



The Royal Australasian
College of Physicians

Physician Readiness for Expert Practice
Advanced Training in General and Acute Care Medicine
2016 Program Requirements Handbook

Adult Medicine Division



Updates to this handbook for 2016

Changes to program requirements	Rationale for changes
The Trainees Report is a new requirement for Australian trainees. It will be completed as an appendix in the Final Supervisors Report. New Zealand Trainees will also complete this requirement as an appendix in the Final Supervisors Report.	To align requirements between Australia and New Zealand.
The Professional Qualities Reflection is now a mandatory requirement. One is required per year.	To increase the opportunities for trainees to reflect on learning about professional areas of practice.
The Mini-Clinical Evaluation Exercise is no longer a requirement for Australian and New Zealand trainees.	To reduce number of PREP tool requirements and to provide trainees with greater flexibility and sufficient time to complete other mandatory tools such as PQR.
Inpatient Acute Geriatrics has been removed as a rotation type for Group A rotations.	To ensure that trainees gain a breadth of General and Acute Care Medicine training, as Geriatric Medicine is already included in Group B rotations.

Changes to handbook content
<i>Handbook content is revised every year. Sections of this handbook have been updated for ease of access to information and reworded to clarify and enhance content for trainees and supervisors.</i>

Quick links

Section	Description
Program overview	An at-a-glance guide providing key information about the training program.
Requirements overview	An at-a-glance guide to the requirements of the training program.
Important dates	A list of due dates and recommended timeframes for completing training requirements.
Education policies	Contains a list of education policies with hyperlinks to each policy document on the College website.
Trainee responsibilities	Outlines the responsibilities of trainees as adult learners in the training program.
College support for trainees	Provides information about activities that the College undertakes to support trainees.
Supervision roles	Outlines relevant supervision roles.
College support for supervisors	Provides a brief summary of the College's Supervisor Support Strategy, with links to the College website for further information.
Glossary of terms	Provides definitions for terminology and acronyms used in this handbook.

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Introduction

About this handbook

This handbook outlines the complete program requirements for the Royal Australasian College of Physicians (the College) Physician Readiness for Expert Practice (PREP) Advanced Training in General and Acute Care Medicine.

Over the course of the training program, trainees must carry out a variety of teaching and learning activities, assessments and other program requirements in consultation with their supervisors. Satisfactory completion of the requirements set out in this handbook is a prerequisite for admission to Fellowship of the College or completion of post-Fellowship training.

This handbook includes information for both Australian and New Zealand based trainees and supervisors. Where not specified as being particular to either Australia or New Zealand, information applies to trainees and supervisors in both countries.

This handbook helps trainees to satisfy the requirements for progressing through and completing this training program.

This handbook helps supervisors to identify training program requirements and facilitate learning experiences for trainees under their supervision.

2016 edition

This handbook applies to trainees registered in Australia or New Zealand in 2016. Program requirements as specified in the handbook apply to all trainees in a PREP program, 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.

Overseeing committees regularly evaluate their training requirements to ensure that they are in line with educational best practice, and requirements are published and communicated annually. 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.

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The training program

Advanced Training:

- provides a 'depth' of training in a specialty field under supervision
- builds on the skills developed in preceding training while increasing in complexity, sophistication and responsibility
- prepares trainees for independent practice as consultants.

Program overview

Table 1 – Overview of Advanced Training in General and Acute Care Medicine

Program	Advanced Training in General and Acute Care Medicine
Overseeing committees	Advanced Training Committee in General and Acute Care Medicine (Australia) Advanced Training Committee in General and Acute Care Medicine (New Zealand)
Entry requirements	<ul style="list-style-type: none">• Completion of RACP Basic Physician Training, including the RACP Written and Clinical Examinations• Appointment to an appropriate Advanced Training position• Current medical registration
Minimum duration	3 years (full-time equivalent (FTE))
Curricula	General and Acute Care Medicine Advanced Training Curriculum Professional Qualities Curriculum
Qualification	Fellowship of the Royal Australasian College of Physicians (FRACP)

Entering the program

Trainees may commence an Advanced Training Program following satisfactory completion of Basic Training requirements, including success in the Divisional Written and Clinical Examinations, and appointment to an appropriate Advanced Training position.

Candidates must secure an Advanced Training position at a suitable training site. Core training usually needs to be undertaken at training sites accredited by the College for Advanced Training in the relevant specialty. For further information about the accreditation of training settings, please refer to the [Accreditation of settings](#) section of this handbook.

Some specialty groups conduct coordinated selection processes for appointing trainees to training positions. Details of participating states, regions and specialties are available on the [College website](#) from June each year.

