**About the 2019–20 handbook**

This handbook outlines the complete program requirements for the RACP Physician Readiness for Expert Practice (PREP) Advanced Training in Clinical Genetics Program.

Satisfactory completion of these requirements is necessary for admission to Fellowship of the College or completion of post-Fellowship training.

The 2019–20 handbook applies to all Australian and New Zealand based trainees registered in a PREP program in 2019 and/or 2020, regardless of the year in which they commenced PREP Advanced Training. A trainee is considered to be in a PREP Advanced Training Program if they first enrolled in that program from 2011 onwards. Where not specified as being particular to either Australia or New Zealand, information applies to trainees and supervisors in both countries.

**2019–20 Program requirement updates**

Overseeing committees evaluate training requirements every two years (previously annually) to ensure that they are in line with educational best practice. Requirements are published and communicated accordingly. Changes to the training program that may substantially impact a trainee’s plan for training will be implemented following an extended period of notice. It is the trainee’s responsibility to ensure that they are following the correct handbook.

<table>
<thead>
<tr>
<th>Changes to program requirements for 2019–20</th>
<th>Rationale for changes</th>
</tr>
</thead>
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<td><strong>Case Reports</strong></td>
<td>To reduce workload burden on trainees, spread required case reports as appropriate to the level of training and provide clarity for submission requirements.</td>
</tr>
<tr>
<td>Change in the number of satisfactory case reports required each year of training and clarification of minimum requirements.</td>
<td></td>
</tr>
<tr>
<td><strong>Learning Needs Analysis</strong></td>
<td>To reduce workload burden on trainees.</td>
</tr>
<tr>
<td>Reduced from 2 to 1 per year</td>
<td></td>
</tr>
<tr>
<td><strong>Professional Qualities Reflection</strong></td>
<td>To reduce workload burden on trainees.</td>
</tr>
<tr>
<td>Reduced from 4 to 1 per year</td>
<td></td>
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<td>RACP initiatives</td>
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<td>23</td>
</tr>
</tbody>
</table>
Clinical Genetics
Clinical genetics is a specialty that is taking on greater importance in the management of patients throughout life. We are continuing to identify the genetic mutations that lead to disease processes.

Program overview
Advanced Training provides a 'depth' of specialty training under supervision to prepare trainees for independent practice as consultants. It builds on the skills developed in preceding training through work-based assessments and learning tools as outlined in this handbook.

<table>
<thead>
<tr>
<th>Program</th>
<th>Advanced Training in Clinical Genetics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overseeing committee(s)</td>
<td>Advanced Training Committee in Clinical Genetics (ATC)</td>
</tr>
<tr>
<td>Entry requirements</td>
<td>• Completion of RACP Basic Physician Training, including the RACP Written and Clinical Examinations</td>
</tr>
<tr>
<td></td>
<td>• Current medical registration</td>
</tr>
<tr>
<td></td>
<td>• Appointment to an appropriate Advanced Training position</td>
</tr>
<tr>
<td>Minimum duration</td>
<td>3 years (full-time equivalent (FTE))</td>
</tr>
<tr>
<td>Curricula</td>
<td>• Download the Clinical Genetics Advanced Training Curriculum (PDF 1MB)</td>
</tr>
<tr>
<td></td>
<td>• Download the Professional Qualities Curriculum (PDF 1MB)</td>
</tr>
<tr>
<td>Qualification</td>
<td>Fellowship of the Royal Australasian College of Physicians (FRACP)</td>
</tr>
<tr>
<td></td>
<td>NB: Metabolic medicine and cancer genetics represent subspecialties within clinical genetics and are not recognised by regulators in Australia or New Zealand as specialties in their own right.</td>
</tr>
</tbody>
</table>

Quick links
- Apply or re-register
- Program requirements overview
- Important dates
- Advanced Training Portal
- Accredited training sites
- Part-time training
- Membership fees (including training fees)
- Supervision
- Download the Advanced Training supervisor amendment form (DOC 153KB)
- Download the Advanced Training interruption of training form (DOC 1.1MB)

Learning and assessment tool forms
Research Project
- Download the Clinical Genetics Research Project Cover Sheet (DOC 122KB)
- Download the Clinical Genetics Research Project Supervisor's Report (DOC 141KB)
- Download the Clinical Genetics Case Report Cover Sheet (DOC 146KB)
- Download the Guidelines for Writing Case Reports (PDF 194KB)

Supervisor's reports
- Download the Clinical Genetics Supervisor's Report (DOC 250KB)

Contact us
Phone: +61 2 8247 6218
Email: clincalgenetics@racp.edu.au
Apply for Advanced Training

Eligibility
New trainees can apply for Advanced Training after completing Basic Training, including passing the Divisional Written and Clinical Examinations. They must have current medical registration and appointment to an appropriate Advanced Training position at a suitable training site.

Advanced Training positions
Core training usually needs to be undertaken at accredited training sites that have been accredited by the overseeing committee for Advanced Training in the relevant specialty.
Some specialty groups conduct a coordinated Advanced Trainee Selection and Matching process for appointing trainees to training positions. Details of participating states, regions and specialties are available from June each year.
Please note that the College is not responsible for trainee recruitment and has no role in the recruitment process.

