

2025 Learning, teaching, and assessment programs

Advanced Training in Nephrology (Adult Medicine and Paediatrics & Child Health)



About this document

This document outlines the Advanced Training in Nephrology learning, teaching, and assessment (LTA) programs for trainees and supervisors.

It should be used in conjunction with the Advanced Training in Nephrology <u>curriculum</u> standards.

Modified 2025 assessment program requirements

Responding to feedback from our educators that more time is needed to gain familiarity with our new assessment tools and technology, we've opted for a gradual start for the number of assessment tools for 2025.

For Advanced Training in Nephrology, for the first 6 months of 2025 only, the number of assessments that trainees are required to complete has been reduced to:

- 1 x learning capture every 3 months
- 1 x observation capture every 3 months

In the second 6 months of 2025, the number of learning and observation captures will increase to 1 per month. Trainees will therefore need to complete a total of 8 x learning captures and 8 x observation captures in 2025.

The learning, teaching, and assessment programs outlined below have been updated to reflect this change.

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Program overview

CURRICULUM STANDARDS

The <u>curriculum standards</u> are summarised as 25 learning goals. The learning goals articulate what trainees need to be, do and know, and are assessed throughout training.

| | unoughout training. | | | | |
|------|--|--|--|--|--|
| BE | Professional behaviours | | | | |
| DO | Team leadership Supervision and teaching Quality improvement Clinical assessment and management Management of transitions in care Acute kidney injury Longitudinal care Communication with patients Prescribing Procedures Clinic management Comprehensive conservative care Transplantation Dialysis | | | | |
| KNOW | Clinical sciences Acute kidney injury Chronic kidney disease Kidney transplantation Hypertension Glomerular, tubular, and interstitial nephritis Dialysis Inherited, congenital, and rarer diseases Urological issues and onco-nephrology Adult interventional nephrology (Adult | | | | |

Internal Medicine trainees only)

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 RACPaccredited training setting or network.

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 FTE professional experience

- 1 rotation plan per rotation
- 2 case reports

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 <u>learning captures</u> per phase (reduced to 8 for 2025 only)
- 12 observation captures per phase (reduced to 8 for 2025 only)
- 4 progress reports per phase
- 1 research project

*Resource will be available in 2025.

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

Nephrologists are experts in the care of patients with kidney disease and disorders of fluid and electrolyte metabolism. Nephrology encompasses a wide range of clinical treatments for acute kidney injury, chronic kidney disease, kidney failure, hypertension, bone and mineral metabolism, anaemia, and maintenance of kidney graft health.

Nephrologists provide clinical care to patients with kidney disease, often on a long-term basis, including the below.

- Managing kidney diseases and conditions. This includes the diagnosis and ongoing management of patients with acute and chronic kidney disorders.
- Providing treatment options to improve kidney function. Nephrologists manage
 the dialysis and other specialised extracorporeal kidney replacement therapies and
 transplantation.
- Providing long term care to patients with kidney disease. An important component
 of practice in nephrology is the continuity and quality of care provided, particularly providing
 kidney-supportive care for patients with kidney failure.
- Assessing and managing patients undergoing a kidney transplantation. Nephrologists
 are involved with assessing patient suitability for a transplant, including evaluation of donor
 kidneys and managing the patient pre- and post-transplantation.
- Recognising the impact of chronic kidney disease. Chronic kidney disease has a large psychosocial and financial impact on individuals and family groups.

Nephrologists provide leadership and person-centred care with a focus on communication and research, including the below.

• Using a multidisciplinary team-based approach to the assessment, management, and care of patients. Nephrologists provide all treatment-associated care to patients in collaboration with other health professionals, including training and contribution to ongoing patient care through primary care/case management.

- Recognising the importance of independent research and ongoing education and training, including skills in the development of independent research projects, to further the body of knowledge of kidney disease and its management. Nephrologists support kidney research across the full spectrum of basic science, clinical, health services, and population health research.
- Education and advocacy for patients and other physicians to promote high-quality care for all people with, or at risk of, kidney disease and their families to ensure the highest professional standards in the practice of nephrology.

