

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"> • 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.

PROFESSIONAL EXPERIENCE

Summary of proposed changes

- No proposed changes

CURRENT REQUIREMENT	<p>36 months of certified training time consisting of:</p> <ul style="list-style-type: none"> • 24 months minimum of core paediatric respiratory medicine training • 12 months of non-core training
PROPOSED NEW REQUIREMENT	<p>Complete at least 36 months of relevant professional experience in approved rotations:</p> <ul style="list-style-type: none"> • Minimum 24 months in settings accredited towards paediatric respiratory medicine • Maximum 12 months of an approved supplementary training position. The following may be suitable supplementary training for paediatric respiratory medicine: <ul style="list-style-type: none"> ○ sleep medicine ○ clinical respiratory or sleep physiology ○ overseas training in paediatric respiratory medicine ○ intensive care medicine ○ Research or academic study via (MD, PhD or Master's degree) that is specific or relevant to respiratory or sleep medicine ○ Other specialty areas will require trainees to demonstrate an appropriate case mix that is relevant to paediatric respiratory medicine and appropriate clinical rotations.

LOCATION OF TRAINING

Summary of proposed changes

- Required to complete training in at least 2 different accredited training settings

CURRENT REQUIREMENT	<ul style="list-style-type: none"> • 24 months minimum of core training in respiratory or sleep medicine must be undertaken in Australia and/or Aotearoa New Zealand
PROPOSED NEW REQUIREMENT	<ul style="list-style-type: none"> • 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 accredited training settings.

LEARNING PROGRAM

Summary of proposed changes

- Learning Needs Analysis replaced with Learning Plan tool which will be common across all Advanced Training programs

CURRENT REQUIREMENT	2 x Learning needs analysis per training year (1 per 6-month rotation)
PROPOSED NEW REQUIREMENT	1 x Learning plan at the start of each phase training and 1 six-monthly. <i>Recommended: additional learning plans for each new training period within a phase (e.g., if a trainee is planning to move to a different training position/rotation).</i>

LEARNING COURSES

Summary of proposed changes

- Adoption of new RACP learning courses that will be common across all Advanced Training programs.

PROPOSED NEW REQUIREMENT	<ul style="list-style-type: none"> • RACP Orientation to Advanced Training 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 end of training) • Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource (by end of training)
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LEARNING ACTIVITIES

Summary of proposed changes

- Logbook is now recommended only
- Reduced the number of national or international scientific meetings required over the course of Advanced Training to one

CURRENT LEARNING ACTIVITIES	<ul style="list-style-type: none"> • 1 logbook • 2 national or international scientific meeting over the course of Advanced Training (required)
PROPOSED LEARNING ACTIVITIES	<ul style="list-style-type: none"> • 1 logbook (recommended) • 1 national or international scientific meeting over the course of Advanced Training (required)

TEACHING PROGRAM

Summary of proposed changes

- Supplementary training requires a supervisor with FRACP in Respiratory Medicine.
- Introduction of Progress Review Panels

CURRENT REQUIREMENT	<p>Core training</p> <ul style="list-style-type: none"> • 1 x supervisor per rotation, who must be a Fellow of the RACP and a practising respiratory and/or sleep physician • 1 x supervisor per rotation, who must be a Fellow of the RACP and ideally a practising respiratory and/or sleep physician <p>Non-core training</p> <ul style="list-style-type: none"> • 1 x supervisor per rotation, who must be a Fellow of the RACP • 1 x supervisor per rotation, who can be a Fellow of the RACP or other medical college appropriate to the rotation
PROPOSED NEW REQUIREMENT	<ul style="list-style-type: none"> • Name 2 eligible individuals for the role of Education Supervisor, including: <ul style="list-style-type: none"> ○ Minimum 1 x supervisor, who is a Fellow of the RACP in Respiratory Medicine . ○ <i>Recommended: wherever possible, trainees should maintain the same Education Supervisors throughout a phase of training.</i> • Nominate 1 x RACP training committee to act as a Progress Review Panel • Name 1 x individual for the role of Research Project Supervisor (may or may not be the Education Supervisor).

ASSESSMENT PROGRAM

Summary of proposed changes

- Case-based discussions, Direct Observation of Procedural Skills and Mini-CEX replaced with Observation Captures
- Professional qualities reflections replaced with Learning Captures
- Supervisor's report replaced by Progress reports

CURRENT REQUIREMENT	<p>1 Advanced Training Research Project over the course of training</p> <p>3 Case-based Discussions (CbD) minimum to be completed each training year</p> <p>3 Mini-Clinical Evaluation Exercises (Mini-CEX) minimum completed each training year</p> <p>4 Direct Observation of Procedural Skills (DOPS) each training year</p> <p>1 Professional Qualities Reflection (PQR) minimum each training year</p> <p>1 Supervisor's Report per rotation</p>
PROPOSED NEW REQUIREMENT	<p>12 Observation captures per year</p> <p>12 Learning captures per year</p> <p>1 Research project</p> <p>4 Progress reports per year</p>

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

		Progression criteria		Completion criteria
		End of specialty foundation	End of specialty consolidation	End of Transition to Fellowship
	Learning goals			
Be	1. Professional behaviours	Level 5	Level 5	Level 5
	2. Team leadership: Lead a team of health professionals	Level 2	Level 4	Level 5
	3. Supervision and teaching: Supervise and teach professional colleagues	Level 2	Level 4	Level 5
	4. Quality Improvement: Identify and address failures in health care delivery	Level 2	Level 3	Level 5
	5. Clinical assessment and management: Clinically assess and manage the ongoing care of patients	Level 3	Level 4	Level 5
	6. Management of transitions from paediatric to adult care: Manage transitions of patient care from paediatric to adult medicine	Level 2	Level 4	Level 5
	7. Acute paediatric respiratory care: Assess and manage the care of acutely unwell paediatric respiratory patients	Level 3	Level 4	Level 5
	8. Longitudinal care of patients with chronic respiratory conditions, from birth to the adolescent and young adult: Manage and coordinate the longitudinal care of patients with complex respiratory conditions, including end-of-life	Level 2	Level 4	Level 5
	9. Communication with patients and their parents/caregivers and other health professionals: Discuss diagnoses and management plans with patients	Level 3	Level 4	Level 5
	10. Prescribing: Prescribe therapies tailored to patients' needs and conditions	Level 3	Level 4	Level 5
	11. Procedures: Plan, prepare for, perform, and provide aftercare for important practical procedures	Level 2	Level 3	Level 5
	12. Investigations: Select, organise, and interpret investigations	Level 2	Level 4	Level 5
Do (work tasks)	13. Scientific foundations of paediatric respiratory medicine	Level 2	Level 4	Level 5
	14. Acute respiratory care	Level 3	Level 4	Level 5
	15. Chronic respiratory care	Level 2	Level 4	Level 5
	16. Airways, chest wall and breathing	Level 2	Level 4	Level 5
	17. Pulmonary and pleural disease	Level 2	Level 4	Level 5
	18. Interstitial and diffuse lung disease, vasculitides, systemic diseases	Level 2	Level 3	Level 5
Know (Knowledge Guides)				