

# NEW CURRICULA

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## Learning, teaching, and assessment programs

### Basic Training in Paediatrics and Child Health



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#### About this document

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

This document outlines the Basic Training in Paediatrics and Child Health LTA programs for trainees and supervisors. It should be used in conjunction with the Basic Training [curricula standards](#).



# Contents

<b>Program overview</b> .....	<b>5</b>
<b>About the program</b> .....	<b>6</b>
Purpose of Basic Training.....	6
Supervising committee .....	6
Completing Basic Training.....	6
<b>Learning goals and progression criteria</b> .....	<b>7</b>
Learning, teaching, and assessment structure .....	7
Entry criteria .....	8
Progression criteria .....	8
Learning goals .....	9
Developmental & psychosocial training (Paediatrics & Child Health Division) .....	11
<b>Learning, teaching, and assessment requirements</b> .....	<b>15</b>
Overview.....	15
Entry .....	17
Training application .....	17
Professional experience .....	18
Rotation plan .....	23
Courses .....	24
Recommended resources .....	27
Teaching.....	28
Supervision.....	28
Assessment.....	29
Assessment blueprint .....	29
Learning capture .....	30
Observation capture .....	30
Rotation progress report.....	31
Phase progress report.....	32
Divisional Written Examination .....	32
Divisional Clinical Examination.....	33
<b>Roles and responsibilities</b> .....	<b>34</b>

Basic Trainee.....	34
Assessor .....	34
Rotation supervisor .....	34
Education supervisor .....	35
Network Director of Paediatric Education .....	35
Training Program Coordinator .....	36
Director of Paediatric Education .....	36
Progress Review Panel .....	37
RACP oversight committees.....	37
<b>Resources.....</b>	<b>39</b>
For trainees.....	39
For supervisors .....	39

# Program overview

## CURRICULUM STANDARDS

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

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

## LTA STRUCTURE

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

The program is structured in three phases. These phases establish clear checkpoints for trainee progression and completion.



### Entry criteria

Prospective trainees must have:

- a Basic Training position in an RACP-accredited training setting or network.
- general medical registration with the Medical Board of Australia if applying in Australia, or a medical registration with a general scope of practice with the Medical Council of New Zealand and a practising certificate if applying in Aotearoa New Zealand.

## LTA PROGRAMS

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

### Entry

- 1 [training application](#)

### Learning

Minimum 36 months FTE [professional experience](#)

- 1 [rotation plan](#) per rotation

[RACP Basic Training Orientation resource](#)

[RACP Communication Skills resource](#)

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

[RACP Ethics resource](#)

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

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

[Recommended resources](#)

### Teaching

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

- 1 [director of paediatric education](#)

- 1 [education supervisor](#)

- 1 [rotation supervisor](#) per rotation

- 1 [progress review panel](#)

### Assessment

- 12 [learning captures](#) per phase

- 12 [observation captures](#) per phase

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

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

- 1 [written examination](#)

- 1 [clinical examination](#)

# About the program

## Purpose of Basic Training

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

The purpose of Basic Training is to:

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

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

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

## Supervising committee

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

## Completing Basic Training

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

# Learning goals and progression criteria

## Learning, teaching, and assessment structure

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

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

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



Figure: Basic Training learning, teaching, and assessment structure

- An **entry decision** is made before entry into the program.
- **Progress decisions**, based on competence, are made at the end of the foundation and consolidation phases of training.
- A **completion decision**, based on competence, is made at the end of the training program, resulting in a completion certificate.



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

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

## Entry criteria

<b>Entry attributes</b>	<p>Prospective trainees can demonstrate:</p> <ul style="list-style-type: none"><li>• A commitment and capability to pursuing a career as a physician or paediatrician.</li><li>• The ability to plan and manage their learning.</li><li>• The ability and willingness to achieve the Basic Training Competencies, particularly those associated with:<ul style="list-style-type: none"><li>• Communication</li><li>• Cultural competence</li><li>• Ethics and professional behaviour</li><li>• Leadership, management, and teamwork.</li></ul></li></ul>
<b>Entry criteria</b>	<p>Prospective trainees must have:</p> <ul style="list-style-type: none"><li>• A Basic Training position in an RACP-accredited training setting or network.</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 MCNZ if applying in Aotearoa New Zealand.</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 [curricula standards](#) are summarised as **10** learning goals.

The learning goals articulate what trainees need to be, do, and know, and are assessed throughout training on a five-point scale. This scale determines the expected standard for each learning goal at the end of each training phase. Trainees must meet these standards to progress to the next phase or complete the program.

