NEW CURRICULA

Learning, teaching and assessment programs

Advanced Training in Community Child Health

RACP
Specialists. Together

About this document

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

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

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Program overview

CURRICULUM STANDARDS

The curriculum standards are summarised as **14** 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. Assessment and management – child maltreatment 6. Assessment and management – developmental and behavioural 7. Assessment and management – child population health 8. Prescribing 9. Longitudinal care 10. Communication in child-centred care
KNOW	11. Developmental and behavioural paediatrics 12. Child safety and maltreatment 13. Social paediatrics 14. Child population 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

1 rotation plan per rotation

Community child health educational tutorial series

Child safety and maltreatment learning theme

Child population health learning theme

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

A community child health (CCH) paediatrician has expertise in the complex interplay between physical, social, and environmental factors, along with the human biology, that affects the growth, neurodevelopment, and wellbeing of all young people. They see the entire community as the patient, shifting focus to all children and young people, rather than simply those they see in the clinic. There is an understanding that social determinants of health need to be considered in medical care, with an emphasis on working with other professions to improve outcomes for all children and young people.

CCH paediatricians proactively respond to the increasing prevalence of infants, children, and young people who are at risk of harm from various causes; who have been victims of abuse or neglect; who have developmental and behavioural problems; or who have chronic and complex conditions and special needs.

The four domains of CCH are child protection, social paediatrics, child development and behaviour, and child population health. The domains overlap, and while some practitioners practice in only one, they still require understanding and skills from other domains.

CCH paediatricians:

- **assess and manage infants, children, and young people.** CCH paediatricians work with patients with developmental, learning, behavioural, and emotional problems, disabilities, and physical health issues, those exposed to or at risk of child abuse and neglect, and those in out-of-home care, with a focus on health and developmental complexity.
- **work under diverse and challenging circumstances.** CCH paediatricians operate in diverse environments to address challenging diagnostic problems, drawing on their consultative, diagnostic, and procedural skills. CCH paediatricians work within the context of the family, school, and community.

- **use a population health approach**. CCH paediatricians undertake a variety of population child health activities encompassing needs assessments for child and adolescent populations, community rates of diagnosis, screening and surveillance, infectious disease control, injury control, health program planning, evaluation, and research, including the quantitative and qualitative measurement of health outcomes and wellbeing.
- **apply knowledge of health policies and services.** An integral part of practice is knowledge of government policies, programs, and services and their philosophical underpinnings that affect the health of children, particularly those with additional needs.

CCH paediatricians provide leadership and person-centred care with a focus on communication, respect, and advocacy for children. Professional roles include:

- **addressing complex behaviour, mental health, and risk-taking behaviours.**
- **understanding the influence** of adverse childhood events, child and family resilience, and intergenerational trauma on a child's wellbeing.
- **child and adolescent health equity.** CCH paediatricians improve health equity across all populations, with a focus on priority populations.
- **multidisciplinary teamwork.** CCH paediatricians are involved in multidisciplinary and interagency teamwork, including support of primary health linkages.
- **interagency partnership and communication.** CCH paediatricians demonstrate commitment to the multidisciplinary and multi-agency approach across government and non-government sectors to provide effective health service provision and management.
- **advocacy.** CCH paediatricians use advocacy skills to gain a greater understanding of life course models, the social determinants of health, and their impact on child health outcomes. They lead health promotion and advocacy through education, information provision, effective use of medicine, and other preventive programs and advocacy.
- **teaching and research.** CCH paediatricians show academic leadership through participation in teaching, training, and research, and individual professional development through an ability to critically appraise literature, evaluate the evidence base for clinical interventions and population-based health strategies, undertake research, demonstrate computing skills, and continuing medical and other professionally relevant education.

Supervising committee

The program is supervised by the Training Program Committee in Community Child Health.

