About this document**

The new Advanced Training in Immunology and Allergy curriculum consists of curriculum standards and learning, teaching and assessment (LTA) programs.

This document outlines the Advanced Training in Immunology and Allergy LTA programs for trainees and supervisors. It should be used in conjunction with the Advanced Training in Immunology and Allergy <u>curriculum standards</u>.

The new curriculum was approved by the College Education Committee in March 2025. Please refer to the College Website for details on its implementation.

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## Program overview

### **CURRICULUM STANDARDS**

The <u>curriculum standards</u> are summarised as **18** learning goals. The learning goals articulate what trainees need to be, do, and know, and are assessed throughout training.

BE	Professional behaviours
DO	<ol> <li>Team leadership</li> <li>Supervision and teaching</li> <li>Quality improvement</li> <li>Clinical reasoning in diagnosis and management</li> <li>Management of transitions in care</li> <li>Acute care</li> <li>Longitudinal care</li> <li>Communication with patients</li> <li>Prescribing</li> <li>Investigations and procedures</li> <li>Clinic management</li> </ol>
KNOW	<ul> <li>13. Foundations of immunology, diagnostics, and therapeutics</li> <li>14. Immunodeficiency</li> <li>15. Autoimmune and autoinflammatory disease</li> <li>16. Allergy and hypersensitivity reactions</li> <li>17. Transplantation</li> <li>18. Vaccination</li> </ul>

### 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**

1 training application

### Learning

Minimum 36 months full-time equivalent (FTE)

professional experience

<u>Developmental and psychosocial training</u> (Paediatrics and child health only)

1 <u>rotation plan</u> per rotation

**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

1 <u>national or international annual scientific meeting or conference</u> (recommended)

Recommended resources

### **Teaching**

- 2 supervisors per rotation
- 1 research project supervisor

### **Assessment**

- 4 learning captures per phase\*
- 4 observation captures per phase\*
- 2 progress reports per phase\*
- 1 research project

\*for first year of implementation only; required minimum number will be reviewed after the first year of implementation

## 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**

An immunologist specialises in the diagnosis and management of various conditions related to immune function, such as autoimmune diseases, immunodeficiency disorders, and allergies. Additionally, they may engage in research to further understand immune responses and develop better treatments for immune-related disorders.

Immunologists focus on accurate diagnoses, personalised treatment, and patient education. Care is provided in hospitals and private practices, catering to patients with autoimmune diseases, immunodeficiency disorders, and allergies, and those needing immunotherapy. Immunologists provide:

- diagnostic expertise. Immunologists provide specialised diagnostic reasoning and testing, enabling accurate diagnoses of immune-related disorders and allergic conditions.
- tailored treatment approaches. Immunologists produce personalised treatment plans, incorporating medications, immunotherapy, and lifestyle modifications to suit patients' unique needs and conditions.
- management of complex conditions. These conditions may be multisystem, uncommon, varied, or undifferentiated, and immunologists often collaborate with other specialists for comprehensive care.
- holistic patient care. Beyond treatment, immunologists provide education and support, empowering patients to manage their conditions effectively and enhance their quality of life.

Professionals in immunology require a combination of technical expertise, including accurate diagnostic skills and treatment proficiency, as well as effective communication abilities to educate and empower patients in managing their conditions, all within the context of a constantly evolving understanding of immune system function and disease processes.

Becoming a specialist in immunology or allergy requires a range of professional skills, including:

 clinical diagnosis. Immunologists must have the ability to accurately diagnose immune-related disorders and allergic conditions through comprehensive patient evaluations and specialised diagnostic tests.

