NEW CURRICULA

Learning, teaching and assessment programs

Advanced Training in Clinical Haematology (Paediatrics & Child Health)

RACP Specialists. Together

About this document

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

This document outlines the Advanced Training in Clinical Haematology (Paediatrics & Child Health) LTA programs for trainees and supervisors. It should be used in conjunction with the Advanced Training in Clinical Haematology (Paediatrics & Child Health) curriculum standards.

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Program overview

CURRICULUM STANDARDS

The curriculum standards are summarised as **23** 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 and clinical research 5. Clinical assessment and management 6. Management of transitions in care 7. Acute care 8. Longitudinal care 9. Communication with patients 10. Prescribing 11. Procedures 12. Investigations 13. Clinic management 14. End-of-life care
KNOW	15. Anaemia and iron disorders 16. Haemoglobin disorders 17. Bleeding 18. Thrombosis 19. Malignancy, cytopenia, and bone marrow failure 20. Transfusion medicine 21. Neonatal haematology 22. Myeloproliferative disorders 23. Laboratory haematology in clinical practice

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

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

1 logbook for diagnostic laboratory haematology training (recommended)

1 national or international annual scientific meeting or conference (recommended)

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.

A paediatric haematologist specialises in the diagnosis, treatment, prevention, and investigation of disorders of the haematopoietic, haemostatic, and lymphatic systems, and disorders of the interaction between blood and the blood vessel wall. These disorders may be primary blood disorders or the consequence of diseases in other systems. Paediatric haematology also includes transfusion medicine. A paediatric haematologist will cover these disorders in neonates, children, and adolescents.

Paediatric haematologists emphasise comprehensive diagnosis, personalised treatment plans, and compassionate patient- and family-centred care, including palliative care. They provide care in a range of diverse settings, including:

- **the investigation and treatment of a wide range of non-malignant diseases.** This can include bone marrow failure syndromes and cytopenias, inherited and acquired coagulation abnormalities, abnormalities of haemoglobin and red cells, cellular therapy, and transfusion medicine.
- **the use of a broad scientific knowledge base.** This can include the relevant aspects of biochemistry, genetics, haematology, immunology, pathology, and pharmacology.
- **providing acute, longitudinal, and palliative care of patients.** Paediatric haematologists work with a broad range of individuals and their families, carers, and/or whānau, including neonates, children, adolescents, and those who require emergency and end-of-life care.
- **the use of clinical, laboratory, and procedural skills.** This can include:
    - diagnosing and managing many acquired and inherited disorders that lead to blood cell abnormalities, bleeding, and/or thrombosis
    - diagnosing and managing some lymphoproliferative and myeloproliferative disorders in neonates, children, and adolescents
    - interpreting abnormalities in test results and consulting with other medical practitioners, guiding appropriate patient care or further investigations
    - medically managing some vascular anomalies and their complications
    - performing bone marrow biopsies and working with the laboratory to manage bone marrow disorders. This involves consideration of ancillary testing, such as cytogenetic or molecular analysis

- overseeing the transfusion of blood products, and providing advice about appropriate and safe transfusion practices in many situations.

Paediatric haematologists provide clinical expertise, analytical acumen in interpretation of laboratory investigations, and effective communication, including:

- **working in close cooperation with many professional groups.** This includes biomedical scientists, clinical laboratory scientists, dietitians, haematology specialist nurses, laboratory haematologists, pharmacists, physiotherapists, and many professionals allied to medicine. Care of paediatric haematology patients requires close liaison with other medical specialists, such as clinical oncology, intensive care microbiology, obstetrics, palliative care, pathology, renal medicine, and surgery. Paediatric haematologists frequently contribute to the diagnosis and management of patients in both community and hospital settings.
- **working sensitively with a variety of patients.** Paediatric haematologists develop an ability to deal with children with haematological conditions, their parents, carers, and/or whānau in a professional and empathetic manner.
- **strong communication and interpersonal skills.** Paediatric haematologists must have effective communication and interpersonal skills for building rapport with patients and collaborating with multidisciplinary healthcare teams. Paediatric haematologists must be able to explain complex medical concepts in a clear and empathetic manner, address patients' / carers' concerns, and involve them in shared decision making regarding treatment. It is also essential they appreciate when referral to a more appropriate or more qualified practitioner in a particular subspecialty is necessary.
- **managing resources for the benefit of patients and communities.** Paediatric haematologists apply a biopsychosocial approach to ensure the delivery of efficient, cost-effective, and safe care for the benefit of their patients and communities.
- **applying a scholarly approach.** Paediatric haematologists conduct academic research to discover better ways of understanding, diagnosing, treating, and preventing disease. Many paediatric haematologists engage in academic teaching, clinical research, and scholarly activities to contribute to the advancement of knowledge in haematology, improvement of treatment modalities, and management of patients.
- **leadership and management skills.** Paediatric haematologists may assume leadership roles within healthcare institutions, research organisations, or professional societies. Effective leadership and management skills are necessary for overseeing clinical programs, mentoring junior staff, advocating for resources, and driving quality improvement initiatives to enhance patient care and outcomes.

