NEW CURRICULA

Learning, teaching and assessment programs

Advanced Training in Infectious Diseases

RACP
Specialists. Together

About this document

The new Advanced Training in infectious diseases curriculum consists of curriculum standards and learning, teaching and assessment (LTA) programs.

This document outlines the Advanced Training in infectious diseases LTA programs for trainees and supervisors. It should be used in conjunction with the Advanced Training in infectious diseases curriculum standards.

Contents

Program overview **4**
About the program **5**
Purpose of Advanced Training 5
Overview of specialty 5
Supervising committee 7
Qualification 7
Joint training 7
Learning goals and progression criteria **8**
Learning, teaching and assessment structure 8
Entry criteria 9
Progression criteria 9
Learning goals 10
Developmental and psychosocial training (Paediatrics & Child Health Division) 13
Learning, teaching and assessment requirements **17**
Overview 17
Entry 18
Training application 18
Learning 19
Learning blueprint 19
Professional experience 21
Rotation plan 22
Courses 24
Recommended resources 26
Teaching 27
Supervision 27
Assessment 28
Assessment blueprint 28
Learning capture 30
Observation capture 30
Progress report 31
Research project 31

Roles and responsibilities **33**
Advanced Trainee 33
Rotation supervisor 33
Assessor 34
Progress Review Panel 34
RACP oversight committees 35
Resources **36**
For trainees 36
For supervisors 36

Program overview

CURRICULUM STANDARDS

The curriculum standards are summarised as **19** 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. Team leadership 3. Supervision and teaching 4. Quality improvement 5. Clinical assessment and management 6. Management of transitions in care 7. Acute care 8. Longitudinal care 9. Communication with patients 10. Prescribing 11. Investigations 12. Clinic management
KNOW	13. Key infectious diseases and syndromes 14. Infections in specific hosts and populations 15. Microbiology 16. Antimicrobials 17. Immunisation 18. Healthcare-associated infections 19. Public health

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 full-time equivalent (FTE) professional experience

Developmental and psychosocial training (Paediatrics and Child Health only)

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

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

Infectious diseases physicians specialise in the diagnosis, management, and control of illnesses caused by existing and emerging pathogens, including bacteria, fungi, parasites, and viruses. Their work is cross-disciplinary and spans aspects of clinical, laboratory, and public health medicine.

Infectious diseases physicians provide holistic care, considering impacts of their management strategies on patients, families, whānau, and/or carers, and the wider community. Their work includes:

- **investigating and treating infectious diseases, ranging from common infections to rare and emerging pathogens.** Infectious diseases physicians use their expertise in microbiology, epidemiology, and clinical medicine to identify specific infectious agents and prescribe appropriate treatment tailored to the patient's condition.
- **providing leadership and education for others in antimicrobial use and stewardship.**
- **understanding and assisting with infection control,** working together with hospital infection control and public health teams.
- **preventing and controlling the spread of infectious diseases.** Infectious diseases physicians manage infection prevention and control by involving a comprehensive approach aimed at minimising the transmission of pathogens, protecting individuals and communities, and managing outbreaks effectively. They also play a key role in developing and implementing policies and procedures related to infections, diagnostics, and antimicrobial stewardship.
- **using innovative laboratory technologies.** Infectious diseases physicians embrace and leverage laboratory technologies to enhance diagnostic accuracy, track disease outbreaks, and monitor antimicrobial resistance patterns.
- **using a holistic patient care approach.** Infectious diseases physicians take a holistic approach to diagnose, treat, and support patients affected by a wide range of infections.

Infectious diseases physicians require expertise in clinical diagnosis and treatment, epidemiology, antimicrobial stewardship, laboratory diagnostics, interdisciplinary collaboration, research, and effective communication. They have skills in:

- **application of a scholarly approach.** Infectious diseases physicians' expertise contributes to shaping policies, promoting public health initiatives, and ensuring effective management of infectious disease challenges at local, national, and global levels. In addition, infectious diseases physicians must consider the importance of antimicrobial stewardship, the costs associated with newer antimicrobial agents, and the influence of the pharmaceutical industry on clinical practice, research priorities, and health care advocacy efforts.
- **assessment of outbreaks.** Infectious diseases physicians continually assess outbreaks of emerging and reemerging infectious diseases, monitoring the significant national and global consequences. Infectious diseases physicians play a vital role in safeguarding not only the health of their individual patients but also the overall wellbeing of the community.
- **coordination and management with microbiology laboratories.** Infectious diseases physicians rely on strong communication and collaborative relationships with microbiology laboratories and microbiologists.
- **demonstrating leadership.** Leadership is shown in the clinical management of infections, response to outbreaks and infection control, antimicrobial use, guideline development, and quality improvement.
- **global developments.** Infectious diseases physicians need to stay up to date with global developments in infectious diseases and their local implications, enabling them to provide expert consultation and guidance to other specialist practitioners on infection-related matters.
- **advocacy within the community.** Infectious diseases physicians play a crucial role in promoting informed discussions and raising political and community awareness through evidence-based advocacy on critical issues.
- **working as an integral part of a multidisciplinary team.** Infectious diseases physicians must interpret clinical test results, collaborate effectively with other hospital subspecialties, and coordinate care with external healthcare providers.

Supervising committee

The program is supervised by the Training Program Committee (TPC) in Infectious Diseases and the Aotearoa New Zealand Training Program Subcommittee (TPS) in Infectious Diseases.

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).

Joint training

A joint training program is a single, combined training pathway that leads to more than one Fellowship. These are usually Divisional Advanced Training programs offered in partnership with other medical colleges.

Trainees may be eligible to undertake joint training in Infectious Diseases. See a guide to joint training for further information.

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 (FTE) experience, and progression and completion decisions are based on evidence of trainees' competence.

Entry criteria

Entry attributes	Prospective trainees can demonstrate:
	• a commitment and capability to pursue a career as a physician in infectious diseases
	• the ability and willingness to achieve the common learning goals for Advanced Training:
	  ○ team leadership
	  ○ supervision and teaching
	  ○ the professional behaviours, as outlined in the Competencies.

Entry criteria	Prospective trainees must have: • completed RACP Basic Training, including the Written and Clinical Examinations • general medical registration with the Medical Board of Australia if applying in Australia, or a medical registration with a general scope of practice with the Medical Council of New Zealand and a practising certificate if applying in Aotearoa New Zealand • an Advanced Training position in an RACP-accredited training setting or network or an approved non-core training position.

Progression criteria

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 **19** 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 that allow 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

		Entry criteria	Progression criteria		Completion criteria
	Learning goals	Entry into training *At entry into training, trainees will:*	Specialty foundation *By the end of this phase, trainees will:*	Specialty consolidation *By the end of this phase, trainees will:*	Transition to Fellowship *By the end of training, trainees will:*
Be	**1. Professional behaviours**	**Level 5** **consistently** behaves in line with all 10 domains of professional practice	**Level 5** **consistently** behaves in line with all 10 domains of professional practice	**Level 5** **consistently** behaves in line with all 10 domains of professional practice	**Level 5** **consistently** behaves in line with all 10 domains of professional practice
Do	**2. Team leadership:** Lead a team of health professionals	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** be able to supervise others
	3. Supervision and teaching: Supervise and teach professional colleagues	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** be able to supervise others
	4. Quality improvement: Improve safety, effectiveness, and experience of care for patients and staff	**Level 2** is able to act with direct supervision	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance
	5. Clinical assessment and management: Clinically assess and manage the ongoing care of patients	**Level 3** is able to act with indirect supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** be able to supervise others
	6. Management of transitions in care: Manage the transition of patient care between health care professionals, providers, and contexts	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** be able to supervise others
	7. Acute care: Manage the early care of acutely unwell patients	**Level 3** is able to act with indirect supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** be able to supervise others
	8. Longitudinal care: Manage and coordinate the longitudinal care of patients with chronic illness, disability, and/or long-term health issues	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** be able to supervise others
	9. Communication with patients: Discuss diagnoses and management plans with patients	**Level 3** is able to act with indirect supervision	**Level 4** be able to act with supervision at a distance	**Level 4** is able to act with supervision at a distance	**Level 5** be able to supervise others
	10. Prescribing: Prescribe therapies tailored to patients' needs and conditions	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** be able to supervise others
	11. Investigations: Select, organise, and interpret investigations	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** be able to supervise others
	12. Clinic management: Manage an outpatient clinic	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** be able to supervise others