- medical knowledge. An in-depth understanding of immunology, allergies, and related fields, including knowledge of immune system function, disease pathology, treatment modalities, and emerging research, is essential.
- patient care. Specialists in immunology display strong patient communication skills, empathy, and the ability to establish rapport with patients, providing compassionate and supportive care throughout diagnosis, treatment, and management.
- critical thinking. Immunologists require analytical skills to assess complex medical cases, interpret diagnostic results, and formulate effective treatment plans tailored to individual patients' needs.
- technical proficiency. Immunologists must be proficient in performing and interpreting specialised diagnostic tests, such as skin prick tests, patch tests, blood tests, and immunological assays.
- interdisciplinary collaboration. Specialists in immunology have the ability to collaborate effectively with other healthcare professionals, including primary care physicians, nurses, specialists, and allied health professionals, to ensure comprehensive patient care.
- research skills. Immunologists are proficient in research methodologies, critical appraisal of scientific literature, and participation in clinical research projects to advance knowledge and innovation in the field.
- continuing education. Specialists in the field are committed to lifelong learning and professional development, and stay updated on advancements in immunology, allergy, and health care practices through participation in conferences, workshops, and continuing education programs.
- ethical practice. Immunologists adhere to ethical principles and professional standards in patient care, research conduct, and interaction with colleagues and patients.
- leadership and advocacy. Specialists in immunology display leadership skills to advocate for patients' needs, promote public health initiatives, and contribute to professional organisations and community outreach efforts related to immunology and allergy.
- driving research and innovation. Immersed in innovative research, immunologists contribute
  to the advancement of diagnostic techniques, therapeutic interventions,
  and understanding of immune-related disorders and allergies, ensuring continuous
  improvement in patient care.

## Supervising committee

The program is supervised by the Committee for Joint College Training (CJCT) in Immunology and Allergy.

## 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 (FTE) experience, and progression and completion decisions are based on evidence of trainees' competence.

## **Entry criteria**

# Entry attributes

Prospective trainees can demonstrate:

- a commitment and capability to pursue a career as an immunologist
- the ability and willingness to achieve the common learning goals for Advanced Training:
  - o team leadership
  - o supervision and teaching
  - o the professional behaviours, as outlined in the Competencies.

## Prospective trainees must have:

## ntry criteria

- 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 <u>learning goal</u> 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 <u>curriculum standards</u> are summarised as **18** 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 <b>more than</b> <b>5 domains</b> 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 <b>1 domain</b> 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 (i.e., ready access to a supervisor)	Is able to act with supervision at a distance (i.e., limited access to a supervisor)	Is able to supervise others
Know: Knowledge guides	Has <b>heard of</b> some of the topics in this knowledge guide	Knows the topics and concepts in this knowledge guide	Knows how to apply this knowledge to practice	Frequently shows they apply this knowledge to practice	Consistently demonstrates application of this knowledge to practice

Immunology and Allergy training is primarily ward and outpatient-based with limited procedural components. To support the assessment of 'do' learning goals (Entrustable Professional Activities), trainees and supervisors should use the level descriptors below when using the rating scales for assessment.

- **Level 1**: is able to present and observe.
- Level 2: Demonstrates the ability to assess and manage common conditions under direct supervision. Requires supervisor review of every patient including history-taking, clinical signs, test selection and interpretation and management planning.
- **Level 3:** Demonstrates the ability to assess and manage complex and rare conditions. Supervisor review is required for some patients based on clinical complexity.
- Level 4: Demonstrates the ability to practice primarily unsupervised in the assessment and management of all patients. Trainee knows when to seek supervision and involves other health professionals as needed.
- **Level 5:** Demonstrates the ability to supervise and support junior specialist trainees in clinical care and decision-making.