Learning and assessment tools are linked to the learning goals which allows trainees to demonstrate competence across each learning goal.

Levels	1	2	3	4	5
<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

		Progression criteria		Completion criteria
	Learning goals	Foundation <i>By the end of this phase, trainees will:</i>	Consolidation <i>By the end of this phase, trainees will:</i>	Completion <i>By the end of training, trainees will:</i>
Be	<b>1. Professional behaviours:</b> Behave in accordance with the expected professional behaviours, values, and practices.	<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>2. Clinical assessment:</b> Clinically assess patients, incorporating interview, examination, and formulation of a differential diagnosis and management plan	<b>Level 3</b> is able to act with indirect supervision	<b>Level 4</b> is able to act with supervision at a distance	<b>Level 4</b> is able to act with supervision at a distance
Do	<b>3. Communication with patients:</b> Discuss diagnoses and management plans with patients and their families or carers	<b>Level 3</b> is able to act with indirect supervision	<b>Level 4</b> is able to act with supervision at a distance	<b>Level 4</b> is able to act with supervision at a distance
	<b>4. Documentation:</b> Document the progress of patients in multiple settings	<b>Level 3</b> is able to act with indirect supervision	<b>Level 4</b> is able to act with supervision at a distance	<b>Level 4</b> is able to act with supervision at a distance
	<b>5. Prescribing:</b> Prescribe medications tailored to patients' needs and conditions	<b>Level 3</b> is able to act with indirect supervision	<b>Level 4</b> is able to act with supervision at a distance	<b>Level 4</b> is able to act with supervision at a distance
	<b>6. Transfer of care:</b> Transfer care of patients	<b>Not defined*</b>	<b>Not defined*</b>	<b>Level 4</b> is able to act with supervision at a distance
	<b>7. Investigations:</b> Choose, organise, and interpret investigations	<b>Level 3</b> is able to act with indirect supervision	<b>Level 4</b> is able to act with supervision at a distance	<b>Level 4</b> is able to act with supervision at a distance
	<b>8. Acutely unwell patients:</b> Assess and manage acutely unwell patients	<b>Not defined*</b>	<b>Not defined*</b>	<b>Level 4</b> is able to act with supervision at a distance
	<b>9. Procedures:</b> Plan, prepare for, perform, and provide after care for important procedures	<b>Not defined*</b>	<b>Not defined*</b>	<b>Level 4</b> is able to act with supervision at a distance
Know	<b>10. Knowledge:</b> Acquire the baseline level of knowledge for Basic Training.	<b>Level 3</b> knows how to apply this knowledge to practice	<b>Level 4</b> frequently shows they apply this knowledge to practice	<b>Level 5</b> consistently demonstrates application of this knowledge to practice

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

## Developmental & psychosocial training (Paediatrics & Child Health Division)

### 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.

### Approved training options

#### 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](#) (PDF)

[Psychosocial Logbook template](#) (DOC)

## **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.

### 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 [BasicTraining@racp.edu.au](mailto:BasicTraining@racp.edu.au) or [Basic.Training@racp.org.nz](mailto:Basic.Training@racp.org.nz) to apply for approval of D&P Training.

# Learning, teaching, and assessment requirements

## Overview

### Requirements over the course of training

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

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

## Entry

### Training application

#### Requirement

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

#### Purpose

The training application supports trainees to:

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

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

Trainees can submit rotation plans and complete assessments while waiting for their application to be approved.

#### How to apply

Trainees are to submit a training application for the program using [TMP](#).

#### Due dates

**28 February** if starting at the beginning of the year.

**31 August** if starting mid-year.

## Professional experience

### Australia

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

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

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

## Aotearoa New Zealand

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

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

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

## Training outside of Australia and Aotearoa New Zealand

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

## Rotation plan

### Requirement

1 x rotation plan per training rotation.

### Description

The rotation plan is a work-based tool to document details of a training rotation and how a trainee intends to cover their program learning goals over the rotation period.

### Purpose

The rotation plan helps trainees evaluate their learning gaps, curriculum needs, and local opportunities to meet expected standards. It is validated by College staff to ensure it aligns with the professional experience requirements for Basic Training.

### How to complete it

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

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

If a trainee is expecting a learning goal to be covered during a rotation, select 'yes' for 'coverage offered' and outline the learning opportunities available. See this [completed rotation plan](#) for examples of the learning opportunities that may be available for each learning goal.