Please note that the College is not responsible for trainee recruitment and has no role in the recruitment process.

Once trainees have secured a training position, they must apply for the approval of their training in accordance with the due dates detailed in *Tables 2 and 3*. Applications can be made online via the [College website](#). Trainees must organise the timely submission of all necessary documentation and keep a copy of the application for future reference.

Table 2 – Closing dates for applications in Australia

15 February	Closing date for applications for prospective approval of rotations in the current year
31 August	Closing date for applications for prospective approval of rotations in the second half of the current year

Table 3 – Closing dates for applications in New Zealand

31 March	Closing date for applications for prospective approval of April–August rotations
31 May	Closing date for applications for prospective approval of rotations in the second half of the current year and August-December rotations
31 October	Closing date for applications for prospective approval of rotations in the first half or whole of the following year and December-April rotations

Re-registration

Throughout training trainees must continue to maintain registration with the College. All training periods must be applied for prospectively and approved, as set out in the [Progression through Training policy](#).

Training fees

Information about current training fees and terms and conditions is available on the [College website](#).

Curricula

RACP curriculum standards outline the learning objectives and associated knowledge, skills, attitudes and behaviours required of graduates of College training programs.

The program-specific curriculum standards are to be used in conjunction with the Professional Qualities Curriculum, which outlines the range of non-clinical/non-program-specific knowledge, skills, attitudes and behaviours required of, and commonly used by, all physicians regardless of specialty or area of expertise.

The program-specific and Professional Qualities curricula can be found on the [College website](#).

The curricula enable trainees to:

- clarify expectations of their training outcomes, by clearly identifying the knowledge, skills and experiences they should acquire during training
- assess their progress, set their learning goals and evaluate the suitability of their training experiences
- demonstrate the knowledge and skills they have acquired during a training term
- identify the areas of knowledge and skill that require further development.

Reading the curricula will help trainees to gauge what skills and attributes are required in their chosen specialty. It may also help guide their future learning in terms of the experiences and jobs they will need to plan for in order to meet the training requirements.

Program requirements and policies

Requirements overview – Australia

Core training (minimum 24 months)	Non-core training (maximum 12 months)
Content	
<ul style="list-style-type: none"> • General and Acute Care Medicine Advanced Training Curriculum • Professional Qualities Curriculum 	<ul style="list-style-type: none"> • General and Acute Care Medicine Advanced Training Curriculum • Professional Qualities Curriculum
Supervision	
<p>Per general medicine rotation:</p> <ul style="list-style-type: none"> • 1 supervisor with FRACP actively practising in general medicine • A second supervisor with FRACP <p>Per medical specialty rotation:</p> <ul style="list-style-type: none"> • 2 supervisors, each with either FRACP or Fellowship of another College (appropriate to the rotation) 	<p>Per medical specialty rotation:</p> <ul style="list-style-type: none"> • 2 supervisors, each with either FRACP or Fellowship of another College (appropriate to the rotation)
Teaching and learning requirements	
<p>Per training year:</p> <ul style="list-style-type: none"> • 1 Learning Needs Analysis. • 1 Professional Qualities Reflection 	<p>Per training year:</p> <ul style="list-style-type: none"> • 1 Learning Needs Analysis • 1 Professional Qualities Reflection
Assessment	
<p>Per rotation:</p> <ul style="list-style-type: none"> • 1 Final Supervisor's Report • 1 Trainee's Report (as part of the Final Supervisors Report) • 1 Mid-Year Progress Report (for 12-month rotations only) <p>Per training year:</p> <ul style="list-style-type: none"> • 1 Case-based Discussion 	<p>Per rotation:</p> <ul style="list-style-type: none"> • 1 Final Supervisor's Report • 1 Trainee's Report (as part of the Final Supervisors Report) • 1 Mid-Year Progress Report (for 12-month rotations only) <p>Per training year:</p> <ul style="list-style-type: none"> • 1 Case-based Discussion

By the end of Advanced Training:

[36 months of certified training time](#) consisting of:

- 24 months of [core training](#):
 - 6 months [general medicine training](#)
 - 6 months [Group A training](#)
 - 6 months [Group B training](#)
 - 6 months [Group C training](#) OR an additional 6 months [Group B training](#)
- 12 months of [non-core training](#)
- 2 [research projects](#)

