New curricula

Learning, teaching, and assessment requirements – 2024 transition year

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

RACP
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About this document

This document outlines the 2024 transition year learning, teaching, and assessment (LTA) requirements for first year trainees enrolled in the new Advanced Training in Gastroenterology program in 2024.

It should be used in conjunction with the Advanced Training in Gastroenterology curriculum standards.

2024 is a transition year that introduces components of the new Advanced Training in Gastroenterology program and retains some components of the current Physician Readiness for Expert Practice (PREP) program. More new training program components will be introduced and will replace PREP requirements over 2025-2026.

The gradual rollout of new program requirements will be planned on the principle of no disadvantage to trainees. Information about additional changes planned for 2025 will be shared with all impacted trainees and supervisors ahead of the start of the 2025 clinical year.

For more information or to provide feedback contact curriculum@racp.edu.au.

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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 REQUIREMENTS

The LTA requirements are the strategies and methods used to learn, teach, and assess the curricula standards.

During the 2024 transition year, LTA requirements are a mix of new program and PREP requirements.

Requirements in 2024

Registration

1 registration form

Teaching

2 education supervisors

Assessment

1 learning plan

1 professional qualities reflection

1 mini-clinical evaluation exercise

2 case-based discussions

2 direct observation of procedural skills

2 supervisor's reports

Requirements over the course of training

Learning

Minimum 36 months FTE professional experience

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

Assessment

1 research project

*Resource will be available.

About the program

2024 transition year

The new program

The College has revised the Advanced Training in Gastroenterology program to place more emphasis on competency in training.

This includes:

- new curriculum standards summarised as defined learning goals, assessed throughout training.
- a new learning, teaching, and assessment structure in line with contemporary best practice in medical education.

The new curricula standards will provide trainees with more explicit guidance about the standard they need to meet and support them to focus their training on improving core competencies.

2024 transition year

Implementation of the new Advanced Training in Gastroenterology program will commence with a transition year in 2024, which will involve:

- first year trainees being enrolled under the new curriculum standards
- implementing the new program components that can be supported with existing technology
- retaining the existing PREP work-based assessment tools for 2024

Changes we're working on for 2025

Technology

The new program will introduce a new education technology platform to support the new curriculum and work-based assessments. Technology is anticipated to be available by 2025.

Assessment tools

New assessment tools available in 2025 will directly link to the learning goals to ensure that trainees are able to demonstrate learning across the breadth of the curriculum. Each assessment aims to provide a snapshot of trainee progress and feedback for further improvement.

Programmatic assessment and decision-making

Progression decisions will be based on the level of competence achieved for each learning goal, spanning the breadth of the curriculum standards. Important decisions are based on assessments throughout the program and mapped to learning goals.

To find out more about the full new program, see the 2025 learning, teaching, and assessment programs.

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

Gastroenterologists have expertise in the prevention, investigation, diagnosis, and management of diseases and disorders that affect the digestive system.

Gastroenterologists have strong clinical reasoning and decision-making skills, and work with a variety of patients with acute and chronic conditions to:

- **diagnose, treat, and manage gastrointestinal and hepatobiliary disorders.** Some of the common conditions include inflammatory bowel disease (IBD), liver disease (e.g. hepatitis or metabolic disease), pancreatic and biliary disease, disorders affecting function and motility, digestive health issues, gastrointestinal cancer, congenital or genetic conditions of the gastrointestinal tract, and gastrointestinal manifestations of psychiatric disorders.

- **provide acute care for gastrointestinal emergencies.** Certain gastrointestinal disorders can be life threatening and require emergency treatment. Gastroenterologists need to make robust decisions under pressure to ensure optimal patient outcomes.

- **perform diagnostic and therapeutic procedures.** Gastroenterologists apply the latest evidence-based technologies to assess, diagnose, treat, and manage gastrointestinal conditions. General gastroenterologists may perform a range of non-surgical investigations and procedures.

