

# NEW CURRICULA

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## Learning, teaching, and assessment programs

### Advanced Training in Paediatric Emergency Medicine



**RACP**  
Specialists. Together

#### About this document

The new Advanced Training in Paediatric Emergency Medicine curriculum consists of curriculum standards and learning, teaching, and assessment (LTA) programs.

This document outlines the Advanced Training in Paediatric Emergency Medicine LTA programs for trainees and supervisors. It should be used in conjunction with the Advanced Training in [Paediatric Emergency Medicine curriculum standards](#).

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# Program overview

## CURRICULUM STANDARDS

The [curriculum standards](#) are summarised as 17 learning goals. The learning goals articulate what trainees need to be, do and know, and are assessed throughout training.

<b>BE</b>	1. Professional behaviours
<b>DO</b>	2. Team leadership 3. Supervision and teaching 4. Patient safety and quality improvement 5. Emergency department management 6. Acute illness clinical assessment and management 7. Acute injury clinical assessment and management 8. Transitions, transfer, and handover of care 9. Communication with patients and families 10. Procedures 11. Resuscitation assessment and management 12. Acute behavioural and psychiatric presentation and management
<b>KNOW</b>	13. Foundations of paediatric emergency medicine 14. Acute illness 15. Acute injury 16. Child safety and maltreatment 17. Psychiatric and behavioural disturbance

## 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 PROGRAMS

The LTA programs outline the strategies and methods to learn, teach, and assess the curriculum standards.

### Entry

- 1 [training application](#)

### Learning

Minimum 36 months FTE [professional experience](#)

[Developmental and psychosocial training](#)

- 1 [rotation plan](#) per rotation

[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](#)

- 4 [shift reports](#)

- 1 [logbook](#)

[Paediatric Advanced Life Support course](#)

[Recommended resources](#)

### Teaching

- 2 [supervisors](#) per rotation

- 1 [research project supervisor](#)

### Assessment

- 12 [learning captures](#) per phase

- 12 [observation captures](#) per phase

- 4 [progress reports](#) per phase

- 1 [research project](#)

# About the program

## Purpose of Advanced Training

The RACP offers Advanced Training in 33 diverse medical specialties as part of Division, Chapter, or Faculty training programs.

The purpose of Advanced Training is to develop a workforce of physicians who:

- have received breadth and depth of focused specialist training, and experience with a wide variety of health problems and contexts
- are prepared for and committed to independent expert practice, lifelong learning, and continuous improvement
- provide safe, quality health care that meets the needs of the communities of Australia and Aotearoa New Zealand.

## Overview of specialty

Paediatric emergency medicine (PEM) physicians are specialised in providing resuscitative or acute medical care to children who are acutely unwell or injured.

PEM physicians provide acute clinical care to children from neonates to adolescents in emergency departments of both children's hospitals and non-children's hospitals. This includes:

- **acute medical care to children.** PEM physicians are well rounded in all areas of acute paediatric medicine.
- **resuscitation.** PEM physicians lead and manage the resuscitation of acutely unwell or injured children.
- **management of undifferentiated patients.** PEM physicians manage undifferentiated patients presenting to an emergency department with acute illness or injury, which may include medical and surgical emergencies.
- **coordinating the management of complex patients,** including liaising with subspecialty teams and organising appropriate referrals.

PEM physicians provide leadership and patient-centred care with a focus on communication, decision making, teamwork, and compassion. Key professional behaviours include:

- **leadership and management.** PEM physicians lead multidisciplinary teams and work in close collaboration with other medical professionals.
- **communicating effectively** with other healthcare service providers.
- **compassionate communication with patients, families, whānau, and/or carers.** PEM physicians are compassionate and caring to children and their families, whānau, and/or carers, and possess effective communication skills, especially regarding conveying bad news and in difficult circumstances.
- **teaching other healthcare service providers,** including other clinicians, nursing staff, allied health professionals, and other professional groups who work with children, particularly within the fields of emergency resuscitation and the management of severely ill or injured children.

- **disaster management.** PEM physicians can provide assistance as appropriate in disaster management situations
- **professional and ethical practice.** PEM physicians have a commitment to improving the safety, effectiveness, and experience of emergency health care.

## Supervising committee

The program is supervised by the Committee for Joint College Training (CJCT) in Paediatric Emergency Medicine.

## Qualification

Trainees who successfully meet the completion standards and criteria of this program will be awarded Fellowship of the Royal Australasian College of Physicians (FRACP).

# Learning goals and progression criteria

## Learning, teaching, and assessment structure

The learning, teaching and assessment structure defines the framework for delivery and trainee achievement of the curriculum standards in the Advanced Training program.

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

- 1 Specialty foundation**
  - Orient trainees and confirm their readiness to progress in the Advanced Training program.
- 2 Specialty consolidation**
  - Continue trainees' professional development in the specialty and support progress towards the learning goals.
- 3 Transition to Fellowship**
  - Confirm trainees' achievement of the curriculum standards, completion of Advanced Training, and admission to Fellowship.
  - Support trainees' transition to unsupervised practice.



Figure: Advanced Training learning, teaching, and assessment structure

- An **entry decision** is made before entry into the program.
- **Progress decisions**, based on competence, are made at the end of the specialty foundation and specialty consolidation phases of training.
- A **completion decision**, based on competence, is made at the end of the training program, resulting in eligibility for admission to Fellowship.