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

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

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

### Due dates

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

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

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

## Courses

### RACP Basic Training Orientation resource

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

### RACP Communication Skills resource

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

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

### Requirement

1 x Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource, completed by the end of Basic Training. Recommended completion during foundation phase.

### Description

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

Estimated completion time: 2 hours.

### Purpose

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

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

### How to complete it

Trainees can complete the [Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource](#) on RACP Online Learning.

Trainees will receive a certificate of completion on RACP Online Learning when they complete the resource. Completion of this requirement will automatically update in [TMP](#).

## RACP Ethics resource

<b>Requirement</b>
1 x RACP Ethics resource, completed by the end of Advanced Training, if not completed during Basic Training.
<b>Description</b>
In this resource trainees will learn about, discuss and reflect on the main ethical issues facing physicians. Estimated completion time: 3.5 hours.
<b>How to complete it</b>
Trainees can complete the <a href="#">RACP Ethics resource</a> on RACP Online Learning. Trainees will receive a certificate of completion on RACP Online Learning when they complete the resource. Completion of this requirement will automatically update in the Training Management Platform.

## RACP Introduction to Leadership, Management and Teamwork resource

<b>Requirement</b>
1 x RACP Introduction to Leadership, Management and Teamwork resource, completed by the end of Advanced Training, if not completed during Basic Training.
<b>Description</b>
This resource supports trainee development in leadership, management and teamwork skills and work effectively in multi-disciplinary teams. Estimated completion time: 1 hour.
<b>How to complete it</b>
Trainees can complete the <a href="#">RACP Introduction to Leadership, Management and Teamwork resource</a> on RACP Online Learning. Trainees will receive a certificate of completion on RACP Online Learning when they complete the resource. Completion of this requirement will automatically update in the Training Management Platform.

## Paediatric Advanced Life Support Course or equivalent

### Requirement

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

### Description

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

Trainees should refer to the College's [Standards for Advanced Paediatric Life Support in Basic Paediatric Physician Training](#).

### How to complete it

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

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

## Recommended resources

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

## Teaching

### Supervision

#### Education supervisor

Trainees are to have 1 x education supervisor

#### Nominating eligible supervisors

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

A list of eligible supervisors can be found on [MyRACP](#). The list is not available for post-Fellowship trainees. Post-Fellowship trainees can [contact us](#) to confirm supervisor eligibility.

#### Rotation supervisor

Trainees are to have 1 x rotation supervisor per rotation

#### Network Director

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

#### Director of Paediatric Education

Trainees are to have 1 x Director of Paediatric Education

## Assessment

### Assessment blueprint

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

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

## Learning capture

### Requirement

12 x learning captures per phase of training, minimum 1 per month.

Refer to [RACP Flexible Training Policy](#) for further information on part-time training (item 4.2).

### Description

The learning capture is a work-based assessment that involves a trainee capturing, and reflecting on, professional development activities, including evidence of work-based learning linked to specific learning goals.

### Purpose

The learning capture assists trainees to reflect on experiences, promotes critical thinking, and connects these to a trainee's learning goals and professional development. It is also a valuable mechanism for trainees to enhance their understanding of complex topics and less common experiences that may be difficult to encounter in traditional training.

### How to complete it

The learning capture is completed via [TMP](#) under the assessment requirements tab.

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

## Observation capture

### Requirement

12 x observation captures per phase of training, minimum 1 per month.

Refer to [RACP Flexible Training Policy](#) for further information on part-time training (item 4.2).

### Description

An observation capture is a work-based assessment which provides a structured process for trainees to demonstrate their knowledge and skills in real-time workplace situations, while assessors observe and evaluate performance.

### Purpose

The purpose of the observation capture is to assess skill development, track progress, and provide targeted feedback for improvement for trainees against specific learning goals.

### How to complete it

Observation captures are completed via [TMP](#) under the assessment requirements tab.

For more information on how to complete an observation capture review the [training resources](#).

## Rotation progress report

### Requirement

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

Refer to [RACP Flexible Training Policy](#) for further information on part-time training (item 4.2).

### Description

A progress report is an assessment that documents trainees' and supervisors' assessment of trainee progress against the training program learning goals over a period of training.

The rotation progress report is submitted for each rotation and is completed by a Rotation Supervisor.

### Purpose

Progress reports assess knowledge and skill development, track progress against the phase criteria, and provide targeted feedback for improvement.

### How to complete it

Progress reports are completed via [TMP](#) under the assessment requirements tab.