- **work with patients to improve nutrition.** Gastroenterology focuses on the health of the digestive system or the gastrointestinal tract. The gastrointestinal system is responsible for the digestion of food, absorption of nutrients, and removal of waste from the body. Achieving and maintaining good nutrition is a key component of managing the troubling symptoms of gastrointestinal and liver (especially fatty liver) conditions.

Gastroenterologists are compassionate and non-judgemental. They demonstrate this with all patients, including those with eating disorders, conditions secondary to substance

abuse, and patients who may be embarrassed to seek help. To deliver safe patient care, gastroenterologists have a focus on leadership, education, and research, including:

- **leading and/or working as an integral member of multidisciplinary teams.** Gastroenterologists collaborate with other health professionals to make balanced and objective clinical decisions, and ensure each patient receives the best available treatment and management.

- **Educating patients and communities, and advocating for disease prevention.** Gastroenterologists play a key role in educating patients and communities, and in advocating for public health and disease prevention (e.g. hepatitis B vaccinations and awareness of fatty liver disease).

- **Managing resources for the benefit of patients and communities.** Gastroenterologists apply a biopsychosocial approach to ensure the delivery of efficient, cost-effective, and safe care for the benefit of their patients and communities.

- **applying a scholarly approach.** Gastroenterologists conduct academic research to discover better ways of understanding, diagnosing, treating, and preventing disease. They apply research to improve the treatment and management of patients.

- **demonstrating a commitment to teaching and learning.** Gastroenterologists are committed to maintaining lifelong excellence in practice through continuous professional development and fostering the learning of other health professionals through mentoring, supervision, and teaching.

Supervising committee

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

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 (LTA) 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 gastroenterologist.
	• 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

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

2024
Training committees will make progression decisions based on satisfactory completion of requirements by the relevant published deadlines.

Subsequent years
To progress to the next phase or to complete the program, trainees can 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 **21** learning goals. Learning and assessment activities are linked to the learning goals to ensure that these activities align with the standards and trainees are able to demonstrate learning across the breadth of the curriculum.

The learning goals articulate what trainees need to be, do, and know, and are assessed throughout training on a five-point scale.

Note: Assessment areas and rating scales used in the 2024 assessments (PREP tools and supervisor's report) are not aligned to the new curriculum learning goals.

Rating scales

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)*

	Learning goals	Progression criteria		Completion criteria
		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
Do	**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 provide supervision
	5. Clinical assessment and management, including prescribing: Clinically assess and manage the ongoing care of patients, including prescribing 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
	6. Acute care: Manage the early care of acutely unwell patients	**Level 4** able to act with supervision at a distance	**Level 4** able to act with supervision at a distance	**Level 5** able to provide supervision
	7. Longitudinal care, including transitions and end-of-life: Manage and coordinate the longitudinal care of patients with chronic illness, disability and/or long-term health issues, including transitions and end-of-life care	**Level 3** able to act with indirect supervision	**Level 4** able to act with supervision at a distance	**Level 5** able to provide supervision
	8. Communication with patients: Discuss diagnoses and management plans with patients	**Level 4** able to act with supervision at a distance	**Level 4** able to act with supervision at a distance	**Level 5** able to provide supervision
	9. Procedures: Plan, prepare for, perform, and provide aftercare for important practical procedures and investigations	**Level 2** able to act with direct supervision	**Level 3** able to act with indirect supervision	**Level 5** able to provide supervision
	10. Investigations: Select, organise, and interpret investigations	**Level 4** able to act with supervision at a distance	**Level 5** able to provide supervision	**Level 5** able to provide supervision
	11. Clinic management: Manage an outpatients clinic	**Level 3** able to act with indirect supervision	**Level 4** able to act with supervision at a distance	**Level 5** able to provide supervision
Know	**12. Scientific foundations of gastroenterology**	**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 applies sound knowledge in this knowledge guide to patient care *(does)*

| Learning goals | Progression criteria | | Completion criteria |
	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:*
13. Gastrointestinal emergencies	**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)*
14. Upper gastrointestinal and small bowel luminal 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)*
15. Lower gastrointestinal, luminal, and anal conditions	**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)*
16. Liver disease/hepatology	**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. Pancreatic and biliary 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)*
18. Inflammatory bowel 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)*
19. Gastrointestinal cancer	**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)*
20. Function and motility	**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)*
21. Nutrition	**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)*

*For trainees entering the specialty foundation phase in 2024, assessment areas and rating scales are not aligned to the new curriculum learning goals. Progression decisions for 2024 will be based on satisfactory completion of requirements by the relevant deadlines.