Approval and certification of training
Once trainees have secured a training position, they must prospectively apply for approval as per the Progression through Training Policy.
Approval of training periods will be determined by the overseeing committee. To be approved, a trainee’s individual training program must be consistent with the training requirements and appropriate for the stage in training.
Upon completion of each rotation or calendar year of training, the overseeing committee considers each trainee’s progress according to the program requirements. If all requirements of training have been satisfactorily completed, the overseeing committee will certify the period of training.

Prospective changes to approval of training
Trainees should inform the relevant committee as soon as possible if information outlined in their application changes. Some changes may require a revision of the approval decision and may affect the certification of training.
Changes to applications which require prospective approval may include changes to supervision, sites, dates of rotations and flexible training arrangements.

How to apply
Both new and current trainees need to apply for Advanced Training each year.
Trainees must organise the timely submission of all necessary documentation, keep a copy of the application for future reference and pay required fees.

Australian Trainees
Apply online for Advanced Training by the due dates below.
Where online registration is not available please download, complete and submit the application form to apply for Advanced Training in Clinical Genetics (DOC 472KB).

New Zealand Trainees
Download, complete and submit the application form to apply for Advanced Training in Clinical Genetics (DOC 475KB) by the due dates below.

Closing dates for applications in Australia

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 February</td>
<td>Closing date for applications for prospective approval of rotations in the current year</td>
</tr>
<tr>
<td>Date</td>
<td>Description</td>
</tr>
<tr>
<td>--------------</td>
<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>31 August</td>
<td>Closing date for applications for prospective approval of rotations in the second half of the current year</td>
</tr>
</tbody>
</table>

**Closing dates for applications in New Zealand**

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>31 March</td>
<td>Closing date for applications for prospective approval of April to August rotations</td>
</tr>
<tr>
<td>31 May</td>
<td>Closing date for applications for prospective approval of rotations in the second half of the current year</td>
</tr>
<tr>
<td>31 October</td>
<td>Closing date for applications for prospective approval of rotations in the first half or whole of the following year</td>
</tr>
</tbody>
</table>
College training program resources

This handbook should be used alongside the following resources.

Curricula

RACP curricula outline the learning objectives and associated knowledge, skills, attitudes and behaviours required of graduates of College training programs across program-specific/clinical and non-program/non-clinical attributes.

- Download the Clinical Genetics Advanced Training Curriculum (PDF 1MB)
- Download the Professional Qualities Curriculum (PDF 1MB)

Advanced Training Portal

Resources for many of the requirements of this training program can be accessed through the Advanced Training Portal. These include:

- detailed information on training rotations, including approval and certification decisions
- information sheets, workflows, rating forms and interactive video tutorials for online tools
- online teaching and learning and formative assessment tools
- past examination results
- summary of training completed and required.

Education policies

Education policies underpin all training requirements. Key education policies include the following:

- Academic Integrity in Training
- Flexible Training
- Progression through Training
- Recognition of Prior Learning (RPL)
- Special Consideration for Assessments
- Trainee in Difficulty Support (TIDS).

Variations in training and flexible training options

Variations in training processes cover dual, joint, conjoint and post-fellowship training. Flexible training option information covers part-time training, interruptions to training, withdrawing from training and exceptional circumstances.

Trainee responsibilities

All trainees are adult learners who must understand trainee responsibilities and play a role in teaching and mentoring junior doctors.

The College is committed to supporting trainees who are experiencing difficulty in their training. If trainees or supervisors are experiencing difficulty, they should contact their Education Officer and the Training Support Unit. The Training Support Unit has Resources for trainees covering topics including learning support and mentoring.

Supervisor roles and responsibilities

Supervision in PREP training involves a comprehensive level of educationally-focused support for trainees. The College runs supervisor workshops to help develop required skills for this role.

Accreditation of settings

Core training is usually conducted in training positions at accredited training sites that have been accredited by the overseeing committee.
eLearning@RACP

eLearning@RACP is a central, online space which supports College members in their learning. It contains educational resources developed by the RACP or shared by other postgraduate medical colleges. College members can login and access courses and modules designed and developed in collaboration with Fellows, trainees and education committees, on topics including:

- communication
- Indigenous health
- research
- supervisor professional development
- telesupervision.

These courses and modules are optional, and completion is not a program requirement.

Admission to Fellowship

Trainees are eligible to be admitted to Fellowship of the College on the completion of all requirements of training. The College will invite trainees to apply for Fellowship once the overseeing committee has recommended them for admission. The admission process involves completion of an application form, and the payment of a fee.

New Fellows will receive formal notification from the College that they have been admitted to Fellowship. In addition to the award of Fellowship, individuals who complete training are issued a letter confirming the completion of their training. Fellows who complete another training program subsequent to admission to Fellowship receive a letter confirming all of the RACP training programs that they have completed.

