

ENTRY CRITERIA

Summary of proposed changes

- No proposed changes

CURRENT REQUIREMENT	<p>Prospective trainees must:</p> <ul style="list-style-type: none"> • have completed RACP Basic Training, including Written and Clinical Examinations • hold a current medical registration • have been appointed to an appropriate Advanced Training position
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PROPOSED REQUIREMENT	<p>Prospective trainees must:</p> <ul style="list-style-type: none"> • have completed RACP Basic Training, including Written and Clinical Examinations • hold a current medical registration • have been appointed to an appropriate Advanced Training position
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PROFESSIONAL EXPERIENCE

Summary of proposed changes

- 24 months accredited positions includes positions in child protection, child population health, social paediatrics and community-based multidisciplinary.
- Please see appendix on page 5 for details of proposed changes

CURRENT REQUIREMENT	<p>36 months of certified training time, including:</p> <ul style="list-style-type: none"> • 6 months in community-based multidisciplinary paediatrics • 6 months in developmental and behavioural paediatrics • 6 months in child population health activities • 3 months of child protection training (or completion of child protection course) • 3 months in social paediatrics
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PROPOSED NEW REQUIREMENT	<p>Complete at least 36 months of relevant professional experience in at least two approved rotations:</p> <ul style="list-style-type: none"> • Minimum 24 months in accredited Community Child Health positions, including: <ul style="list-style-type: none"> • Minimum 12 months developmental and behavioural paediatrics • Maximum 12 months in 2 different prospectively approved supplementary training positions.
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LOCATION OF TRAINING

Summary of proposed changes

- No proposed changes

CURRENT REQUIREMENT	<ul style="list-style-type: none"> • 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.
PROPOSED NEW REQUIREMENT	<ul style="list-style-type: none"> • 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.

LEARNING PROGRAM

Summary of proposed changes

- Learning Needs Analysis replaced with new Learning Plan tool which will be common across all Advanced Training programs

CURRENT REQUIREMENT	2 Learning Needs Analysis per year
PROPOSED NEW REQUIREMENT	1 Learning plan per phase of training, reviewed quarterly

LEARNING COURSES

Summary of proposed changes

- Adoption of new RACP learning courses that will be common across all Advanced Training programs

CURRENT REQUIREMENT	<ul style="list-style-type: none"> • Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource, by the end of Advanced Training
PROPOSED NEW REQUIREMENT	<ul style="list-style-type: none"> • RACP Orientation to Advanced Training resource (within the first six months of Advanced Training) • RACP Health Policy, Systems and Advocacy resource (recommended completion before the Transition to Fellowship phase) • RACP Supervisor Professional Development Program, by the end of Advanced Training • Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource, by the end of Advanced Training

LEARNING ACTIVITIES

Summary of proposed changes

- Child protection course is mandatory for all trainees

CURRENT LEARNING ACTIVITIES	<ul style="list-style-type: none"> • CCH Educational Tutorial Series • Accredited child protection course (required if not completing a clinical child protection position) • Child Protection Case Assessment logbook (required if not completing a clinical child protection position) • CCH Educational Tutorial Series • 4 core subjects of a Masters of Public Health (an alternative to completing a clinical child population health position)
PROPOSED LEARNING ACTIVITIES	<ul style="list-style-type: none"> • CCH Educational Tutorial Series (mandatory) • Accredited child protection course (mandatory) • Child Protection Case Assessment logbook (required if not completing a clinical child protection position) • 4 core subjects of a Masters of Public Health (required if not completing a clinical child population health position)

TEACHING PROGRAM

Summary of proposed changes

- All training rotations require a supervisor with FRACP in Community Child Health
- Introduction of Progress Review Panels

CURRENT REQUIREMENT	<ul style="list-style-type: none"> • 1 x supervisor who is a Fellow of the RACP per rotation, actively practising in Community Child Health • 1 x supervisor who can be a Fellow of the RACP per rotation, relevant to the rotation (recommended)
PROPOSED NEW REQUIREMENT	<ul style="list-style-type: none"> • Name 2 individuals for the role of Education Supervisor <ul style="list-style-type: none"> ○ Minimum of 1 supervisor per rotation, who is a Fellow of the RACP in Community Child Health ○ <i>For accredited clinical child protection positions a forensic/child protection paediatrician in a tertiary setting is an acceptable alternative.</i> ○ <i>For accredited clinical children population health positions a Fellow of RACP in Public Health Medicine (AFPHM) is an acceptable alternative</i> • Nominate 1 x RACP training committee to act as a Progress Review Panel • Name 1 x individual for the role of Research Project Supervisor (may or may not be the Education Supervisor).

ASSESSMENT PROGRAM

Summary of proposed changes

- Case-based discussions, Mini-Clinical Evaluation Exercises and Development-Behavioural Clinical Evaluation Exercises replaced with Observation Captures
- Professional Qualities Reflections replaced with Learning Captures
- Supervisor's report replaced by Progress reports

CURRENT REQUIREMENT	<ul style="list-style-type: none"> 1 Supervisor's Report per year 2 Professional Qualities Reflection (PQR) per year (recommended) 4 Case-based discussions per year 4 Mini-Clinical Evaluation Exercises (mini-CEX) per year 4 Development-Behavioural Clinical Evaluation Exercises (DB-CEX) over course of training 1 Research project
PROPOSED NEW REQUIREMENT	<ul style="list-style-type: none"> 12 Observation captures per year 12 Learning captures per year 4 Progress reports per year 1 Research project over the course of training

LTA STRUCTURE



- A learning, teaching and assessment (LTA) structure defines the framework for delivery and trainee achievement of the curriculum standards
- Advanced Training is structured in three phases that establish checkpoints for progression and completion.