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 in 2024 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 in 2024

What do I need to do?	When do I need to do it?
Registration	
1 registration form	At the start the phase.
Teaching	
Nominate 2 education supervisors	At the start of each accredited or approved training rotation.
Assessment	
1 learning plan	At the start of the phase.
1 professional qualities reflection	During 2024.
1 mini-clinical evaluation exercise	Australia: 1 during 2024. Aotearoa NZ: 1 per rotation in 2024.
2 case-based discussions	Minimum 1 every 6 months.
2 direct observation of procedural skills	Minimum 1 every 6 months.
2 supervisor's reports	Minimum 1 every 6 months.

Requirements over the course of training

What do I need to do?	When do I need to do it?
Learning	
Minimum 36 months full time equivalent (FTE) professional experience	Minimum 12 months FTE during each phase.
RACP Advanced Training Orientation resource	Before the end of Advanced Training (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.
Assessment	
1 research project	Before the end of Advanced Training. Recommended submission before the transition to fellowship phase.

Registration

	How to register	Deadlines
Australia	Australian trainees can complete their registration online If online registration is closed, email an application form (DOC) to Gastroenterology@racp.edu.au	**15 February |** first half or whole of the current year **31 August |** second half of the current year
Aotearoa New Zealand	Aotearoa New Zealand trainees must email an application form (DOC) to Gastroenterology@racp.org.nz	**15 December |** first half or whole of the following year **30 April |** May to August rotations **30 June |** second half of the current year

For information on how to interrupt training or withdraw from the program, see flexible training options.

Learning

Professional experience

Professional experience
Complete at least 36 months of relevant professional experience in approved rotations.
Location of training
• Complete training in at least 2 different accredited training settings (spending no longer than 24 months in a single setting). • Complete at least 24 months of training in Australia and/or Aotearoa New Zealand.

Experiential requirements	
Type of training	**Time requirement**
Core training Core training must be undertaken in accredited training settings. It includes a minimum of 12 months of on-call/out-of-hours experience every fourth weekend.	24 months minimum
Non-core training Australia • Clinical training that is closely related to gastroenterology • Gastroenterology research Aotearoa New Zealand • Rotations prospectively approved on a case-by-case basis • Must be closely related to gastroenterology	12 months maximum

Courses

RACP Advanced Training Orientation resource

Requirements
1 x RACP Advanced Training Orientation resource
Deadline
Trainees must complete the resource before the end of Advanced Training.
Overview
More information on this resource will be available in late 2024.

RACP Supervisor Professional Development Program

Requirements
1 x RACP Supervisor Professional Development Program (SPDP)
Deadline
Trainees must complete the SPDP by the end of their Advanced Training.
Overview
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.   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 on the program.

RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource

Requirements
1 x Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety online course, if not completed during Basic Training.
Certification
Trainees will immediately receive their certificate on RACP Online Learning when they complete the course. Certification will appear in their Advanced Training Portal in July the year they complete the course.
Deadline
Trainees must complete the course by the end of their Advanced Training however it's recommended they complete it before the specialty consolidation phase.
Overview
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

The Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety online course 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.