Supervising committee

The program is supervised by the Advanced Training Committee in Nephrology and the Aotearoa New Zealand Advanced Training Subcommittee in Nephrology.

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 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 nephrologist.
- the ability and willingness to achieve the common learning goals for Advanced Training:
 - team leadership
 - supervision and teaching
 - the professional behaviours, as outlined in the Competencies

Prospective trainees must have:

intry criteria

- 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.

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 <u>learning goal</u> <u>progression criteria</u>.

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 25 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 which allows 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 or 2 domains 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 (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 |
| Know: Knowledge guides | Has heard of some of the topics in this knowledge guide that underpin specialty practice (heard of) | Knows the topics and concepts in this knowledge guide that underpin specialty practice (knows) | Knows how to apply the knowledge in this knowledge guide to specialty practice (knows how) | Frequently shows they can apply knowledge in this knowledge guide to specialty practice (shows how) | Consistently applies sound knowledge in this knowledge guide to specialty practice (does) |

| | | Progression criteria | | Completion criteria |
|----|---|--|--|--|
| | Learning goals | Specialty foundation | Specialty consolidation | Transition to fellowship |
| | | By the end of this phase, trainees will: | By the end of this phase, trainees will: | By the end of training, trainees will: |
| Be | 1. Professional behaviours | Level 5 consistently behave in line with all 10 domains of professional practice | Level 5 consistently behave in line with all 10 domains of professional practice | Level 5 consistently behave in line with all 10 domains of professional practice |
| | 2. Team leadership: Lead a team of health professionals | Level 3 able to act with indirect supervision | Level 4 able to act with supervision at a distance | Level 5 able to provide supervision |
| | 3. Supervision and teaching: Supervise and teach professional colleagues | Level 3 able to act with indirect supervision | Level 4 able to act with supervision at a distance | Level 5 able to provide supervision |
| | 4. Quality improvement: Identify and address failures in healthcare delivery | Level 2 able to act with direct supervision | Level 4 able to act with supervision at a distance | Level 5 able to a provide supervision |
| | 5. Clinical assessment and management: Clinically assess and manage the ongoing care of patients | Level 3 able to act with indirect supervision | Level 4 able to act with supervision at a distance | Level 5 able to provide supervision |
| | 6. Management of transitions in care: Manage the transition of patient care between health professionals, providers, and contexts | Level 3 able to act with indirect supervision | Level 4 able to act with supervision at a distance | Level 5 able to provide supervision |
| | 7. Acute kidney injury: Assess and manage patients with acute kidney injury | Level 3 able to act with indirect supervision | Level 4 able to act with supervision at a distance | Level 5 able to provide supervision |
| Do | 8. Longitudinal care: Manage and coordinate the longitudinal care of patients with chronic illness, disability and/or long-term health issues | Level 2 able to act with direct supervision | Level 4 able to act with supervision at a distance | Level 5 able to provide supervision |
| | 9. Communication with patients: Discuss diagnoses and management plans with patients | Level 3 able to act with indirect supervision | Level 4 able to act with supervision at a distance | Level 5 able to provide supervision |
| | 10. Prescribing: Prescribe therapies tailored to patients' needs and conditions | Level 3 able to act with indirect supervision | Level 4 able to act with supervision at a distance | Level 5 able to provide supervision |
| | 11. Procedures: Plan, prepare for, perform, and provide aftercare for important practical procedures | Level 2 able to act with direct supervision | Level 4 able to act with supervision at a distance | Level 5 able to provide supervision |
| | 12. Clinic management: Manage an outpatient clinic | Level 2 able to act with direct supervision | Level 4 able to act with supervision at a distance | Level 5 able to provide supervision |
| | 13. Comprehensive conservative care: Manage the care of patients with kidney failure | Level 3 able to act with indirect supervision | Level 4 able to act with supervision at a distance | Level 5 able to provide supervision |
| | 14. Transplantation: Assess and manage kidney transplants | Level 2 able to act with direct supervision | Level 3 able to act with indirect supervision | Level 4 able to act with supervision at a distance |