Supervising committee

The program is supervised by the Committee for Joint College Training (CJCT) in Haematology and the Aotearoa New Zealand Joint College Training Subcommittee (JCTS) in Haematology.

Qualification

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

Joint training

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

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

Learning goals and progression criteria

Learning, teaching and assessment structure

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

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

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



Figure: Advanced Training learning, teaching and assessment structure

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



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

Entry criteria

Entry attributes	Prospective trainees can demonstrate:
	• a commitment and capability to pursue a career as a haematologist
	• 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 **23** learning goals.

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

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

Levels	1	2	3	4	5
Be: Competencies (professional behaviours)	Needs to work on behaviour in **more than five domains** of professional practice	Needs to work on behaviour in **four or five domains** of professional practice	Needs to work on behaviour in **two or three domains** of professional practice	Needs to work on behaviour in **one domain** of professional practice	**Consistently** behaves in line with all 10 domains of professional practice
Do: Entrustable Professional Activities (EPAs)	Is able to **be present and observe**	Is able to **act with direct supervision**	Is able to **act with indirect supervision** (i.e., ready access to a supervisor)	Is able to **act with supervision at a distance** (i.e., limited access to a supervisor)	Is able to supervise others
Know: Knowledge guides	Has **heard of** some of the topics in this knowledge guide	**Knows the topics and concepts** in this knowledge guide	**Knows how to apply** this knowledge to practice	**Frequently shows they apply** this knowledge to practice	**Consistently** demonstrates application of this knowledge to practice

		Entry criteria	Progression criteria		Completion criteria
	Learning goals	Entry into training *At entry into training, trainees will:*	Specialty foundation *By the end of this phase, trainees will:*	Specialty consolidation *By the end of this phase, trainees will:*	Transition to Fellowship *By the end of training, trainees will:*
Be	**1. Professional behaviours**	**Level 5** **consistently** behaves in line with all 10 domains of professional practice	**Level 5** **consistently** behaves in line with all 10 domains of professional practice	**Level 5** **consistently** behaves in line with all 10 domains of professional practice	**Level 5** **consistently** behaves in line with all 10 domains of professional practice
Do	**2. Team leadership:** Lead a team of health professionals	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** be able to supervise others
	3. Supervision and teaching: Supervise and teach professional colleagues	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** be able to supervise others
	4. Quality and clinical research: Identify and address failures in health care delivery	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** be able to supervise others
	5. Clinical assessment and management: Clinically assess and manage the ongoing care of patients	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** be able to supervise others
	6. Management of transitions in care: Manage the transition of patient care between health care professionals, providers, and contexts	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** be able to supervise others
	7. Acute care: Manage the early care of acutely unwell patients	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** be able to supervise others
	8. Longitudinal care: Manage and coordinate the longitudinal care of patients with chronic illness, disability, and/or long-term health issues	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** be able to supervise others
	9. Communication with patients: Discuss diagnoses and management plans with patients	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** be able to supervise others
	10. Prescribing: Prescribe therapies tailored to patients' needs and conditions	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** be able to supervise others
	11. Procedures: Plan, prepare for, perform, and provide aftercare for important practical procedures	**Level 1** is able to be present and observe	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**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:*
	12. Investigations: Select, organise, and interpret investigations	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** be able to supervise others
	13. Clinic management: Manage an outpatient clinic	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** be able to supervise others
	14. End-of-life care: Manage the care of patients at the end of their lives	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** be able to supervise others
Know	**15. Anaemia and iron disorders**	**Level 2** knows the topics and concepts in this knowledge guide	**Level 3** knows how to apply this knowledge to practice	**Level 4** frequently shows they apply this knowledge to practice	**Level 5** consistently demonstrates application of this knowledge to practice
	16. Haemoglobin disorders	**Level 2** knows the topics and concepts in this knowledge guide	**Level 3** knows how to apply this knowledge to practice	**Level 4** frequently shows they apply this knowledge to practice	**Level 5** consistently demonstrates application of this knowledge to practice)
	17. Bleeding	**Level 2** knows the topics and concepts in this knowledge guide	**Level 3** knows how to apply this knowledge to practice	**Level 4** frequently shows they apply this knowledge to practice	**Level 5** consistently demonstrates application of this knowledge to practice
	18. Thrombosis	**Level 2** knows the topics and concepts in this knowledge guide	**Level 3** knows how to apply this knowledge to practice	**Level 4** frequently shows they apply this knowledge to practice	**Level 5** consistently demonstrates application of this knowledge to practice
	19. Malignancy, cytopenia, and bone marrow failure	**Level 2** knows the topics and concepts in this knowledge guide	**Level 3** knows how to apply this knowledge to practice	**Level 4** frequently shows they apply this knowledge to practice	**Level 5** consistently demonstrates application of this knowledge to practice
	20. Transfusion medicine	**Level 2** knows the topics and concepts in this knowledge guide	**Level 3** knows how to apply this knowledge to practice	**Level 4** frequently shows they apply this knowledge to practice	**Level 4** frequently shows they apply this knowledge to practice
	21. Neonatal haematology	**Level 2** knows the topics and concepts in this knowledge guide	**Level 3** knows how to apply this knowledge to practice	**Level 4** frequently shows they apply this knowledge to practice	**Level 5** consistently demonstrates application of this knowledge to practice