		Entry criteria		ession teria	Completion criteria
	Lograing goals	Entry into training	Specialty foundation	Specialty consolidation	Transition to Fellowship
	Learning goals	At entry into training, trainees will:	By the end of this phase, trainees will:	By the end of this phase, trainees will:	By the end of training, trainees will:
Be	1. Professional behaviours	Level 5 consistently behaves in line with all 10 domains of professional practice	Level 5 consistently behaves in line with all 10 domains of professional practice	Level 5 consistently behaves in line with all 10 domains of professional practice	Level 5 consistently behaves in line with all 10 domains of professional practice
	2. Team leadership: Lead a	Level 3	Level 3	Level 4	Level 5
	team of health professionals	is able to act with indirect supervision	is able to act with indirect supervision	is able to act with supervision at a distance	is able to supervise others
	3. Supervision and teaching: Supervise and teach professional colleagues	Level 3 is able to act with indirect supervision	Level 3 is able to act with indirect supervision	Level 4 is able to act with supervision at a distance	Level 5 is able to supervise others
	4. Quality improvement: Identify and address failures in health care delivery	Level 3 is able to act with indirect supervision	Level 3 is able to act with indirect supervision	Level 4 is able to act with supervision at a distance	Level 5 is able to supervise others
	5. Clinical reasoning in diagnosis and management: Clinically assess and manage the ongoing care of patients	Level 3 is able to act with indirect supervision	Level 3 is able to act with indirect supervision	Level 4 is able to act with supervision at a distance	Level 5 is able to supervise others
Do	6. Management of transitions in care: Manage the transition of patient care between paediatric and adult immunology services, and between other specialties and health services	Level 3 is able to act with indirect supervision	Level 3 is able to act with indirect supervision	Level 4 is able to act with supervision at a distance	Level 5 is able to supervise others
	7. Acute care: Manage the early care of acutely unwell patients	Level 3 is able to act with indirect supervision	Level 3 is able to act with indirect supervision	Level 4 is able to act with supervision at a distance	Level 5 is able to supervise others
	8. Longitudinal care: Manage and coordinate the longitudinal care of patients with chronic illness, disability, and/or long-term health issues	Level 3 is able to act with indirect supervision	Level 3 is able to act with indirect supervision	Level 4 is able to act with supervision at a distance	Level 5 is able to supervise others
	9. Communication with patients: Discuss diagnoses and management plans with patients	Level 3 is able to act with indirect supervision	Level 3 is able to act with indirect supervision	Level 4 is able to act with supervision at a distance	Level 5 is able to supervise others
	10. Prescribing: Prescribe therapies tailored to patients' needs and conditions	Level 3 is able to act with indirect supervision	Level 3 is able to act with indirect supervision	Level 4 is able to act with supervision at a distance	Level 5 is able to supervise others

		Entry criteria			Completion criteria
	Learning goals	Entry into training At entry into	Specialty foundation  By the end of	Specialty consolidation  By the end of	Transition to Fellowship  By the end of
		training, trainees will:	this phase, trainees will:	this phase, trainees will:	training, trainees will:
	11. Investigations and procedures: Select, organise, and interpret investigations, and plan, prepare for, perform, and provide aftercare for important practical procedures	Level 3 is able to act with indirect supervision	Level 3 is able to act with indirect supervision	Level 4 is able to act with supervision at a distance	Level 5 is able to supervise others
	12. Clinic management: Manage an outpatient clinic	Level 3 is able to act with indirect supervision	Level 3 is able to act with indirect supervision	Level 4 is able to act with supervision at a distance	Level 5 is able to supervise others
	13. Foundations of immunology, diagnostics, and therapeutics	Level 2 knows the topics and concepts in this knowledge guide	Level 3 knows how to apply this knowledge to practice	Level 4 frequently shows they apply this knowledge to practice	Level 5 consistently demonstrates application of this knowledge to practice
Know	14. Immunodeficiency	Level 2 knows the topics and concepts in this knowledge guide	Level 3 knows how to apply this knowledge to practice	Level 4 frequently shows they apply this knowledge to practice	Level 5 consistently demonstrates application of this knowledge to practice
	15. Autoimmune and autoinflammatory disease	Level 2 knows the topics and concepts in this knowledge guide	Level 3 knows how to apply this knowledge to practice	Level 4 frequently shows they apply this knowledge to practice	Level 5 consistently demonstrates application of this knowledge to practice
	16. Allergy and hypersensitivity reactions	Level 2 knows the topics and concepts in this knowledge guide	Level 3 knows how to apply this knowledge to practice	Level 4 frequently shows they apply this knowledge to practice	Level 5 consistently demonstrates application of this knowledge to practice
	17. Transplantation	Level 1 has heard of some of the topics in this knowledge guide	knows the topics and concepts in this knowledge guide	knows the topics and concepts in this knowledge guide	Level 3 knows how to apply this knowledge to practice
	18. Vaccination	Level 2 knows the topics and concepts in this knowledge guide	Level 3 knows how to apply this knowledge to practice	Level 4 frequently shows they apply this knowledge to practice	Level 5 consistently demonstrates application of this knowledge to practice

## Developmental and psychosocial training (Paediatrics & Child Health Division)

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 training**

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 three-month FTE 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

D&P training is currently a time-based requirement consisting of a minimum of six months 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 (six months FTE). This can be completed as:
  - o two three-month terms, or
  - o one six-month block, or
  - a continuous part-time position, such as two and a half days a week for 12 months (a conglomerate of experience for shorter time periods adding up to six months will not be accepted).
- Option B: A prospectively approved rural position (six months FTE). Complete the six 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:
  - o two sessions a week for 18 months, or
  - one session a week for three 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
- three referenced case reports / essays (1500 to 2000 words each) demonstrating comprehensive understanding of three different issues in the areas of psychosocial training (e.g. rehabilitation or community paediatrics), or
- completion of the Griffith Mental Developmental Scales course.