| | | | Progression criteria | | Completion criteria |
|------|-------|---|--|---|---|
| | Lea | rning goals | 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: |
| | | РСН | Level 3 able to act with indirect supervision | Level 4 able to act with supervision at a distance | Level 5 able to provide supervision |
| | AM | 15. Dialysis: Prescribe and manage dialysis for patients with kidney failure | Level 2 | Level 4 able to act with | Level 5 |
| | РСН | 15. Dialysis: Prescribe and manage dialysis for paediatric and neonatal patients with kidney failure | able to act with direct supervision | supervision at a distance | able to provide supervision |
| | 16. C | Clinical sciences | Level 3 know how to apply the knowledge in this knowledge guide to specialty practice (knows how) | Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice (shows how) | Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (does) |
| | 17. A | Acute kidney injury | Level 3 know how to apply the knowledge in this knowledge guide to specialty practice (knows how) | Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice (shows how) | Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (does) |
| | 18. C | Chronic kidney disease | Level 3 know how to apply the knowledge in this knowledge guide to specialty practice (knows how) | Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice (shows how) | Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (does) |
| Know | 19. K | Kidney transplantation | know the topics and concepts in this knowledge guide that underpin specialty practice (knows) | Level 3 know how to apply the knowledge in this knowledge guide to specialty practice (knows how) | Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (does) |
| | 20. H | lypertension | Level 3 know how to apply the knowledge in this knowledge guide to specialty practice (knows how) | frequently show they can apply knowledge in this knowledge guide to specialty practice (shows how) | Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (does) |
| | | Glomerular, tubular, and stitial nephritis | Level 2 know the topics and concepts in this knowledge guide that underpin specialty practice (knows) | Level 3 know how to apply the knowledge in this knowledge guide to specialty practice (knows how) | Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (does) |
| | 22. 🗅 | Dialysis | Level 2 know the topics and concepts in this knowledge guide that underpin specialty practice (knows) | Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice (shows how) | Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (does) |

| | | Progre crit | Completion criteria | |
|---|---------|---|--|--|
| Learning goals | | 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: |
| 23. Inherited, congenital, and r diseases | arer | know the topics and concepts in this knowledge guide that underpin specialty practice (knows) | Level 3 know how to apply the knowledge in this knowledge guide to specialty practice (knows how) | Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice (shows how) |
| 24. Urological issues and onco- nephrology | | know the topics and concepts in this knowledge guide that underpin specialty practice (knows) | Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice (shows how) | Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (does) |
| 25. Adult interventional nephrology | AM only | know the topics and concepts in this knowledge guide that underpin specialty practice (knows) | Level 3 know how to apply the knowledge in this knowledge guide to specialty practice (knows how) | Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (does) |

AM: Adult medicine

PCH: Paediatrics & child health

Developmental & psychosocial training (Paediatrics & Child Health Division)

Developmental & psychosocial (D&P) training is currently a time-based requirement in the PREP training programs (Paediatrics & Child Health Division), consisting of a minimum of six months in one or more of the following areas:

- Developmental/behavioural paediatrics
- Community paediatrics
- Disability/rehabilitation paediatrics
- Child and adolescent psychiatry
- Child protection
- Palliative medicine

The College is working to redefine how D&P training will be embedded in the new training programs, as trainees who enrol in the new programs will no longer be required to complete a time-based D&P requirement. This will include defining learning goals, and options for trainees to achieve these learning goals, which will be embedded into the Basic and Advanced Training programs.

New D&P requirements will be further developed and any updates to curriculum standards and learning, teaching, and assessment programs will be included in the relevant curricula and program handbooks. Trainees and supervisors will be informed of updates with sufficient notice of any changes to ensure no disadvantage.