All Fellows in Australia, New Zealand and overseas who are in active practice must meet the requirements of a Continuing Professional Development (CPD) program.
Program requirements

Program requirements are the components of a training program that a trainee must complete in order to progress through training. Mandatory program requirements are linked to the certification of training, progression through training and program completion.

Program requirements are made up of formative and summative assessments, teaching and learning activities, the type and duration of rotations, course work and other requirements, such as minimum overall duration of training.

Overseeing committees evaluate training requirements every two years (previously annually) to ensure that they are in line with educational best practice. Requirements are published and communicated accordingly. Changes to the training program that may substantially impact a trainee’s plan for training will be implemented following an extended period of notice.

It is the trainee’s responsibility to ensure that they are following the correct handbook and are aware of the current program requirements. They must also ensure that they are familiar with current RACP education policies and processes, such as those for dual trainees.

Program requirements overview

<table>
<thead>
<tr>
<th>Core training (minimum 30 months)</th>
<th>Non-core training (maximum 6 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Content</td>
<td></td>
</tr>
<tr>
<td>• Clinical Genetics Advanced Training Curriculum</td>
<td></td>
</tr>
<tr>
<td>• Professional Qualities Curriculum</td>
<td></td>
</tr>
</tbody>
</table>

Supervision per rotation:

- 2 supervisors with FRACP or equivalent

Work-based learning and assessment tools

Per rotation:

- 1 Supervisor’s Report (2 for 12-month rotations)

Per year:

- 4 Case-based Discussions
- 1 Learning Needs Analysis
- 1 Professional Qualities Reflection

By the end of Advanced Training:

36 months of certified training time consisting of:

- 30 months of core training
- 6 months of non-core training
- 12 Case Reports
- 1 Research Project (for trainees commencing training before 2017)
- 1 Research Project (for trainees commencing training in 2017 onwards)
- Completion of an approved university genetics course
- Completion of a tertiary counselling course (recommended)
- Laboratory Experience
- Developmental and Psychosocial Training (Paediatrics & Child Health trainees only)
- Advanced Life Support Course (New Zealand Paediatrics & Child Health Trainees only who have not completed this in Basic Training)
Time-based requirements - Training time and rotations

<table>
<thead>
<tr>
<th>Purpose</th>
<th></th>
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<tbody>
<tr>
<td>To ensure adequate time for trainees to gain necessary learning experiences across a range of relevant rotations.</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Total training time</th>
<th>3 years (36 months FTE)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Training rotations</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>For Advanced Training in Clinical Genetics:</td>
<td>36 months certified training time consisting of:</td>
</tr>
<tr>
<td>• 30 months core training:</td>
<td></td>
</tr>
<tr>
<td>◦ 12 months general clinical genetics</td>
<td></td>
</tr>
<tr>
<td>• 6 months non-core training</td>
<td></td>
</tr>
<tr>
<td>For Advanced Training in Clinical Genetics subspecialising in metabolic medicine:</td>
<td>36 months certified training time consisting of:</td>
</tr>
<tr>
<td>• 30 months core training:</td>
<td></td>
</tr>
<tr>
<td>◦ 6 months general clinical genetics</td>
<td></td>
</tr>
<tr>
<td>◦ 24 months metabolic medicine</td>
<td></td>
</tr>
<tr>
<td>• 6 months non-core training</td>
<td></td>
</tr>
<tr>
<td>For Advanced Training in Clinical Genetics subspecialising in cancer genetics:</td>
<td>36 months certified training time consisting of:</td>
</tr>
<tr>
<td>• 12 months core general clinical genetics</td>
<td></td>
</tr>
<tr>
<td>24 months of cancer genetics</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Core training</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Genetics (General)</td>
<td>Trainees must spend a minimum of 30 months FTE in accredited core clinical genetics training positions. Of this, 12 months must be devoted exclusively to general clinical genetics and should include:</td>
</tr>
<tr>
<td>• the equivalent of at least three clinics per week, which may include:</td>
<td></td>
</tr>
<tr>
<td>◦ general clinical genetics</td>
<td></td>
</tr>
<tr>
<td>◦ prenatal diagnosis clinic</td>
<td></td>
</tr>
<tr>
<td>◦ other clinics, e.g. follow-up clinics for previous patients or specialty clinics, such as for cancer genetics or ophthalmological genetics.</td>
<td></td>
</tr>
<tr>
<td>• one journal club per week for Australian trainees, or at least one journal club per month for New Zealand trainees</td>
<td></td>
</tr>
<tr>
<td>• one review session per week, e.g.:</td>
<td></td>
</tr>
<tr>
<td>◦ review of clinical cases seen</td>
<td></td>
</tr>
<tr>
<td>◦ discussion of dysmorphology slides</td>
<td></td>
</tr>
<tr>
<td>◦ discussion of counselling issues.</td>
<td></td>
</tr>
<tr>
<td>Throughout training, trainees are expected to attend the equivalent of one laboratory liaison per week on areas such as cytogenetics; molecular genetics; serum/prenatal screening; inborn errors of metabolism/biochemical genetics; neonatal screening.</td>
<td></td>
</tr>
<tr>
<td>During the three years of training, core experience should include at least a week in a cytogenetics diagnostic laboratory, a week in a diagnostic molecular laboratory and a week in a biochemical genetics laboratory.</td>
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</tr>
</tbody>
</table>
Metabolic Medicine
At least 6 months FTE training is to be spent exclusively in general clinical genetics including:
- the equivalent of at least three clinics per week, which may include:
  - general clinical genetics
  - prenatal diagnosis clinic
  - other clinics, e.g. follow-up clinics for previous patients or specialty clinics, such as for cancer genetics or ophthalmological genetics.
- one journal club per week for Australian trainees, or at least one journal club per month for New Zealand trainees
- one review session per week, e.g.:
  - review of clinical cases seen
  - discussion of dysmorphology slides
  - discussion of counselling issues.
Throughout training, trainees are expected to attend the equivalent of one laboratory liaison per week on areas such as cytogenetics; molecular genetics; serum/prenatal screening; inborn errors of metabolism/ biochemical genetics; neonatal screening.
During the three years of training, core experience should include at least a week experience in a cytogenetics diagnostic laboratory, a week in a diagnostic molecular laboratory and a week in a biochemical genetics laboratory.
Trainees intending to specialise in metabolic medicine should spend at least two years FTE in metabolic medicine. Unless there are exceptional circumstances, it is expected that training be completed in more than one metabolic genetics centre.