Requirements overview – New Zealand

Core training (minimum 24 months)	Non-core training (maximum 12 months)
Content	
<ul style="list-style-type: none"> • General and Acute Care Medicine Advanced Training Curriculum • Professional Qualities Curriculum 	<ul style="list-style-type: none"> • General and Acute Care Medicine Advanced Training Curriculum • Professional Qualities Curriculum
Supervision	
<p>Per general medicine rotation:</p> <ul style="list-style-type: none"> • 1 supervisor with FRACP actively practising in general medicine • A second supervisor with FRACP <p>Per medical specialty rotation:</p> <ul style="list-style-type: none"> • 2 supervisors, each with either FRACP or Fellowship of another College (appropriate to the rotation) 	<p>Per medical specialty rotation:</p> <ul style="list-style-type: none"> • 2 supervisors, each with either FRACP or Fellowship of another College (appropriate to the rotation)
Teaching and learning requirements	
<p>Per rotation:</p> <ul style="list-style-type: none"> • 1 Learning Needs Analysis <p>Per year:</p> <ul style="list-style-type: none"> • 1 Professional Qualities Reflection 	<p>Per rotation:</p> <ul style="list-style-type: none"> • 1 Learning Needs Analysis <p>Per year:</p> <ul style="list-style-type: none"> • 1 Professional Qualities Reflection
Assessment	
<p>Per rotation:</p> <ul style="list-style-type: none"> • 1 Final Supervisor's Report • 1 Trainee's Report (as part of the Final Supervisors Report) • 1 Mid-Year Progress Report (for 12-month rotations only) • 1 Case-based Discussion 	<p>Per rotation:</p> <ul style="list-style-type: none"> • 1 Final Supervisor's Report • 1 Trainee's Report (as part of the Final Supervisors Report) • 1 Mid-Year Progress Report (for 12-month rotations only) • 1 Case-based Discussion

By the end of Advanced Training:

[36 months of certified training time](#) consisting of:

- 24 months of [core training](#):
 - 6 months [general medicine training](#)
 - 6 months [Group A training](#)
 - 6 months [Group B training](#)
 - 6 months [Group C training](#) OR an additional 6 months [Group B training](#)
- 12 months of [non-core training](#)
- 2 [research projects](#)

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 certification of training, both annually and when determining completion of training.

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

The College regularly evaluates training requirements to ensure that they are in line with educational best practice. Requirements are published and communicated annually. 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 responsibility of the trainee to ensure that they read and follow the correct requirements.

Program requirements are set out in the tables below.

Time-based requirements

Training time and rotations
Purpose To ensure adequate time for trainees to gain necessary learning experiences across a range of relevant rotations.
Total training time 3 years FTE
Training rotations 36 months of certified training time consisting of: <ul style="list-style-type: none">• 24 months of core training:<ul style="list-style-type: none">○ 6 months general medicine training○ 6 months Group A training○ 6 months Group B training○ 6 months Group C training <i>OR</i> an additional 6 months Group B training• 12 months of non-core training

Definition of core training

A minimum of 24 months FTE must be spent in accredited clinical training positions under supervision.

The ATCs in General and Acute Care Medicine in both Australia and New Zealand require that trainees complete certain rotations before being awarded Fellowship in General and Acute Care Medicine.

Rotations should be at least six months in duration. Four-month roles will be considered, providing they form a component of a full year's continuous program (i.e. three four-month rotations).

Terms of three months or less will not be approved for core training. Night and relief rotations will not under any circumstances be considered towards Advanced Training in General and Acute Care Medicine.

Part-time training will be dealt with under the *Flexible Training policy*, and trainees are encouraged to apply for part-time rotations of at least six months duration, e.g. six months at 0.5 FTE, equivalent to three months. In addition, the ATC will accept rotations equivalent to FTE training, i.e. six months at 0.5 FTE or four months at 0.75 FTE, as non-core training.

In New Zealand three-month rotations may be permitted. Some hospitals offer four-month rotations that are not part of a full year's continuous program and trainees are permitted to apply for these rotations. Note that training sites with prospective trainees applying for Advanced Training may contact the ATC to confirm the requirements of Advanced Training.

Of the required 24 months, in both Australia and New Zealand, trainees must obtain:

- 6 months experience in general medicine,
- 6 months in acute (Group A),
- 6 months in Group B, and;
- Either six months in Group C *or* an additional six months in Group B.

Trainees are expected to obtain broad experience outside of general medicine type rotations. In general, only 12 months of core training will be allowed in generalist type roles. Therefore, after six months of core general medicine, only one six month rotation of Acute Assessment Unit, perioperative medicine, obstetric medicine, or senior medical registrar will be accredited as core terms. Thereafter, terms in these areas will be deemed to be non-core training.

Rotations categorised as Group A, B or C have decreasing levels of acuity. Not all positions in the same medical specialty will qualify for the same status, as this will depend upon the actual work done and the level of acuity.

Some examples of rotation categories are provided below. Each rotation will need to be prospectively approved by the ATC, based on its description. The ATC expects that local hospital supervisors and mentors will know into which category a position falls, based on experience with trainees who have undertaken the role in the past.