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. Due 28 February if starting at the beginning of the year and 31 August if starting mid-year. |
| Learning | |
| Minimum 36 months full time equivalent (FTE) professional experience | Minimum 12 months FTE during each phase. |
| 2 <u>case reports</u> | Before the end of Advanced Training. |
| RACP Advanced Training Orientation resource | Available in 2025. |
| 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. Due 28 February for rotations in the first half of the year and 31 August for rotations in the second half of the year. |
| Teaching | |

| Nominate 2 <u>supervisors</u> per rotation | At the start of each accredited or approved training rotation. |
|--|--|
| Assessment | |
| 12 learning captures (reduced to 8 for 2025 only) | Minimum 1 per month (for the first six months of 2025 only, reduced to minimum of 1 every 3 months). |
| 12 observation captures (reduced to 8 for 2025 only) | Minimum 1 per month (for the first six months of 2025 only, reduced to minimum of 1 every 3 months). |
| 4 <u>progress reports</u> | Minimum 1 every 3 months. |

Entry

Training application

Requirement

1 x training application, at the start of the specialty foundation phase.

Purpose

The training application supports trainees to:

- confirm that they meet the program entry criteria.
- provide essential details for program enrolment, ensuring compliance with RACP standards
- establishes a formal foundation for their training pathway, enabling access to program resources and support

The application form will be reviewed by the RACP staff. Trainees will be able to track the status of your application through the 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 the College's new Training Management Platform (TMP).

Due dates

- **28 February** if starting at the beginning of the year.
- 31 August if starting mid-year.

Learning

Professional experience

Professional experience

Complete at least 36 months full-time equivalent of relevant professional experience in approved nephrology rotations. A maximum of 6 months can be completed in dialysis without other significant medical components.

Location of training

₹

- Complete training in at least 2 different accredited training settings.
- Complete at least 24 months of training in accredited training settings in Australia and/or Aotearoa New Zealand.
- A maximum of 12 months of training can be spent in accredited training settings overseas.

PCH

- Complete training in at least 2 different accredited training settings.
- Complete at least 6 months of training in accredited training settings in Australia and/or Aotearoa New Zealand.

Rotation plan

Requirement

1 x 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.

If a trainee is expecting a learning goal to be covered during a rotation, select 'yes' for 'coverage offered' and outline the learning opportunities available.

This information will be used by supervisors and 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 that the trainee will be undertaking during the rotation (e.g. timetable).

Trainees can also set custom goals to define personal objectives that 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, and they 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.

Due dates

- **28 February** for rotations in the first half of the year.
- 31 August for rotations in the second half of the year.

Case report

Requirement

2 x case reports over the course of Advanced Training.

Description

The case report tool is currently under development. More information on the tool and how to complete it will be available in early 2025.

Courses

RACP Advanced Training Orientation resource

Requirement

1 x RACP Advanced Training Orientation resource.

Description

More information on this resource will be available in late 2024.

RACP Supervisor Professional Development Program

Requirement

1 x 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 <u>Supervisor Professional Development Program</u> for more information on the program.

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 three 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 x 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 however it's recommended they complete it 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 <u>Australian Aboriginal</u>, <u>Torres Strait Islander and Māori Cultural</u> <u>Competence and Cultural Safety resource</u> 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

 $1\ x\ RACP$ 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 <u>RACP Health Policy</u>, <u>Systems and Advocacy resource</u> 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

- Australian and New Zealand Society of Nephrology (ANZSN) course*
- Transplantation Society of Australia and New Zealand (TSANZ) postgraduate course*
- 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 x supervisors per rotation:

- 1 supervisor, who is a Fellow of the RACP and a practising nephrologist
- 1 supervisor, who is a Fellow of the RACP (or equivalent if at an overseas training setting)

Nominating eligible supervisors

Trainees will be asked to nominate rotation supervisors as part of their rotation plan. Trainees are required to nominate <u>eligible supervisors</u> 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 us to confirm supervisor eligibility.

