

ENTRY CRITERIA

Summary of proposed changes

- No proposed changes

CURRENT REQUIREMENT	<p>Prospective trainees must:</p> <ul style="list-style-type: none"> • have completed RACP Basic Training, including the Written and Clinical Examinations • hold a current medical registration • have been appointed to an appropriate Advanced Training position
PROPOSED REQUIREMENT	<p>Prospective trainees must:</p> <ul style="list-style-type: none"> • have completed RACP Basic Training, including the Written and Clinical Examinations • hold a 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 practicing certificate if applying in Aotearoa New Zealand. • have been appointed to an appropriate Advanced Training position

PROFESSIONAL EXPERIENCE

Summary of proposed changes

- The list of non-core training options has been updated

CURRENT REQUIREMENT	<p>36 months of certified training time consisting of:</p> <ul style="list-style-type: none"> • 24 months core clinical training • 12 months non-core training, such as in: <ul style="list-style-type: none"> ○ Clinical training in other disciplines or research ○ At least 50% of each rotation is to be entirely clinical
PROPOSED REQUIREMENT	<p>Complete at least 36 months of relevant professional experience in approved rotations in at least 2 different training settings, including:</p> <ul style="list-style-type: none"> • 24 months minimum FTE in accredited core Immunology and Allergy training positions • 12 months maximum in approved non-core training. Recommended in: <ul style="list-style-type: none"> ○ Clinical training in other disciplines or research ○ Clinical laboratory training (maximum 6 months) ○ Adult immunology and allergy training (for paediatrics and child health trainees only) ○ Paediatric immunology and allergy training (for adult internal medicine trainees only) ○ Training at other settings such as private, rural or remote <p>At least 50% of each non-core rotation is to be entirely clinical.</p>

LOCATION OF TRAINING

Summary of proposed changes

- 24 months of training (core and non-core) must be completed in Australia and/or Aotearoa New Zealand rather than 12 months of core training

CURRENT REQUIREMENT	<ul style="list-style-type: none"> • Complete Advanced Training at a minimum of 2 separate training settings • Complete at least 12 months of core training in Australia and/or Aotearoa New Zealand
PROPOSED REQUIREMENT	<ul style="list-style-type: none"> • Complete training in at least 2 different accredited training settings • Complete at least 24 months of training in Australia and/or Aotearoa New Zealand

LEARNING PROGRAM

Summary of proposed changes

- Learning Needs Analysis will be replaced by the new Learning plan

CURRENT REQUIREMENT	<ul style="list-style-type: none"> • 2 Learning Needs Analysis per core training year
PROPOSED REQUIREMENT	<ul style="list-style-type: none"> • 1 Learning plan per rotation

LEARNING COURSES

Summary of proposed changes

- Addition of learning courses that are common to all RACP Advanced Training programs
- Removal of Paediatric Advanced Life Support course for Aotearoa New Zealand Paediatrics & Child Health trainees as it is a requirement to be completed in Basic Training prior to entering Advanced Training

CURRENT REQUIREMENT	<ul style="list-style-type: none"> • Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource, by the end of Advanced Training • Paediatric Advanced Life Support course (Aotearoa New Zealand Paediatrics & Child Health trainees only, if not completed)
PROPOSED REQUIREMENT	<ul style="list-style-type: none"> • RACP Advanced Training Orientation resource (within the first six months of Advanced Training) • RACP Health Policy, Systems and Advocacy resource (recommended completion before the Transition to Fellowship phase) • RACP Supervisor Professional Development Program, by the end of Advanced Training • Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource, by the end of Advanced Training

LEARNING ACTIVITIES

Summary of proposed changes

- Removal of procedural logbook requirement
- Addition of attendance at an Annual Scientific Meeting (ASM) over the course of Advanced Training

CURRENT LEARNING ACTIVITIES	<ul style="list-style-type: none"> • 1 procedural logbook per core clinical rotation
PROPOSED REQUIRED LEARNING ACTIVITIES	<ul style="list-style-type: none"> • Attendance at 1 Annual Scientific Meeting (required) over the course of training (recommended completion before the Transition to Fellowship phase. See Appendix 1 for a list of suitable ASM providers)

TEACHING PROGRAM

Summary of proposed changes

- Introduction of Progress Review Panels
- For core training, 1 Education supervisor must be a Fellow in Immunology and Allergy, rather than “practising in immunology and allergy”
- For non-core training, Education Supervisors do not need to be FRACP

CURRENT REQUIREMENT	<p>Core training</p> <ul style="list-style-type: none"> • 1 x supervisor per rotation, who is a Fellow of the RACP and practising in immunology and allergy • 1 x supervisor per rotation, who is a Fellow of the RACP <p>Non-core training</p> <ul style="list-style-type: none"> • 2 x supervisors per rotation, who are Fellows of the RACP
PROPOSED REQUIREMENT	<p>Core training:</p> <ul style="list-style-type: none"> • 2 individuals* for the role of Education Supervisor <ul style="list-style-type: none"> ◦ Minimum of 1 supervisor per rotation who is a Fellow of the RACP in Immunology and Allergy <p>Non-core training:</p> <ul style="list-style-type: none"> • 2 individuals for the role of Education Supervisor <p>Other</p> <ul style="list-style-type: none"> • 1 individual for the role of Research Project Supervisor (may or may not be the Education Supervisor) • 1 RACP committee to act as a Progress Review Panel <p><i>*1 supervisor can be a remote supervisor for trainees in regional, rural, and remote settings</i></p>

