NEW CURRICULA

Learning, teaching and assessment programs

Advanced Training in Infectious Diseases

RACP
Specialists. Together

About this document

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

This document outlines the Advanced Training in infectious diseases LTA programs for trainees and supervisors. It should be used in conjunction with the Advanced Training in infectious diseases curriculum standards.

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

Contents

Program overview

CURRICULUM STANDARDS

The curriculum standards are summarised as **19** 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. Clinical assessment and management 6. Management of transitions in care 7. Acute care 8. Longitudinal care 9. Communication with patients 10. Prescribing 11. Investigations 12. Clinic management
KNOW	13. Key infectious diseases and syndromes 14. Infections in specific hosts and populations 15. Microbiology 16. Antimicrobials 17. Immunisation 18. Healthcare-associated infections 19. Public 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

1 training application

Learning

Minimum 36 months full-time equivalent (FTE) professional experience

Developmental and psychosocial training (paediatrics and child health only)

1 rotation plan 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

Recommended resources

Teaching

2 supervisors per rotation

1 research project supervisor

Assessment

12 learning captures per phase

12 observation captures per phase

4 progress reports per phase

1 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

Infectious diseases physicians specialise in the diagnosis, management, and control of illnesses caused by existing and emerging pathogens, including bacteria, fungi, parasites, and viruses. Their work is cross-disciplinary and spans aspects of clinical, laboratory, and public health medicine.

Infectious diseases physicians provide holistic care, considering impacts of their management strategies on patients, families, whānau, and/or carers, and the wider community. Their work includes:

- **investigating and treating infectious diseases, ranging from common infections to rare and emerging pathogens.** Infectious diseases physicians use their expertise in microbiology, epidemiology, and clinical medicine to identify specific infectious agents and prescribe appropriate treatment tailored to the patient's condition.

- **providing leadership and education for others in antimicrobial use and stewardship.**

- **understanding and assisting with infection control,** working together with hospital infection control and public health teams.

- **preventing and controlling the spread of infectious diseases.** Infectious diseases physicians manage infection prevention and control by involving a comprehensive approach aimed at minimising the transmission of pathogens, protecting individuals and communities, and managing outbreaks effectively. They also play a key role in developing and implementing policies and procedures related to infections, diagnostics, and antimicrobial stewardship.

- **using innovative laboratory technologies.** Infectious diseases physicians embrace and leverage laboratory technologies to enhance diagnostic accuracy, track disease outbreaks, and monitor antimicrobial resistance patterns.

- **using a holistic patient care approach.** Infectious diseases physicians take a holistic approach to diagnose, treat, and support patients affected by a wide range of infections.

Infectious diseases physicians require expertise in clinical diagnosis and treatment, epidemiology, antimicrobial stewardship, laboratory diagnostics, interdisciplinary collaboration, research, and effective communication. They have skills in:

- **application of a scholarly approach.** Infectious diseases physicians' expertise contributes to shaping policies, promoting public health initiatives, and ensuring effective management of infectious disease challenges at local, national, and global levels. In addition, infectious diseases physicians must consider the importance of antimicrobial stewardship, the costs associated with newer antimicrobial agents, and the influence of the pharmaceutical industry on clinical practice, research priorities, and health care advocacy efforts.

- **assessment of outbreaks.** Infectious diseases physicians continually assess outbreaks of emerging and reemerging infectious diseases, monitoring the significant national and global consequences. Infectious diseases physicians play a vital role in safeguarding not only the health of their individual patients but also the overall wellbeing of the community.

- **coordination and management with microbiology laboratories.** Infectious diseases physicians rely on strong communication and collaborative relationships with microbiology laboratories and microbiologists.

- **demonstrating leadership.** Leadership is shown in the clinical management of infections, response to outbreaks and infection control, antimicrobial use, guideline development, and quality improvement.

- **global developments.** Infectious diseases physicians need to stay up to date with global developments in infectious diseases and their local implications, enabling them to provide expert consultation and guidance to other specialist practitioners on infection-related matters.

- **advocacy within the community.** Infectious diseases physicians play a crucial role in promoting informed discussions and raising political and community awareness through evidence-based advocacy on critical issues.

- **working as an integral part of a multidisciplinary team.** Infectious diseases physicians must interpret clinical test results, collaborate effectively with other hospital subspecialties, and coordinate care with external healthcare providers.

Supervising committee

The program is supervised by the Advanced Training Committee (ATC) in Infectious Diseases and the Aotearoa New Zealand Advanced Training Subcommittee (ATS) in Infectious Diseases.

