

NEW CURRICULA

2025 Learning, teaching, and assessment programs

Basic Training in Paediatrics and Child Health



RACP
Specialists. Together

About this document

The new Basic Training in Paediatrics and Child Health curriculum consists of curriculum standards and learning, teaching, and assessment (LTA) programs.

This document outlines the Basic Training in Paediatrics and Child Health LTA programs for trainees and supervisors. It should be used in conjunction with the Basic Training [curricula 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 2025 only, the number of assessments that trainees are required to complete has been reduced to:

- 1 x learning capture every 3 months (4 total in 2025, reduced from 12)
- 1 x observation capture every 3 months (4 total in 2025, reduced from 12)

Rotation Progress Reports will not be available in the College's new Training Management Platform until mid-2025. For rotations ending before June 2025, training settings can determine which progress reports are accepted locally. These manual progress reports are not required to be submitted to the College.

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Program overview

CURRICULUM STANDARDS

The [curricula standards](#) are summarised as 10 learning goals. The learning goals articulate what trainees need to be, do and know, and are assessed throughout training.

BE	1. Professional behaviours
DO	2. Clinical assessment 3. Communication with patients 4. Documentation 5. Prescribing 6. Transfer of care 7. Investigations 8. Acutely unwell patients 9. Procedures
KNOW	10. Knowledge

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:

- a Basic Training position in an RACP-accredited training setting or network.
- 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.

LTA PROGRAMS

The [LTA programs](#) outline the strategies and methods to learn, teach, and assess the curricula standards.

Entry

- 1 [training application](#)

Learning

Minimum 36 months FTE [professional experience](#)

- 1 [rotation plan](#) per rotation

[RACP Basic Training Orientation resource](#)

[RACP Communication Skills resource](#)

[RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource](#)

[RACP Ethics resource](#)

[RACP Introduction to Leadership, Management, and Teamwork resource](#)

[Paediatric Advanced Life Support course or equivalent](#)

[Recommended resources](#)

Teaching

- 1 [network director](#) (where a network exists only)

- 1 [director of paediatric education](#)

- 1 [education supervisor](#)

- 1 [rotation supervisor](#) per rotation

- 1 [progress review panel](#)

Assessment

- 12 [learning captures](#) per phase (reduced to 4 for 2025 only)

- 12 [observation captures](#) per phase (reduced to 4 for 2025 only)

- 1 [rotation progress report](#) per rotation (minimum 1 per three months)

- 2 [phase progress reports](#) per phase (1 every 6 months)

- 1 [written examination](#)

- 1 [clinical examination](#)

About the program

Purpose of Basic Training

The RACP offers Basic Training in Adult Internal Medicine or Paediatrics & Child Health.

The purpose of Basic Training is to:

- contribute to the development of a workforce of physicians who provide safe, high-quality care to meet the needs of the community
- build on trainees' existing knowledge, skills and attitudes to develop competence and confidence, and professional qualities
- ensure clinical exposure to a wide variety of patients and problems across medical specialties and settings
- establish a solid foundation for entry into Advanced Training and lifelong learning and practice as a physician
- help trainees make informed decisions about future career paths.

Learning occurs primarily in the workplace, supported and supervised by consultants and peers.

This requires a balance of the dual roles of training and service delivery in the workplace.

Supervising committee

The program is supervised by the Paediatrics and Child Health Division Basic Training Committee and the Aotearoa New Zealand Paediatrics and Child Health Division Education Committee.

Completing Basic Training

After successfully completing of the RACP Basic Training Program, trainees will receive a letter from the RACP to confirm this achievement.

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 Basic Training program.

Basic Training is structured in three phases. These phases will establish clear checkpoints for trainee progression and completion.

- 1 Foundation**
 - Orient trainees and confirm their readiness to progress in the Basic Training program.
- 2 Consolidation**
 - Support trainees' professional development in the workplace.
- 3 Completion**
 - Confirm trainees' achievement of the curriculum standards and completion of Basic Training.
 - Support trainees' transition to Advanced Training.



Figure: Basic 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 foundation and consolidation phases of training.
- A **completion decision**, based on competence, is made at the end of the training program, resulting in a completion certificate.



Basic 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.

The Basic Training program may be started in post-graduate year (PGY) 2 at the earliest, though local factors may mean that the program is started later in some areas of Australia and Aotearoa New Zealand.