Advanced Training is a **hybrid time- and competency-based training program**. There is a minimum time requirement of full-time equivalent experience, and progression and completion decisions are based on evidence of trainees' competence.

## Entry criteria

<b>Entry attributes</b>	<p>Prospective trainees can demonstrate:</p> <ul style="list-style-type: none"><li>• a commitment and capability to pursue a career as a physician in paediatric emergency medicine.</li><li>• the ability and willingness to achieve the common learning goals for Advanced Training:<ul style="list-style-type: none"><li>• team leadership</li><li>• supervision and teaching</li><li>• the professional behaviours, as outlined in the Competencies</li></ul></li></ul>
<b>Entry criteria</b>	<p>Prospective trainees must have:</p> <ul style="list-style-type: none"><li>• completed RACP Basic Training, including the Written and Clinical Examinations</li><li>• 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.</li><li>• an Advanced Training position in an RACP-accredited training setting or network or an approved non-core training position.</li></ul>

## 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 [curriculum standards](#) are summarised as **17** 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
<b>Be: Competencies (professional behaviours)</b>	Needs to work on behaviour in <b>more than five domains</b> of professional practice	Needs to work on behaviour in <b>four or five domains</b> of professional practice	Needs to work on behaviour in <b>two or three domains</b> of professional practice	Needs to work on behaviour in <b>one domain</b> of professional practice	<b>Consistently</b> behaves in line with all 10 domains of professional practice
<b>Do: Entrustable Professional Activities (EPAs)</b>	Is able to <b>be present and observe</b>	Is able to <b>act with direct supervision</b>	Is able to <b>act with indirect supervision</b> (i.e., ready access to a supervisor)	Is able to <b>act with supervision at a distance</b> (i.e., limited access to a supervisor)	Is able to supervise others
<b>Know: Knowledge guides</b>	Has <b>heard</b> of some of the topics in this knowledge guide	<b>Knows the topics and concepts</b> in this knowledge guide	<b>Knows how to apply</b> this knowledge to practice	<b>Frequently shows they apply</b> this knowledge to practice	<b>Consistently</b> demonstrates application of this knowledge to practice

		Entry criteria	Progression criteria		Completion criteria
	Learning goals	Entry into training <i>At entry into training, trainees will:</i>	Specialty foundation <i>By the end of this phase, trainees will:</i>	Specialty consolidation <i>By the end of this phase, trainees will:</i>	Transition to fellowship <i>By the end of training, trainees will:</i>
Be	1. Professional behaviours	<b>Level 5</b> consistently behaves in line with all 10 domains of professional practice	<b>Level 5</b> consistently behaves in line with all 10 domains of professional practice	<b>Level 5</b> consistently behaves in line with all 10 domains of professional practice	<b>Level 5</b> consistently behaves in line with all 10 domains of professional practice
	2. Team leadership: Lead a team of health professionals	<b>Level 1</b> be able to be present and observe	<b>Level 2</b> be able to act with direct supervision	<b>Level 4</b> be able to act with supervision at a distance	<b>Level 5</b> be able to supervise others
Do	3. Supervision and teaching: Supervise and teach professional colleagues	<b>Level 1</b> be able to be present and observe	<b>Level 3</b> be able to act with indirect supervision	<b>Level 4</b> be able to act with supervision at a distance	<b>Level 5</b> be able to supervise others
	4. Patient safety and quality improvement: Individual to system-level harm prevention and provision of high-quality care	<b>Level 1</b> be able to be present and observe	<b>Level 2</b> be able to act with direct supervision	<b>Level 4</b> be able to act with supervision at a distance	<b>Level 5</b> be able to supervise others
	5. Emergency department management: Manage an emergency department	<b>Level 1</b> be able to be present and observe	<b>Level 3</b> be able to act with indirect supervision	<b>Level 4</b> be able to act with supervision at a distance	<b>Level 5</b> be able to supervise others
	6. Acute illness clinical assessment and management: Assess and manage the early care of acutely unwell children	<b>Level 2</b> be able to act with direct supervision	<b>Level 3</b> be able to act with indirect supervision	<b>Level 4</b> be able to act with supervision at a distance	<b>Level 5</b> be able to supervise others
	7. Acute injury clinical assessment and management: Assess and manage children with suspected injuries	<b>Level 2</b> be able to act with direct supervision	<b>Level 3</b> be able to act with indirect supervision	<b>Level 4</b> be able to act with supervision at a distance	<b>Level 5</b> be able to supervise others
	8. Transitions, transfers, and handovers of care: Manage the transition of patient care between health professionals, providers, and contexts	<b>Level 2</b> be able to act with direct supervision	<b>Level 3</b> be able to act with indirect supervision	<b>Level 4</b> be able to act with supervision at a distance	<b>Level 5</b> be able to supervise others
	9. Communication with patients and families: Communicate with children, their families, whānau, and/or carers	<b>Level 2</b> be able to act with direct supervision	<b>Level 3</b> be able to act with indirect supervision	<b>Level 4</b> be able to act with supervision at a distance	<b>Level 5</b> be able to supervise others
	10. Procedures: Plan, prepare for, perform, and provide aftercare for important practical procedures across different settings	<b>Level 1</b> be able to be present and observe	<b>Level 2</b> be able to act with direct supervision	<b>Level 4</b> be able to act with supervision at a distance	<b>Level 5</b> be able to supervise others