Qualification

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

Learning goals and progression criteria

Learning, teaching and assessment structure

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

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

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



Figure: Advanced Training learning, teaching and assessment structure

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



Advanced Training is a **hybrid time- and competency-based training program**. There is a minimum time requirement of full-time equivalent (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 CCH paediatrician
	• 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 **14** 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 behave in line with all ten domains of professional practice	**Level 5** consistently behave in line with all ten domains of professional practice	**Level 5** consistently behave in line with all ten domains of professional practice	**Level 5** consistently behave in line with all ten domains of professional practice
Do	**2. Team leadership:** Lead and work collaboratively with a team of health professionals	**Level 2** be able to act with direct supervision	**Level 3** be able to act with indirect supervision	**Level 4** be able to act with supervision at a distance	**Level 5** be able to supervise others
	3. Supervision and teaching: Demonstrate commitment to ongoing professional development and health professions education	**Level 2** be able to act with direct supervision	**Level 3** be able to act with indirect supervision	**Level 4** be able to act with supervision at a distance	**Level 5** be able to supervise others
	4. Quality improvement: Contribute to improving safety, effectiveness, and experience of health care	**Level 2** be able to act with direct supervision	**Level 3** be able to act with indirect supervision	**Level 4** be able to act with supervision at a distance	**Level 5** be able to supervise others
	5. Assessment and management – child maltreatment: Develop competence in the identification and clinical management of situations of potential or suspected child harm / maltreatment	**Level 1** be able to be present and observe	**Level 2** be able to act with direct supervision	**Level 3** be able to act with indirect supervision	**Level 4** be able to act with supervision at a distance
	6. Assessment and management – developmental and behavioural: Provide comprehensive assessment and management of children who have been referred because of development and behavioural problems	**Level 2** be able to act with direct supervision	**Level 3** be able to act with indirect supervision	**Level 4** be able to act with supervision at a distance	**Level 5** be able to supervise others
	7. Assessment and management – child population health: Assessment and management of patients through a child population health lens	**Level 1** be able to be present and observe	**Level 2** be able to act with direct supervision	**Level 3** be able to act with indirect supervision	**Level 4** be able to act with supervision at a distance
	8. Prescribing: Prescribe therapies tailored to patients' needs and conditions	**Level 2** be able to act with direct supervision	**Level 3** be able to act with indirect supervision	**Level 4** be able to act with supervision at a distance	**Level 5** be able to supervise others
	9. Longitudinal care: Manage and coordinate the longitudinal care of patients with chronic illness, disability, and/or long-term health issues	**Level 2** be able to act with direct supervision	**Level 3** be able to act with indirect supervision	**Level 4** be 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:*
	10. Communication in child-centred care: Communicate effectively and professionally with patients, carers, families, health professionals, and other community members engaging with the health service	**Level 2** be able to act with direct supervision	**Level 3** be able to act with indirect supervision	**Level 4** be able to act with supervision at a distance	**Level 5** be able to supervise others
Know	**11. Developmental and behavioural paediatrics**	**Level 2** know the topics and concepts in this knowledge guide	**Level 3** know how to apply this knowledge to practice	**Level 4** frequently show they apply this knowledge to practice	**Level 5** consistently demonstrate application of this knowledge to practice
	12. Child safety and maltreatment	**Level 2** know the topics and concepts in this knowledge guide	**Level 3** know how to apply this knowledge to practice	**Level 4** frequently show they apply this knowledge to practice	**Level 5** consistently demonstrate application of this knowledge to practice
	13. Social paediatrics	**Level 2** know the topics and concepts in this knowledge guide	**Level 3** know how to apply this knowledge to practice	**Level 4** frequently show they apply this knowledge to practice	**Level 5** consistently demonstrate application of this knowledge to practice
	14. Child population health	**Level 1** have heard of some of the topics in this knowledge guide	**Level 2** know the topics and concepts in this knowledge guide	**Level 3** know how to apply this knowledge to practice	**Level 4** frequently show they apply this knowledge to practice

Developmental & psychosocial training

Purpose

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

A mandatory period of D&P Training for all paediatricians was introduced to ensure that the changing nature of paediatric practice is reflected in the training programs. D&P is a requirement for all paediatric trainees to receive FRACP and may be completed during either Basic or Advanced Training.