Cancer Genetics
Trainees are required to complete 30 months of core training comprised of at least 12 months FTE training exclusively in general clinical genetics including:
- the equivalent of at least three clinics per week, which may include:
  - general clinical genetics
  - prenatal diagnosis clinic
  - other clinics, e.g. follow-up clinics for previous patients or specialty clinics, such as for cancer genetics or ophthalmological genetics.
- one journal club per week for Australian trainees, or at least one journal club per month for New Zealand trainees.
- one review session per week, e.g.:
  - review of clinical cases seen
  - discussion of dysmorphology slides
  - discussion of counselling issues.
Trainees are also required to complete at least 18 months FTE exclusively in clinical cancer genetics including:
- three family cancer clinics per week
- adequate exposure to oncology/paediatric oncology
- weekly attendance at a multidisciplinary cancer management meeting
- weekly journal club
- weekly laboratory liaison – primarily in molecular genetics; however, this should also include three months liaison in cancer cytogenetics
- the equivalent of at least one month’s full-time experience in a diagnostic molecular genetics laboratory.
Throughout training, trainees are expected to attend the equivalent of one laboratory liaison per week on areas such as cytogenetics; molecular genetics; serum/prenatal screening; inborn errors of metabolism/ biochemical genetics; and neonatal screening. Throughout training, trainees are also required to revise and review the literature regarding oncology guidelines, such as EviQ, and contribute to familial cancer registries.
## Time-based requirements - Training time and rotations

During the three years of training, core experience should include at least a week experience in a cytogenetics diagnostic laboratory, a week in a diagnostic molecular laboratory and a week in a biochemical genetics laboratory.

### Non-core training

**Clinical Genetics (general)**

A maximum of 6 months of non-core training may be undertaken in clinical training in other related disciplines, or in clinical genetics research. The work must be relevant to the principle and practice of clinical genetics. Trainees wishing to complete a period of non-core training must obtain prospective approval.

**Metabolic Medicine**

A maximum of 6 months non-core training may be undertaken in a discipline relevant to metabolic medicine in areas such as metabolic/genetic research, biochemical laboratory, newborn screening laboratory or other discipline related to metabolic medicine. Trainees wishing to complete a period of non-core training must obtain prospective approval.

**Cancer genetics**

A maximum of 6 months of Advanced Training may be spent in clinical oncology (medical or surgical). Other disciplines may be acceptable. Trainees wishing to complete a period of non-core training must obtain prospective approval.

**Joint certification in clinical genetics (general) and cancer genetics**

Trainees may choose to subspecialise in both clinical genetics (general) and cancer genetics by completing the cancer genetics requirements and a further 6 months (minimum) in general clinical genetics. Trainees should seek prospective approval for combined training.

### Training time in Australia/New Zealand

At least 12 months of Advanced Training in Clinical Genetics must be undertaken in Australia and/or New Zealand. This is to ensure that trainees receive adequate exposure to local practices and health services.

## Supervision requirements

**Purpose**

To provide trainees with appropriate support and guidance to complete the training program.

**Core training**

Per rotation: 2 supervisors with FRACP or equivalent

**Non-core training**

Per rotation: 2 supervisors with FRACP or equivalent

**More information**

- [Supervision](#)
- [Download the Advanced Training supervisor amendment form (DOC 153KB)](#)
Work-based learning and assessment tools

PREP teaching and learning activities are designed to support reflective practice and self-directed learning. A variety of teaching and learning activities and assessments are used throughout PREP training. These activities cater to a range of learning needs, styles and situations that may arise in workplace training, and aim to facilitate learning and enhance the attainment of desired learning outcomes.

Trainees are required to complete all teaching and learning activities, including formative and summative assessments, throughout training.