		Entry criteria	Progression criteria		Completion criteria
	Learning goals	Entry into training <i>At entry into training, trainees will:</i>	Specialty foundation <i>By the end of this phase, trainees will:</i>	Specialty consolidation <i>By the end of this phase, trainees will:</i>	Transition to fellowship <i>By the end of training, trainees will:</i>
	<b>11. Resuscitation assessment and management:</b> Resuscitate critically ill / injured paediatric patients	<b>Level 1</b> be able to be present and observe	<b>Level 3</b> be able to act with indirect supervision	<b>Level 4</b> be able to act with supervision at a distance	<b>Level 5</b> be able to supervise others
	<b>12. Acute behavioural and psychiatric presentation and management:</b> Manage paediatric patients presenting with behavioural and/or psychological disturbances in the emergency department	<b>Level 1</b> be able to be present and observe	<b>Level 2</b> be able to act with direct supervision	<b>Level 4</b> be able to act with supervision at a distance	<b>Level 5</b> be able to supervise others
Know	<b>13. Foundations of paediatric emergency medicine</b>	<b>Level 1</b> have heard of some of the topics in this knowledge guide	<b>Level 3</b> know how to apply this knowledge to practice	<b>Level 4</b> frequently show they apply this knowledge to practice	<b>Level 5</b> consistently demonstrate application of this knowledge to practice
	<b>14. Acute illness</b>	<b>Level 1</b> have heard of some of the topics in this knowledge guide	<b>Level 3</b> know how to apply this knowledge to practice	<b>Level 4</b> frequently show they apply this knowledge to practice	<b>Level 5</b> consistently demonstrate application of this knowledge to practice
	<b>15. Acute injury</b>	<b>Level 1</b> have heard of some of the topics in this knowledge guide	<b>Level 3</b> know how to apply this knowledge to practice	<b>Level 4</b> frequently show they apply this knowledge to practice	<b>Level 5</b> consistently demonstrate application of this knowledge to practice
	<b>16. Child safety and maltreatment</b>	<b>Level 1</b> have heard of some of the topics in this knowledge guide	<b>Level 3</b> know how to apply this knowledge to practice	<b>Level 4</b> frequently show they apply this knowledge to practice	<b>Level 5</b> consistently demonstrate application of this knowledge to practice
	<b>17. Psychiatric and behavioural disturbance</b>	<b>Level 1</b> have heard of some of the topics in this knowledge guide	<b>Level 3</b> know how to apply this knowledge to practice	<b>Level 4</b> frequently show they apply this knowledge to practice	<b>Level 5</b> consistently demonstrate application of this knowledge to practice

## Developmental & psychosocial training

### Purpose

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. D&P is a requirement for all paediatric trainees to receive FRACP and may be completed during either Basic or Advanced Training.

### 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 when available. 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

### Requirement

The Developmental and Psychosocial (D&P) requirement can be met by completing a 3 month full-time equivalent rotation in relevant specialties or by documenting the management of suitable cases in a logbook.

### Options available

#### Option A: 3 month FTE rotation

The specialties listed below outline the suitable rotations to meet this requirement.

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

Rotations not suitable for D&P Training:

- Paediatric gastroenterology\*
- Paediatric neurology\*\*

\* Exceptions may be possible if rotation is specifically designed to have a D&P Training focus. However, this would be unlikely in Basic Training and would require specific prospective approval.

\*\* Rotation usually not possible unless there is significant developmental focus. Not possible at SHO level.

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.

### **Option B: documentation of suitable cases in a logbook**

Alternatively, trainees can gain the required training by managing suitable cases over a longer period with appropriate supervision. All training must be documented in a logbook.

Trainees must keep a record of at least 12 cases they have personally managed under supervision.

Logbook entries must cover a range of conditions:

- developmental problems, with a focus on the response of parents, families and caregivers to the diagnosis and ongoing care of the child with special needs.
- pervasive developmental disorders.
- general learning disability — the behaviour problems that arise secondary to this condition.
- chronic illness — behavioural and psychological problems resulting from chronic illness, and parent and family difficulties resulting from chronic conditions, such as diabetes, epilepsy, chronic arthritis, chronic respiratory disease, physical disability and childhood cancer.
- common behavioural paediatric problems such as enuresis, encopresis, sleep disturbance, eating difficulties, attention deficit and hyperactivity disorder, conduct disorder, anxiety, depression, and pre-school behavioural adjustment disorders.

Trainees are to provide a summary of the issues involved in each case and how they were managed. Copies of clinical letters are not appropriate.

Cases will generally accumulate over a 2-year period and each case record must be signed by the supervisor.

### **Resources**

[Psychosocial Logbook example](#) text (PDF)

[Psychosocial Logbook template](#) (XLS)

## **Australia**

### **Requirement**

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.

### Options available

#### 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.

## Aotearoa New Zealand and Australia

### How to complete it

Trainees must provide details of how they completed the Developmental & Psychosocial (D&P) training requirement by submitting information via [TMP](#) as a Learning theme.