Review of D&P

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

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

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

Aotearoa New Zealand

Requirement
The Developmental and Psychosocial (D&P) requirement can be met by completing a 3 month full-time equivalent rotation in relevant specialties or by documenting the management of suitable cases in a logbook.
Options available
Option A: 3 month FTE rotation The specialties listed below outline the suitable rotations to meet this requirement. • Adolescent medicine • Child protection and adolescent psychiatry • Community paediatrics • Developmental/behavioural paediatrics • Disability/rehabilitation paediatrics Rotations not suitable for D&P Training:

- Paediatric gastroenterology*
- Paediatric neurology**

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

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

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

Option B: documentation of suitable cases in a logbook

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

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

Logbook entries must cover a range of conditions:

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

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

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

Resources

Psychosocial Logbook example text (PDF)
Psychosocial Logbook template (XLS)

Australia

Requirement

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

- Developmental/behavioural paediatrics
- Community paediatrics

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

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

Options available

Approved training options

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

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

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

  Other prospectively approved modules may be considered.

Aotearoa New Zealand and Australia

How to complete it

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

To do this, trainees must:

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

How to apply

Contact CommunityChildHealth@racp.edu.au to apply for approval of D&P Training.

Resources

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

Learning, teaching and assessment requirements

Overview

Requirements over the course of training

What do trainees need to do?	When do trainees need to do it?
Entry	
1 training application	At the start of the specialty foundation phase. Due 28 February if starting at the beginning of the year and 31 August if starting mid-year.
Learning	
Minimum 36 months FTE professional experience	Minimum 12 months FTE during each phase.
Developmental and psychosocial training	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.
CCH educational tutorial series	Before the end of Advanced Training.
Child safety and maltreatment learning theme	Before the end of Advanced Training.
Child population health learning theme	Before the end of Advanced Training.
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 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. **Due dates** **28 February** if starting at the beginning of the year. **31 August** if starting mid-year.

Learning

Learning blueprint

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

Learning goals	Professional experience	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	CCH Educational Tutorial Series	Accredited child protection course
1. Professional behaviours	Could align	Will align	Will align	Will align	Will align	Will align	Could align	Could align
2. Team leadership	Could align	x	x	x	x	x	Could align	x
3. Supervision and teaching	Could align	x	x	Will align	x	x	Could align	x
4. Quality improvement	Could align	x	x	x	x	x	Could align	x
5. Assessment and management – child Maltreatment	Could align	x	x	x	x	x	Could align	Will align
6. Assessment and management – developmental and behavioural	Could align	x	x	x	x	x	Will align	x
7. Assessment and management – child population health	Could align	x	x	x	x	x	Will align	x
8. Prescribing	Could align	x	x	x	x	x	Will align	x

9. Longitudinal care	Could align	x	x	x	x	x	Could align	Could align
10. Communication in child-centred care	Could align	x	x	x	x	x	Could align	Could align
11. Developmental and behavioural paediatrics	Could align	x	x	x	x	x	Will align	x
12. Child safety and maltreatment	Could align	x	x	x	x	Will align	Will align	Will align
13. Social paediatrics	Could align	x	x	x	x	x	Will align	Could align
14. Child population health	Could align	x	x	x	x	x	Will 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 at least 2 approved rotations.

Location of training

- Complete at least 24 months of training in accredited training settings in Australia and/or Aotearoa New Zealand.
- A maximum of 12 months can be accepted for prospectively approved overseas settings.

Experiential training

- Minimum 24 months in core CCH accredited positions, including:
  - minimum 12 months developmental and behavioural paediatrics.
- Maximum 12 months in 2 different prospectively approved non-core training positions.

Developmental and behavioural paediatrics

Developmental and behavioural paediatrics is the assessment and management of patients who have been referred because of developmental and/or behavioural problems. The aim of this requirement is to develop clinical competence in:

- the comprehensive biopsychosocial assessment and diagnostic formulation of developmental-behavioural concerns, including comorbidity
- the management of a wide variety of developmental-behavioural concerns, including office-based counselling, facilitating multi-level systemic interventions and relevant medical treatments
- communication skills in developmental-behavioural paediatrics, for example case presentation, feedback to families or report writing

For your developmental and behavioural paediatrics training to be approved, it must:

- be undertaken in a developmental and behavioural rotation, for example at a specialist developmental and behavioural clinic where the case-mix is defined by presenting concerns related to development, learning, behaviour and emotional health
- have access to a multidisciplinary child development team
- be supervised by a supervisor who is a Fellow of the RACP and is actively practising in community child health or has particular expertise in developmental-behavioural paediatrics
- be adequately setup to provide clinical supervision, including direct observation of performance
- be inclusive of a broad range of clinical presentations and age ranges and not limited to a small subset of the child population

To increase your understanding of the use of standardised, validated developmental measures for the assessment of developmental-behavioural problems, it's recommended that you undertake training or gain experience in the interpretation and application of commonly used developmental assessment measures.

Assessment measures include:

- rating scales, for example Conners questionnaires or Child Behaviour Checklist (CBCL)
- interview tools, for example Autism Diagnostic Interview-Revised (ADI-R)
- observation tools:
    - developmental, for example Griffiths Mental Development Scales
    - Bayley Scales of Infant Development autism spectrum disorder (ASD) specific, for example Childhood Autism Rating Scale (CARS)
    - Autism Diagnostic Observation Schedule (ADOS)

If you wish to achieve advanced competence in developmental and behavioural paediatrics, you should consider additional specialised training beyond the core requirement.

Non-core training

The remaining time balance of your 36 months of Advanced Training can be undertaken in further training. It's your and your supervisor(s) responsibility to clearly demonstrate how the rotations will provide adequate training in key areas of the Community Child Health Advanced Training Curriculum.

Training options

- Additional workplace-based core clinical training in:
    - developmental and behavioural paediatrics
    - child protection paediatrics in a recognised Child Protection Unit
    - a Population Health Unit (12 months maximum, excluding coursework and research)
- Clinical training in community-based specialist paediatric rotations, such as:
    - developmental and behavioural paediatrics
    - child protection paediatrics
    - specialist clinical services for vulnerable populations
- Examples of rotations that meet the criteria include:
    - child refugee specialist clinics
    - Indigenous child health specialist clinics
    - out-of-home assessment specialist clinics
- Clinical training in directly allied paediatric disciplines (12 months maximum) that enhances domain-specific clinical training in developmental and behavioural paediatrics or child protection paediatrics. Suitable non-core training options may be considered on a case-by-case basis, including:

  Suitable non-core training – maximum 12 months each:
    - rural and regional paediatric positions which have at least 0.5 FTE in outpatient community paediatrics
    - child and adolescent psychiatry/infant mental health
    - adolescent medicine

Suitable non-core training – maximum 6 months each:

- rehabilitation medicine
- clinical genetics
- paediatric neurology
- other specialties that may meet the criteria include palliative care and chronic pain

Rotations in paediatric subspecialties that wouldn't meet approval for Advanced Training are:

- endocrinology
- respiratory/cystic fibrosis
- gastroenterology
- haematology
- oncology
- immunology/allergy
- nephrology
- acute paediatric medical subspecialties:
  - neonatal intensive care
  - paediatric intensive care
  - emergency medicine

Rotation plan

Requirement
1x 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 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.

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

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

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

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

For more information on how to complete a rotation plan review the training resources.

Due dates

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

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

CCH educational tutorial series

Requirement
12 months (approximately 40 hours) attendance at the CCH educational tutorial series by the end of Advanced Training.
Description
The CCH educational tutorial series consists of lectures on the main areas of the CCH curriculum. There is a national provider in Aotearoa New Zealand and state-based providers in Australia. The frequency and duration of the lectures depend on the provider but should total 40 hours over 12 months.
Purpose
The series provides trainees with crucial learning of the CCH curriculum that cannot be replicated elsewhere.
How to complete it
Trainees will need to provide evidence of attendance to TMP under the assessment requirements tab.

Learning theme: Child safety and maltreatment

Requirement

Complete the child safety and maltreatment learning theme by the end of Advanced Training.

Description

- Complete 1 recognised child protection course.

