

Queensland Paediatric Training

Network Information: RMO 2026

A/Prof Vana Sabesan (Medical Director, QLD Paediatric Training Network)

Prof Nitin Kapur (DPE, QCH)

Overview



Structure of Paediatric Training



Queensland Paediatric Training Network



How to apply to the Network and selection process



Questions

Structure of Paediatric Training

Prof Nitin Kapur

Structure of Paediatric Training

Basic Training:
3 years FTE

Advanced
Training: 3
years FTE

Basic Paediatric Training

- Complete internship and Post Graduate Year 2
- Secure an accredited position as a resident or registrar at an accredited hospital = Need to get onto the QLD BT Network in Queensland
- Prospective approval by Director of Paediatric Education (DPE)
- Register with RACP prospectively
- Minimum 36 months of Basic Training (time based) and achieving competency

3 years of clinical experience

24-months must be in core paediatric rotations, including a minimum of:

- 9 months in general paediatric medicine
- 3 months in paediatric emergency medicine
- 3 months in neonatology in a perinatal unit
- 3 months in a paediatric medical specialty.

12-months may be spent in either 'core' or 'non-core' rotations

Minimum 6 months at Level 3 hospital (QCH)

Total of 8 years to complete basic training

Advanced Paediatric Training

- Written and clinical examination in year 3 (need to complete 24 months of approved training before eligible to sit)
- DWE: February and October
- DCE: Mid-May to June
- Advanced training upon completion of training requirements and exams
- Progression to AT

RACP and Training settings (Hospitals)

The key players



Educational Support

- RACP
- Network
- Employing hospitals

Basic Paediatric Training Network Directors and DPEs

- Network Director BT:
 - A/Prof Vanaja Sabesan
- QCH Rotation (Principal Program):
 - Prof Nitin Kapur
 - Dr Laura Sumners
- GCUH Rotation (Principal Program):
 - Dr Tung Vu
- Townsville University Hospital Rotation (Principal Program):
 - A/Prof Vanaja Sabesan
 - Dr Josephine Stringer

QLD BT Network Training Program Coordinators

Bundaberg	Matthew Wakeley
Caboolture	Kavipriya Kuppuswamy
Cairns	Neil Archer
Hervey Bay	Penelope Prasad
Ipswich	Bayden Sales
Logan	Salil Gandhi
Mackay	Stephan Reid
Mater	N/A
RBWH	Donna Bostock
Redcliffe	Didier Tshamala
Redland	Dougie Thomas
Rockhampton	Ashok Pulikot
Royal Brisbane and Women's Hospital	Donna Bostock
Sunshine Coast University Hospital	Sara Lucas
The Prince Charles Hospital	Suzanne Royle
Toowoomba	John Coghlan
Tweed Valley Hospital	Andrew Hutchinson
Darwin Hospital	Peter Morris

Basic Training Program



New Basic Training Program



Curriculum: competency based



Work based learning and
assessment



Exams

Program overview

NEW CURRICULA

2025 program at a glance – Basic Training

The new curriculum for Basic Training consists of curricula standards supported by learning, teaching, and assessment programs.

CURRICULA STANDARDS

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

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

LTA STRUCTURE

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

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



Entry criteria

Prospective trainees must have:

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

Training application

Trainees are to submit 1 training application at the start of the program.

LTA PROGRAMS

The LTA programs outline the strategies and methods to learn, teach, and assess the curricula standards.

Learning

Minimum 36 months FTE clinical experience
1 rotation plan per rotation
RACP Basic Training Orientation resource
RACP Communication Skills resource
RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource
RACP Introduction to Leadership, Management, and Teamwork resource
Advanced Life Support course or equivalent

Teaching

1 network director (where a network exists only)
1 director of physician/paediatric education
1 education supervisor
1 rotation supervisor per rotation
1 progress review panel

Assessment

12 learning captures per phase
12 observation captures per phase
1 rotation progress report per rotation (minimum 1 per three months)
2 phase progress reports per phase
1 written examination
1 clinical examination

Learning Goals



1: Competencies are statements of professional behaviours, values and practices expected of a trainee



2 to 9: Entrustable Professional Activities (EPAs) are essential work tasks that trainees need to be able to do without supervision by the end of training

Examples:

- Lead a health care team
- Assess and manage patients
- Handover patient care
- Communicate with patients



10: Knowledge Guides provide detailed guidance on the important topics and concepts trainees need to understand to become experts in their chosen specialty

The competencies, EPAs, and knowledge guides form the curriculum **learning goals** and outline what trainees need to be able to be, do, and know without supervision by the end of the training program

Learning Goals

The Basic Training curriculum standards are grouped into **ten key learning goals** that guide learning, teaching, and assessment in the new programs.