Resources
• [Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety online course](#)

RACP Health Policy, Systems and Advocacy resource

Requirements
1 x RACP Health Policy, Systems and Advocacy resource **Certification** Trainees will immediately receive their certificate on RACP Online Learning when they complete the course. Certification will appear in their Advanced Training Portal in July the year they complete the course. **Deadline** Trainees must complete the resource before the end of Advanced Training.
Overview
This resource has been designed for Advanced Trainees, as an introduction to Health Policy, Systems and Advocacy. It 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. Estimated completion time: 5 hours.
Resources
• [RACP Health Policy, Systems and Advocacy resource](#)

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

Education supervisors

Name 2 individuals for the role of education supervisor:

- 1 supervisor per rotation, who is a Fellow of the RACP and a practising gastroenterologist

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

Nominating eligible supervisors

Trainees are required to nominate eligible supervisors who meet the supervision requirements of the training program.

A list of eligible supervisors can be found:

- in the supervision section of the online registration form

- on MyRACP

The MyRACP list is not available for post-Fellowship trainees. Post-Fellowship trainees can check the list in their online registration form or contact us to confirm supervisor eligibility.

Assessment

Learning plan

Requirements
1 x learning plan, at the start of the phase, reviewed every 3 months. Trainees are not required to submit their learning plan to the College.
Overview
The learning plan can be used by trainees to optimise their workplace learning and note learning gaps, and plans to address these, against the new curriculum standards. Trainees consider with their supervisors what learning opportunities are available to achieve their learning goals.

A learning plan can help trainees:

- explicitly document self-assessment of their learning gaps, goal setting, and strategies to address and achieve goals
- proactively take control of their learning and career trajectories
- enhance awareness into their own areas of strengths and gaps
- make the most of learning opportunities available in their training setting, including conversations with supervisors. |
| **Resources** |
| - [Gastroenterology learning plan](#) (XLS) |

Professional qualities reflection

Requirements
1 x professional qualities reflections (PQR) to be completed in 2024.

Deadlines

Australia: 31 January 2025.

Aotearoa New Zealand: Due at the end of the training rotation.

Submit the PQR via the [Advanced Training Portal](#). |
| **Overview** |
| A PQR allows trainees to reflect on an event, or series of events, that is medically or professionally significant to them. Through analysis of the event, trainees will be able to identify and integrate new skills and knowledge to improve their performance.

Reflecting on their professional qualities can cause trainees to question their beliefs, attitudes and behaviours, and develop new ideas and insights to inform their future practice. When planning their PQR, trainees should consider: |

- What happened?

- Why did it happen?

- What did they learn?

- How can they improve patient care?

- What action did they or will they take?

- How does this align with the learning goals of the program?

Choosing an event

Trainees should analyse an event or events that impacts their professional practice and is of relevance to one or more of the training program learning goals.

The event can be positive or negative but doesn't have to be dramatic or life threatening. The event should relate to a variety of different encounters trainees might experience in a healthcare setting.

Step-by-step

Trainees need to complete the following steps.

1. Go to the Advanced Training Portal.

2. Select the PQR tool and create a new entry.

3. Describe an event, or series of events, of professional significance.

4. Reflect on the event. How did they respond to it?

5. Detail the insights gained from the event(s) and how it will impact their medical professionalism.

6. Submit the completed PQR to their supervisor through their online training portal.

7. Arrange with their supervisor a time to discuss their PQR.

8. At the meeting/interview, discuss their PQR with their supervisor and seek feedback on their future practice.

Qualified privilege

Australia

The Commonwealth Qualified Privilege Scheme for the PQR expired on 1 October 2021.

The PQR was a quality assurance activity that had been declared on behalf of the Minister of Health and Aged Care by the Chief Medical Officer of the Department of Health under Part VC section 124X of the Health Insurance Act 1973 under the Commonwealth Qualified Privilege Scheme.

Documents and information that became known when the activity was a declared quality assurance activity will continue to be protected from disclosure under the Commonwealth Qualified Privilege Scheme.

Statutory protection will not apply to documents or information provided as part of a quality assurance activity after 1 October 2021.

Aotearoa New Zealand

Information entered in the PQR tool and which has become known solely as a result of the PQR is protected under the Health Practitioners Competence Assurance Act 2003.