		Entry criteria	Progression criteria		Completion criteria
	Learning goals	Entry into training *At entry into training, trainees will:*	Specialty foundation *By the end of this phase, trainees will:*	Specialty consolidation *By the end of this phase, trainees will:*	Transition to Fellowship *By the end of training, trainees will:*
Know	**13. Key infectious diseases and syndromes**	**Level 2** knows the topics and concepts in this knowledge guide	**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
	14. Infections in specific hosts and populations	**Level 2** knows the topics and concepts in this knowledge guide	**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
	15. Microbiology	**Level 2** knows the topics and concepts in this knowledge guide	**Level 3** knows how to apply this knowledge to practice	**Level 3** knows how to apply this knowledge to practice	**Level 4** frequently shows they apply this knowledge to practice
	16. Antimicrobials	**Level 2** knows the topics and concepts in this knowledge guide	**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
	17. Immunisation	**Level 2** knows the topics and concepts in this knowledge guide	**Level 3** knows how to apply this knowledge to practice	**Level 4** frequently shows they apply this knowledge to practice	**Level 4** frequently shows they apply this knowledge to practice
	18. Healthcare-associated infections	**Level 2** knows the topics and concepts in this knowledge guide	**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
	19. Public health	**Level 2** knows the topics and concepts in this knowledge guide	**Level 3** knows how to apply this knowledge to practice	**Level 3** knows how to apply this knowledge to practice	**Level 4** frequently shows they apply this knowledge to practice

Developmental and 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. 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 training

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 mailto:InfectiousDiseases@racp.edu.au or InfectiousDiseases@racp.org.nz 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?
Entry	
1 training application	At the start of the specialty foundation phase.
Learning	
Minimum 36 months FTE professional experience	Minimum 12 months FTE during each phase.
Developmental and psychosocial training (Paediatrics and child health only)	Before the end of Advanced Training, if not completed during Basic Training.
RACP Advanced Training Orientation resource	During the first 6 months of the specialty foundation phase.
RACP Supervisor Professional Development Program	Before the end of Advanced Training.
RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource	Before the end of Advanced Training, if not completed during Basic Training. Recommended completion before the specialty consolidation phase.
RACP Health Policy, Systems and Advocacy resource	Before the end of Advanced Training. Recommended completion before the transition to Fellowship phase.
Recommended resources	Recommended completion over the course of Advanced Training.
Teaching	
Nominate 1 research project supervisor	Recommended to be nominated before the specialty consolidation phase.
Assessment	
1 research project	Before the end of Advanced Training. Recommended submission before the transition to Fellowship phase.

Requirements per phase

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

Entry

Training application

Requirement
1 training application, at the start of the specialty foundation phase.
Purpose
The training application supports trainees to: • confirm they meet the program entry criteria • provide essential details for program enrolment, ensuring compliance with RACP standards • establish a formal foundation for their training pathway, enabling access to program resources and support. The application form will be reviewed by RACP staff. Trainees will be able to track the status of applications 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.

Learning

Learning blueprint

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

	Professional experience			Learning requirements						
Learning goals	**Core infectious diseases training time**	**Non-core training time**	**Accredited microbiology training time**	**Rotation plan**	**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**	**RACP microbiology online learning resource**	**Microbiology logbook**
1. Professional behaviours	Will align	Will align	Will align	Will align	Will align	Will align	Will align	Will align	Will align	Will align
2. Team leadership	Will align	Will align	Will align	x	x	x	x	x	x	x
3. Supervision and teaching	Will align	Will align	Will align	x	x	Will align	x	x	x	Will align
4. Quality improvement	Will align	Will align	Will align	x	x	x	x	x	x	Will align
5. Clinical assessment and management	Will align	Could align	Will align	x	x	x	x	x	Will align	x
6. Management of transitions in care	Will align	Could align	x	x	x	x	x	x	x	x
7. Acute care	Will align	Could align	x	x	x	x	x	x	x	x
8. Longitudinal care	Will align	Could align	Could align	x	x	x	x	x	x	x
9. Communication with patients	Will align	Could align	x	x	x	x	x	x	x	x
10. Prescribing	Will align	Could align	Could align	x	x	x	x	x	x	x
11. Investigations	Will align	Could align	Could align	x	x	x	x	x	x	x