Formative assessments focus on assessment for learning through feedback and guidance. The College’s formative assessments aid the trainee and supervisor through a formal feedback discussion, prompting areas for discussion highlighted by the trainee’s performance. The College’s formative assessments are based on existing workplace-based assessment methods and best practice in medical education.

Summative assessments focus on judgements about trainee progression, resulting in pass or fail decisions on a trainee’s performance.

<table>
<thead>
<tr>
<th>Case-based Discussion (CbD)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Purpose</strong></td>
</tr>
<tr>
<td>To guide the trainee’s learning through structured feedback and help the supervisor evaluate the expertise and judgement exercised in clinical cases. This is a formative assessment.</td>
</tr>
<tr>
<td><strong>Requirement</strong></td>
</tr>
<tr>
<td>Four per year due by 31 January of the following year</td>
</tr>
<tr>
<td><strong>More information</strong></td>
</tr>
<tr>
<td>• Enter CbD rating form data into the Advanced Training Portal</td>
</tr>
<tr>
<td>• Case-based Discussion information sheet, workflow, rating form and other resources</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Case Reports</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Purpose</strong></td>
</tr>
<tr>
<td>To guide the trainee’s learning through structured feedback and help the supervisor evaluate the expertise and judgement exercised in clinical cases. This is a formative assessment.</td>
</tr>
<tr>
<td><strong>Requirement</strong></td>
</tr>
<tr>
<td>Twelve satisfactory case reports over course of training including 2 addressing genomics due by 15 September† in each year of training (required in order to progress to the next year of training) *.</td>
</tr>
<tr>
<td>12 satisfactory case reports over course of training</td>
</tr>
<tr>
<td>• 3 in first year of training</td>
</tr>
<tr>
<td>• 4 in second year of training</td>
</tr>
<tr>
<td>• 5** in third year of training</td>
</tr>
<tr>
<td>*Trainees may submit an Application for Consideration of Exceptional Circumstances to be granted an extension to 28 February at the discretion of the Coordinator of Advanced Training. If the deadline is not met, training will not be certified and the first 6 months of the following year will be deferred until outstanding case reports are submitted.</td>
</tr>
<tr>
<td>†The case report submission deadline for first year trainees who begin their first training rotation in August is 31 January of the following year.</td>
</tr>
<tr>
<td>*Trainees whose first six months of training are in a research position may apply to the Coordinator of Advanced Training for a variation of this rule for their first year, although the requirements for the second year will remain the same.</td>
</tr>
</tbody>
</table>
**Case Reports**

**Pre-PREP trainees are required to complete 8 case reports by the end of training.**

Trainees who commenced training before 2019 can submit 4 case reports in their third year of training, provided this totals 12 satisfactory case reports over the course of training.

Each case report should be based on each one of the Case-based Discussions submitted.

For clinical genetics (general) and cancer genetics trainees, 2 case reports need to be related to genomics and at least 2 of the total 12 case reports submitted over the three years of training must address clinical problems in the following areas:

- Cytogenetics
- Dysmorphology/clinical diagnosis
- Molecular genetic testing/clinical correlation
- Biochemical genetics
- Prenatal diagnosis
- Mendelian genetic problems, e.g. cystic fibrosis, Huntington’s disease, myotonic dystrophy.

For metabolic medicine trainees, of the total 12 case reports submitted over the three years of training:

- at least 5 reports should focus on the discussion of treatment issues
- at least 5 reports should discuss counselling/psychosocial issues in depth.

Publications may be submitted as case reports, although the trainee should be first author. A counselling issues section should be appended to publications submitted as case reports. No more than two publications per year should be submitted as case reports where it is not possible to include counselling issues (e.g. review articles).

**Guidelines**

- Properly drawn pedigree with correct symbols labelled according to convention (Roman numerals etc)
- Adherence to an agreed reference style (Vancouver/Harvard)
- Adherence to word count
- Counselling section at least 10% of word count with 2-3 references from counselling literature
- Spelling and grammar at level of article submitted for publication
- Supplementary information (e.g. summary of results) not allowed. If relevant to the case should fall within the main body of the case report and therefore within the word count
- Writing style similar to article submitted for publication - avoid use of names (e.g. “the child” or “the infant”)
- Nomenclature for mutations

**Acceptable standards for case reports**

Trainees must comply with the requirement of 1500–2000 words for each case report, not including references.

Headings should include:

- Summary
- Referral details
- Clinical section, including:
  - History
Case Reports

- Pedigree
- Clinical examination
- Differential diagnosis
- Literature review

- Counselling issues, including:
  - Reasons for seeking assessment
  - Dilemmas faced by consult
  - Emotions, such as fear, grieving, guilt, anger and psychological defence mechanisms
  - Consultant’s understanding of discussion of testing, penetrance/occurrence risk, recurrence risk, natural history, variability, prenatal and/or diagnostic testing
  - Benefits and limitations of testing uncertainty
  - Offer of plans for counselling to relatives at risk
  - Outcome follow-up/management

- Bibliography/reference list.