Other prospectively approved modules may be considered.

## **Apply**

Contact <a href="mmunologyAllergy@racp.edu.au">lmmunologyAllergy@racp.edu.au</a> 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 FTE <u>professional</u> <u>experience</u>	Minimum 12 months FTE during each phase.
Developmental and psychosocial training (Paediatrics and child health only)	Before the end of Advanced Training, if not completed during Basic Training.
RACP Advanced Training Orientation resource	During the first 6 months of the specialty foundation phase.
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.
1 national or international annual scientific meeting or conference	Recommended completion over the course 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 (or prior to starting) the rotation.
Teaching	
Nominate 2 <u>supervisors</u> per rotation	At the start of each accredited or approved training rotation.
Assessment	
4 learning captures	Minimum 1 per 3 months (for first year of implementation only. Required minimum number will be reviewed after the first year of implementation).
4 <u>observation captures</u>	Minimum 1 per 3 months (for first year of implementation only. Required minimum number will be reviewed after the first year of implementation).
2 progress reports	Minimum 1 per 6 months (for first year of implementation only. Required minimum number will be reviewed after the first year of implementation).

## **Entry**

## **Training application**

## Requirement

1 training application, at the start of the specialty foundation phase.

## **Purpose**

The training application supports trainees to:

- confirm they meet the program entry criteria
- provide essential details for program enrolment, ensuring compliance with RACP standards
- establish a formal foundation for their training pathway, enabling access to program resources and support,

The application form will be reviewed by RACP staff. Trainees will be able to track the status of applications through the College's new <u>Training Management Platform (TMP)</u>.

Trainees can submit rotation plans and complete assessments while waiting for their application to be approved.

## 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 could align and will align with the learning requirements.

	Professiona	al experience	Learning requirements					
Learning goals	Core training	Non-core training	Rotation plan	RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource	RACP Orientation to Advanced Training resource	RACP Health Policy, Systems and Advocacy resource	RACP Supervisor Professional Development Program	Attendance at 1 Annual Scientific meeting or conference (recommended)
1. Professional behaviours	Could align	Could align	Will align	Will align	Will align	Will align	Will align	Could align
2. Team leadership	Could align	Could align	Х	Х	х	х	х	Could align
3. Supervision and teaching	Could align	Could align	х	Х	х	х	Will align	Could align
4. Quality improvement	Could align	Could align	Х	х	х	х	х	Could align
5. Clinical reasoning in diagnosis and management	Could align	Could align	х	x	Х	Х	х	Could align
6. Management of transitions in care	Could align	Could align	Х	Х	х	х	х	Could align
7. Acute care	Could align	Could align	Х	Will align	х	х	х	Could align
8. Longitudinal care	Could align	Could align	х	Х	х	х	х	Could align

	Professiona	al experience		Learning requirements				
Learning goals	Core training	Non-core training	Rotation plan	RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource	RACP Orientation to Advanced Training resource	RACP Health Policy, Systems and Advocacy resource	RACP Supervisor Professional Development Program	Attendance at 1 Annual Scientific meeting or conference (recommended)
9. Communication with patients	Could align	Could align	Х	Х	х	х	х	Could align
10. Prescribing	Could align	Could align	Х	Х	х	х	х	Could align
11. Investigations and procedures	Could align	Could align	Х	Х	х	х	х	Could align
12. Clinic management	Could align	Could align	Х	х	х	Will align	х	Could align
13. Foundations of immunology, diagnostics, and therapeutics	Could align	Could align	х	х	х	х	х	Could align
14. Immunodeficiency	Could align	Could align	Х	Х	Х	х	Х	Could align
15. Autoimmune and autoinflammatory disease	Could align	Could align	х	х	х	х	х	Could align
16. Allergy and hypersensitivity reactions	Could align	Could align	х	х	х	х	х	Could align
17. Transplantation	Could align	Could align	х	Х	х	х	х	Could align
18. Vaccination	Could align	Could align	Х	Х	х	х	х	Could align

## **Professional experience**

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

## **Professional experience**

Complete at least 36 months of relevant professional experience in approved rotations.