Entry criteria

Entry attributes	<p>Prospective trainees can demonstrate:</p> <ul style="list-style-type: none">• A commitment and capability to pursuing a career as a physician or paediatrician.• The ability to plan and manage their learning.• The ability and willingness to achieve the Basic Training Competencies, particularly those associated with:<ul style="list-style-type: none">• Communication• Cultural competence• Ethics and professional behaviour• Leadership, management, and teamwork.
Entry criteria	<p>Prospective trainees must have:</p> <ul style="list-style-type: none">• A Basic Training position in an RACP-accredited training setting or network.• 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 MCNZ if applying in Aotearoa New Zealand.

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 [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 [curricula standards](#) are summarised as **10** 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 five domains of professional practice	Needs to work on behaviour in four or five domains of professional practice	Needs to work on behaviour in two or three domains of professional practice	Needs to work on behaviour in one domain 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 (i.e., ready access to a supervisor)	Is able to act with supervision at a distance (i.e., limited access to a supervisor)	Is able to supervise others
Know: Knowledge guides	Has heard of some of the topics in this knowledge guide	Knows the topics and concepts in this knowledge guide	Knows how to apply this knowledge to practice	Frequently shows they apply this knowledge to practice	Consistently demonstrates application of this knowledge to practice

		Progression criteria		Completion criteria
	Learning goals	Foundation <i>By the end of this phase, trainees will:</i>	Consolidation <i>By the end of this phase, trainees will:</i>	Completion <i>By the end of training, trainees will:</i>
Be	1. Professional behaviours: Behave in accordance with the expected professional behaviours, values, and practices.	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. Clinical assessment: Clinically assess patients, incorporating interview, examination, and formulation of a differential diagnosis and management plan	Level 3 is able to act with indirect supervision	Level 4 is able to act with supervision at a distance	Level 4 is able to act with supervision at a distance
	3. Communication with patients: Discuss diagnoses and management plans with patients and their families or carers	Level 3 is able to act with indirect supervision	Level 4 is able to act with supervision at a distance	Level 4 is able to act with supervision at a distance
	4. Documentation: Document the progress of patients in multiple settings	Level 3 is able to act with indirect supervision	Level 4 is able to act with supervision at a distance	Level 4 is able to act with supervision at a distance
	5. Prescribing: Prescribe medications tailored to patients' needs and conditions	Level 3 is able to act with indirect supervision	Level 4 is able to act with supervision at a distance	Level 4 is able to act with supervision at a distance
	6. Transfer of care: Transfer care of patients	Not defined*	Not defined*	Level 4 is able to act with supervision at a distance
	7. Investigations: Choose, organise, and interpret investigations	Level 3 is able to act with indirect supervision	Level 4 is able to act with supervision at a distance	Level 4 is able to act with supervision at a distance
	8. Acutely unwell patients: Assess and manage acutely unwell patients	Not defined*	Not defined*	Level 4 is able to act with supervision at a distance
	9. Procedures: Plan, prepare for, perform, and provide after care for important procedures	Not defined*	Not defined*	Level 4 is able to act with supervision at a distance
Know	10. Knowledge: Acquire the baseline level of knowledge for Basic Training.	Level 3 knows how to apply this knowledge to practice	Level 4 frequently shows they apply this knowledge to practice	Level 5 consistently demonstrates application of this knowledge to practice

*The expected standard for this phase of training has not been defined as Basic Trainees receive different exposure to this learning goal depending on the type of professional experience they are completing. Trainees are expected to address all learning goals in each phase of training. An expected standard is outlined for all learning goals against the completion phase.

Developmental & psychosocial training (Paediatrics & Child Health Division)

Developmental and Psychosocial (D&P) Training assists trainees to develop a sophisticated understanding of child development, encompassing physical, cognitive, emotional, behavioural and social areas, which should be gained from the perspective of the child within the family and in the context of the community.

A mandatory period of D&P Training for all paediatricians was introduced to ensure that the changing nature of paediatric practice is reflected in the training programs.

Review of D&P

The College is working to redefine how D&P training will be embedded in the new training programs. This will include defining learning goals, and new options for trainees to achieve these learning goals, which will be embedded into the Basic and Advanced Training programs.

Alternative options for completing D&P training and a timeline for implementation will be communicated during 2025. New D&P requirements will be developed, and any updates will be included in the relevant curricula standards and learning, teaching and assessment programs. Trainees and supervisors will be informed of updates with sufficient notice of any changes to ensure no disadvantage.