		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:*
	22. Myeloproliferative disorders	**Level 2** knows the topics and concepts in this knowledge guide	**Level 3** knows how to apply this knowledge to practice	**Level 4** frequently shows they apply this knowledge to practice	**Level 5** consistently demonstrates application of this knowledge to practice
	23. Laboratory haematology in clinical practice	**Level 1** has heard of some of the topics in this knowledge guide	**Level 2** knows the topics and concepts in this knowledge guide	**Level 3** knows how to apply this knowledge to practice	**Level 4** frequently shows they apply this knowledge to practice

Developmental & psychosocial training

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

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

Review of D&P training

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

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

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

Aotearoa New Zealand

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

Australia

D&P training is currently a time-based requirement consisting of a minimum of six months 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 (six months FTE).** This can be completed as:
    - two three-month terms, or
    - one six-month block, or
    - a continuous part-time position, such as two and a half 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 (six months FTE).** Complete the six 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:
    - two sessions a week for 18 months, or
    - one session a week for three 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
    - three referenced case reports / essays (1500 to 2000 words each) demonstrating comprehensive understanding of three different issues in the areas of psychosocial training (e.g. rehabilitation or community paediatrics), or
    - completion of the Griffith Mental Developmental Scales course.

    Other prospectively approved modules may be considered.

Apply

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

Resources

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

Learning, teaching and assessment requirements

Overview

Requirements over the course of training

What do trainees need to do?	When do trainees need to do it?
Entry	
1 training application	At the start of the specialty foundation phase.
Learning	
Minimum 36 months FTE professional experience	Minimum 12 months FTE during each phase.
Developmental and psychosocial training	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.
1 logbook for diagnostic laboratory haematology training	Recommended for trainees unable to undertake FTE 6 months continuous laboratory training.
1 national or international annual scientific meeting or conference	Recommended attendance once over the course 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 (or prior to starting) the rotation.
Teaching	
Nominate 2 supervisors per rotation	At the start of each accredited or approved training rotation.
Assessment	
12 learning captures	Minimum 1 per month.
12 observation captures	Minimum 1 per month.
4 progress reports	Minimum 1 every 3 months.

Entry

Training application

Requirement
1 training application, at the start of the specialty foundation phase.
Purpose
The training application supports trainees to: • confirm they meet the program entry criteria • provide essential details for program enrolment, ensuring compliance with RACP standards • establish a formal foundation for their training pathway, enabling access to program resources and support. The application form will be reviewed by RACP staff. Trainees will be able to track the status of applications through the College's new Training Management Platform (TMP). Trainees can submit rotation plans and complete assessments while waiting for their application to be approved.
How to apply
Trainees are to submit a training application for the program using TMP.