To do this, trainees must:

1. Nominate the corresponding requirement option that was completed
2. Provide relevant supporting details. This may include:
  - referencing the rotation plan if the training was completed as part of an applicable subspecialty term.
  - describing the approved rural or clinic-based setting.
  - listing the approved learning module undertaken and associated evidence (e.g. attendance records, case reports).
  - upload completed documentation as required.

### How to apply

Contact [PaedEmergency@racp.edu.au](mailto:PaedEmergency@racp.edu.au) to apply for approval of D&P Training.

### Resources

[Developmental and Psychosocial Training Supervisor's Report form](#) (DOC)

# 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?
<b>Entry</b>	
1 <a href="#">training application</a>	At the start of the specialty foundation phase.
<b>Learning</b>	
Minimum 36 months full time equivalent (FTE) <a href="#">professional experience</a>	Minimum 12 months FTE during each phase.
<a href="#">Developmental and psychosocial training</a>	Before the end of Advanced Training, if not completed during Basic Training.
<a href="#">RACP Advanced Training Orientation resource</a>	During the first 6 months of the specialty foundation phase.
<a href="#">RACP Supervisor Professional Development Program</a>	Before the end of Advanced Training.
<a href="#">RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource</a>	Before the end of Advanced Training, if not completed during Basic Training. Recommended completion before the specialty consolidation phase.
<a href="#">RACP Health Policy, Systems and Advocacy resource</a>	Before the end of Advanced Training. Recommended completion before the transition to fellowship phase.
4 <a href="#">shift reports</a>	Completed once every six months during paediatric emergency and adult emergency training rotations
1 <a href="#">logbook</a>	Completed once over the course of training.
<a href="#">Paediatric Advanced Life Support course</a>	Either submission of an up-to-date proof of completion of a Paediatric Advanced Life Support course or proof of instructing a Paediatric Advanced Life Support course during Advanced Training.
<a href="#">Recommended resources</a>	Recommended completion over the course of Advanced Training.
<b>Teaching</b>	
Nominate 1 <a href="#">research project supervisor</a>	Recommended to be nominated before the specialty consolidation phase.
<b>Assessment</b>	
1 <a href="#">research project</a>	Before the end of Advanced Training. Recommended submission before the transition to fellowship phase.

## Requirements per phase

What do trainees need to do?	When do trainees need to do it?
<b>Learning</b>	
1 <a href="#">rotation plan</a> per rotation	At the start of (or prior to starting) the rotation.
<b>Teaching</b>	
Nominate 2 <a href="#">supervisors</a> per rotation	At the start of each accredited or approved training rotation.
<b>Assessment</b>	
12 <a href="#">learning captures</a>	Minimum 1 per month.
12 <a href="#">observation captures</a>	Minimum 1 per month.
4 <a href="#">progress reports</a>	Minimum 1 every 3 months.

## Entry

### Training application

#### Requirement

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

#### Purpose

The training application supports trainees to:

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

The application form will be reviewed by the RACP staff. Trainees will be able to track the status of your application through the 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.

## Learning

### Learning blueprint

This high-level learning program blueprint outlines which of the learning goals the learning requirements *could align* and *will align* with.

Learning goals	Learning requirements					
	Professional experience	Rotation Plan	Logbook (300 recommended adult emergency medicine patients)	Paediatric Advanced Life Support course	Trauma management course (Recommended)	Shift Reports
1 Professional behaviours	Will align	Will align	Could align	Could align	Will align	Could align
2 Team leadership	Will align	x	Could align	x	Could align	Could align
3 Supervision and teaching	Will align	x	Could align	x	Could align	Could align
4 Patient safety and quality improvement	Will align	x	Could align	Could align	x	Could align
5 Emergency department management	Will align	x	Could align	x	Could align	Will align
6 Acute illness clinical assessment and management	Will align	x	Will align	Will align	Could align	Will align
7 Acute injury clinical assessment and management	Will align	x	Will align	Could align	Will align	Will align
8 Transfer and handover of care	Will align	x	Could align	Could align	Will align	Could align
9 Communication	Will align	x	Will align	Could align	Will align	Will align
10 Procedures	Will align	x	Will align	Will align	Will align	Could align
11 Resuscitation assessment and management	Will align	x	Will align	Will align	Will align	Could align
12 Acute behavioural and psychiatric presentation and management	Will align	x	Will align	Could align	Could align	Could align
13 Foundations of Paediatric Emergency Medicine	Could align	x	Could align	Could align	Will align	Could align
14 Acute illness	Could align	x	Could align	Could align	Could align	Could align

Learning goals	Learning requirements					
	Professional experience	Rotation Plan	Logbook (300 recommended adult emergency medicine patients)	Paediatric Advanced Life Support course	Trauma management course (Recommended)	Shift Reports
15 Acute injury	Could align	x	Could align	Could align	Will align	Could align
16 Child safety and non-accidental injury	Could align	x	Could align	Could align	Could align	Could align
17 Psychiatric and behavioural distress	Could align	x	Could align	Could align	Could align	Could align