Research project supervisor

Trainees are to nominate 1 x research project supervisor over the course of Advanced Training. Recommended to be nominated 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 (and associated curricula standards) *could be* and *will be* covered by the assessment tools.

| | Assessment tools | | | |
|---------------------------------------|------------------|---------------------|-----------------|------------------|
| Learning goals | Learning capture | Observation capture | Progress report | Research project |
| Professional behaviours | Could assess | Could assess | Will assess | Will assess |
| 2. Team leadership | Could assess | Could assess | Will assess | х |
| 3. Supervision and teaching | Could assess | Could assess | Will assess | Х |
| 4. Quality improvement | Could assess | Could assess | Will assess | Could assess |
| 5. Clinical assessment and management | Could assess | Could assess | Will assess | Х |
| 6. Management of transitions in care | Could assess | Could assess | Will assess | Х |
| 7. Acute kidney injury | Could assess | Could assess | Will assess | х |
| 8. Longitudinal care | Could assess | Could assess | Will assess | х |
| 9. Communication with patients | Could assess | Could assess | Will assess | Х |
| 10. Prescribing | Could assess | Could assess | Will assess | х |
| 11. Procedures | Could assess | Could assess | Will assess | х |
| 12. Clinic management | Could assess | Could assess | Will assess | х |

| 13. End of life care | Could assess | Could assess | Will assess | х |
|--|--------------|--------------|-------------|---|
| 14. Transplantation | Could assess | Could assess | Will assess | х |
| 15. Dialysis | Could assess | Could assess | Will assess | х |
| 16. Clinical sciences | Could assess | Could assess | Will assess | х |
| 17. Acute kidney injury | Could assess | Could assess | Will assess | х |
| 18. Chronic kidney disease | Could assess | Could assess | Will assess | х |
| 19. Transplantation | Could assess | Could assess | Will assess | х |
| 20. Hypertension | Could assess | Could assess | Will assess | х |
| 21. Glomerular, tubular, and interstitial nephritis | Could assess | Could assess | Will assess | Х |
| 22. Dialysis | Could assess | Could assess | Will assess | х |
| 23. Inherited, congenital and rarer diseases | Could assess | Could assess | Will assess | х |
| 24. Urological issues and onco-nephrology | Could assess | Could assess | Will assess | Х |
| 25. Adult interventional nephrology (AM trainees only) | Could assess | Could assess | Will assess | Х |

Learning capture

Requirement

12 x learning captures per phase of training, minimum 1 per month (reduced to 8 x learning captures for 2025 only. Minimum of 1 every 3 months for the first 6 months, minimum 1 per month for the second 6 months).

Refer to RACP Flexible Training Policy for further 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 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.

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 x observation captures per phase of training, minimum 1 per month (reduced to 8 x observation captures for 2025 only. Minimum of 1 every 3 months for the first 6 months, minimum 1 per month for the second 6 months).

Refer to <u>RACP Flexible Training Policy</u> for further 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 <u>training</u> <u>resources</u>.

Progress report

Requirement

4 x progress reports per phase of training, minimum 1 every 3 months.

Refer to <u>RACP Flexible Training Policy</u> for further 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 from mid-2025. Instructions on how to complete a progress report during the first half of 2025 will be available in early 2025.

Research project

Requirement

1 x 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. Broadly relevant can be defined as topics that can enhance, complement and inform trainees' practice in the chosen specialty.

Three types of research projects are accepted:

- 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 enabled trainees to gain experience in research methods; in interpretation of research literature; in participation in research at some stage of their career; and to develop quality improvement skills. 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; and 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 their learning and progression against the curricula standards
 - o 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.
 - o 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.
 - o 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.

In 2025, until technology is available to support panels, RACP oversight committees will act as panels and continue to be responsible for monitoring and assessing trainees' progression through training.

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 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.
 - Monitor the accreditation of training settings.
 - Case manage trainees on the Training Support pathway.

- 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 <u>RACP Online Learning</u> 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