Until alternatives are available, **it is important that trainees plan to complete the requirement for D&P training through one of the time-based options currently available, to ensure eligibility for admission to Fellowship on completion of the requirements of Advanced Training.** Trainees must satisfactorily complete this requirement to be eligible for admission to Fellowship under the Paediatrics & Child Health Division

Aotearoa New Zealand

The D&P training requirement can be met by completing a 3-month full-time equivalent rotation in relevant specialties. These areas reflect a holistic approach to the health problems of children and young people. An understanding of the roles and inter-relationships of many allied health and community-based services, in a way that distinguishes them from experience in organ-based specialties, is required.

Australia

Developmental & psychosocial (D&P) training is currently a time-based requirement consisting of a minimum of six months full-time equivalent (FTE) in one or more of the following areas:

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

These areas reflect a holistic approach to the health problems of children and young people. An understanding of the roles and inter-relationships of many allied health and community-based services, in a way that distinguishes them from experience in organ-based specialties, is required.

Approved training options

- **Option A: A prospectively-approved psychosocial training position (6 months full-time equivalent).** This can be completed as:
 - 2 x 3-month terms, or
 - 1 x 6-month block, or
 - a continuous part-time position, such as 2.5 days a week for 12 months (A conglomerate of experience for shorter time periods adding up to 6 months will not be accepted.)
- **Option B: A prospectively approved rural position (6 months full-time equivalent).** Complete the 6 months of training comprised of a documented weekly program in the psychosocial training areas with an appropriate level of supervision.
- **Option C: Attendance at a prospectively-approved clinic AND completion of an approved learning module.** The D&P training requirement can be completed in one of these formats:
 - 2 x sessions a week for 18 months, or
 - 1 x session a week for 3 years

An approved clinic is determined to be a clinic where other health and/or educational professionals are involved, and supervision is directed by a paediatrician who is experienced in one or multiple areas of D&P Training, such as behaviour, development, rehabilitation and child protection.

The approved learning module may be **one** of the following:

- Evidence of attendance at a lecture series at a recognised institution, related to the D&P Training areas; or
- 3 x referenced case reports/essays demonstrating comprehensive understanding of 3 different issues in the areas of psychosocial training – for example rehabilitation or community paediatrics (1500 to 2000 words each); or
- Completion of the Griffith Mental Developmental Scales course.

Other prospectively approved modules may be considered.

Apply

Contact BasicTraining@racp.edu.au or BasicTraining@racp.org.nz to apply for approval of D&P Training.

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	Prior to commencing training, at the start of the foundation phase.
Learning	
Minimum 36 months full time equivalent (FTE) professional experience	Minimum 12 months FTE clinical experience in a mix of approved training settings during each phase.
RACP Basic Training Orientation resource	During the first 6 months of the foundation phase.
RACP Communication skills resource	Before the end of the foundation phase.
RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource	Before the end of the foundation phase.
RACP Ethics resource	Before the end of the foundation phase.
RACP Introduction to Leadership, Management, and Teamwork resource	Before the end of the foundation phase.
Paediatric Advanced Life Support course or equivalent	Before the end of the foundation phase.
Recommended resources	Recommended completion over the course of Basic Training.
Assessment	
1 written examination	Before the end of Basic Training.
1 clinical examination	Before the end of Basic Training.

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.
Teaching	
Nominate 1 Network Director per rotation (<i>where a network exists</i>)	At the start of each accredited or approved training rotation.
Nominate 1 Director of Paediatric Education	At the start of each accredited or approved training rotation.
Nominate 1 Education Supervisor	At the start of each accredited or approved training rotation.

Nominate 1 Rotation Supervisor	At the start of each accredited or approved training rotation.
Note: <i>Individuals may act in multiple supervision roles within a single rotation</i>	
Assessment	
12 learning captures (reduced to 4 for 2025 only)	Minimum 1 per month. (for 2025 only, reduced to minimum 1 every 3 months).
12 observation captures (reduced to 4 for 2025 only)	Minimum 1 per month. (for 2025 only, reduced to minimum 1 every 3 months).
4 rotation progress reports	1 per rotation, minimum 1 every 3 months.
2 phase progress reports	1 mid-phase, 1 end-of-phase.