Learning goals	Learning requirements						
	RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource	RACP Orientation to Advanced Training resource	RACP Health Policy, Systems and Advocacy resource	RACP Supervisor Professional Development Program	RACP Communication skills resource	RACP Ethics and Professional Behaviour resource	RACP Leadership, Management, and Teamwork resource
1 Professional behaviours	Will align	Will align	Will align	Will align	Will align	Will align	Will align
2 Team leadership	x	x	x	Will align	Could align	x	Will align
3 Supervision and teaching	x	x	x	Will align	Could align	x	Will align
4 Patient safety and quality improvement	x	x	x	Could align	Could align	x	Could align
5 Emergency department management	Will align	x	Will align	Will align	Will align	x	Could align
6 Acute illness clinical assessment and management	Will align	x	x	x	Will align	x	Could align
7 Acute injury clinical assessment and management	Will align	x	x	x	Will align	x	Could align
8 Transfer and handover of care	x	x	x	x	Could align	x	Will align
9 Communication	Will align	x	x	Could align	Will align	x	Could align
10 Procedures	Will align	x	x	x	Could align	x	Could align
11 Resuscitation assessment and management	Will align	x	x	x	Could align	x	Could align
12 Acute behavioural and psychiatric presentation and management	Will align	x	Will align	x	Could align	x	x
13 Foundations of Paediatric Emergency Medicine	x	x	Will align	x	x	x	x
14 Acute illness	x	x	x	x	x	x	x
15 Acute injury	x	x	x	x	x	x	x
16 Child safety and non-accidental injury	x	x	x	x	x	x	x
17 Psychiatric and behavioural distress	x	x	x	x	x	x	x

## Professional experience

These requirements can be completed in any sequence over the course of training.

<b>Professional experience</b>
<ul style="list-style-type: none"><li>• Complete at least 36 months of relevant professional experience in approved rotations.</li></ul>
<b>Location of training</b>
<ul style="list-style-type: none"><li>• Complete training in at least 2 different accredited training settings</li><li>• Complete at least 24 months of training in Australia and/or Aotearoa New Zealand.</li></ul>
<b>Experiential training</b>
<ul style="list-style-type: none"><li>• Minimum 30 months core training in accredited settings, consisting of:<ul style="list-style-type: none"><li>○ 18 months minimum in paediatric emergency medicine training</li><li>○ 6 months minimum in adult emergency medicine training</li><li>○ 6 months minimum in paediatric intensive care medicine training</li></ul></li><li>• Maximum 6 months of approved non-core training, such as in:<ul style="list-style-type: none"><li>○ Anaesthetics</li><li>○ Retrieval</li><li>○ Trauma</li><li>○ Adult emergency medicine</li></ul></li></ul>

## Rotation plan

<b>Requirement</b>
1 x rotation plan per rotation.
<b>Description</b>
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.
<b>Purpose</b>
The rotation plan helps trainees evaluate their learning gaps, curriculum needs, and local opportunities to meet expected standards. It is validated by College staff to ensure it aligns with the professional experience requirements for the program.
<b>How to complete it</b>
<p>Trainees can submit a rotation plan in <a href="#">TMP</a> under the training plan tab.</p> <p>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.</p> <p>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 <a href="#">completed rotation plan</a> for examples of the learning opportunities that may be available for each learning goal.</p>

This information will be used by supervisors and overseeing RACP training committee to determine the relevance of the rotation to the program's professional experience requirements.

Trainees should upload a copy of the position description and any other supporting information that outlines the training position being undertaken. This should include regular/weekly activities that the trainee will be undertaking during the rotation (e.g. timetable).

Trainees can also set custom goals to define personal objectives that they want to achieve during the rotation. These goals should be measurable and align with the trainee's professional objectives, skill gaps, or personal interests.

Trainees need to nominate their rotation supervisors in the plan, and they will need to approve the plan in TMP via 'my assigned actions'.

For more information on how to complete a rotation plan review the [training resources](#).

#### **Due dates**

**28 February** for rotations in the first half or whole of the year.

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

## **Shift reports**

### **Requirement**

4 x Shift Reports (1 every six months)

### **Description**

To be completed in paediatric emergency and adult emergency training.

Trainees are to be observed on an agreed duration of a clinical shift where their performance is assessed and feedback on performance is provided during a particular period of clinical work. Trainees may be in charge on the floor or an area of the department.

### **Purpose**

A shift report gives a trainee the opportunity to take more of a leadership or management role of the zone or the emergency department (ED) in a supported manner by a consultant who then is able to provide direct feedback on this.

The aim is to give trainees the opportunity to coordinate a shift, usually in an acute/resuscitation zone but dependent on the size and layout of the ED they are working and to focus on their ability to run an ED.

### **How to complete it**

The shift report can be completed by any supervising consultant.

The shift reports are to be completed during paediatric emergency rotation or adult emergency rotations.

Dependent on when these are done and during what stage of their Advanced training the shift report may have varying agreed goals and level of departmental responsibility agreed by the trainee and supervising consultant. It is expected as trainees progress through their training that prior to completion they should be fulfilling the complete role the SMO would be performing on shift.

Trainees need to submit their completed [Paediatric Emergency Medicine Shift Report template](#) (DOC) [TMP](#) under the assessment requirements tab.

## Logbook

### Requirement

1x logbook completed in the adult emergency medicine rotation, with recommended 300 cases minimum, completed by the end of Advanced Training

Trainees to submit their progress at the end of each phase of training.