In addition, case reports should be written in sound English and be free from grammatical and typographical errors. A standard, consistent method of citing the literature should be used.

For metabolic medicine trainees, of a total of 12 case reports submitted over three years of training:

- At least 5 reports should focus on the discussion of management/treatment issues relevant to the case. A list of relevant counselling/psychosocial issues should be included on a separate page.
- At least 5 reports should focus on the discussion of the counselling/psychosocial issues in depth. A list of relevant management/treatment issues should be included on a separate page.
- In addition, 2 clinical general genetic case reports should be submitted. These should be written as outlined for trainees in clinical genetics.

More information
- Application for Consideration of Exceptional Circumstances
- Learning and assessment tool forms
- Guidelines for writing case reports

Learning Needs Analysis (LNA)

Purpose
To embed the process of planning and evaluating learning in the trainee’s practice.

Requirement
One per year, due by 31 January of the following year

More information
- Complete and submit the LNA via the Advanced Training Portal
- Learning Needs Analysis information sheet, workflow and other resources

Professional Qualities Reflection (PQR)

Purpose
### Professional Qualities Reflection (PQR)

To help trainees to articulate and formalise ideas and insights about their professional development through the process of reflection.

**Requirement**

One per year due by 31 January of the following year

**More information**

- Complete and submit the PQR via the Advanced Training Portal
- Professional Qualities Reflection information sheet and workflow

### Supervisor's Reports

**Purpose**

To evaluate and provide feedback on the trainee’s progress, which informs the certification of training decision. This is a summative assessment.

**Requirement**

One Supervisor’s Report is due per rotation, two per rotation for 12-month rotations

For Advanced Trainees in 12-month positions:

- One Supervisor’s Report is to be submitted by 15 July for the first six months of the calendar year.
- One Supervisor’s Report is to be submitted by 31 January of the following year covering the final six months of the calendar year.

For Advanced Trainees in positions of six months or less with separate supervisors, or at separate sites:

- One Supervisor’s Report should be completed for each rotation and submitted to the College by 15 July (for first half of the year) and 31 January the following year (for the second half of the year).

Advanced Trainees approaching the end of their training should submit a report that covers the whole second half of the year by 15 October.

The Supervisor’s Report must be completed by supervisors who have directly supervised the trainee. If the supervisor has not directly supervised the trainee throughout the whole rotation, the supervisor should obtain individual reports from those who have directly supervised the trainee and provide a composite report.

Supervisors should discuss the report with the trainee prior to both parties signing the report, and trainees should be provided with a copy of each report.

It is the trainee’s responsibility to ensure that all supervisors receive a copy of the Supervisor’s Report. Failure to do this may result in delays or non-certification of a period of training.

Progression to the next year of training is dependent upon the College receiving satisfactory Supervisor’s Report(s) covering the full year/period of training completed.

Trainees must provide copies of previous Supervisor’s Report(s) to the next year's/rotation’s supervisor. The College may provide subsequent supervisors with copies of past reports (and any other documents deemed relevant to the trainee’s training).

**More information**

- More information on Supervisor’s Reports
- Learning and assessment tool forms
- Progression Through Training Policy
### Other requirements

#### Courses and Meeting Attendance

**Approved University Genetics Course**
- Successful completion of an approved university genetics course, which includes coverage of:
  - segregation and linkage analysis
  - statistical approaches to risk interpretation
  - cytogenetics
  - molecular genetics
  - community genetics, including principles and practice of screening
  - developmental genetics
  - Please contact your Education Officer for a list of the approved courses.

**Tertiary Counselling Course**
- Completion of a tertiary counselling course (recommended)

**Meeting Attendance**
- Attendance at hospital meetings, journal clubs and conferences

#### Supervised Teaching and Laboratory Experience

**Supervised Teaching Experience**
- Supervised experience in teaching undergraduate and postgraduate students in medical and non-medical disciplines is desirable

**Laboratory Experience**
- Trainees must complete one week in each of the following settings:
  - cytogenetics diagnostic laboratory
  - molecular laboratory
  - biochemical genetics laboratory

#### Advanced Life Support (Paediatrics) course or equivalent (for New Zealand Paediatrics & Child Health trainees only)

**Purpose**
To provide trainees with the necessary skills and guidelines to support patients requiring resuscitation.

**Requirement**
This is a requirement for New Zealand Paediatrics & Child Health trainees only.

New Zealand Advanced Paediatric trainees who completed Basic Training prior to 2016 must complete an Advanced Life Support (paediatrics) course before the end of Advanced Training if this was not completed in Basic Training.