Entry

Training application

Requirement

1 x training application, at the start of the 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
- identifies the Director of Paediatric Education who will oversee their training

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

Due dates

28 February if starting at the beginning of the year.

31 August if starting mid-year.

Professional experience

Australia

Professional experience	
<ul style="list-style-type: none">Complete 36-months of certified training time, of which:<ul style="list-style-type: none">24-months must be in core rotations, including a minimum of:<ul style="list-style-type: none">9 months in general paediatric medicine3 months in paediatric emergency medicine3 months in neonatology in a perinatal unit3 months in a paediatric medical specialty.12-months may be spent in either 'core' or 'non-core' rotations.	
Location of training	
<ul style="list-style-type: none">Complete at least 24 months of training in accredited training settings in Australia and/or Aotearoa New Zealand.	
Level 3 teaching (Principal Training Program) 6 months minimum 36 months maximum	<ul style="list-style-type: none">At least 6 months training must be spent in a Level 3 teaching.
Level 2 teaching (Principal Training Program) No minimum 30 months maximum	<ul style="list-style-type: none">Up to 30 months training may be spent in Level 2 teaching.
Secondment hospitals (Adjunct Training Program) No minimum 12 months maximum	<ul style="list-style-type: none">Up to 12 months training may be spent in a secondment hospital on rotation from a level 3 or level 2 paediatric teaching.
Experiential training	
Core Training Trainees must spend a minimum of 24 months in core training rotations.	
General paediatrics 9 months minimum (33–39 weeks) 27 months maximum	General and Community Paediatrics Knowledge Guide
Neonatology 3 months minimum (10–13 weeks)	Neonatal and Perinatal Medicine Knowledge Guide

12 months maximum	A minimum of 3 months must be completed in a perinatal unit that includes the long-term management of ventilated babies. Training in a Neonatal Intensive Care Unit that does not have inborn facilities does not satisfy the minimum time requirement. Provided the 3-month minimum in a perinatal unit is met, trainees can complete up to 9 months in a non-perinatal unit as part of the maximum allowable time in neonatology.
Paediatric emergency medicine 3 months minimum (10-13 weeks) 12 months maximum	Emergency Medicine Knowledge Guide A minimum of 3 months training must be in a paediatric emergency department or dedicated paediatric section of a mixed emergency department where the trainee sees only paediatric patients.
Paediatric specialties 3 months minimum 6 months maximum	Trainees should spend a maximum of six months in any of the following specialties: <ul style="list-style-type: none"> • Adolescent and young adult medicine • Paediatric cardiology • Clinical genetics • Clinical pharmacology • Paediatric endocrinology • Paediatric gastroenterology • Paediatric haematology • Paediatric immunology/allergy • Paediatric infectious diseases • Paediatric medical oncology • Metabolic medicine • Paediatric nephrology • Paediatric neurology • Paediatric palliative medicine • Paediatric rehabilitation medicine • Paediatric respiratory and/or sleep medicine • Paediatric rheumatology
Non-core Training You can spend a maximum of 12 months in non-core training, with the option to complete additional core training in place of non-core training.	
Paediatric anaesthetics No minimum 3 months maximum	
Paediatric intensive care medicine No minimum 6 months maximum	
Paediatric surgery No minimum 6 months maximum	

Paediatric nights No minimum 6 months maximum	<ul style="list-style-type: none"> • Trainees can spend up to 6 months on nights rotations provided the rotation meets the criteria for RACP training, including demonstrated: <ul style="list-style-type: none"> • Supervision allocations as outlined in the teaching program requirements. • Relevance of clinical experiences to delivering the learning goals of the program.
Paediatric relieving No minimum 6 months maximum	<ul style="list-style-type: none"> • Trainees can spend up to 6 months on relief rotations provided the rotation meets the criteria for RACP training, including demonstrated: <ul style="list-style-type: none"> • Supervision allocations as outlined in the teaching program requirements. • Relevance of clinical experiences to delivering the learning goals of the program.
Other rotations No minimum 6 months maximum	<p>Directors of Paediatric Education may approve additional rotations provided they meet the criteria for RACP training, including demonstrated:</p> <ul style="list-style-type: none"> • Supervision allocations as outlined in the teaching program requirements. • Relevance of clinical experiences to delivering the learning goals of the program. <p>This may include supervised research, clinical improvement projects, or adult medicine rotations.</p> <p>A maximum of three months can be spent in dermatology (Dermatology Knowledge Guide), general practice, or obstetrics and gynaecology.</p>

Aotearoa New Zealand

Professional experience	
<ul style="list-style-type: none"> • Complete 36-months of certified training time, of which: <ul style="list-style-type: none"> ○ 24-months must be in core rotations, including a minimum of: <ul style="list-style-type: none"> ▪ 9 months in general paediatric medicine ▪ 3 months in paediatric emergency medicine ▪ 3 months in neonatology in a perinatal unit ▪ 3 months in a paediatric medical specialty. ○ 12-months may be spent in either 'core' or 'non-core' rotations. 	
Location of training	
<ul style="list-style-type: none"> • Complete at least 24 months of training in accredited training settings in Australia and/or Aotearoa New Zealand. • Trainees should confirm with their Director of Paediatric Education the maximum period of training that can be undertaken at each accredited training setting. 	
Experiential training	
Core Training Trainees must spend a minimum of 24 months in core training rotations.	
General paediatrics	General and Community Paediatrics Knowledge Guide