<p>1</p> <p>Professional behaviours</p> <p>Behave in accordance with the expected professional behaviours, values and practices</p> 	<p>2</p> <p>Clinical assessment</p> <p>Clinically assess patients, incorporating interview, examination, and formulation of a differential diagnosis and management plan</p> 	<p>3</p> <p>Communication with patients</p> <p>Discuss diagnoses and management plans with patients and their families or carers</p> 	<p>4</p> <p>Documentation</p> <p>Document the progress of patients in multiple settings</p> 	<p>5</p> <p>Prescribing</p> <p>Prescribe medications tailored to patients' needs and conditions</p> 
<p>6</p> <p>Transfer of care</p> <p>Transfer care of patients</p> 	<p>7</p> <p>Investigations</p> <p>Choose, organise, and interpret investigations</p> 	<p>8</p> <p>Acutely unwell patients</p> <p>Assess and manage acutely unwell patients</p> 	<p>9</p> <p>Procedures</p> <p>Plan, prepare for, perform, and provide after care for important procedures</p> 	<p>10</p> <p>Knowledge</p> <p>Acquire the baseline level of knowledge for Basic Training</p> 



Questions

Queensland Paediatric Training Network

A/Prof Vana Sabesan

Why network?

Improve	capacity for, and quality of basic paediatric training
Promote	careers in (regional) general paediatrics
Decentralise	basic paediatric training and provide varied experience
Encourage	commencement and entry to training from the regions
Ensure	basic training requirements can be met, incl. rotations through subspecialties
Increase	exposure to regional paediatrics in basic training

What does the network do for trainees?



Ensures trainee meets RACP training requirements within the 36 months



Provides a diverse training exposure



Provides experience in settings with potential long-term employment



Aiming to provide equitable access to exam preparation



Single centralised application process

What does the network do for training hospitals?



- ✓ Provides equitable distribution of workforce
- ✓ Allows sharing of examination preparation workload (PCEPP, PWEPP and practice exam)
- ✓ Provides communication networks to foster collective troubleshooting (PTOC)
- ✓ Ensures settings are up to date with RACP policy changes
- ✓ Support hospitals meet RACP accreditation standards

Paediatric Basic Training Network: RMO campaign








Vana Sabesan and Nitin Kapur

Queensland Medical Specialty Training

Queensland Rural Medical Service

A unit of Darling Downs Health

Overview of network application process

-  Separate application process from the RACP application
-  Three-year pathway in Queensland
-  Applicants must apply through the RMO campaign
-  3 rotations, also known as Principal Programs or Primary Hospital/Setting
-  QCH, Townsville and GCUH
-  Assigned DPE for 3 years
-  Entry to RACP Paediatric Training through the network

Network rotations

Queensland Children's Hospital Rotation

Queensland Children's Hospital
Bundaberg Hospital
Caboolture Hospital
Cairns Hospital
Hervey Bay Hospital
Ipswich Hospital
Logan Hospital
Mackay Base Hospital
Redcliffe Hospital
Redland Hospital
Rockhampton Hospital
Sunshine Coast University Hospital
The Prince Charles Hospital
Toowoomba Hospital

Townsville University Hospital Rotation

Townsville University Hospital
Cairns Hospital
Ipswich Hospital
Mackay Base Hospital
Queensland Children's Hospital
Logan Hospital
The Royal Darwin Hospital

Gold Coast University Hospital Rotation

Gold Coast University Hospital
Bundaberg Hospital
Queensland Children's Hospital
Logan Hospital
Redland Hospital
Tweed Valley Hospital

This is not set, and we can accommodate special requests through special consideration process if requested before the offer is made, unlikely after the offer is made. Applies for specific regional or outer metro hospitals.

