

### ENTRY CRITERIA

#### Summary of proposed changes

- Wording changes to clarify entry requirements

#### CURRENT REQUIREMENT

Prospective trainees must:

- 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

Prospective trainees must:

- 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 practising certificate if applying in Aotearoa New Zealand.
- have been appointed to an appropriate Advanced Training position

### PROFESSIONAL EXPERIENCE

#### Summary of proposed changes

- Streamlining of professional experience requirements to allow more trainee flexibility
- Decrease maximum allowable non-core (supplementary or elective) training time from 12 months to 6 months
- Removal of mandatory components such as rural training
- More information on the proposed professional experience can be found on pages 3 and 4

#### CURRENT REQUIREMENT

36 months of certified training time consisting of:

- **minimum 24 months of core training** in accredited settings, including:
  - **12 months of general paediatrics** training, including:
    - 6 months with a **perinatal** component (Australian trainees only)
    - 6 months in a **rural** training setting
  - **6 months core acute training**
  - **6 months core community/developmental training**
- **maximum 12 months** non-core training

#### PROPOSED NEW REQUIREMENT

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

- **minimum 30 months** of relevant professional experience in approved rotations in at least 2 different types of accredited training settings (tertiary, metropolitan or regional & rural). This should include:
  - **18 months general paediatrics (foundational)**
  - **6 months acute hospital paediatrics**
  - **6 months community and developmental paediatrics**
- **maximum 6 months** of supplementary(elective) training

### LOCATION OF TRAINING

#### Summary of proposed changes

- No proposed changes

#### CURRENT REQUIREMENT

- Complete at least 24 months of training in accredited training settings in Australia and/or Aotearoa New Zealand.
- You must complete your Advanced Training at more than 1 training setting, with at least 6 months at a second setting.

#### PROPOSED NEW REQUIREMENT

- Complete **at least 24 months** of training in accredited training settings in Australia and/or Aotearoa New Zealand.
- Complete training in at least 2 different types of accredited training settings (tertiary, metropolitan, or regional and rural)

### LEARNING PROGRAM

#### Summary of proposed changes

- Learning Needs analysis replaced with Learning Plan

<b>CURRENT REQUIREMENT</b>	2 Learning Needs Analysis per year
<b>PROPOSED NEW REQUIREMENT</b>	1 Learning Plan per phase of training, reviewed quarterly

### LEARNING COURSES

#### Summary of proposed changes

- Added required learning courses

<b>PROPOSED NEW REQUIREMENT</b>	<ul style="list-style-type: none"> <li>• RACP <b>Orientation to Advanced Training</b> resource (within the first six months of Advanced Training)</li> <li>• RACP <b>Health Policy, Systems and Advocacy</b> resource (recommended completion before the Transition to Fellowship phase)</li> <li>• RACP Supervisor Professional Development <a href="#">Program</a>, by the end of Advanced Training</li> <li>• Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety <a href="#">resource</a>, by the end of Advanced Training</li> </ul>
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### LEARNING ACTIVITIES

#### Summary of proposed changes

- List of recommended courses to be provided to assist with supplementary learning and development of competence in the Learning Goals

<b>RECOMMENDED LEARNING ACTIVITIES</b>	<ul style="list-style-type: none"> <li>• Accredited child protection course</li> <li>• Advanced paediatric life support (APLS) course</li> <li>• Neonatal resuscitation course</li> <li>• Neurodevelopmental courses which include:             <ul style="list-style-type: none"> <li>➢ Engaging infants: an introduction to training in Infant Mental Health (RCH, Melbourne)</li> <li>➢ Newborn Behavioural Observations (NBO) training (NBO Australia, RWH, Melbourne).</li> <li>➢ Annual Professional Development Program for Community Paediatricians.</li> <li>➢ Prechtl's General Movements Assessment Course</li> <li>➢ Advanced Training Committee in Community Child Health Educational Tutorial Series (12 months equivalent) – Trainees are to submit CCH Educational Tutorial Series Attendance Record</li> <li>➢ Mater Growth and Development Unit Conference.</li> <li>➢ The Newborn Individualized Developmental Care and Assessment Program (NIDCAP) Course</li> <li>➢ Completion of the Griffith Mental Developmental Scales or Bayley's course.</li> <li>➢ Family and Infant Neurodevelopmental Education (FINE) program</li> </ul> </li> </ul>
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## TEACHING PROGRAM