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 a physician in infectious diseases
	• 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.

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.

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 **19** 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 that allow 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 domain** 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 **heard of** 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

	Learning goals	Entry criteria	Progression criteria		Completion criteria
		Entry into training *At entry into training, trainees will:*	**Specialty foundation** *By the end of this phase, trainees will:*	**Specialty consolidation** *By the end of this phase, trainees will:*	**Transition to Fellowship** *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
Do	**2. Team leadership:** Lead a team of health professionals	**Level 2** is able to act with direct 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
	3. Supervision and teaching: Supervise and teach professional colleagues	**Level 2** is able to act with direct 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: Improve safety, effectiveness, and experience of care for patients and staff	**Level 2** is able to act with direct supervision	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance
	5. Clinical assessment 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
	6. Management of transitions in care: Manage the transition of patient care between health care professionals, providers, and contexts	**Level 2** is able to act with direct 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 2** is able to act with direct 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 4** be able to act with supervision at a distance	**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 2** is able to act with direct 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
	11. Investigations: Select, organise, and interpret investigations	**Level 2** is able to act with direct 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 2** is able to act with direct 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

	Learning goals	Entry criteria	Progression criteria		Completion criteria
		Entry into training *At entry into training, trainees will:*	**Specialty foundation** *By the end of this phase, trainees will:*	**Specialty consolidation** *By the end of this phase, trainees will:*	**Transition to Fellowship** *By the end of training, trainees will:*
Know	**13. Key infectious diseases and syndromes**	**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
	14. Infections in specific hosts and populations	**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. Microbiology	**Level 2** knows the topics and concepts in this knowledge guide	**Level 3** knows how to apply this knowledge to practice	**Level 3** knows how to apply this knowledge to practice	**Level 4** frequently shows they apply this knowledge to practice
	16. Antimicrobials	**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. Immunisation	**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 4** frequently shows they apply this knowledge to practice
	18. Healthcare-associated infections	**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
	19. Public health	**Level 2** knows the topics and concepts in this knowledge guide	**Level 3** knows how to apply this knowledge to practice	**Level 3** knows how to apply this knowledge to practice	**Level 4** frequently shows they apply 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
  o 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 6 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
  o 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:

  o evidence of attendance at a lecture series at a recognised institution related to the D&P training areas, or
  o 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
  o completion of the Griffith Mental Developmental Scales course.

Other prospectively approved modules may be considered.

Apply

Contact InfectiousDiseases@racp.edu.au or InfectiousDiseases@racp.org.nz 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 professional experience	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.
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 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 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 Training Management Platform (TMP). 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.

Learning goals	Professional experience			Learning requirements						
	Core infectious diseases training time	Non-core training time	Accredited microbiology training time	Rotation 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	RACP microbiology online learning resource	Microbiology logbook
1. Professional behaviours	Will align	Will align	Will align	Will align	Will align	Will align	Will align	Will align	Will align	Will align
2. Team leadership	Will align	Will align	Will align	x	x	x	x	x	x	x
3. Supervision and teaching	Will align	Will align	Will align	x	x	Will align	x	x	x	Will align
4. Quality improvement	Will align	Will align	Will align	x	x	x	x	x	x	Will align
5. Clinical assessment and management	Will align	Could align	Will align	x	x	x	x	x	Will align	x
6. Management of transitions in care	Will align	Could align	x	x	x	x	x	x	x	x
7. Acute care	Will align	Could align	x	x	x	x	x	x	x	x
8. Longitudinal care	Will align	Could align	Could align	x	x	x	x	x	x	x
9. Communication with patients	Will align	Could align	x	x	x	x	x	x	x	x
10. Prescribing	Will align	Could align	Could align	x	x	x	x	x	x	x
11. Investigations	Will align	Could align	Could align	x	x	x	x	x	x	x

Learning goals	Professional experience			Learning requirements						
	Core infectious diseases training time	Non-core training time	Accredited microbiology training time	Rotation 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	RACP microbiology online learning resource	Microbiology logbook
12. Clinic management	Will align	Could align	Could align	x	x	x	x	Will align	x	x
13. Key infectious diseases and syndromes	Will align	Could align	Will align	x	x	x	x	x	Will align	Will align
14. Infections in specific hosts and populations	Will align	Could align	Will align	x	x	x	x	x	Will align	Will align
15. Microbiology	Will align	Could align	Will align	x	x	x	x	x	Will align	Will align
16. Antimicrobials	Will align	Could align	Could align	x	x	x	x	x	x	x
17. Immunisation	Will align	Could align	x	x	x	x	x	x	x	x
18. Healthcare-associated infections	Will align	Could align	Could align	x	x	x	x	x	Could align	Could align
19. Public health	Will align	Could align	Could align	x	x	x	x	x	Could align	x

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

- Recommended to 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

- Complete at least 36 months of relevant professional experience in approved rotations in at least 2 different training settings, including:

  o 24 months minimum in accredited core infectious diseases training positions
  o 12 months maximum in approved non-core training position.