	Professional experience			Learning requirements						
Learning goals	**Core infectious diseases training time**	**Non-core training time**	**Accredited microbiology training time**	**Rotation plan**	**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**	**RACP microbiology online learning resource**	**Microbiology logbook**
12. Clinic management	Will align	Could align	Could align	x	x	x	x	Will align	x	x
13. Key infectious diseases and syndromes	Will align	Could align	Will align	x	x	x	x	x	Will align	Will align
14. Infections in specific hosts and populations	Will align	Could align	Will align	x	x	x	x	x	Will align	Will align
15. Microbiology	Will align	Could align	Will align	x	x	x	x	x	Will align	Will align
16. Antimicrobials	Will align	Could align	Could align	x	x	x	x	x	x	x
17. Immunisation	Will align	Could align	x	x	x	x	x	x	x	x
18. Healthcare-associated infections	Will align	Could align	Could align	x	x	x	x	x	Could align	Could align
19. Public health	Will align	Could align	Could align	x	x	x	x	x	Could align	x

Professional experience

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

Professional experience

- Complete at least 36 months of relevant professional experience in approved rotations.

Location of training

- Recommended to complete training in at least 2 different accredited or approved training settings.
- Complete at least 24 months of training in accredited training settings in Australia and/or Aotearoa New Zealand.

Experiential training

- Complete at least 36 months of relevant professional experience in approved rotations in at least 2 different training settings. Of the 36 months:
    - All trainees must complete a minimum 24 months in accredited core infectious diseases training positions.
    - Trainees have the option of completing the remaining 12 months in the following ways, depending on how they fulfil the microbiology training requirement:
    - **Option 1: microbiology rotation**
        - Minimum 6 months FTE microbiology (at an accredited institution)
        - Maximum 6 months FTE non-core training; (see below for acceptable non-core training) or
    - **Option 2: microbiology learning course and logbook**
        - Microbiology online learning course and logbook
        - Maximum 12 months FTE non-core training (see below for acceptable non-core training)

Non-core training

- Undertaken in clinical or research (with clinical ID load) activities in infectious diseases or in other related disciplines, including but not limited to:

    - acute general paediatrics*
    - acute general medicine*
    - antimicrobial stewardship
    - clinical, laboratory or epidemiological research relevant to infectious diseases*
    - emergency paediatrics*
    - haematology*
    - immunisation
    - immunology
    - infection control
    - infectious diseases education*
    - intensive care medicine*
    - hospital in the home (HITH)
    - microbiology
    - public health
    - respiratory medicine*
    - sexual health medicine.

Suitability of non-core training is considered on an individual basis depending on the relevance of the proposed training to the Infectious Diseases Advanced Training learning goals.

*Rotations in these areas will need to demonstrate significant exposure to clinical Infectious Diseases and alignment to Infectious Diseases learning goals. It is expected that a significant proportion of time includes a clinical case load (for example, 2 days of inpatient and/or outpatient activity) that is Infectious Diseases related and there are relevant education and quality improvement activities (this could include case reviews, morbidity and mortality meetings, audits).

Rotation plan

Requirement
1 rotation plan per rotation.
Description
The rotation plan is a work-based tool to document details of a training rotation and how a trainee intends to cover their program learning goals over the rotation period.
Purpose
The rotation plan helps trainees evaluate their learning gaps, curriculum needs, and local opportunities to meet expected standards. It is validated by College staff to ensure it aligns with the professional experience requirements for the program.
How to complete it
Trainees can submit a rotation plan in TMP under the 'training plan' tab. Trainees undertaking their first rotation of their training program must select the checkbox labelled '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, they must select 'yes' for 'coverage offered' and outline the learning opportunities available. This information will be used by supervisors and the 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 the trainee will be undertaking during the rotation (e.g. timetable). Trainees can also set custom goals to define personal objectives 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. The supervisors 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.