### Summary of proposed changes

- All training rotations require a supervisor with FRACP in General Paediatrics
- Introduction of Progress Review Panels

<b>CURRENT REQUIREMENT</b>	<p>1 x supervisor per rotation, who is a Fellow of the RACP</p> <p>1 x supervisor per rotation, who can be a Fellow of the RACP</p>
<b>PROPOSED NEW REQUIREMENT</b>	<ul style="list-style-type: none"> <li>• <b>2 individuals for the role of Education Supervisor:</b> <ul style="list-style-type: none"> <li>○ Minimum of 1 supervisor per rotation who is a Fellow of the RACP in General Paediatrics</li> </ul> </li> </ul> <p><i>Recommended to keep one Education Supervisor across span of training</i></p> <ul style="list-style-type: none"> <li>• Nominate <b>1 x RACP training committee to act as a Progress Review Panel</b></li> <li>• Name <b>1 x individual for the role of Research Project Supervisor</b> (may or may not be the Education Supervisor).</li> </ul>

## ASSESSMENT PROGRAM

### Summary of proposed changes

- Case-based discussions, Mini-CEX and DOPS replaced with Observation Captures
- PQR and logbooks replaced with Learning Captures
- Supervisor's report replaced by Progress reports
- Trainee's report for Aotearoa New Zealand has been removed
- Neonatal training and child protection training is captured in the activities outlined in the learning goals.

<b>CURRENT REQUIREMENT</b>	<p>1 Professional Qualities Reflection (PQR) per year</p> <p>4 Case-based discussions per year</p> <p>4 Mini-Clinical Evaluation Exercises (Mini-CEX) per year</p> <p>1 Supervisor's report per rotation</p> <p>1 Trainee's Report per rotation (Aotearoa NZ only)</p> <p>6 Direct Observation of Procedural Skills (DOPS) over course of training</p> <p>1 Logbook recording 100 new outpatient cases, including 30 developmental paediatric cases</p> <p>1 Logbook documenting 15 child protection cases and course (or training time)</p> <p>6 months of neonatal training at a tertiary perinatal centre during Basic and/or Advanced Training</p>
<b>PROPOSED NEW REQUIREMENT</b>	<p>12 Observation captures per year</p> <p>12 Learning captures per year</p> <p>4 Progress reports per year</p> <p>1 Research project</p>

### PROFESSIONAL EXPERIENCE DEFINITIONS

#### Summary of professional experience definitions

In the new curriculum, professional experiences are defined below.