Learning

Learning blueprint

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

Learning goals	Professional experience			Learning requirements							
									Recommended only		
	Approved core diagnostic laboratory training 6 months	Approved core training 24 months (not including 6 months laboratory training)	Approved non-core training 6 months maximum	Rotation plan	RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource	RACP Orientation to Advanced Training resource	RACP Health Policy, Systems and Advocacy resource	RACP Supervisor Professional Development Program	Attendance at national or international annual scientific meetings or conferences	Lifeblood's Clinical Transfusion Program	Good Clinical Practice training course
1. Professional behaviours	Could align	Could align	Could align	Will align	Will align	Will align	Will align	Will align	Could align	x	Could align
2. Team leadership	x	Could align	Could align	x	x	x	x	x	Could align	x	x
3. Supervision and teaching	x	Could align	Could align	x	x	x	x	Will align	Could align	x	x
4. Quality and clinical research	Could align	Could align	Could align	x	x	x	x	x	Could align	x	Will align
5. Clinical assessment and management	Could align	Could align	Could align	x	x	x	x	x	Could align	x	x
6. Management of transitions in care	x	Could align	Could align	x	x	x	x	x	Could align	x	x
7. Acute care	Could align	Could align	Could align	x	Will align	x	x	x	Could align	x	x
8. Longitudinal care	Could align	Could align	Could align	x	x	x	x	x	Could align	x	x
9. Communication with patients	Could align	Could align	Could align	x	x	x	x	x	Could align	x	Could align

Learning goals	Professional experience			Learning requirements							
									Recommended only		
	Approved core diagnostic laboratory training 6 months	Approved core training 24 months (not including 6 months laboratory training)	Approved non-core training 6 months maximum	Rotation plan	RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource	RACP Orientation to Advanced Training resource	RACP Health Policy, Systems and Advocacy resource	RACP Supervisor Professional Development Program	Attendance at national or international annual scientific meetings or conferences	Lifeblood's Clinical Transfusion Program	Good Clinical Practice training course
10. Prescribing	x	Could align	Could align	x	x	x	x	x	Could align	x	x
11. Procedures	x	Could align	Could align	x	x	x	x	x	Could align	x	x
12. Investigations	Could align	Could align	Could align	x	x	x	x	x	Could align	x	x
13. Clinic management	x	Could align	Could align	x	x	x	Will align	x	Could align	x	x
14. End-of-life care	Could align	Could align	Could align	x	x	x	x	x	Could align	x	x
15. Anaemia and iron disorders	Could align	Could align	Could align	x	x	x	x	x	Could align	Could align	x
16. Haemoglobin disorders	Could align	Could align	Could align	x	x	x	x	x	Could align	x	x
17. Bleeding	Could align	Could align	Could align	x	x	x	x	x	Could align	x	x
18. Thrombosis	Could align	Could align	Could align	x	x	x	x	x	Could align	x	x
19 Malignancy, cytopenia, and bone marrow failure	Could align	Could align	Could align	x	x	x	x	x	Could align	x	x
20. Transfusion medicine	Could align	Could align	Could align	x	x	x	x	x	Could align	x	x
21. Neonatal haematology	Could align	Could align	Could align	x	x	x	x	x	Could align	x	x

Learning goals	Professional experience			Learning requirements							
									Recommended only		
	Approved core diagnostic laboratory training 6 months	Approved core training 24 months (not including 6 months laboratory training)	Approved non-core training 6 months maximum	Rotation plan	RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource	RACP Orientation to Advanced Training resource	RACP Health Policy, Systems and Advocacy resource	RACP Supervisor Professional Development Program	Attendance at national or international annual scientific meetings or conferences	Lifeblood's Clinical Transfusion Program	Good Clinical Practice training course
22. Myeloproliferative disorders	Could align	Could align	Could align	x	x	x	x	x	Could align	x	x
23. Laboratory haematology in clinical practice	Will align	Could align	x	x	x	x	x	x	Could align	Could align	x

Professional experience

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

Professional experience
• Complete at least 36 months of relevant professional experience in approved rotations.
Location of training
• Recommended training in at least 2 different accredited or approved training settings. • Complete at least 24 months of training in accredited training settings in Australia and/or Aotearoa New Zealand.
Experiential training

• 24 months minimum in core clinical accredited haematology training positions.
• 6 months minimum in core diagnostic laboratory haematology training.
• 6 months maximum in approved non-core training in disciplines relevant to haematology, which may include:
  ○ general paediatrics
  ○ clinical haematology
  ○ laboratory
  ○ medical oncology
  ○ palliative medicine
  ○ infectious diseases
  ○ research relevant to haematology.
Rotations will need to be prospectively applied for and approved by the relevant training program committee.
Night rotations do not satisfy the time-based requirement for core and non-core training.