Online Microbiology training and logbook

Requirement
Complete the RACP microbiology online resource and the microbiology logbook by the end of Advanced Training (this does not count towards non-core training time). *Option 2: microbiology learning course and logbook*
Description
Microbiology online learning course The Microbiology Online Learning Resource is designed as an introduction to the key concepts of microbiology for students and trainees of Infectious Diseases.

Microbiology logbook
The microbiology logbook demonstrates your breadth of exposure and competence in undertaking clinical procedures and can be completed at one or more training setting.
The logbook lists skills that are easily achievable in the average microbiology lab, for example on plate rounds. Some skills take a more time to develop and will require input from supervisors and laboratory staff.
It may find it useful to work through a full RCPA Quality Assurance Process (QAP) in order to achieve several skills at once (these are based on sample organisms or tests sent out by RCPA to all labs periodically).

Purpose

The online microbiology course helps trainees achieve exposure to and reinforce microbiology concepts alongside their time spent in the laboratory.

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

How to complete it

Online course

Self-enrol in the course on RACP Online Learning and complete the content as instructed.

Logbook

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.

Courses

RACP Advanced Training Orientation resource

Requirement
1 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 is a 'one-stop shop' 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

Requirement
1 RACP Supervisor Professional Development Program (SPDP), consisting of 3 workshops, completed by the end of Advanced Training.
Description
The SPDP consists of 3 workshops: • Practical skills for supervisors • Teaching and learning in healthcare • Work-based learning and assessment. See Supervisor Professional Development Program for more information.
Purpose
This requirement aims to prepare trainees for a supervisory / educator role in the workplace and supports trainees' learning aligned with the 'team leadership' and 'supervision and teaching' learning goals.

How to complete it

Register for a supervisor workshop.

Trainees can complete the SPDP in 3 ways:

- virtual workshops
- face-to-face workshops
- online courses.

Workshops are free and presented by volunteer Fellows trained in SPDP facilitation.

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

Requirement

1 Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource, if not completed during Basic Training.

Trainees must complete the resource by the end of their Advanced Training. Completion is recommended before the specialty consolidation phase.

Description

The Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource teaches best practice medicine for Aboriginal, Torres Strait Islander, and Māori patients through reflection on the trainee's own cultural values and recognition of their influence on professional practice.

Estimated completion time: 2 hours.

Purpose

This resource supports trainees' learning aligned with the 'professional behaviours' learning goal. Specialist training requires trainees to:

- examine their own implicit biases
- be mindful of power differentials
- develop reflective practice
- undertake transformative unlearning
- contribute to a decolonisation of health services for Indigenous peoples.

How to complete it

Trainees can complete the 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 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.

Recommended resources

- RACP Communication Skills resource
- RACP Ethics resource
- RACP Introduction to Leadership, Management and Teamwork resource
- RACP Research Projects resource
- RACP eLearning resources
- RACP curated collections

Teaching

Supervision

Rotation supervisors

Trainees are to have 2 supervisors per rotation:

- minimum of 1 supervisor per rotation who is a Fellow of the RACP in infectious diseases (during non-core training, there may be a third / remote supervisor).

Microbiology rotation

Trainees are to have 2 individuals for the role of Rotation Supervisor, including:

- minimum of 1 per rotation who is a Fellow of the RCPA in microbiology.

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 the College to confirm supervisor eligibility.

Research project supervisor

Trainees are to nominate 1 research project supervisor over the course of Advanced Training. Nominations are recommended 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.

	Assessment tools			
Learning goals	**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	x
3. Supervision and teaching	Could assess	Could assess	Will assess	x
4. Quality improvement	Could assess	Could assess	Will assess	Could assess
5. Clinical assessment and management	Could assess	Could assess	Will assess	x
6. Management of transitions in care	Could assess	Could assess	Will assess	x
7. Acute care	Could assess	Could assess	Will assess	x
8. Longitudinal care	Could assess	Could assess	Will assess	x
9. Communication with patients	Could assess	Could assess	Will assess	x
10. Prescribing	Could assess	Could assess	Will assess	x
11. Investigations	Could assess	Could assess	Will assess	x
12. Clinic management	Could assess	Could assess	Will assess	x
13. Key infectious diseases and syndromes	Could assess	Could assess	Will assess	x
14. Infections in specific hosts and populations	Could assess	Could assess	Will assess	x