### Description

The logbook is a learning tool that helps trainees capture data about and reflect on specific workplace experiences.

### How to complete it

Trainees can use the [logbook template](#) to record data and reflect on workplace experiences. The logbook can be submitted via [TMP](#) under the assessment requirements tab.

See the [training resources](#) for more information on how to upload the logbook.

## Courses

### RACP Advanced Training Orientation resource

#### Requirement

1 x RACP Advanced Training Orientation resource, completed during the first 6 months of the specialty foundation phase.

#### Description

This resource is designed to orient trainees to Advanced Training. It covers areas such as transition to Advanced Training, 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.

Estimated completion time: 1-1.5 hours.

#### Purpose

The resource is intended to support trainees to successfully navigate their transition to Advanced Training and prepare for unsupervised practice as a specialist physician.

#### How to complete it

Trainees can complete the [Advanced Training Orientation 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 Supervisor Professional Development Program

<b>Requirement</b>
1 x RACP Supervisor Professional Development Program (SPDP), consisting of 3 workshops, completed by the end of Advanced Training.
<b>Description</b>
<p>The SPDP consists of 3 workshops:</p> <ul style="list-style-type: none"><li>• Practical skills for supervisors</li><li>• Teaching and learning in healthcare</li><li>• Work-based learning and assessment</li></ul> <p>See <a href="#">Supervisor Professional Development Program</a> for more information on the program.</p>
<b>Purpose</b>
<p>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.</p>
<b>How to complete it</b>
<p><a href="#">Register for a supervisor workshop</a>.</p> <p>Trainees can complete the SPDP in three ways:</p> <ul style="list-style-type: none"><li>• Virtual workshops</li><li>• Face-to-face workshops</li><li>• Online courses.</li></ul> <p>Workshops are free and presented by volunteer Fellows trained in SPDP facilitation.</p>

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

<b>Requirement</b>
<p>1 x Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource, if not completed during Basic Training.</p> <p>Trainees must complete the resource by the end of their Advanced Training however it's recommended they complete it before the specialty consolidation phase.</p>
<b>Description</b>
<p>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.</p> <p>Estimated completion time: 2 hours.</p>

### 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 Health Policy, Systems and Advocacy resource

### Requirement

1 x RACP Health Policy, Systems and Advocacy resource, completed by the end of Advanced Training.

### Description

This resource has been designed for Advanced Trainees, as an introduction to health policy, systems, and advocacy.

Estimated completion time: 5 hours.

### Purpose

The resource aims to support Advanced Trainees in meeting the health policy, systems, and advocacy professional standard and underpinning competencies outlined in their specialty curriculum, and to enable connections between Advanced Trainees' own practice and the nature and attributes of local, national, and global health systems.

### How to complete it

Trainees can complete the [RACP Health Policy, Systems and Advocacy 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](#).

## Paediatric Advanced Life Support

### Requirement

1 x Paediatric Advanced Life Support course, completed by the end of Advanced Training

### Description

A Paediatric Advanced Life Support course or equivalent ensures that trainees have the skills to support patients requiring resuscitation. The RACP do not endorse any Paediatric Advanced Life Support course providers. It ensures that trainees have the skills to support patients requiring resuscitation.

### Purpose

A Resuscitation training course should include training and formal assessment of the skills and knowledge consistent with the current Australian and New Zealand Committee on Resuscitation (ANZCOR) guidelines. The course is required to be face to face and include practical and hands on, simulation-based training. The course provider is required to have appropriate experience and expertise. There is no specified course duration, but this should provide sufficient opportunity for participants to achieve the intended learning outcomes (including knowledge, skills, attitudes and behaviours) as listed below.

The course must include these core aspects from the ANZCOR guidelines and be specific to the neonatal and paediatric patient group:

- Recognising and responding to deteriorating patients
- Recognition of antenatal and intrapartum risk for needing resuscitation
- Assessment of need for resuscitation at birth
- Initial steps in resuscitation of the neonate
- Basic life support
- Basic airway skills and management
- Advanced airway management
- Ventilation
- Vascular access
- Reversible causes and rhythms associated with cardiac arrest
- Management of shockable and non-shockable arrest rhythms
- Defibrillation and cardioversion
- Drug therapy including resuscitation drugs
- Special circumstances – e.g. the very or extremely preterm neonate, the neonate with congenital anomalies
- Teamwork and communication including Crisis Resource Management and leadership
- Post resuscitation care and when to cease resuscitation
- Legal and ethical issues related to resuscitation
- Communication with and care of parents, families, significant others and bystanders

### How to complete it

Trainees need to submit evidence of completion of Paediatric Advanced Life Support course, up-to-date proof of completion of a Paediatric Advanced Life Support course, or proof of instructing a Paediatric Advanced Life Support course during Advanced Training. Trainees are to provide evidence of course completion via [TMP](#) assessment requirements tab.