Rotation plan

Requirement
1 rotation plan per rotation.
Description
The rotation plan is a work-based tool to document details of a training rotation and how a trainee intends to cover their program learning goals over the rotation period.
Purpose
The rotation plan helps trainees evaluate their learning gaps, curriculum needs, and local opportunities to meet expected standards. It is validated by College staff to ensure it aligns with the professional experience requirements for the program.

How to complete it
Trainees can submit a rotation plan in TMP under the 'training plan' tab. Trainees undertaking their first rotation of their training program must select the checkbox labelled 'The rotation start date is also the start date of my Training Program' to record the start date for their training program. If a trainee is expecting a learning goal to be covered during a rotation, they must select 'yes' for 'coverage offered' and outline the learning opportunities available. This information will be used by supervisors and the overseeing RACP training committee to determine the relevance of the rotation to the program's professional experience requirements. Trainees should upload a copy of the position description and any other supporting information that outlines the training position being undertaken. This should include regular / weekly activities the trainee will be undertaking during the rotation (e.g. timetable). Trainees can also set custom goals to define personal objectives they want to achieve during the rotation. These goals should be measurable and align with the trainee's professional objectives, skill gaps, or personal interests. Trainees need to nominate their rotation supervisors in the plan. The supervisors will need to approve the plan in TMP via 'my assigned actions'. For more information on how to complete a rotation plan review the training resources.

Diagnostic laboratory haematology training logbook (recommended)

Recommendation
1 logbook completed over the course of Advanced Training
Description
The logbook is intended to help trainees capture and reflect on relevant laboratory-based experiences over time, particularly where laboratory training is completed in non-consecutive blocks or across different training sites.
Purpose
This is a **recommended** option for trainees unable to undertake FTE 6 months continuous laboratory training.
How to complete it
Trainees can use the logbook template to record data and reflect on workplace experiences. The logbook can be submitted via TMP under the assessment requirements tab.

National or international scientific meeting or conference (recommended)

Requirement

Attend 1 national or international scientific meeting or conference, before the end of Advanced Training.

Description

Meetings and/or conferences may include those provided by (but not limited to):

- RACP Congress
- Haematology Society of Australia and New Zealand
- Australian & New Zealand Children's Haematology / Oncology Group.

Purpose

National and/or international scientific meetings or conferences provide opportunities for trainees to acquire the latest information in haematology. It provides a chance to review and update trainees' knowledge, including networking opportunities. It can also be useful to meet training requirements such as certain details within knowledge guides.

How to complete it

More information on appropriate meetings and conferences can be found at:

- RACP Congress
- Haematology Society of Australia and New Zealand
- Australian & New Zealand Children's Haematology / Oncology Group.

Trainees will need to submit their registration for the relevant meeting or conference to Haematology@racp.edu.au or Haematology@racp.org.nz

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: • Educational Leadership and Management • Learning Environment and Culture • Teaching and Facilitating Learning for Safe Practice. See Supervisor Professional Development Program for more information.
Purpose
This requirement aims to prepare trainees for a supervisory / educator role in the workplace and supports trainees' learning aligned with the 'team leadership' and 'supervision and teaching' learning goals.
How to complete it
Register for a supervisor workshop. Trainees can complete the SPDP in 3 ways: • virtual workshops • face-to-face workshops • online courses. Workshops are free and presented by volunteer Fellows trained in SPDP facilitation.

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

Requirement
1 x Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource, if not completed during Basic Training. Trainees must complete the resource by the end of their Advanced Training. Completion is recommended before the specialty consolidation phase.

Description
The Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource teaches best practice medicine for Aboriginal, Torres Strait Islander, and Māori patients through reflection on the trainee's own cultural values and recognition of their influence on professional practice. Estimated completion time: 2 hours.
Purpose
This resource supports trainees' learning aligned with the 'professional behaviours' learning goal. Specialist training requires trainees to: • examine their own implicit biases • be mindful of power differentials • develop reflective practice • undertake transformative unlearning • contribute to a decolonisation of health services for Indigenous peoples.
How to complete it
Trainees can complete the Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource on RACP Online Learning. Trainees will receive a certificate of completion on RACP Online Learning when they complete the resource. Completion of this requirement will automatically update in TMP.