ASSESSMENT PROGRAM

Summary of proposed changes

- Observation and learning captures to replace Case-based Discussions and Direct Observation of Procedural Skills.
- Progress Reports to replace Supervisor’s Report.
- Removal of immunology and allergy research project

CURRENT REQUIREMENT	<ul style="list-style-type: none"> • 1 Supervisor’s report per rotation • 4 Case-based Discussions per core training year • 2 Direct Observation of Procedural Skills per core training year • 1 Immunology and Allergy Research project • 1 Research project
PROPOSED REQUIREMENT	<ul style="list-style-type: none"> • 12 Observation captures per phase • 12 Learning captures per phase • 4 Progress reports per phase • 1 Research project over the course of training

LTA STRUCTURE



- A learning, teaching and assessment (LTA) structure defines the framework for delivery and trainee achievement of the curriculum standards
- Advanced Training is structured in three phases that establish checkpoints for progression and completion.

PROGRESS POINTS

- 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.

RATING SCALES

Levels	1	2	3	4	5
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
Knowledge guides	Has heard of some of the topics in this knowledge guide that underpin patient care (<i>heard of</i>)	Knows the topics and concepts in this knowledge guide that underpin patient care (<i>knows</i>)	Knows how to apply the knowledge in this knowledge guide to patient care (<i>knows how</i>)	Frequently shows they can apply knowledge in this knowledge guide to patient care (<i>shows how</i>)	Consistently applies sound knowledge in this knowledge guide to patient care (<i>does</i>)
Professional Behaviours (competencies)	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

PROGRESSION CRITERIA

		Entry criteria	Progression criteria		Completion criteria
	Learning goals	At entry into training	End of specialty foundation	End of specialty consolidation	End of Transition to Fellowship
Be	1. Professional behaviours	Level 5	Level 5	Level 5	Level 5
	2. Team leadership: Lead a team of health professionals	Level 3	Level 3	Level 4	Level 5
	3. Supervision and teaching: Supervise and teach professional colleagues	Level 3	Level 3	Level 4	Level 5
	4. Quality improvement. Identify and address failures in health care delivery	Level 3	Level 3	Level 4	Level 5
	5. Clinical reasoning in diagnosis and management. Clinically assess and manage the ongoing care of patients	Level 3	Level 3	Level 4	Level 5
	6. Management of transitions in care. Manage the transition of patient care between paediatric and adult immunology services, between other Specialties and between other health services	Level 3	Level 3	Level 4	Level 5
	7. Acute care. Manage the early care of acutely unwell patients	Level 3	Level 3	Level 4	Level 5
	8. Longitudinal care. Manage and coordinate the longitudinal care of patients with chronic illness, disability and/or long-term health issues and patients at the end of their lives	Level 3	Level 3	Level 4	Level 5
	9. Communications with patients. Discuss diagnoses and management plans with patients	Level 3	Level 3	Level 4	Level 5
	10. Prescribing. Prescribe therapies tailored to patients' needs and conditions	Level 3	Level 3	Level 4	Level 5
	11. Investigations and procedures. Select, organise, and interpret investigations, and plan, prepare for, perform, and provide aftercare for important practical procedures	Level 3	Level 3	Level 4	Level 5
	12. Clinic management. Manage an outpatient clinic	Level 3	Level 3	Level 4	Level 5
Know (Knowledge Guides)	1. Foundations of immunology, diagnostics, and therapeutics	Level 2	Level 3	Level 4	Level 5
	2. Immunodeficiency	Level 2	Level 3	Level 4	Level 5
	3. Autoimmune and autoinflammatory disease	Level 2	Level 3	Level 4	Level 5
	4. Allergy and hypersensitivity reactions	Level 2	Level 3	Level 4	Level 5
	5. Transplantation	Level 1	Level 2	Level 3	Level 4
	6. Vaccination	Level 2	Level 3	Level 4	Level 5

APPENDIX 1

Meeting attendance

Appendix 1 is to provide more information on the proposed addition of trainees attending an Annual Scientific Meeting once, over the course of Advanced Training.

List of acceptable Annual Scientific Meeting providers

- Australasian Society of Clinical Immunology and Allergy (ASCIA)
- Australian and New Zealand Society for Immunology
- European Academy of Allergy and Clinical Immunology (EAACI)
- European Alliance of Association for Rheumatology
- American College of Rheumatology
- American Academy of Allergy, Asthma and Immunology
- European Society of Immunodeficiencies
- World Allergy Association
- FOCIS (Federation of Clinical Immunology Societies)
- PathUpdate
- Institute of Clinical Pathology and Medical Research (ICPMR)