QCH Rotation

	Year 1	Year 2	Year 3
Line 1	Rockhampton	QCH	QCH
Line 2	QCH	Caboolture	QCH

Townsville

	Year 1	Year 2	Year 3
Line 1	Townsville	Townsville	QCH
Line 2	QCH	Logan	Townsville
Line 3	Darwin	Townsville	QCH

GCUH Rotation

	Year 1	Year 2	Year 3
Line 1	Tweed	GCUH	QCH
Line 2	GCUH	GCUH	QCH

Numbers: subject to change based on available positions

- 1st year positions vary year to year
- **38** QCH rotation
 - 29 commenced at QCH
 - 4 outer metro
 - 5 regional sites
- **9** GCUH rotation
- **9** Townsville rotation

RMO 2025 cohort

- 108 new applicants
- 91 interviewed
- 85 suitable
- 58 offered training positions

Selection for Queensland Basic Paediatric Training Network

- Application via RMO 2026 campaign
- Basic Paediatric Training Network
- <https://www.careers.health.qld.gov.au/medical-careers/resident-medical-officer-rmo-and-registrar-campaign/medical-specialty-training-programs/medicine-basic-training/basic-paediatric-training>

Am I eligible?

Eligibility

To be eligible for the 3-year network prior to commencement, you must:

- hold general registration with the Medical Board of Australia
- commencing PGY 3 in 2026
- Successfully completed PGY2

RACP selection criteria

- A commitment and capability to pursuing a career as a physician or paediatrician
- The ability to plan and manage their learning
- The ability and willingness to achieve the Basic Training Competencies, particularly those associated with:
 - Communication
 - Cultural competence
 - Ethics and professional behaviour
 - Leadership, management, and teamwork.

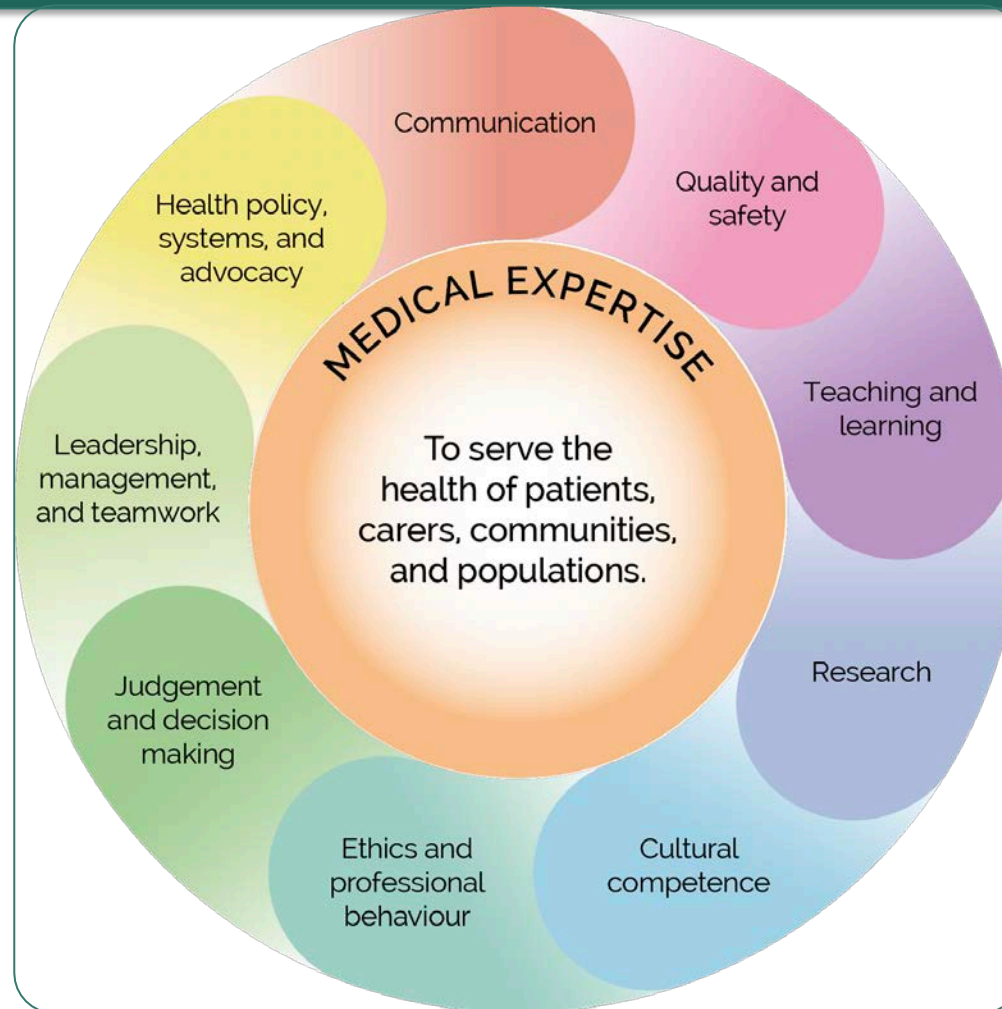
Am I suitable to be selected?