## Location of training

- Complete training in at least 2 different accredited or approved training settings.
- Complete at least 24 months of training in accredited training settings in Australia and/or Aotearoa New Zealand.

## **Experiential training**

- 24 months minimum FTE in accredited core immunology and allergy training positions
- 12 months maximum in approved non-core training. At least 50% of each rotation is to be entirely clinical. Recommended in:
  - clinical training in research or relevant disciplines (such as respiratory, rheumatology, neurology, dermatology, haematology, infectious diseases and nephrology)
  - clinical laboratory training (maximum 6 months)
  - o adult immunology and allergy training (for paediatrics and child health trainees only)
  - o paediatric immunology and allergy training (for adult medicine trainees only)
  - o training at other settings (such as private, rural, or remote).

Approval of night rotations undertaken during a training rotation will be considered by the Committee for Joint College Training in Immunology and Allergy on a case-by-case basis.

## **Rotation plan**

## Requirement

1 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

Trainees can submit a rotation plan in TMP under the 'training plan' tab.

Trainees undertaking their first rotation of their training program must select the checkbox labelled 'The rotation start date is also the start date of my Training Program' to record the start date for their training program.

If a trainee is expecting a learning goal to be covered during a rotation, they must select 'yes' for 'coverage offered' and outline the learning opportunities available.

This information will be used by supervisors and the overseeing RACP training committee to determine the relevance of the rotation to the program's professional experience requirements.

Trainees should upload a copy of the position description and any other supporting information that outlines the training position being undertaken. This should include regular / weekly activities the trainee will be undertaking during the rotation (e.g. timetable).

Trainees can also set custom goals to define personal objectives 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. The supervisors will need to approve the plan in TMP via 'my assigned actions'.

For more information on how to complete a rotation plan review the <u>training resources</u>.

## National or international scientific meeting or conference (recommended)

## Requirement

Attend 1 national or international scientific meeting or conference, before the end of Advanced Training.

## **Purpose**

National and/or international scientific meetings or conferences provide opportunities for trainees to acquire the latest information in haematology. It provides a chance to review and update trainees' knowledge, including networking opportunities. They can also be useful for meeting training requirements, such as certain details within knowledge guides.

## How to complete it

Meetings and/or conferences may include those provided by (but not limited to):

- RACP
- Australasian Society of Clinical Immunology and Allergy (ASCIA)
- Australian and New Zealand Society for Immunology
- Australian Rheumatology Association or NZ Rheumatology Association
- American College of Rheumatology
- American Academy of Allergy, Asthma and Immunology
- Asia Pacific Association of Allergy, Asthma, and Clinical Immunology (APAAACI)
- British Society for Allergy and Immunology (BSACI)
- British Society of Immunology Clinical Immunology Professional Network (BSI-CIPN)
- Canadian Society of Clinical Allergy and Immunology (CSACI)
- European Academy of Allergy and Clinical Immunology (EAACI)
- European Alliance of Association for Rheumatology
- European Society of Immunodeficiencies
- Federation of Clinical Immunology Societies (FOCIS)
- Institute of Clinical Pathology and Medical Research (ICPMR)
- PathUpdate
- World Allergy Organisation.

Trainees can submit their registration at <a href="mailto:lmmunologyAllergy@racp.edu.au">lmmunologyAllergy@racp.edu.au</a>.

## Courses

## **RACP Advanced Training Orientation resource**

## Requirement

1 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 is a 'one-stop shop' 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 <u>Advanced Training Orientation resource</u> 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 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 <u>Supervisor Professional Development Program</u> for more 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 3 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 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. Completion is recommended 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 <u>Australian Aboriginal</u>, <u>Torres Strait Islander and Māori Cultural</u> <u>Competence and Cultural Safety resource</u> on RACP Online Learning.

## **RACP Health Policy, Systems and Advocacy resource**

## Requirement

1 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 <u>RACP Health Policy</u>, <u>Systems and Advocacy resource</u> on RACP Online Learning.

## 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**

Trainees are to have 2 supervisors per rotation:

- core training minimum of 1 supervisor per rotation who is a Fellow of the RACP in immunology and allergy
- **non-core training** 2 individuals for the role of Education Supervisor.

## Nominating eligible supervisors

Trainees will be asked to nominate rotation supervisors as part of their learning plan. Trainees are required to nominate <u>eligible supervisors</u> who meet the above requirements.