<p><b>CURRENT REQUIREMENT</b></p>	<p>36 months of certified training time consisting of:</p> <ul style="list-style-type: none"> <li>• <b>minimum 24 months of core training</b> in accredited settings, including: <ul style="list-style-type: none"> <li>• <b>12 months of general paediatrics</b> training, including: <ul style="list-style-type: none"> <li>• 6 months with a <b>perinatal</b> component</li> <li>• 6 months in a <b>rural</b> training setting</li> </ul> </li> <li>• <b>6 months core acute training</b></li> <li>• <b>6 months core community/developmental training</b></li> </ul> </li> <li>• <b>maximum 12 months</b> non-core training</li> </ul>	<p><b>GENERAL PAEDIATRICS (FOUNDATIONAL)</b></p> <ul style="list-style-type: none"> <li>• a distinct advanced trainee role at an accredited site</li> <li>• includes exposure to paediatric patients across these settings: emergency department, wards (paediatric and /or neonatal, and clinics)</li> <li>• minimum of an average of one outpatient clinic per week per trainee which must include developmental patients</li> <li>• <i>eg. General paediatrics at rural or outer metropolitan hospital</i></li> </ul>	<p><b>COMMUNITY AND DEVELOPMENTAL PAEDIATRICS</b></p> <ul style="list-style-type: none"> <li>• at an accredited site</li> <li>• role where there is a focus on seeing patients with complex behavioural, neurodevelopmental, psychosocial, and outpatient presentations</li> <li>• may include outpatient clinic attendance which must include (but does not have to be exclusively) developmental patients</li> <li>• <i>eg. Neurodevelopmental clinic, community paediatric clinic, child protection, Aboriginal and Torres Strait Islander or Māori health, refugee and immigrant health, rural setting</i></li> </ul>
<p><b>PROPOSED NEW REQUIREMENT</b></p>	<p>Complete at least 36 months of relevant professional experience in approved rotations:</p> <ul style="list-style-type: none"> <li>• <b>minimum 30 months</b> of relevant professional experience in approved rotations in at least 2 different types of accredited training settings (tertiary, metropolitan or regional &amp; rural). This should include: <ul style="list-style-type: none"> <li>• <b>18 months general paediatrics (foundational)</b></li> <li>• <b>6 months acute hospital paediatrics</b></li> <li>• <b>6 months community and developmental paediatrics</b></li> </ul> </li> <li>• <b>maximum 6 months</b> of supplementary(elective) training</li> </ul>	<p><b>ACUTE HOSPITAL PAEDIATRICS</b></p> <ul style="list-style-type: none"> <li>• at an accredited site</li> <li>• role that involves frequent care of acutely unwell general paediatric patients across the age range in hospital-based settings</li> <li>• may include responding to acutely deteriorating patients either in the emergency department, paediatric intensive care unit or as part of a weekly paediatric on call roster where there is attendance required</li> <li>• <i>eg. Emergency Department, Pediatric Intensive Care Unit, Hospital in the Home, Hospital medical lead</i></li> </ul>	<p><b>SUPPLEMENTARY or ELECTIVE</b></p> <p>where trainees can demonstrate the relevance of the rotation to General Paediatrics learning goals</p>

#### RECOMMENDATIONS

- Strongly recommended that trainees spend time at an accredited rural training site and/or in a role that targets improving health equity. Many rural sites will be accredited for all the above training time requirements.
- Neonatal and perinatal medicine is best achieved at an accredited site in a role where there is a significant neonatal or perinatal component including attending deliveries, completing baby checks, ward rounds on nursery babies and carrying out neonatal procedures. This may occur in a rural general paediatric site, a site with a special care nursery or in a neonatal intensive care unit.
- Time based requirements are to be complemented by learning themes (see next page) based on the general paediatrics learning goals.

### LEARNING THEMES

#### Summary of proposed changes

New learning themes will provide flexible options for trainees to meet learning requirements in line with the General Paediatrics Learning Goals.

#### ACUTE CARE, AND NEONATAL AND PERINATAL MEDICINE

- Complete a rotation with a significant neonatal/perinatal component
  - Complete an APLS course (or equivalent) during Advanced Training
  - Complete **one** of the following:
    - 6 learning or observation captures related to acute care learning goals
- OR
- Advanced Training Research Project (ATRP) linked to acute care or neonatal and perinatal medicine learning goals

#### CHILD SAFETY AND MALTREATMENT

- Complete **one** of the following:
    - 6 months in a child protection role
- OR
- child protection course AND at least 2 learning captures related to child maltreatment learning goals
- OR
- completion of an Advanced Training Research Project linked to child safety and maltreatment learning goals

#### ADOLESCENT AND YOUNG ADULT MEDICINE

Complete **one** of the following options:

- rotation with a significant adolescent component
- OR
- 3 learning or observation captures related to adolescent and young adult medicine learning goals
- OR
- completion of an ATRP linked to adolescent and young adult medicine learning goals

#### QUALITY AND IMPROVEMENT

- Complete ATRP in an area related to quality improvement
- OR
- Complete portfolio demonstrating participation in quality improvement and reflection on practice. Selections can include:
    - quality improvement project, including evidence of presentation, poster or publication
    - evidence of presentations in mortality and morbidity meetings
    - policy and guideline development
    - completion of improvement science courses