The Act outlines conditions which apply to use of the PQR, which include:

- information already existing, for example in patient notes, is not protected

- information entered in the PQR cannot be disclosed to, or recorded by, others who are outside the PQR activity

The Minister of Health can authorise disclosure for investigation purposes if they are satisfied that the material relates to a serious offence.

Anonymity and confidentiality

The RACP strongly advises de-identifying any information entered in a PQR. Please de-identify any names of patients, peers, persons or organisation(s) to protect the privacy of individuals/organisation(s) in accordance with the Privacy Act 1988 (Cth) and the Australian Medical Association Privacy Handbook.

The College won't release any information that trainees give in this self-reflective tool to any third party without consent unless it's required to do so by law.

If a trainee receives a subpoena or court order requesting quality assurance activity records, they can seek legal advice about whether the records must be produced.

Mini-clinical evaluation exercise

Requirements	
Australia	**Aotearoa New Zealand**
1 x mini-clinical evaluation exercise (mini-CEX) to be completed in 2024. **Deadlines** 31 January 2025. Submit the mini-CEX data via the Advanced Training Portal.	1 x mini-CEX to be completed each training rotation in 2024. **Deadlines** Due at the end of each rotation. Submit the mini-CEX data via the Advanced Training Portal.
Overview	

The mini-CEX is a formative assessment for trainees to receive timely, structured feedback on their performance in real clinical situations. A mini-CEX aims to:

- evaluate trainees' clinical performance in a real-life setting

- guide trainees' learning and improve clinical performance through structured feedback from an assessor

- identify ways for trainees to improve their practice in areas such as communication, history taking, physical examination and professional practice

Areas of assessment

Trainees must complete mini-CEXs on a range of cases, each focusing on specific parts of the clinical encounter:

- History taking

- Medical interviewing skills

- Physical examination skills

- Professional qualities

- Counselling skills

- Clinical judgement

- Organisation and efficiency

Step-by-step

Trainees need to complete the following steps.

1. Arrange a mini-CEX with their assessor – discuss and agree on learning goals that require focus and the assessor will then choose an appropriate consultation.

2. Provide their assessor a mini-CEX rating form.

3. Undertake a patient consultation while being observed by their assessor – allow for 15 to 20 minutes.

4. The assessor will complete the mini-CEX rating form and provide feedback – allow for 10 to 15 minutes.

5. After feedback, both the trainee and assessor sign the rating form.

6. Enter data from the completed mini-CEX rating form into the online mini-CEX tool in the Advanced Training Portal.

7. Submit a copy of the completed form to the assessor using the online mini-CEX tool.

Resources

- mini-CEX rating form (PDF)

Case-based discussion

Requirements

2 x case-based discussions (CbDs) to be completed in 2024, 1 per 6-month period.

Deadlines

Australia: 31 January 2025.

Aotearoa New Zealand: 15 December 2024.

Submit the CbD rating form data via the Advanced Training Portal.

Overview

A CbD is a work-based assessment and Advanced Training Program requirement used to evaluate a trainee's professional judgement in clinical cases.

A CbD involves a comprehensive review of a clinical case or cases between a trainee and an assessor. After the CbD, the assessor provides constructive feedback to help the trainee improve and structure their future learning.

The CbD aims to:

- guide the trainee's learning through structured feedback

- improve clinical decision making, clinical knowledge and patient management

- provide the trainee with an opportunity to discuss their approach to the case and identify strategies to improve their practice

- enable the assessor to share their professional knowledge and experience

An assessor can choose any case or cases where the trainee will play a significant role in clinical decision-making and patient management. The discussion should reflect the trainee's level of experience and be linked to their learning goals.

The discussion may focus on a single complex case or a series of cases covering a wide range of clinical areas. Areas may include:

- record keeping

- history taking

- clinical findings and interpretation

- management plan

- follow-up and future planning

Step-by-step

Trainees need to complete the following steps.