RACP Health Policy, Systems and Advocacy resource

Requirement
1 RACP Health Policy, Systems and Advocacy resource, completed by the end of Advanced Training.
Description
This resource has been designed for Advanced Trainees as an introduction to health policy, systems, and advocacy. Estimated completion time: 5 hours.
Purpose
The resource aims to support Advanced Trainees in meeting the health policy, systems, and advocacy professional standard and underpinning competencies outlined in their specialty curriculum, and to enable connections between Advanced Trainees' own practice and the nature and attributes of local, national, and global health systems.
How to complete it
Trainees can complete the RACP Health Policy, Systems and Advocacy resource on RACP Online Learning. Trainees will receive a certificate of completion on RACP Online Learning when they complete the resource. Completion of this requirement will automatically update in TMP.

Recommended resources

- Lifeblood's Clinical Transfusion Program
- Good Clinical Practice training course
- 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:
  - minimum of 1 supervisor per rotation who is a Fellow of the RACP in haematology.

Non-core training

- 2 individuals for the role of Rotation Supervisor.

Nominating eligible supervisors

Trainees will be asked to nominate rotation supervisors as part of their rotation plan. Trainees are required to nominate eligible supervisors who meet the above requirements.

A list of eligible supervisors can be found on MyRACP. The list is not available for post-Fellowship trainees. Post-Fellowship trainees can contact 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.

	Assessments			
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 and clinical research	Could assess	Could assess	Will assess	Could assess
5. Clinical assessment and management	Could assess	Could assess	Will assess	x
6. Management transitions in care	Could assess	Could assess	Will assess	x
7. Acute care	Could assess	Could assess	Will assess	x
8. Longitudinal care	Could assess	Could assess	Will assess	x
9. Communication with patients	Could assess	Could assess	Will assess	x
10. Prescribing	Could assess	Could assess	Will assess	x
11. Procedures	Could assess	Could assess	Will assess	x
12. Investigations	Could assess	Could assess	Will assess	Could assess
13. Clinic management	Could assess	Could assess	Will assess	Could assess
14. End-of-life care	Could assess	Could assess	Will assess	Could assess
15. Anaemia and iron disorders	Could assess	Could assess	Will assess	Could assess
16. Haemoglobin disorders	Could assess	Could assess	Will assess	Could assess

	Assessments			
Learning goals	**Learning capture**	**Observation capture**	**Progress report**	**Research project**
17. Bleeding	Could assess	Could assess	Will assess	Could assess
18. Thrombosis	Could assess	Could assess	Will assess	Could assess
19. Malignancy, cytopenia, and bone marrow failure	Could assess	Could assess	Will assess	Could assess
20. Transfusion medicine	Could assess	Could assess	Will assess	Could assess
21. Neonatal haematology	Could assess	Could assess	Will assess	Could assess
22. Myeloproliferative disorders	Could assess	Could assess	Will assess	Could assess
23. Laboratory haematology in clinical practice	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 will be completed using TMP. Instructions on how to complete a progress report will be available in 2025.

Research project

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

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

Purpose

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

How to complete it

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

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

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

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

Roles and responsibilities

Advanced Trainee

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

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

Rotation supervisor

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

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

Assessor

Role

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

Responsibilities

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

Progress Review Panel

Role

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

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

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

Responsibilities

1. **Make decisions on progression** for all trainees in a training program. The panel will assess if trainees have met or are on track to meet the expected standard for their phase of training, including the completion of learning, teaching and assessment requirements.

2. **Manage trainee conditions to enable trainees to progress** by reviewing trainee performance. Where required, panels will set conditions for trainees to meet, with the goal of helping trainees achieve the program learning goals and progression or completion criteria.

Types of Progress Review Panels

There are two types of RACP Progress Review Panels:

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

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

Trainee progress decisions, conditions and feedback

- Panels will monitor and review trainee progress and make a phase progression decision.

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

RACP oversight committees

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

Responsibilities

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

Resources

See RACP Online Learning for new curricula training and support resources.

For trainees

- Education policies
- Trainee support
- Trainee responsibilities
- Accredited settings
- Training fees

For supervisors

- Supervisor Professional Development Program
- RACP Research Supervision resource
- RACP Training Support resource
- RACP Creating a Safe Workplace resource