AND

- Complete 1 of the following:
    - minimum 3 months in an accredited child protection position

OR

    - minimum 15 learning captures and 10 observation captures (total 25) with child safety and maltreatment learning goals *learning goal 5 (Assessment and management - child maltreatment)* or learning goal 12 (Child safety and maltreatment) identified as the primary learning goals.
        - 15 learning captures must be separate cases (for example, 15 individual children from different families, no siblings)
        - 5 of 15 the learning captures must be sent to a rotation supervisor for feedback
        - The observation captures can be the same cases used for learning captures

    - These may be counted towards the 36 learning captures and 36 observation captures expected across the program. However, trainees are **strongly encouraged to complete these in addition to their per-phase requirements**. Treating them as supplementary captures ensures adequate exposure to child safety and maltreatment learning goals without reducing coverage of other areas.

    - This alternative to an accredited child protection position will not count towards professional experience time-based requirements but will help the trainee complete the learning goals related to child safety and maltreatment.

Purpose

Completion of this learning theme assists trainees in gaining the minimum child safety and maltreatment knowledge required of a CCH paediatrician.

How to complete it

Trainees will need to provide evidence of completion in TMP.

Select Program-level requirements in the Assessment Requirements tab, then click Learning Themes.

Learning theme: Child population health

Requirement

Complete the child population health learning theme by the end of Advanced Training.

Description

- Complete 1 of the following:
    - minimum 6 months in an accredited child population health position, or
    - a combination of time spent in an accredited child population health position and completion of learning activities, or
    - child population health learning activities, such as:
        - 4 core subjects from a Master of Public Health (MPH) – this can be completed through enrolment in an MPH or graduate certificate in public health
        - research towards a PhD related to child population health.

Trainees completing child population health learning activities will need to map the activities to the child population health learning goals (EPA 6 and knowledge guide 4). A learning capture should ideally be completed for each learning activity.

Completion of learning activities will not count towards professional experience time-based requirements, but will help the trainee complete the learning goals related to child population health.

Core MPH subjects

Examples of acceptable core MPH subjects include:

- biostatistics
- epidemiology
- health economics
- health program evaluation
- health promotion
- Indigenous health
- introduction to child public health
- introduction to environmental health
- public health management
- public health policy
- qualitative research methods
- social determinants of health.

Elective subjects or other coursework will not count towards the child population health requirement, unless the trainee is able to clearly demonstrate equivalency to core child population health subjects or map the subject to the child population health curriculum learning objectives.

Purpose

Completion of this learning theme assists trainees in gaining the minimum child population health knowledge required of a CCH paediatrician.

How to complete it

Trainees will need to provide evidence of completion in TMP.

Select Program-level requirements in the Assessment Requirements tab, then click Learning Themes.

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 settings • Work-based learning and assessment. See Supervisor Professional Development Program for information on the program.
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 the Training Management Platform.

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 the Training Management Platform.

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

Core training

- Trainees are to have 2 supervisors per rotation, including:
    - minimum of 1 supervisor who is a Fellow of the RACP in Community Child Health
    - for core clinical child protection positions, a Fellow of RACP working in forensic / child protection is an acceptable alternative
    - for accredited clinical child population health positions, a Fellow of AFPHM or NZCPHM is an acceptable alternative.

Non-core training

- Trainees are to have 2 supervisors per rotation, including:
    - minimum 1 x supervisor, who is a Fellow of the RACP, relevant to the rotation.

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. Assessment and management – child maltreatment	Could assess	Could assess	Will assess	x
6. Assessment and management – developmental and behavioural	Could assess	Could assess	Will assess	x
7. Assessment and management – child population health	Could assess	Could assess	Will assess	x
8. Prescribing	Could assess	Could assess	Will assess	x
9. Longitudinal care	Could assess	Could assess	Will assess	x
10. Communication in child-centred care	Could assess	Could assess	Will assess	x
11. Developmental and behavioural paediatrics	Could assess	Could assess	Will assess	Could assess
12. Child safety and maltreatment	Could assess	Could assess	Will assess	Could assess
13. Social paediatrics	Could assess	Could assess	Will assess	Could assess
14. Child population health	Could assess	Could assess	Will assess	Could assess

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 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 For more information on how to complete a progress report review the training resources

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.

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

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