<p>9 months minimum (33–39 weeks)</p> <p>27 months maximum</p>	
<p>Neonatology</p> <p>3 months minimum (10–13 weeks)</p> <p>12 months maximum</p>	<p>Neonatal and Perinatal Medicine Knowledge Guide</p> <p>Maximum 12 months in neonatology including skills in neonatal resuscitation and intensive care, or sufficient experience in neonatal training to acquire the appropriate consultation to primary care providers, as determined by the Director of Paediatric Education based on a review of logbook experience or other sources.</p>
<p>Paediatric emergency medicine</p> <p>3 months minimum (10–13 weeks)</p> <p>12 months maximum</p>	<p>Emergency Medicine Knowledge Guide</p> <p>A minimum of 3 months training must be in a paediatric emergency department or sufficient experience in acute general paediatrics to manage common emergencies, as determined by the Director of Paediatric Education.</p>
<p>Paediatric specialties</p> <p>3 months minimum</p> <p>6 months maximum</p>	<p>Trainees should spend a maximum of six months in any of the following specialties:</p> <ul style="list-style-type: none"> • Adolescent and young adult medicine • Paediatric cardiology • Clinical genetics • Clinical pharmacology • Paediatric endocrinology • Paediatric gastroenterology • Paediatric haematology • Paediatric immunology/allergy • Paediatric infectious diseases • Paediatric medical oncology • Metabolic medicine • Paediatric nephrology • Paediatric neurology • Paediatric palliative medicine • Paediatric rehabilitation medicine • Paediatric respiratory and/or sleep medicine • Paediatric rheumatology
<p>Non-core Training</p> <p>You can spend a maximum of 12 months in non-core training, with the option to complete additional core training in place of non-core training.</p>	
<p>Paediatric anaesthetics</p> <p>No minimum</p> <p>3 months maximum</p>	
<p>Paediatric intensive care medicine</p>	

No minimum 6 months maximum	
Paediatric surgery No minimum 6 months maximum	
Paediatric nights No minimum 6 months maximum	<ul style="list-style-type: none"> • Trainees can spend up to 6 months on nights rotations provided the rotation meets the criteria for RACP training, including demonstrated: <ul style="list-style-type: none"> • Supervision allocations as outlined in the teaching program requirements. • Relevance of clinical experiences to delivering the learning goals of the program.
Paediatric relieving No minimum 6 months maximum	<ul style="list-style-type: none"> • Trainees can spend up to 6 months on relief rotations provided the rotation meets the criteria for RACP training, including demonstrated: <ul style="list-style-type: none"> • Supervision allocations as outlined in the teaching program requirements. • Relevance of clinical experiences to delivering the learning goals of the program.
Other rotations No minimum 6 months maximum	<p>Directors of Paediatric Education may approve additional rotations provided they meet the criteria for RACP training, including demonstrated:</p> <ul style="list-style-type: none"> • Supervision allocations as outlined in the teaching program requirements. • Relevance of clinical experiences to delivering the learning goals of the program. <p>This may include supervised research, clinical improvement projects, or adult medicine rotations.</p> <p>A maximum of three months can be spent in dermatology (Dermatology Knowledge Guide), general practice, or obstetrics and gynaecology.</p>

Training outside of Australia and Aotearoa New Zealand

- At least 24 months of training must be undertaken in accredited training settings in Australia and/or Aotearoa New Zealand.
- Appropriate overseas training rotations must be able to meet the requirements of training, including meeting the supervision requirements and providing the opportunity for trainees to complete their assessment requirements and achieve learning goals.
- Trainees who are considering undertaking a short period of training overseas will need to get prospective approval from the RACP. Trainees should first speak to their Director of Paediatric Education and then contact the RACP Basic Training Unit for information on the application process.

Rotation plan

Requirement

1 x rotation plan per training 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 Basic Training.

How to complete it

Trainees can submit a rotation plan in [TMP](#) under the training plan tab.

Trainees undertaking their first rotation of their training program must select the following checkbox, 'The rotation start date is also the start date of my Training Program' to record the start date for their training program.

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. See this [completed rotation plan](#) for examples of the learning opportunities that may be available for each learning goal.

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 or whole of the year.