- Over the course of training, trainees must complete microbiology training. The training pathway for infectious diseases will therefore consist of either:

  o 24 months core training, 6 months microbiology (at an accredited institution), and 6 months non-core training, or
  o 24 months core training, online microbiology training and logbook, and 12 months non-core training.

Non-core training

- Undertaken in clinical or research (with clinical ID load) activities in infectious diseases or in other related disciplines, including but not limited to:

  o acute general paediatrics*
  o acute general medicine*
  o antimicrobial stewardship
  o clinical, laboratory or epidemiological research relevant to infectious diseases*
  o emergency paediatrics*
  o haematology*
  o immunisation

  o immunology
  o infection control
  o infectious diseases education*
  o intensive care medicine*
  o hospital in the home (HITH)
  o microbiology
  o public health
  o respiratory medicine*
  o sexual health medicine.

Suitability of non-core training is considered on an individual basis depending on the relevance of the proposed training to the Infectious Diseases Advanced Training learning goals.

*Rotations in these areas will need to demonstrate significant exposure to clinical Infectious Diseases and alignment to Infectious Diseases learning goals. It is expected that a significant proportion of time includes a clinical case load (for example, 2 days of inpatient and/or outpatient activity) that is Infectious Diseases related and there are relevant education and quality improvement activities (this could include case reviews, M&M meetings, audits).

Microbiology training

- Microbiology training can be achieved by either of the following options:

  o minimum 6 months in an accredited microbiology training position (this is encouraged, and will count towards non-core training time)

  o completing the RACP microbiology online resource and the microbiology logbook by the end of Advanced Training (this does not count towards non-core training time).

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 training resources.

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 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 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.

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 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 TMP.

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 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 TMP.

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:

- minimum of 1 supervisor per rotation who is a Fellow of the RACP in infectious diseases (during non-core training, there may be a third / remote supervisor).

Microbiology rotation

Trainees are to have 2 individuals for the role of Education Supervisor, including:

- minimum of 1 per rotation who is a Fellow of the RCPA in microbiology.

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 the College 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.

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. Clinical assessment and management	Could assess	Could assess	Will assess	x
6. Management of transitions in care	Could assess	Could assess	Will assess	x
7. Acute care	Could assess	Could assess	Will assess	x
8. Longitudinal care	Could assess	Could assess	Will assess	x
9. Communication with patients	Could assess	Could assess	Will assess	x
10. Prescribing	Could assess	Could assess	Will assess	x
11. Investigations	Could assess	Could assess	Will assess	x
12. Clinic management	Could assess	Could assess	Will assess	x
13. Key infectious diseases and syndromes	Could assess	Could assess	Will assess	x
14. Infections in specific hosts and populations	Could assess	Could assess	Will assess	x

Learning goals	Assessment tools			
	Learning capture	Observation capture	Progress report	Research project
15. Microbiology	Could assess	Could assess	Will assess	x
16. Antimicrobials	Could assess	Could assess	Will assess	x
17. Immunisation	Could assess	Could assess	Will assess	x
18. Healthcare-associated infections	Could assess	Could assess	Will assess	x
19. Public health	Could assess	Could assess	Will assess	x

Learning capture

Requirement
12 learning captures per phase of training, minimum 1 per month.
Refer to RACP Flexible Training Policy 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 TMP under the 'assessment requirements' tab.
For more information on how to complete a learning capture review the training resources.

Observation capture

Requirement
12 observation captures per phase of training, minimum 1 per month.
Refer to RACP Flexible Training Policy 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 TMP under the 'assessment requirements' tab.
For more information on how to complete an observation capture review the training resources.

Progress report

Requirement
4 progress reports per phase of training, minimum 1 every 3 months.
Refer to [RACP Flexible Training Policy](#) for 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 [TMP](#). 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 Research.Project@racp.edu.au 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   - plan, reflect on, and manage 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
- 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: - 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 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   - oversee trainees' progression through the training program

- o 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 RACP Online Learning 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