1. Arrange a CbD with their assessor.

2. Their assessor will choose an appropriate case or cases.

3. Confirm the chosen case or cases with their assessor.

4. Provide their assessor with a CbD rating form (PDF).

5. Discuss the case or cases with their assessor – allow for at least 30 minutes.
   Note: The assessor will be making notes and ratings on the CbD rating form during this discussion.

6. The assessor will provide feedback following the CbD – allow for at least 10 minutes.

7. The trainee and assessor sign the CbD rating form.

8. Enter the data from the completed CbD form into the online CbD tool via the Advanced Training Portal.

9. Submit a copy of the completed form to the assessor through the online CbD tool in the training portal.

Resources

- CbD rating form (PDF)

Direct observation of procedural skills

Requirements

2 x direct observation of procedural skills (DOPS) in 2024, 1 per 6-month period.

Deadlines

Australia: 31 January 2025.

Aotearoa New Zealand: 15 December 2024.

Submit the DOPS rating form data via the Advanced Training Portal.

Overview

The DOPS is an evidence-based assessment used to guide trainees' learning and competency.

Trainees will perform a procedure on a patient in the workplace, while an experienced and knowledgeable assessor observes their performance.

Step-by-step

The trainee needs to complete the following steps.

1. Negotiate a procedure with their supervisor for the DOPS assessment.

2. Provide their assessor with a copy of the DOPS rating form (PDF).

3. The assessor observes while the trainee performs a procedure.

4. The assessor provides the trainee with immediate feedback on the procedure.

5. The trainee and assessor both sign the DOPS rating form.

6. Enter the data from the completed DOPS rating form online via the Advanced Training Portal.

Once submitted, the assessor will receive a copy of the DOPS form. The supervisor can also view the DOPS rating form online.

Assessment areas

During a DOPS, trainees can be assessed across up to ten assessment domains:

- Understanding of indications, relevant anatomy, technique of procedure
- Obtains informed consent
- Appropriate pre-procedure preparation
- Patient and risk awareness
- Aseptic technique
- Technical ability
- Seeks help where appropriate
- Post-procedure management
- Communication skills
- Consideration for patient

Feedback

An assessor provides feedback to help identify learning needs and plan future learning opportunities for the trainee's training, as well as identifying their observed strengths.

The feedback should be given in a structured manner by breaking up the procedure into skill-related areas. This will help trainees focus their future learning.

Trainees will have the opportunity to comment on the assessor's feedback and with them develop an action plan for future skill development.

A trainee's learning plan should be reviewed by their supervisor (if they're not their assessor) following its development and reviewed again at their next meeting to see trainees' progress against the action plan.

Procedures

Acceptable procedures

- Colonoscopy
- Endoscopy

These procedures are central to practice in gastroenterology and complex enough to warrant observation and feedback across a number of assessment domains.

Resources

- DOPS rating form (PDF)

Supervisor's report

Requirements

Australia

12-month position (full-time and part-time trainees)

- 1 x supervisor's report for the first 6 months of the training year due by 15 July 2024
- 1 x supervisor's report for the last 6 months of the training year due by 31 January 2025

6-month position or less (separate supervisors or separate sites)

- 1 x supervisor's report completed for each rotation:
  - Due 15 July 2024 for rotations in the first half of the year
  - Due 31 January 2025 for rotations in the second half the year

Aotearoa New Zealand

12-month position (full-time and part-time trainees)

- 1 x supervisor's report for the first 6 months of the training year, due by 30 June 2024
- 1 x supervisor's report for the entire 12 months, due by 15 December 2024

6-month position or less (separate supervisors or separate sites)

- 1 x supervisor's report completed for each rotation:
  - Due 30 June 2024 for rotations in the first half of the year
  - Due 15 December 2024 for rotations in the second half of the year

If the trainee's supervisor hasn't directly supervised them throughout the whole rotation, their supervisor should obtain individual reports from those who have and submit a composite report.

The trainee is to ensure all supervisors receive a copy of the supervisor's report. Previous copies of supervisor's reports must be provided to the trainee's next supervisor.