#### RURAL PAEDIATRICS AND PROVIDING HIGH LEVEL PAEDIATRIC CARE FOR PATIENTS FROM RURAL AND REMOTE AREAS

Complete one of the following:

- at least 6 months of training at a rural or remote training site
- OR
- 6 learning or observation captures related to rural and remote paediatrics learning goals, with specific reference to trainee's involvement in care of rural and regional patients
- OR
- ATRP related to rural paediatrics and care for rural and remote paediatric patients

#### PROMOTE IMPROVED OUTCOMES IN CHILD AND ADOLESCENT HEALTH AND DEVELOPMENT

Complete **one** of the following options:

- Option A: at least 6 months of training at a rural or remote training site
- Option B:
  - at least 6 months of training in a non-rural based role that targets improving health equity (including, but not limited to, First Nations/Māori health, refugee health, working with children in out of home care), and
  - 6 learning or observation captures related to improving child health outcomes learning goals, and
- Option C:
  - RACP cultural competency working with migrants, refugees and asylum seekers online resource, and
  - one of the following:
    - completion of Community and Development courses AND 12 learning or observation captures related to promoting child health outcomes learning goals
  - OR
  - ATRP related to promoting child health outcomes learning goals

### 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
<b>Entrustable Professional Activities (EPAs)</b>	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
<b>Knowledge guides</b>	Has heard of some of the topics in this knowledge guide that underpin patient care ( <i>heard of</i> )	<b>Knows</b> the topics and concepts in this knowledge guide that underpin patient care ( <i>knows</i> )	<b>Knows</b> how to apply the knowledge in this knowledge guide to patient care ( <i>knows how</i> )	<b>Frequently shows</b> they can apply knowledge in this knowledge guide to patient care ( <i>shows how</i> )	<b>Consistently applies</b> sound knowledge in this knowledge guide to patient care ( <i>does</i> )
<b>Professional Behaviours (competencies)</b>	Needs to work on behaviour in <b>more than 5 domains</b> of professional practice	Needs to work on behaviour in <b>4 or 5 domains</b> of professional practice	Needs to work on behaviour in <b>2 or 3 domains</b> of professional practice	Needs to work on behaviour in <b>1 or 2 domains</b> of professional practice	Consistently behaves in line with <b>all 10 domains</b> of professional practice

### PROGRESSION CRITERIA

		Progression criteria		Completion criteria
		End of specialty foundation	End of specialty consolidation	End of Transition to Fellowship
<b>Learning goals</b>				
<b>Be</b>	<b>1. Professional behaviours</b>	<b>Level 5</b>	<b>Level 5</b>	<b>Level 5</b>
<b>Do (work tasks)</b>	<b>2. Team leadership:</b> Lead a team of health professionals	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
	<b>3. Teaching and supervision:</b> Supervise and teach professional colleagues	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
	<b>4. Quality improvement:</b> Contribute to improving safety, effectiveness, and experience of healthcare	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
	<b>5. Clinical assessment:</b> Clinically assess paediatric patients across multiple settings	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
	<b>6. Clinical management:</b> Clinically manage paediatric patients across multiple settings	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
	<b>7. Acute care and procedures:</b> Assess and manage acutely unwell paediatric and neonatal patients	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
	<b>8. Communication with patients and health professionals:</b> Communicate with patients, families, and health professionals	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
	<b>9. Promote improved outcomes in child and adolescent health and development:</b> Take actions to promote improved health and developmental outcomes for paediatric patients in healthcare systems and the community	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
	<b>10. Care for patients from rural/remote areas:</b> Provide high level paediatric care for patients from rural and remote areas	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
	<b>Know (Knowledge Guides)</b>	<b>11. Foundations of general paediatrics</b>	<b>Level 3</b>	<b>Level 4</b>
<b>12. Neonatal and perinatal medicine</b>		<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
<b>13. Acute care</b>		<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
<b>14. Developmental paediatrics</b>		<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
<b>15. Adolescent and young adult medicine</b>		<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
<b>16. Child safety and maltreatment</b>		<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
<b>17. Rural paediatrics</b>		<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>