	Assessment tools			
Learning goals	**Learning capture**	**Observation capture**	**Progress report**	**Research project**
15. Microbiology	Could assess	Could assess	Will assess	x
16. Antimicrobials	Could assess	Could assess	Will assess	x
17. Immunisation	Could assess	Could assess	Will assess	x
18. Healthcare-associated infections	Could assess	Could assess	Will assess	x
19. Public health	Could assess	Could assess	Will assess	x

Learning capture

Requirement
12 learning captures per phase of training, minimum 1 per month. *Refer to RACP Flexible Training Policy for 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 observation captures per phase of training, minimum 1 per month. *Refer to RACP Flexible Training Policy for 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.

Progress report

Requirement
4 progress reports per phase of training, minimum 1 every 3 months. *Refer to RACP Flexible Training Policy for information on part-time training (item 4.2).*
Description
A progress report is an assessment that documents trainees' and supervisors' assessment of trainee progress against the training program learning goals over a period of training.
Purpose
Progress reports assess knowledge and skill development, track progress against the phase criteria, and provide targeted feedback for improvement.
How to complete it
Progress reports will be completed using TMP. Instructions on how to complete a progress report will be available in 2025.

Research project

Requirement
1 x research project over the course of Advanced Training.
Description

The research project should be one with which the trainee has had significant involvement in designing, conducting the research and analysing data. Trainees may work as part of a larger research project but must have significant input into a particular aspect of the study.
 	
Research projects are not required to be specialty-specific but are required to be broadly relevant to trainees' area of specialty. Broadly relevant can be defined as topics that can enhance, complement and inform trainees' practice in the chosen specialty.
 	
Three research project types are accepted:
• research in:
  ○ human subjects, populations and communities and laboratory research
  ○ epidemiology
  ○ education
  ○ leadership
  ○ medical humanities
  ○ areas of study which can be applied to care of patients or populations
• audit
• systematic review
 	
The trainee must have a research project supervisor who may or may not be one of their rotation supervisors.
 	
The research project is marked by project reviewers 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.

For more information on how to submit an Advanced Training Research Project review the training resources.

There are 3 submission deadlines each year for Advanced Training Research Projects. Trainees may submit their research project at any time; however, submissions received between deadlines will be distributed for review after the next published deadline.

Deadlines: 30 March, 30 May, or 1-15 September (submission window).

Roles and responsibilities

Advanced Trainee

Role
A member who is registered with the RACP to undertake one or more Advanced Training programs.
Responsibilities

• Maintain employment in accredited and/or approved training settings in accordance with training program requirements.
• Act as a self-directed learner:
  ○ be aware of the educational requirements outlined in the relevant curricula and education policies
  ○ actively seek and reflect on feedback from assessors, supervisors, and other colleagues
  ○ plan, reflect on, and manage learning and progression against the curricula standards
  ○ adhere to the deadlines for requirements of the training program.
• Actively participate in accreditation activities undertaken by the RACP.
• Complete the annual Physician Training Survey to assist the RACP and training settings with ongoing quality improvement of the program.

Rotation supervisor

Role
A consultant who provides direct oversight of an Advanced Trainee during a training rotation.
Responsibilities

• Be aware of the educational requirements outlined in the relevant curricula and education policies.
• Oversee and support the progression of Advanced Trainees within the setting:
  ○ assist trainees to plan their learning during the rotation
  ○ support colleagues to complete observation captures with trainees
  ○ provide feedback to trainees through progress reports.
• Actively participate in accreditation activities undertaken by the RACP.
• Complete the annual Physician Training Survey to assist the RACP and training settings with ongoing quality improvement of the program.

Assessor

Role

A person who provides feedback to trainees via the observation capture or learning capture tool. This may include consultants and other medical professionals, allied health professionals, nursing staff, patients and their families, administrative staff, and consumer representatives.

Responsibilities

- Be aware of the learning goals of the training program.
- Provide feedback to support the progression of Advanced Trainees within the setting:
  - complete observation captures
  - 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 Aotearoa 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 contribute to the review of 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