Selection criteria

The selection of basic paediatric trainees is based on suitability assessed against with the following domains:

- Trainee as a motivated learner and teacher
- Committed to paediatric training
- Commitment to the people of Queensland, in particular regional practice
- Trainee as a team worker and a leader
- Trainee as a professional and an empathetic clinician
- Trainee as a communicator
- Trainee as a problem solver, a decision maker who can complete tasks
- Trainee as an after-hours clinician

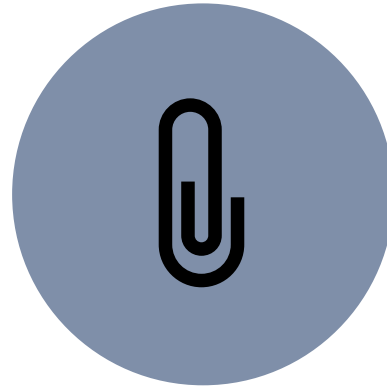
RACP Professional practice framework



Short Listing (40% of your total score)



RMO CAMPAIGN APPLICATION



CV
(QUEENSLAND PAEDIATRIC
TRAINING NETWORK TEMPLATE)



REFEREE REPORT: CURRENT
SUPERVISOR AND RECENT
PAEDIATRIC SUPERVISOR

CV



Quality Improvement and research: audit and research experience and related presentations including local presentation and publications



Teaching and supervision: day to day involvement in teaching/learning to post graduate medical education qualifications



Professional development activities, academic achievements, leadership and community service activities



Commitment to QLD and regional training (childhood, RMO and PHO)

Interviews

Will be MMI style, virtual

Saturday 26th July 2025

Monday 28th July 2025

Tuesday 29th July 2025

Web page:

<https://www.careers.health.qld.gov.au/medical-careers/resident-medical-officer-rmo-and-registrar-campaign/medical-specialty-training-programs/medicine-basic-training/basic-paediatric-training>

Selection

Merit and suitability

Rotation preference and hospital preference

Current location and preference

Special consideration for allocation

Flexible training

Notification of successful candidates (end of August)

3-year pathway or network until completion of BT requirements

Affirmative selection for Aboriginal and Torres Strait Islander candidates



Selection process

Outcome:

- Suitable and selected: successful application
- Suitable: applied to oversubscribed network rotation, selection to undersubscribed rotation
- Suitable: not in the merit list for the Network, waitlisted for second round offer
- Mid-year entry
- Not suitable: Apply for non-training PHO or SHO positions

Flexible training

- RACP: supports, up to trainees to find a job
- Trainees are supported to complete BT requirements provided satisfactory progression
- There is a special consideration process, and it needs to be approved by PTOC
- Parental leave: extension on the network to complete required terms and tertiary time
- Network supports flexible training, part time positions are offered as 0.5 FTE, trainees may be able to negotiate higher FTE with individual hospitals/directors, limited stand alone
- Employing hospital: ultimately hospitals will decide on work arrangements and trainees will need to follow the hospital processes
- Trainees need to consider the operational side of running the department

Process

- RMO application
- Short listing and selection to Network
- Offer of training pathway
- RACP application, best done in 2026 once you know the terms and supervisors
- Yearly application to RACP: SAME PRIMARY HOSPITAL/PRINCIPAL PROGRAM FOR THE DURATION OF BT (QCH, TUH or GCUH)
- Network offer for 3 years
- If a trainee completed basic training requirement, however failed exams, could remain on the network for an additional year

Non training positions

- QCH
- TUH
- Other hospitals
- Non RACP trainees seeking paediatric experience

Acknowledgement

- RACP QLD office: Tracey Handley and Hannah Parker



Questions

Summary

- Paediatric training: basic and advanced training (General Paediatrics and Neonatal and Perinatal Medicine)
- In QLD, basic training entry only through selection into QLD Basic Paediatric Training Network
- Applications through RMO campaign opens 2 June 2025 and closes 30 June 2025
- For further network related questions: Paediatric-Training@health.qld.gov.au