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EDUCATE ADVOCATE INNOVATE

Advanced Training in Sleep Medicine (Paediatrics and Child Health)
Proposed learning, teaching and assessment programs summary

ENTRY CRITERIA

Summary of proposed changes
- No proposed changes

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: • 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 change

CURRENT REQUIREMENT	**36 months of certified training time** consisting of: • 24 months minimum of core sleep medicine training • 12 months of non-core training

PROPOSED NEW REQUIREMENT	Complete **at least 36 months of relevant professional experience** in approved rotations
	
	• Minimum 24 months in settings accredited towards paediatric sleep medicine
	
	• Maximum 12 months of an approved supplementary training position. The following may be suitable supplementary training for paediatric sleep medicine:
	
	  o Respiratory medicine
	  o Neurology
	  o Psychology
	  o overseas training in paediatric sleep medicine
	  o Research or academic study via (MD, PhD or Master's degree) that is specific or relevant to respiratory or sleep medicine

LOCATION OF TRAINING

Summary of proposed changes
- It is recommended that training should be completed in at least 2 different accredited training settings

CURRENT REQUIREMENT	• 24 months minimum of core training in respiratory or sleep medicine must be undertaken in Australia and/or Aotearoa New Zealand
PROPOSED NEW REQUIREMENT	• Complete **at least 24 months** of training in accredited training settings in Australia and/or Aotearoa New Zealand. • Recommended to complete training in at least 2 different accredited training settings.

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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. *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).*

LEARNING COURSES

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

PROPOSED NEW REQUIREMENT	• 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)

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	• **1** logbook • **2** national or international scientific meeting over the course of Advanced Training (required)
PROPOSED LEARNING ACTIVITIES	• **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 Sleep Medicine.
- Introduction of Progress Review Pannels

CURRENT REQUIREMENT	**Core training** 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 **Non-core training** 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	• Name **2 eligible individuals for the role of Education Supervisor**, including: ○ Minimum 1 x supervisor, who is a Fellow of the RACP in Sleep Medicine . ○ *Recommended: wherever possible, trainees should maintain the same Education Supervisors throughout a phase of training.* • 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	**1** Advanced Training Research Project over the course of training **3** Case-based Discussions (CbD) minimum to be completed each training year **3** Mini-Clinical Evaluation Exercises (Mini-CEX) minimum completed each training year **4** Direct Observation of Procedural Skills (DOPS) each training year **1** Professional Qualities Reflection (PQR) minimum each training year **1** Supervisor's Report per rotation
PROPOSED NEW REQUIREMENT	**12** Observation captures per year **12** Learning captures per year **1** Research project **4** Progress reports per year

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LTA STRUCTURE

Specialty foundation → Specialty consolidation → Transition to Fellowship

RACP Advanced Training program

- E: Entry decision
- P: Progress decision
- C: Completion decision

- 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 *(heard of)*	**Knows** the topics and concepts in this knowledge guide that underpin patient care *(knows)*	**Knows how** to apply the knowledge in this knowledge guide to patient care *(knows how)*	**Frequently shows** they can apply knowledge in this knowledge guide to patient care *(shows how)*	**Consistently applies** sound knowledge in this knowledge guide to patient care *(does)*
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

	Learning goals	Progression criteria — End of specialty foundation	Progression criteria — End of specialty consolidation	Completion criteria — End of Transition to Fellowship
Be	1. **Professional behaviours**	Level 5	Level 5	Level 5
Do (work tasks)	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 in care:** Manage transition of patient care between health professionals, providers, and contexts	Level 3	Level 4	Level 5
	7. **Longitudinal care:** Manage and coordinate longitudinal care of patients with chronic illness, disability, and/or long-term health issues	Level 3	Level 4	Level 5
	8. **Communication with patients:** Discuss diagnoses and management plans with patients	Level 3	Level 4	Level 5
	9. **Prescribing:** Prescribe therapies tailored to patients' needs and conditions	Level 2	Level 4	Level 5
	10. **Investigations:** Select, organise, and interpret investigations	Level 3	Level 4	Level 5
	11. **Clinic management and procedures:** Manage an outpatient clinic and plan, prepare for, perform, and provide aftercare for important practical procedures	Level 2	Level 4	Level 5
Know (Knowledge Guides)	12. **Scientific foundations of Sleep Medicine (including investigations and measurements)**	Level 3	Level 4	Level 5
	13. **Sleep related breathing disorders**	Level 3	Level 4	Level 5
	14. **Central disorders of hypersomnolence**	Level 3	Level 4	Level 5
	15. **Sleep related movement disorders**	Level 3	Level 4	Level 5
	16. **Parasomnia**	Level 3	Level 4	Level 5
	17. **Insomnia**	Level 3	Level 4	Level 5
	18. **Circadian Disorders of the Sleep-Wake Cycle**	Level 3	Level 4	Level 5