**Australia**: Not required

**New Zealand**: Trainees must complete an ALS course, or equivalent, prior to the completion of Advanced Training if this was not already completed during Basic Training. Trainees must submit a certified copy of their ALS certificate to the Advanced Training Unit as proof of their completion of the course.
**Developmental and Psychosocial Training**

*NB: Completion of the Developmental and Psychosocial component of paediatric training by clinical genetics trainees can be satisfied by completing all the requirements of Advanced Training in Clinical Genetics under the supervision of the ATC in Clinical Genetics. However, undertaking only a part of Advanced Training in Clinical Genetics will not satisfy this requirement.*

**Purpose**
To assist 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.

**Requirement**
This is a requirement for Paediatrics & Child Health trainees only.
- **Australia**: Once over entire training period (Basic Training and Advanced Training) for six months due by the end of Advanced Training
- **New Zealand**: Once over entire training period (Basic Training and Advanced Training) for three months due by the end of Advanced Training

**More information**
- [More information on Developmental and Psychosocial Training](#)
- [Learning and assessment tool forms](#)
# Research Requirements

## Research Projects (for trainees who commenced training before 2017)

<table>
<thead>
<tr>
<th>Requirement</th>
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</thead>
<tbody>
<tr>
<td><strong>For trainees who commenced training before 2017:</strong></td>
</tr>
<tr>
<td>One over the course of training due by 15 September in the final year of training.</td>
</tr>
<tr>
<td>Research Project proposal due by 15 September in the second year of training (however, 15 September of the first year for training is recommended).</td>
</tr>
<tr>
<td>should be completed during the course of training. Trainees should be able to complete the research project concurrently with clinical training. A report must be submitted at the end of the project.</td>
</tr>
<tr>
<td>The goals of the research project are for the trainee to gain experience in research methodology; to gain insight into the limitations and pitfalls of research in genetics; and to gain skills in critical evaluation of the research of others.</td>
</tr>
<tr>
<td>In general, these goals will be met by the trainee conducting or taking a major role in a research project which could lead to publication in a peer-reviewed journal. Published case reports are not acceptable for this purpose, although a substantial case series may be. For example, an acceptable case series would be one in which a trainee obtains ethics approval, locates and contacts a large number of patients, examines these patients, collates and analyses the data and then presents the findings in a report of appropriate standard.</td>
</tr>
<tr>
<td>In most instances, the trainee will be first author of the paper(s) submitted for assessment, although second or lower authorship may be acceptable if the trainee can demonstrate a substantial role in the project’s planning and execution. Mere provision of patient material to a research group will seldom, if ever, qualify.</td>
</tr>
<tr>
<td>It is not required that the work be published at the time of submission. Unpublishable work may still be acceptable if the trainee can demonstrate that the goals of the research project have been met. For example, if a trainee spends a substantial amount of time developing laboratory methods for an assay that consequently does not add any importance to the understanding of the topic, no publication is likely to result. Nevertheless, the trainee will clearly have met the goals of the project.</td>
</tr>
<tr>
<td><strong>Role of the project supervisor</strong></td>
</tr>
<tr>
<td>The role of the project supervisor is to assist the trainee in the selection of the project and project design, and to guide the trainee in completion of the project. The project supervisor is not a joint author.</td>
</tr>
<tr>
<td>The project supervisor is asked to certify that the project is ready for submission. Trainees must allow adequate time for their supervisor to read and provide feedback prior to the submission date.</td>
</tr>
<tr>
<td>The project supervisor is required to report on the trainee’s role in the research, including the amount of time spent actually conducting the research (in hours per week and number of weeks). In laboratory projects, it should be made clear which experiments the trainee carried out at the bench, and which work was done by other laboratory personnel.</td>
</tr>
<tr>
<td>Please see the link below to download the Research Project Supervisor’s Report, which will need to be completed by the project supervisor and submitted together with the research report.</td>
</tr>
<tr>
<td><strong>Acceptable project formats</strong></td>
</tr>
<tr>
<td>Projects should be presented in a standard suitable for publication, adhering to the usual norms of scientific writing. Projects should provide defined aims, study design, methodology, results and a discussion of outcomes. The conclusions should relate to the aims.</td>
</tr>
</tbody>
</table>

Suggested headings include:

- Abstract
### Research Projects (for trainees who commenced training before 2017)

- Introduction
- Materials and methods (including ethical consideration and patient recruitment)
- Results to date
- Discussion (including problems encountered)
- Conclusions
- Plans for the future.

In addition, projects should be written in sound English and be free from grammatical and typographical errors. A standard, consistent method of citing the literature should be used.

Each Advanced Trainee is required to submit one written project during the three years of Advanced Training. Each project will be assessed by two independent reviewers. The deadline for submission of a proposal for a research project is 15 September of the second year of training; however, it is strongly recommended that trainees submit a proposal by 15 September of the first year of training. The research report must be submitted by 15 September of the third year of training.

**More information**
- [Learning and assessment tool forms](#)
- [Education policies](#)

### Research Project (for trainees commencing training in 2017 onwards)

**Purpose**
To enable 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.

**Requirement**

*For trainees commencing training in 2017 onwards:*

One Advanced Training Research Project over the course of training due by the annual submission date of 15 September in any year before the end of Advanced Training.

The research project must be marked as satisfactory prior to admission to Fellowship. It is recommended that trainees submit their research project by the annual submission date in their penultimate year of training to allow time for marking and resubmission of research projects initially marked ‘Resubmit’.