Trainees must:

- Self-assess against the program's learning goals
- Record any leave taken during the covered training period
- Provide summary comments about the rotation

Once submitted, the nominated Rotation Supervisor will be notified that the report is ready for their sections to be completed

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

## Phase progress report

<b>Requirement</b>
2 x phase progress reports per phase of training, minimum 1 every 6 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.  The phase progress report is submitted at the middle and end of a phase and is completed by an Education Supervisor.
<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>• Provide summary comments for their supervisor to review</li></ul> For more information on how to complete a progress report review the <a href="#">training resources</a> .

## Divisional Written Examination

<b>Requirement</b>
1 x Divisional Written Examination to be completed during completion phase.
<b>Description</b>
The Divisional Written Examination is a summative assessment made up of two papers designed to assess understanding of basic science and clinical knowledge. Questions are based on topics and concepts detailed in the <a href="#">Knowledge Guides</a> .
<b>Purpose</b>
The Divisional Written Examination (DWE) assesses your knowledge in Paediatrics and Child Health to determine if you've reached the standards to complete Basic Training.
<b>How to complete it</b>
See <a href="#">Divisional Written Examination</a> for a comprehensive guide on the examination process and key dates.  From 2027, revised eligibility criteria will apply to candidates attempting the DWE and DCE for the first time. See the DWE and DCE <a href="#">eligibility changes</a> .

## Divisional Clinical Examination

### Requirement

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

### Description

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

### Purpose

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

### How to complete it

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

From 2027, revised eligibility criteria will apply to candidates attempting the DWE and DCE for the first time. See the DWE and DCE [eligibility changes](#).

# Roles and responsibilities

## Basic Trainee

<b>Role</b>
A member who is registered with the RACP to undertake the Basic Training Program.
<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>

## Assessor

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

## Rotation supervisor

<b>Role</b>
A clinician (not required to be a Fellow of the RACP) who provides direct oversight of a Basic 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 Basic Trainees within the setting:<ul style="list-style-type: none"><li>○ Assist trainees to plan their learning during the rotation.</li></ul></li></ul>

- Support colleagues to complete observation captures with trainees.
- Provide feedback to trainees through progress reports.
- Actively participate in rotation accreditation undertaken by the RACP.
- Complete the annual Physician Training Survey to assist the RACP and training settings with ongoing quality improvement of the program.

## Education supervisor

### Role

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

### Responsibilities

- Be aware of the educational requirements outlined in the relevant curricula and education policies.
- Oversee and support the progression of Basic Trainees within the setting:
  - Assist trainees to plan their learning and career progression.
  - Undertake work-based assessments as required.
  - Provide feedback to trainees and make progress recommendations to the Progress Review Panel through mid-phase and end-of-phase progress reports.
  - Participate in progress decision making as a Progress Review Panel member.
- Actively participate in rotation accreditation undertaken by the RACP.
- Complete the annual Physician Training Survey to assist the RACP and training settings with ongoing quality improvement of the program.

## Network Director of Paediatric Education

### Role

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

### Responsibilities

- Be aware of the educational requirements outlined in the relevant curricula, training program handbooks, and education policies.
- Coordinate the quality delivery of a Basic Training Program across all settings within a network.
- Establish appropriate systems to underpin a supportive training culture.
- Liaise with network administration and executives and setting Directors of Physician Education pertaining to the delivery of the Basic Training program.
- Oversee the progression of all trainees within the network.
- Actively participate in training setting / network accreditation undertaken by the RACP.
- Complete the annual Physician Training Survey to assist the RACP and training settings with ongoing quality improvement of the program.

## Training Program Coordinator

### Role

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

### Responsibilities

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

## Director of Paediatric Education

### Role

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

### Responsibilities

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

## Progress Review Panel

### Role

A 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

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

## Responsibilities

- Oversee implementation of the Basic Training program in Australia and Aotearoa New Zealand:
  - Manage and review program requirements, accreditation requirements, and supervision requirements.
  - Monitor implementation of training program requirements.
  - Implement RACP education policy.
  - Oversee trainees' progression through the training program.
  - Monitor the accreditation of training settings.
  - Case manage Basic Trainees on the Training Support pathway.
  - Review progression and certification decisions on application in accordance with the RACP Reconsideration, Review, and Appeals By-Law.
- Work collaboratively with 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 Directors of Paediatric Education.
- Declare conflicts of interest and excuse themselves from decision making discussions when conflicts arise.
- Report to the overseeing RACP committee as required.

# Resources

See [RACP Online Learning](#) for new curricula training and support resources.

## For trainees

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

## For supervisors

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