## Recommended resources

- [Trauma management course](#)
- [ACEM ultrasound modules](#)
- [RACP Communication Skills resource](#)
- [RACP Ethics resource](#)
- [RACP Introduction to Leadership, Management and Teamwork resource](#)
- [RACP Research Projects resource](#)
- [RACP eLearning resources](#)
- [RACP curated collections](#)

## Teaching

### Supervision

#### Rotation supervisors

##### Core training:

- Trainees are to have 2 x supervisors per rotation:
  - **Minimum of 1** supervisor per rotation who is a Fellow of the RACP in Paediatric Emergency medicine or Australasian College for Emergency Medicine (ACEM)

##### Non-core training:

- **2** individuals for the role of Rotation Supervisor

#### Nominating eligible supervisors

Trainees will be asked to nominate rotation supervisors as part of their rotation 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.

#### Research project supervisor

Trainees are to nominate 1 x research project supervisor over the course of Advanced Training. Recommended to be nominated before the specialty consolidation phase.

The research project supervisor guides trainees with their project choice, method, data analysis and interpretation, and quality of written and oral presentation.

More information about this role can be found in the Advanced Training research project guidelines.

## Assessment

### Assessment blueprint

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

Learning goals	Assessments			
	Learning capture	Observation capture	Progress report	Research project
1 Professional behaviours	Could assess	Could assess	Will assess	Will assess
2 Team leadership	Could assess	Could assess	Will assess	Could assess
3 Supervision and teaching	Could assess	Could assess	Will assess	Could assess
4 Patient safety and quality improvement	Could assess	Could assess	Will assess	Could assess
5 Emergency department management	Could assess	Could assess	Will assess	Could assess
6 Acute illness clinical assessment and management	Could assess	Could assess	Will assess	Could assess
7 Acute injury clinical assessment and management	Could assess	Could assess	Will assess	Could assess
8 Transfer and handover of care	Could assess	Could assess	Will assess	Could assess
9 Communication	Could assess	Could assess	Will assess	Could assess
10 Procedures	Could assess	Could assess	Will assess	Could assess
11 Resuscitation assessment and management	Could assess	Could assess	Will assess	Could assess
12 Acute behavioural and psychiatric presentation and management	Could assess	Could assess	Will assess	Could assess
13 Foundations of Paediatric Emergency Medicine	Could assess	Could assess	Will assess	Could assess
14 Acute illness	Could assess	Could assess	Will assess	Could assess
15 Acute injury	Could assess	Could assess	Will assess	Could assess
16 Child safety and non-accidental injury	Could assess	Could assess	Will assess	Could assess
17 Psychiatric and behavioural distress	Could assess	Could assess	Will assess	Could assess

## Learning capture

<b>Requirement</b>
12 x learning captures per phase of training, minimum 1 per month. <i>Refer to <a href="#">RACP Flexible Training Policy</a> for further information on part-time training (item 4.2).</i>
<b>Description</b>
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.
<b>Purpose</b>
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.
<b>How to complete it</b>
The learning capture is completed via <a href="#">TMP</a> under the assessment requirements tab. For more information on how to complete a learning capture review the <a href="#">training resources</a> .

## Observation capture

<b>Requirement</b>
12 x observation captures per phase of training, minimum 1 per month. <i>Refer to <a href="#">RACP Flexible Training Policy</a> for further information on part-time training (item 4.2).</i>
<b>Description</b>
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.
<b>Purpose</b>
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.
<b>How to complete it</b>
Observation captures are completed via <a href="#">TMP</a> under the assessment requirements tab. For more information on how to complete an observation capture review the <a href="#">training resources</a> .

## Progress report

<b>Requirement</b>
4 x progress reports per phase of training, minimum 1 every 3 months. <i>Refer to <a href="#">RACP Flexible Training Policy</a> for further information on part-time training (item 4.2).</i>
<b>Description</b>
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.
<b>Purpose</b>
Progress reports assess knowledge and skill development, track progress against the phase criteria, and provide targeted feedback for improvement.
<b>How to complete it</b>
Progress reports are completed via <a href="#">TMP</a> under the assessment requirements tab.  Trainees must: <ul style="list-style-type: none"><li>• self-assess against the program's learning goals</li><li>• record any leave taken during the covered training period</li><li>• provide summary comments about the rotation</li></ul> For more information on how to complete a progress report review the <a href="#">training resources</a> .

## Research project

<b>Requirement</b>
1 x research project over the course of Advanced Training.
<b>Description</b>
The research project should be one with which the trainee has had significant involvement in designing, conducting the research and analysing data. Trainees may work as part of a larger research project but must have significant input into a particular aspect of the study.  Research projects are not required to be specialty-specific but are required to be broadly relevant to trainees' area of specialty. Broadly relevant can be defined as topics that can enhance, complement and inform trainees' practice in the chosen specialty.  Three research project types are accepted: <ul style="list-style-type: none"><li>• research in:<ul style="list-style-type: none"><li>○ human subjects, populations and communities and laboratory research</li><li>○ epidemiology</li><li>○ education</li><li>○ leadership</li><li>○ medical humanities</li><li>○ areas of study which can be applied to care of patients or populations</li></ul></li><li>• audit</li><li>• systematic review</li></ul>

The trainee must have a research project supervisor who may or may not be one of their rotation supervisors.

The research project is marked by the training committee as pass, fail or resubmit, and trainees receive qualitative feedback about their project. The research project should be submitted for marking by the end of the specialty consolidation phase to allow time for resubmission in the transition to Fellowship phase if the project is unsatisfactory.