31 August for rotations in the second half of the year.

Trainees can resubmit their rotation plans once they have more detailed information. If they are uncertain about how their learning goals will be covered, they should submit their rotation plans with available details, such as dates, training setting, and type (e.g., subspecialty). They can then update the plan to include learning goal coverage after starting the rotation.

Courses

RACP Basic Training Orientation resource

Requirement
1 x RACP Basic Training Orientation resource, completed during the first 6 months of the foundation phase.
Description
<p>This resource is designed to orient trainees to Basic Training. It covers areas such as training and assessment, and trainee support. It's a 'one-stop shop' that trainees can return to if they ever want to find a useful resource, or need a refresher on the supporting resources, policies, and systems available to them.</p> <p>Estimated completion time: 2 hours.</p>
Purpose
This resource is designed to give you all the information you need to start your training journey with the RACP.
How to complete it
<p>Trainees can complete the Basic Training Orientation resource on RACP Online Learning.</p> <p>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.</p>

RACP Communication Skills resource

Requirement
1 x RACP Communication Skills resource, completed by the end of Advanced Training, if not completed during Basic Training.
Description
<p>The communication skills online resource is a self-directed resource covering communication skills and frameworks to help trainees work through everyday conversations they will have as a physician.</p> <p>Estimated completion time: 2.5 hours.</p>
How to complete it
<p>Trainees can complete the RACP Communication Skills resource on RACP Online Learning.</p> <p>Trainees will receive a certificate of completion on RACP Online Learning when they complete the resource. Completion of this requirement will automatically update in the Training Management Platform.</p>

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, completed by the end of Basic Training. Recommended completion during foundation 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 [Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource](#) 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 Ethics resource

Requirement

1 x RACP Ethics resource, completed by the end of Advanced Training, if not completed during Basic Training.

Description

In this resource trainees will learn about, discuss and reflect on the main ethical issues facing physicians.

Estimated completion time: 3.5 hours.

How to complete it

Trainees can complete the [RACP Ethics resource](#) 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 the Training Management Platform.

RACP Introduction to Leadership, Management and Teamwork resource

Requirement

1 x RACP Introduction to Leadership, Management and Teamwork resource, completed by the end of Advanced Training, if not completed during Basic Training.

Description

This resource supports trainee development in leadership, management and teamwork skills and work effectively in multi-disciplinary teams.

Estimated completion time: 1 hour.

How to complete it

Trainees can complete the [RACP Introduction to Leadership, Management and Teamwork resource](#) 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 the Training Management Platform.

Paediatric Advanced Life Support Course or equivalent

Requirement

1 x Paediatric Advanced Life Support course or equivalent, completed by the end of Basic Training. Recommended completion during foundation phase.

Description

A Paediatric Advanced Life Support course or equivalent ensures that you have the skills to support patients requiring resuscitation. The RACP doesn't endorse any Paediatric Advanced Life Support course provider.

Trainees should refer to the College's [Minimum Standards for Resuscitation Competency](#) for Basic Physician Trainees (Australian Trainees).

How to complete it

Trainees are to submit their certificate of attendance via the Assessment requirements tab in [TMP](#).

If you have completed a Paediatric Advanced Life Support course within 12 months prior to entering Basic Training, you can submit your course certification.

Recommended resources

- [RACP Physician Self-Care and Wellbeing course](#)
- [RACP online courses](#)
- [RACP curated collections](#)
- [RACP College Learning Series](#)
- [RACP Working with Adolescents and Young Adults course](#)
- [RACP Research Projects course](#)
- [Supervisor Professional Development Program Workshop 1](#)

Teaching

Supervision

Education supervisor

Trainees are to have 1 x education supervisor

Nominating eligible supervisors

Trainees will be asked to nominate rotation supervisors as part of their learning plan. Trainees are required to nominate [eligible supervisors](#) 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.

Rotation supervisor

Trainees are to have 1 x rotation supervisor per rotation

Network Director

Trainees are to have 1 x Network Director (where a network exists)

Director of Paediatric Education

Trainees are to have 1 x Director of Paediatric Education

Assessment

Assessment blueprint

This high-level assessment program blueprint outlines which of the learning goals *could be* and *will be* assessed by the assessment tools.

