

ENTRY CRITERIA

Summary of proposed changes

- No proposed changes

CURRENT REQUIREMENT	Prospective trainees must have: <ul style="list-style-type: none"> • Completed RACP Basic Training, including the Written and Clinical Examinations • A current medical registration • Been appointed to an appropriate Advanced Training position
PROPOSED REQUIREMENT	Prospective trainees must have: <ul style="list-style-type: none"> • Completed RACP Paediatric 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 supplementary training position.

PROFESSIONAL EXPERIENCE

Summary of proposed changes

- No proposed changes

CURRENT REQUIREMENT	Complete 36 months of certified training time in at least 2 different training settings, including: <ul style="list-style-type: none"> • 18 months FTE maximum (12 months minimum) in paediatric palliative care training • 12 months FTE maximum (6 months minimum) in adult palliative care training • 6 months FTE maximum in relevant paediatric specialty training • 6 months FTE maximum in non-core training.
PROPOSED NEW REQUIREMENT	Complete 36 months of certified training time in at least 2 different training settings, including: <ul style="list-style-type: none"> • Maximum 18 months FTE (12 months minimum) in paediatric palliative care training • Maximum 12 months FTE (6 months minimum) in adult palliative care training • Maximum 6 months FTE in relevant paediatric specialty training • Maximum 6 months FTE in a prospective approved supplementary training position(s). The following may be suitable supplementary training for palliative medicine: <ul style="list-style-type: none"> ○ medical practice essential to specialist palliative medicine ○ research or academic study in a palliative medicine-related area

LOCATION OF TRAINING

Summary of proposed changes

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

CURRENT REQUIREMENT	<ul style="list-style-type: none"> • Complete training in at least 2 different accredited training settings. • Complete a minimum of 18 months (FTE) core training in Australia and/or Aotearoa New Zealand.
PROPOSED NEW REQUIREMENT	<ul style="list-style-type: none"> • Complete training in at least 2 different accredited training settings. • Complete at least 24 months of training in accredited training settings in Australia and/or Aotearoa New Zealand.

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	1 Learning needs analysis per 6-month rotation
PROPOSED NEW REQUIREMENT	1 Learning plan at the start of each phase training with additional learning plans submitted for each new training period within a phase (e.g., for a trainee moving to a different training position).

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

- Pain Management Module requirement has been removed from the program.

CURRENT LEARNING ACTIVITIES	<ul style="list-style-type: none"> • 1 approved communication skills workshop (recommended) • 10 Pain Management modules over the course of Advanced Training
PROPOSED LEARNING ACTIVITIES	<ul style="list-style-type: none"> • 1 approved communication skills workshop (recommended)

TEACHING PROGRAM

Summary of proposed changes

- 2 [eligible](#) individuals for the role of Educational Supervisor, with at least one supervisor, who is a Fellow of the RACP or AChPM in paediatric palliative medicine for all training rotations.
- Introduction of Progress Review Panels

CURRENT REQUIREMENT

Core training

- 1 supervisor per 6-month rotation, who is a Fellow of the RACP or AChPM and practising in paediatric palliative medicine
- 1 co-supervisor per 6-month rotation, who is a Fellow of the RACP or AChPM

Non-core training**

- 1 supervisor per 6-month rotation, who is a Fellow of the RACP or AChPM and practising in paediatric palliative medicine*
- 1 supervisor per 6-month rotation, who can be a Fellow of the RACP or AChPM that works on-site closely with the trainee

* Supervision can be conducted remotely.

** Not required if undertaking research or academic study via a MD, PhD or Master's degree. For these trainees, a mentor is recommended.

PROPOSED NEW REQUIREMENT

- Name 2 [eligible](#) individuals for the role of Education Supervisor, including:
 - Minimum of 1 supervisor, who is a Fellow of the RACP or AChPM in palliative medicine
 - *Recommended: wherever possible, trainees should maintain the same Education Supervisors throughout a phase of training.*
- Nominate 1 RACP training committee to act as a Progress Review Panel
- Name 1 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 and Mini-Clinical Evaluation Exercises replaced with Observation Captures
- Professional qualities reflections replaced with Learning Captures
- Supervisor's report replaced by Progress reports
- Frequency of the Progress reports to increase from 2 per training year to 4 per phase
- Case study requirement has been removed from the program

CURRENT REQUIREMENT

- 1 Professional qualities reflection per 6-month rotation (recommended)
- 1 Supervisor's report per 6-month rotation
- 3 Case-based discussions per 6-month rotation
- 3 Mini-Clinical Evaluation Exercises per 6-month rotation
- 1 Advanced Training Research Project over the course of training
- 1 Case Study over the course of Advanced Training

PROPOSED NEW REQUIREMENT

- 12 Observation captures required per phase
- 12 Learning captures required per phase
- 4 Progress reports required per phase
- 1 Advanced Training 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: Contribute leadership within a team of health professionals to provide palliative care for patients	Level 2	Level 3	Level 5
	3. Supervision and teaching: Supervise and teach professional colleagues	Level 2	Level 3	Level 5
	4. Quality improvement: Identify and address failures in health care delivery in the paediatric palliative care setting	Level 2	Level 3	Level 4
	5. Clinical assessment and management: Clinically assess and manage the palliative care needs of patients across different stages of a life-limiting illness	Level 3	Level 4	Level 5
	6. Management of transitions in care settings: Manage transition of patient care between care settings and contexts, including hospital, home, and hospice	Level 2	Level 3	Level 5
	7. Manage acute changes in clinical condition: Manage the care of acute clinical changes in the palliative care setting, including palliative care emergencies	Level 3	Level 3	Level 5
	8. Longitudinal care, including management of transitions across developmental ages and stages: Manage and coordinate longitudinal care of patients with malignant and non-malignant conditions across developmental ages and stages, including transition between paediatric and adult care settings	Level 2	Level 3	Level 5
	9. Communication with patients: Communicate with patients across different stages of a life-limiting illness	Level 2	Level 3	Level 5
	10. Prescribing: Prescribe medications tailored to patients' needs, illness stages, prognosis and goals of care	Level 2	Level 3	Level 5
	11. Investigations and procedures: Order, undertake, review and explain outcomes of investigations and procedures in the context of patients' underlying illness stage, prognosis, and goals of care	Level 2	Level 3	Level 5
	12. End-of-life care: Plan for and manage the end-of-life and after death care of patients	Level 2	Level 3	Level 5
	13. Symptom management	Level 2	Level 3	Level 5
	14. Non-malignant and malignant life-limiting and life-threatening conditions	Level 2	Level 3	Level 5
	15. End-of-life and after death care	Level 2	Level 3	Level 5
Do (work tasks)				
	Know (Knowledge Guides)			