**More information**
- [More information on Research Projects](#)
- [Research Projects eLearning@RACP module](#)
- [Education policies](#)
### Important dates

<table>
<thead>
<tr>
<th>Month</th>
<th>Activities to be completed this quarter</th>
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<tbody>
<tr>
<td><strong>January–March</strong></td>
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</table>
| 31 January     | - Previous year’s case report submission deadline for first year trainees who begin their first training rotation in August.  
                 - Previous year’s Supervisor’s Report and all PREP tools due for trainees not applying for Fellowship in December |
| 15 February    | - Applications for Approval of Advanced Training due |
| April–June     | - Case-based Discussion |
| **July–September** |                                     |
| 15 July        | - Supervisor’s Report due for all trainees |
| 31 August      | - Applications for Approval of Advanced Training for the second half of the year due |
| 15 September   | - Research Proposals, Research Projects and Research Report due for trainees commencing before 2017  
                 - Research Project due for trainees commencing in 2017 onwards |
| October–December |                                       |
| 15 October     | - Supervisor’s Report and all PREP tools due for trainees eligible for Fellowship in December  
                 - Case-based Discussion |

*Other activities to be completed this quarter*
More information

RACP policies

- Education policies
- Privacy Policy for Personal Information
- Code of Conduct and Working Together Policy

RACP initiatives

- Curated Collections are learning resource guides based on the contributions and peer review of RACP Fellows and other experts.
- Evolve is a physician-led initiative to ensure the highest quality patient care through the identification and reduction of low-value practices and interventions.
- Pomegranate Health Podcasts (Pomcast) is a monthly medical podcast created by physicians, for physicians.

Useful contacts

<table>
<thead>
<tr>
<th>Contact the College</th>
<th>Australia</th>
<th>New Zealand</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Member Services Contact Centre</strong></td>
<td>Email: <a href="mailto:racp@racp.edu.au">racp@racp.edu.au</a></td>
<td>Email: <a href="mailto:racp@racp.org.nz">racp@racp.org.nz</a></td>
</tr>
<tr>
<td>First point of contact for general enquiries.</td>
<td>Phone: 1300 69 7227</td>
<td>Phone: 0508 69 7227</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other College contacts</th>
<th>Australia</th>
<th>New Zealand</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education Officers</strong></td>
<td>Email: <a href="mailto:clinicalgenetics@racp.edu.au">clinicalgenetics@racp.edu.au</a></td>
<td>Email:</td>
</tr>
<tr>
<td>Education Officers administer the training program and can respond to training-related enquiries.</td>
<td>Phone: +61 2 8247 6218</td>
<td></td>
</tr>
<tr>
<td><strong>Training Support</strong></td>
<td>Email: <a href="mailto:trainingsupport@racp.edu.au">trainingsupport@racp.edu.au</a></td>
<td>Email: <a href="mailto:trainingsupport@racp.org.nz">trainingsupport@racp.org.nz</a></td>
</tr>
<tr>
<td>The Training Support Unit supports trainees and supervisors of trainees who are experiencing difficulties in their training.</td>
<td>Phone: +61 2 9256 5457</td>
<td>Phone: +64 4 472 6713</td>
</tr>
<tr>
<td><strong>Supervisor Support</strong></td>
<td>Email: <a href="mailto:supervisor@racp.edu.au">supervisor@racp.edu.au</a></td>
<td>Email:</td>
</tr>
<tr>
<td>The Supervisor Learning Support Unit provides and coordinates supervisor skills training.</td>
<td>Phone: +61 2 8076 6300</td>
<td></td>
</tr>
<tr>
<td><strong>College Trainees’ Committee</strong></td>
<td>Email: <a href="mailto:traineescommittee@racp.edu.au">traineescommittee@racp.edu.au</a></td>
<td>Email: <a href="mailto:traineescommittee@racp.org.nz">traineescommittee@racp.org.nz</a></td>
</tr>
<tr>
<td>The College Trainees’ Committee (CTC) reports to the College Board and represents and advocates on behalf of trainees.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>New Zealand Trainees’ Committee</strong></td>
<td>Email:</td>
<td></td>
</tr>
<tr>
<td>The New Zealand Trainees’ Committee represents and advocates on behalf of trainees.</td>
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<tr>
<td>Other contacts</td>
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<tr>
<td><strong>Specialty Societies</strong></td>
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<td>Specialty societies are medical/scientific societies that bring together research and clinical scientists and physicians who are actively involved in a particular area of medical practice, e.g. cardiology, geriatric medicine. The specialty societies are independent organisations that contribute to physician education through their members’ involvement in College education committees and activities.</td>
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</tbody>
</table>

**Human Genetics Society of Australasia (HGSA)**

The Human Genetics Society of Australasia (HGSA) was formed in 1977 to provide a forum for the various disciplines collected under the title of Human Genetics. The HGSA is a full member of the International Federation of Human Genetics Societies and holds an Annual Scientific Meeting each year, with visiting international and national speakers.

**Australasian Association of Clinical Geneticists (AACG)**

The Australasian Association of Clinical Geneticists (AACG) is the peak professional body representing Clinical Genetics physicians/paediatricians in Australia and New Zealand.