Learning goals	Assessment tools					
	Training application	Learning Capture	Observation Capture	Phase and Rotation Progress Reports	Written Examination	Clinical Examination
1. Professional behaviours	x	Could assess	Could assess	Will assess	x	Could assess
2. Clinical assessment	x	Could assess	Could assess	Will assess	x	Will assess
3. Communication with patients	x	Could assess	Could assess	Will assess	x	Could assess
4. Documentation	x	Could assess	Could assess	Will assess	x	x
5. Prescribing	x	Could assess	Could assess	Will assess	Could assess	Could assess
6. Transfer of care	x	Could assess	Could assess	Will assess	x	x
7. Investigations	x	Could assess	Could assess	Will assess	Could assess	Could assess
8. Acutely unwell patients	x	Could assess	Could assess	Will assess	x	x
9. Procedures	x	Could assess	Could assess	Will assess	x	x
10. Knowledge	x	Could assess	Could assess	Will assess	Will assess	x

Learning capture

Requirement

12 x learning captures per phase of training, minimum 1 per month. (reduced to 4 x learning captures for 2025 only, minimum of 1 every 3 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 assists trainees to reflect on experiences, promotes critical thinking, and connects these to a trainee's learning goals and professional development. It is also a valuable mechanism for trainees to enhance their understanding of complex topics and less common experiences that may be difficult to encounter in traditional training.

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 4 x learning captures for 2025 only, minimum of 1 every 3 months).

Refer to [RACP Flexible Training Policy](#) 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 [training resources](#).

Rotation progress report

Requirement
4 x rotation progress reports per phase of training, minimum 1 every 3 months. <i>Refer to RACP Flexible Training Policy for further information on part-time training (item 4.2).</i>
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. The rotation progress report is submitted for each rotation and is completed by a Rotation Supervisor.
Purpose
Progress reports assess knowledge and skill development, track progress against the phase criteria, and provide targeted feedback for improvement.
How to complete it
Until progress reports are available in TMP, Basic Trainees and Rotation Supervisors can use this hard copy Rotation progress report for rotations in the first six months of 2025, if needed. Alternatively, your local Director of Physician/Paediatric Education (DPE) may accept the PREP Ward/Service Consultant Report for rotations in the first six months of 2025. For NSW trainees, you can use the HETI End of Term Report, if applicable. Basic Trainees should submit the completed report to their Educational Supervisor and/or DPE. This hard copy report does not need to be submitted to the College.

Phase progress report

Requirement
2 x phase progress reports per phase of training, minimum 1 every 6 months. <i>Refer to RACP Flexible Training Policy for further information on part-time training (item 4.2).</i>
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. The phase progress report is submitted at the middle and end of a phase and is completed by an Education Supervisor.
Purpose
Progress reports assess knowledge and skill development, track progress against the phase criteria, and provide targeted feedback for improvement.
How to complete it

Until progress reports are available in TMP, Basic Trainees and Education Supervisors may use this hard copy [Phase progress report](#) for mid-2025 progress review meetings.

Once progress reports are available in TMP, Basic Trainees and Education Supervisors must complete the phase progress report in TMP. It is recommended to submit the report as early as possible, however, it will be accepted up until the end of the training year.

Please note that the phase progress report must be completed in TMP for progress review panels to access assessment data to make trainee progression decisions.

This hard copy report does not need to be submitted to the College.

Divisional Written Examination

Requirement

1 x Divisional Written Examination to be completed during completion phase.

Description

The Divisional Written Examination is a summative assessment made up of two papers designed to assess understanding of basic science and clinical knowledge. Questions are based on topics and concepts detailed in the [Knowledge Guides](#).

Purpose

The Divisional Written Examination (DWE) assesses your knowledge in Paediatrics and Child Health to determine if you've reached the standards to complete Basic Training.

How to complete it

See [Divisional Written Examination](#) for a comprehensive guide on the examination process and key dates.

Divisional Clinical Examination

Requirement

1 x Divisional Clinical Examination to be completed during completion phase.

Description

The Divisional Clinical Examination is a summative assessment to assess the clinical skills, clinical acumen and interpersonal skills to inform whether trainees have reached the standard for completion of Basic Training.

Purpose

The Divisional Clinical Examination (DCE) assesses your clinical and interpersonal skills and clinical acumen to determine if you've reached the standards to complete Basic Training.

How to complete it

See [Divisional Clinical Examination](#) for a comprehensive guide on the examination process and key dates.

Roles and responsibilities

Basic Trainee

Role
A member who is registered with the RACP to undertake the Basic Training Program.
Responsibilities
<ul style="list-style-type: none">• Maintain employment in accredited training settings.• Act as a self-directed learner:<ul style="list-style-type: none">○ 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○ 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.

Assessor

Role
A person who provides feedback to trainees via the Observation Capture or Learning Capture tool. This may include Advanced Trainees, consultants and other medical professionals, allied health professionals, nursing staff, patients and their families, administrative staff, and consumer representatives.
Responsibilities
<ul style="list-style-type: none">• Be aware of the learning goals of the Basic Training program.• Provide feedback to support the progression of Basic Trainees within the setting:<ul style="list-style-type: none">○ Complete Observation Captures.○ Provide feedback on Learning Captures as required.