PROGRESS POINTS

- 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.

RATING SCALES

Levels	1	2	3	4	5
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 (e.g. supervisor is physically located within the training setting)	Is able to act with supervision at a distance (e.g. supervisor available to assist via phone)	Is able to provide supervision
Knowledge guides	Has heard of some of the topics in this knowledge guide that underpin patient care (<i>heard of</i>)	Knows the topics and concepts in this knowledge guide that underpin patient care (<i>knows</i>)	Knows how to apply the knowledge in this knowledge guide to patient care (<i>knows how</i>)	Frequently shows they can apply knowledge in this knowledge guide to patient care (<i>shows how</i>)	Consistently applies sound knowledge in this knowledge guide to patient care (<i>does</i>)
Professional Behaviours (competencies)	Needs to work on behaviour in more than 5 domains of professional practice	Needs to work on behaviour in 4 or 5 domains of professional practice	Needs to work on behaviour in 2 or 3 domains of professional practice	Needs to work on behaviour in 1 or 2 domains of professional practice	Consistently behaves in line with all 10 domains of professional practice

PROGRESSION CRITERIA

		Progression criteria		Completion criteria
	Learning goals	End of specialty foundation	End of specialty consolidation	End of Transition to Fellowship
Be	1. Professional behaviours	Level 5	Level 5	Level 5
	2. Team leadership: Lead a team of health professionals	Level 2	Level 3	Level 5
Do (work tasks)	3. Teaching and supervision: Supervise and teach professional colleagues	Level 2	Level 3	Level 5
	4. Quality improvement: Contribute to improving safety, effectiveness, and experience of healthcare	Level 2	Level 3	Level 5
	5. Assessment and management: child maltreatment: Develop competence in the identification and clinical management of situations of potential or suspected child harm/maltreatment	Level 2	Level 3	Level 4
	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	Level 3	Level 5
	7. Assessment and management: child population health: Assessment and management of patients through a child population health lens	Level 2	Level 3	Level 4
	8. Prescribing: Prescribe therapies tailored to patients' needs and conditions	Level 2	Level 3	Level 5
	9. Longitudinal care: Manage and coordinate the longitudinal care of patients with chronic illness, disability, and/or long-term health issues	Level 2	Level 3	Level 5
	10. Communication: Communicate effectively and professionally with patients, carers, families, health professionals and other community members engaging with the health service	Level 3	Level 4	Level 5
	11. Developmental and behavioural paediatrics	Level 2	Level 4	Level 5
	12. Child safety and maltreatment	Level 2	Level 4	Level 5
13. Social paediatrics	Level 2	Level 4	Level 5	
14. Child population health	Level 2	Level 3	Level 5	

APPENDIX

Professional experience

This appendix provides details of the proposed changes to the professional experience requirements in community child health

- **Developmental and behavioural** to increase from 6 to 12 months to allow trainees to complete and gain competency in the tasks and topics in the EPAs and knowledge guides associated with developmental and behavioural paediatrics, such as EPA05 - Assessment and management: developmental and behavioural, EPA 07- Prescribing , EPA 08 - Longitudinal care and KG01- Developmental and behavioural paediatrics.
- Time requirement for **community-based multidisciplinary paediatrics** is removed under professional experience. It is incorporated in the Community Child Health learning goals and Community Child Health accreditation of positions. It is a fundamental aspect to Community Child Health training and for a position to be accredited towards Community Child Health Advanced Training, the position must demonstrate multidisciplinary and interdisciplinary work.
- Time requirement for **social paediatrics** is removed under professional experience. It is captured in the activities and topics outlined in the Community Child Health learning goals and via the accreditation process. It is a fundamental aspect to Community Child Health training and some positions accredited towards Community Child Health will meet this requirement.
- Clinical based **child population health** can be completed via an accredited position and count towards training time, or the competencies can be achieved through the completion of 4 core subjects of a Masters of Public Health (MPH). Completion of MPH subjects would not count towards time requirements. The competencies may also be achieved through alternative learning activities such as research towards a PhD in relation to Community Child Health (6 months).
- Clinical based **child protection** can be completed via an accredited position and count towards training time, or the competencies in child protection can be achieved through a Child Protection Case Assessment logbook. All CCH trainees are required to complete an accredited child protection course, whether they complete an accredited position in child protection, or through other learning activities.
- Clinical training in directly allied paediatric disciplines (previously under **non-core training**) has moved to acceptable supplementary training. Other clinical training in directly allied paediatric disciplines may be considered towards supplementary training on a case-by-case basis
 - The following are suitable supplementary training for Community Child Health and can be approved for a maximum 12 months each:
 - rural and regional paediatric positions which have at least 0.5FTE in outpatient community paediatrics
 - child and adolescent psychiatry/infant mental health
 - adolescent medicine
 - The following are suitable supplementary training for Community Child Health and can be approved for a maximum six months each:
 - rehabilitation medicine
 - clinical genetics
 - paediatric neurology