### **Purpose**

The research project enabled trainees to gain experience in research methods; in interpretation of research literature; in participation in research at some stage of their career; and to develop quality improvement skills. Submission of a research project provides evidence of the skills of considering and defining research problems; the systematic acquisition, analysis, synthesis and interpretation of data; and effective written communication.

### **How to complete it**

Detailed information on how to complete the research project can be found in the Advanced Training research project guidelines and can be submitted via TMP under the assessment requirements tab.

There are 3 deadlines that must be followed when submitting an Advanced Training Research Project. Trainees can choose to submit their Research Project on any of these 3 dates during the year.

**Deadlines:** 31 March, 15 June, or 15 Septembers

# Roles and responsibilities

## Advanced Trainee

<b>Role</b>
A member who is registered with the RACP to undertake one or more Advanced Training programs.
<b>Responsibilities</b>
<ul style="list-style-type: none"><li>• Maintain employment in accredited training settings.</li><li>• Act as a self-directed learner:<ul style="list-style-type: none"><li>○ be aware of the educational requirements outlined in the relevant curricula and education policies</li><li>○ actively seek and reflect on feedback from assessors, supervisors, and other colleagues</li><li>○ plan, reflect on, and manage their learning and progression against the curricula standards</li><li>○ adhere to the deadlines for requirements of the training program.</li></ul></li><li>• Actively participate in training setting / network accreditation undertaken by the RACP.</li><li>• Complete the annual Physician Training Survey to assist the RACP and training settings with ongoing quality improvement of the program.</li></ul>

## Rotation supervisor

<b>Role</b>
A consultant who provides direct oversight of an Advanced Trainee during a training rotation.
<b>Responsibilities</b>
<ul style="list-style-type: none"><li>• Be aware of the educational requirements outlined in the relevant curricula and education policies.</li><li>• Oversee and support the progression of Advanced Trainees within the setting:<ul style="list-style-type: none"><li>○ Assist trainees to plan their learning during the rotation.</li><li>○ Support colleagues to complete observation captures with trainees.</li><li>○ Provide feedback to trainees through progress reports.</li></ul></li><li>• Actively participate in rotation accreditation undertaken by the RACP.</li><li>• Complete the annual Physician Training Survey to assist the RACP and training settings with ongoing quality improvement of the program.</li></ul>

## Assessor

<b>Role</b>
A person who provides feedback to trainees via the Observation Capture or Learning Capture tool. This may include consultants and other medical professionals, allied health

professionals, nursing staff, patients and their families, administrative staff, and consumer representatives.

### Responsibilities

- Be aware of the learning goals of the training program.
- Provide feedback to support the progression of Advanced Trainees within the setting:
  - Complete Observation Captures.
  - Provide feedback on Learning Captures as required.

## Progress Review Panel

### Role

A Progress Review Panel is a group convened to meet and make evidence-based decisions on trainees' progression through training.

Progress Review Panels ensure the integrity and transparency of progression and completion decisions related to Basic and Advanced Trainees.

Panels are considered experts in the training program, including the curriculum standards, requirements, and administration of the program.

### Responsibilities

1. **Make decisions on progression** for all trainees in a training program. The panel will assess if trainees have met or are on track to meet the expected standard for their phase of training, including the completion of learning, teaching and assessment requirements.
2. **Manage trainee conditions to enable trainees to progress** by reviewing trainee performance. Where required, panels will set conditions for trainees to meet, with the goal of helping trainees achieve the program learning goals and progression or completion criteria.

### Types of Progress Review Panels

There are two types of RACP Progress Review Panels:

- Primary panel: A primary Progress Review Panel is an RACP committee supported by an RACP staff member. Primary panels are existing Training Program Committees/Subcommittees and will have Progress Review Panel functions included as part of their operations and delegations.
- Secondary panel: These are local panels typically set up within a specific training setting, network, or geographic area. These panels will make progression decisions on behalf of the Training Program Committee and manage conditions placed on trainees.

Trainees will be able to review the panels they are assigned to in the TMP.

### Trainee progress decisions, conditions and feedback

- Panels will monitor and review trainee progress and make a phase progression decision.
- Panels may add training conditions that trainees need to meet to progress in training or during their next phase of training.
- Trainees will be able to view progression decisions, conditions and panel feedback on the trainee progress tab in TMP.

## RACP oversight committees

### Role

RACP-administered committees with oversight of the Advanced Training Program in Australia and New Zealand. This includes the relevant training committee and/or Aotearoa New Zealand training subcommittee.

### Responsibilities

- Oversee implementation of the Advanced Training program in Australia and Aotearoa New Zealand:
  - Manage and review program requirements, accreditation requirements, and supervision requirements.
  - Monitor implementation of training program requirements.
  - Implement RACP education policy.
  - Oversee trainees' progression through the training program.
  - Monitor the accreditation of training settings.
  - Case manage trainees on the Training Support pathway.
  - Review progression and certification decisions on application in accordance with the RACP Reconsideration, Review, and Appeals By-Law.
- Work collaboratively with secondary Progress Review Panels, where applicable to ensure the delivery of quality training.
- Provide feedback, guidance, recommendations, and reasoning for decision making to trainees and supervisors.
- Declare conflicts of interest and excuse themselves from decision making discussions when conflicts arise.
- Report to the overseeing RACP committee as required.

# Resources

See [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](#)