Overview

A supervisor's report provides a comprehensive overview of a trainee's progress and achievement during the training year. It provides the trainee with structured feedback on their performance from their supervisor and will inform the decision on the certification of their training.

Step-by-step: Online supervisor's report

The trainee's nominated supervisor(s) are listed in their online supervisor's report and must complete their section of the report.

1. Using a laptop or desktop PC, open a new Microsoft Edge or Google Chrome browser.

2. Log in to the online supervisor's report using their RACP ID and multi-factor authentication.

3. Open the report for the current training period.

4. Complete the active fields in each report tab. Some fields are for supervisors only and will appear inactive to trainees.

5. After the trainee's supervisor(s) have completed their assessment, the trainee should meet with them to discuss their assessment of the trainee's performance.

6. Following the discussion, the supervisor submits the report.

7. The trainee and their supervisor(s) can add comments and complete declarations in the 'Submit report' tab.

The trainee's report is complete only after the trainee and their supervisor(s) have completed the declarations.

Step-by-step: Paper supervisor's report

All the trainee's nominated supervisors must complete the supervisor's report. The trainee can view their nominated supervisors by logging in to their Advanced Training Portal.

The trainee needs to complete the following steps.

1. Arrange a meeting to discuss and complete the supervisor's report with the supervisor(s).

2. Check that they have completed all relevant sections of the report prior to submission as incomplete reports will be returned to the trainee.

3. Submit the report(s) in PDF (preferred) or Word format via email to the relevant specialty, copying in:

    o   all supervisors

    o   any other specialty, if actively dual training.

4. Save a copy of the report(s) for personal records.

If the trainee has more than 2 nominated supervisors, additional supervisors must complete either a Supplementary Supervisor Comments Report (DOC) or a separate supervisor's report.

Dual trainees: Complete a supervisor's report for the specialty most relevant to that training period. Separate reports for the same training period aren't required for dual training.

Late submission

The training committee may not certify training if the trainee's supervisor's report is submitted after the specified deadline. Late reports will not be accepted unless the trainee has been granted an extension through an Application for Special Consideration* (DOC).

Special Consideration must be applied for prior to the supervisor's report deadline. The trainee can also submit a letter of explanation to support their application. Applications will be

assessed against the criteria outlined in the Special Consideration for Assessment Policy (PDF).

* As outlined in the Progression Through Training Policy (PDF), section 7.8.1:
'Training will not be certified where the trainee has not satisfactorily completed all training requirements for the prospectively approved training period by the relevant deadline(s), or during an extension period if granted by the committee.'

Resources

- Gastroenterology online supervisor's report (RACP login required)
- Online supervisor's report FAQs
- Multi-factor authentication
- Gastroenterology supervisor's report form (DOC)
- Supplementary Supervisor Comments Report (DOC)
- Supervisor Details Amendment Form (DOC)
- Education policies

Research project

Requirements

1 x Advanced Training research project (ATRP) to be completed before the end of Advanced Training.

Deadlines

- 31 March

- 15 June

- 15 September

The ATRP can be submitted by any of the above deadlines in any training phase.

It's recommended that the trainee submits their ATRP before the transition to fellowship phase to allow time for marking and/or resubmission if their project is initially marked as 'resubmit'.

Overview

The ATRP is a report on a project that the trainee has had significant involvement in designing, conducting of research and analysis of data. It enables the trainee to gain experience in:

- research methods

- interpretation of research literature

- participation in research at some stage of their career

- developing quality improvement skills

For full details on the ATRP and how to complete it, see the ATRP section under the 'training requirements' tab of the PREP program handbook.

Resources

- [Education policies](#)
- [Trainee support](#)
- [Trainee responsibilities](#)
- [Accredited settings](#)
- [Training fees](#)

Supplementary resources for **supervisors**:

- Supervisor Professional Development [Program](#)
- RACP Research Supervision [resource](#)
- RACP Training Support [resource](#)
- RACP Creating a Safe Workplace [resource](#)