Rotation supervisor

Role
A clinician (not required to be a Fellow of the RACP) who provides direct oversight of a Basic Trainee during a training rotation.
Responsibilities
<ul style="list-style-type: none">• Be aware of the educational requirements outlined in the relevant curricula and education policies.• Oversee and support the progression of Basic Trainees within the setting:<ul style="list-style-type: none">○ Assist trainees to plan their learning during the rotation.

- Support colleagues to complete observation captures with trainees.
- 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.

Education supervisor

Role

A Fellow of the RACP or other Specialty College who provides longitudinal oversight of a Basic Trainee's progress through training.

Responsibilities

- Be aware of the educational requirements outlined in the relevant curricula and education policies.
- Oversee and support the progression of Basic Trainees within the setting:
 - Assist trainees to plan their learning and career progression.
 - Undertake work-based assessments as required.
 - Provide feedback to trainees and make progress recommendations to the Progress Review Panel through mid-phase and end-of-phase progress reports.
 - Participate in progress decision making as a Progress Review Panel member.
- 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.

Network Director of Paediatric Education

Role

A RACP Fellow who provides educational leadership across a network of training settings.

Responsibilities

- Be aware of the educational requirements outlined in the relevant curricula, training program handbooks, and education policies.
- Coordinate the quality delivery of a Basic Training Program across all settings within a network.
- Establish appropriate systems to underpin a supportive training culture.
- Liaise with network administration and executives and setting Directors of Physician Education pertaining to the delivery of the Basic Training program.
- Oversee the progression of all trainees within the network.
- 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.

Training Program Coordinator

Role

A staff member employed by a training setting or network to support the coordination and delivery of the Basic Training program. This includes Medical Education Support Officers and other staff working with Directors of Paediatric Education to support and improve training within the setting or network.

Responsibilities

- Be aware of the educational requirements outlined in the relevant curricula, training program handbooks, and education policies.
- Support Directors of Paediatric Education in the coordination of the quality delivery of a Basic Training Program within the training setting.
- Support the Directors of Paediatric Education to oversee and support the progression of Basic Trainees within the setting:
 - Record Director of Paediatric Education endorsement decisions against trainees' registration form submissions.
 - Allocate rotations and supervisors to Basic Trainees.
 - Support the recording of progress decisions as support staff to Progress Review Panels.
- Support supervisors within the setting to effectively deliver the Basic Training programs.
- Participate in training setting / network accreditation undertaken by the RACP.

Director of Paediatric Education

Role

A RACP Fellow who provides educational leadership across a training setting.

Responsibilities

- Be aware of the educational requirements outlined in the relevant curricula, training program handbooks, and education policies.
- Coordinate the quality delivery of a Basic Training Program within the training setting.
- Oversee and support the progression of Basic Trainees within the setting:
 - Record endorsement decisions against trainees' registration form submissions.
 - Participate in progress decision making as a Progress Review Panel member.
- Establish appropriate systems to underpin a supportive training culture.
- Support supervisors within the setting to effectively deliver the Basic Training programs.
- Liaise with setting administration and executives pertaining to the delivery of the Basic 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.

Progress Review Panel

Role

A group convened to make evidence-based decisions on Basic Trainees' progression through and certification of training.

More information on Progress Review Panels will be available in 2025.

Responsibilities

- Review and assess trainees' progress.
- Communicate and report on progression decisions.
- Monitor delivery of the Basic Training program.
- Ensure compliance to regulatory, policy and ethical matters.

RACP oversight committees

Role

An RACP-administered committee with oversight of the Basic Training Programs in Australia and Aotearoa New Zealand. This includes the Adult Medicine Division Basic Training Committee, Aotearoa New Zealand Adult Medicine Division Education Committee, Paediatrics and Child Health Division Basic Training Committee, and Aotearoa New Zealand Paediatrics and Child Health Division Education Committee.

Responsibilities

- Oversee implementation of the Basic 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 Basic 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 Directors of Paediatric Education and Progress Review Panels to ensure the delivery of quality training.
- Provide feedback, guidance, recommendations, and reasoning for decision making to trainees and Directors of Paediatric Education.
- Declare conflicts of interest and excuse themselves from decision making discussions when conflicts arise.
- Report to the overseeing RACP committee as required.

Resources

See [RACP Online Learning](#) 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](#)