A list of eligible supervisors can be found on <u>MyRACP</u>. The list is not available for post-Fellowship trainees. Post-Fellowship trainees can <u>contact the College</u> to confirm supervisor eligibility.

## Research project supervisor

Trainees are to nominate 1 research project supervisor over the course of Advanced Training. Nominations are recommended 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.

	Assessment tools							
Learning goals	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	Х				
4. Quality improvement	Could assess	Could assess	Will assess	Could assess				
5. Clinical reasoning in diagnosis and management	Could assess	Could assess	Will assess	Х				
6. Management of transitions in care	Could assess	Could assess	Will assess	Х				
7. Acute care	Could assess	Could assess	Will assess	Х				
8. Longitudinal care	Could assess	Could assess	Will assess	Х				
9. Communication with patients	Could assess	Could assess	Will assess	Х				
10. Prescribing	Could assess	Could assess	Will assess	Х				
11. Investigations and procedures	Could assess	Could assess	Will assess	Х				
12. Clinic management	Could assess	Could assess	Will assess	Could assess				
13. Foundations of immunology, diagnostics, and therapeutics	Could assess	Could assess	Will assess	Could assess				
14. Immunodeficiency	Could assess	Could assess	Will assess	Could assess				
15. Autoimmune and autoinflammatory disease	Could assess	Could assess	Will assess	Could assess				
16. Allergy and hypersensitivity reactions	Could assess	Could assess	Will assess	Could assess				
17. Transplantation	Could assess	Could assess	Will assess	Could assess				
18. Vaccination	Could assess	Could assess	Will assess	Could assess				

## Learning capture

## Requirement

4 learning captures per phase of training, minimum 1 per 3 months (for first year of implementation only. Required minimum number will be reviewed after the first year of implementation).

Refer to <u>RACP Flexible Training Policy</u> for 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 <u>TMP</u> under the 'assessment requirements' tab.

For more information on how to complete a learning capture review the training resources.

## **Observation capture**

## Requirement

4 observation captures per phase of training, minimum 1 per 3 months (for first year of implementation only. Required minimum number will be reviewed after the first year of implementation).

Refer to <u>RACP Flexible Training Policy</u> for 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 <u>TMP</u> under the 'assessment requirements' tab.

For more information on how to complete an observation capture review the <u>training</u> <u>resources</u>.

## **Progress report**

## Requirement

2 progress reports per phase of training, minimum 1 per 6 months (for first year of implementation only. Required minimum number will be reviewed after the first year of implementation).

Refer to <u>RACP Flexible Training Policy</u> for further information on part-time training (item 4.2).

## **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 <u>TMP</u>. Instructions on how to complete a progress report will be available in 2025.

## Research project

## Requirement

1 research project over the course of Advanced Training.

## **Description**

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.

Research projects are not required to be specialty-specific but are required to be broadly relevant to trainees' area of specialty. This can be defined as topics that can enhance, complement, and inform trainees' practice in the chosen specialty.

The 3 types of accepted research projects are:

- research in human subjects, populations and communities, or laboratory research
- audit
- systematic review.

The trainee must have a research project supervisor who may or may not be one of their rotation supervisors.

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.

## **Purpose**

The research project enables trainees to develop quality improvement skills and gain experience in:

- research methods
- interpretation of research literature
- participation in research at some stage of their career.

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
- 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 <a href="mailto:Research.Project@racp.edu.au">Research.Project@racp.edu.au</a> by one of the following deadlines:

Australia: 31 March, 15 June, or 15 September.

Aotearoa New Zealand: 31 March, 15 June, or 15 December.

## Roles and responsibilities

## **Advanced Trainee**

## Role

A member who is registered with the RACP to undertake one or more Advanced Training programs.

## Responsibilities

- Maintain employment in accredited training settings.
- Act as a self-directed learner:
  - 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
  - o plan, reflect on, and manage learning and progression against the curricula standards
  - o 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

- 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:
  - o assist trainees to plan their learning during the rotation
  - o support colleagues to complete observation captures with trainees
  - o 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 Aotearoa 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
  - o oversee trainees' progression through the training program

- monitor the accreditation of training settings
- o case manage trainees on the training support pathway
- o 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

See <u>RACP Online Learning</u> for new curricula training and support 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