It is very important for trainees to fully and accurately describe the nature of the rotation in their Application for Prospective Approval of Advanced Training, so that they receive the appropriate classification.

General Medicine Advanced Training rotations

Suitable training rotations involve:

- a minimum of two supervised ward rounds per week
- the admission of acute patients, based on a roster (minimum of one-in-seven basis)
- attending inpatients as a lead doctor, daily
- retaining responsibility for these patients for the duration of care (with medical team)
- attending at least one general medicine outpatient clinic per week
- having a role in a multidisciplinary team.

Example training settings include:

- General medicine registrar.

Rotations in some hospitals associated with an acute assessment ward still fit into the general medicine category.

Group A rotations

The purpose of these rotations is for the trainee to gain experience in the management of patients with acute, life-threatening physiological disturbance.

These rotations require the following:

- daily supervised ward rounds and/or consultant contact
- a level of autonomy
- the admission of acute patients with life-threatening diseases to one's own team, based on a roster (in and after hours)
- possibly working within a roster requiring evening and night shifts.

Example training settings include:

- Cardiology – coronary care unit
- Intensive care unit
- Acute medical unit
- Acute stroke unit (preferably with thrombolytic availability)
- Emergency medicine.

Group B rotations

The aim of these rotations is to provide the trainee with experience in the management of inpatients throughout the course of acute illness, including the planning of patient discharge, aftercare and follow-up. Ideally, these rotations should involve exposure to other medical specialties, or might include the provision of general and acute care medicine consultative services and other services within the faculty, such as surgery and obstetrics.

These rotations require the following:

- a minimum of two supervised ward rounds per week
- a focus on inpatients
- involvement in a team responsible for consultations with inpatients who are primarily managed by other teams/units
- a component in acute care, although not substantial
- a significant outpatient workload (minimum of two clinics per week).

Example training settings include:

- Cardiology – inpatient ward
- Gastroenterology/hepatology
- Haematology/medical oncology
- Geriatric medicine
- Inpatient rehabilitation medicine

- Neurology
- Nephrology
- Infectious diseases
- Obstetric medicine support services
- Peri-operative medicine.

Group C rotations

The focus of these rotations is to provide the trainee with experience in the longitudinal care of patients, particularly focusing on experience in the care of patients with chronic or complex diseases. It is expected that such rotations provide some training/experience in resolving issues too complex to be easily managed in a primary care setting.

Research, medical management or medical education terms are acceptable alternatives.

These rotations involve the following:

- predominantly outpatients or non-acute inpatient referrals
- responsibility for less than four acute inpatients at any one time
- the possibility of an inpatient workload made up of arranged admissions or in-hospital transfers
- the possibility of primarily conducting research or teaching activities, with no significant patient contact
- some administrative roles.

Example training settings include:

- Cardiology – chronic disease management in heart failure
- Endocrinology/diabetes
- Rheumatology
- Immunology/allergy
- Clinical pharmacology
- Community-based palliative medicine
- Research/quality assurance
- Chronic disease management
- Medical administration*
- Many Senior Registrar in Medicine/Chief Resident roles.

* Rotations must include a clinical component in the form of clinics and ambulatory care. Rotations with no patient contact would not be considered Core Group C training.

Definition of non-core training

A maximum of 12 months of non-core training may be undertaken in clinical training in other disciplines. The ATCs in General and Acute Care Medicine will prospectively approve, on a case-by-case basis, only those rotations that fall under non-core training.

The allowance of 12 months of non-core training time provides trainees with the flexibility to seek 12-month positions. In this case, six months will usually count towards either Group A, B or C's requirements and six months will be non-core training. Terms between one and three months duration will only be eligible for non-core training.

Training time in Australia/New Zealand

At least 24 months of core training must be undertaken in Australia and/or New Zealand.

Dual training

Trainees undertaking [dual training](#) should be aware that a maximum of 6 months of their specialty training will be counted as core training for General and Acute Care Medicine. For example:

- a trainee in Respiratory Medicine and Sleep Medicine can count one six-month term of Respiratory Medicine or Sleep Medicine towards core training in General and Acute Care Medicine, but not both terms.
- a trainee in Gastroenterology can count only one term of Gastroenterology or Hepatology as core General and Acute Care Medicine training, not both terms.

Where uncertainty exists, please contact the ATC early to clarify which training will be certified.

Dual training in General and Acute Care Medicine and another training program must consist of at least four years of training (full-time equivalent). It is strongly recommended that trainees plan their training as early as possible to map out the training requirements of both programs.

Supervision

Supervision
Purpose To provide trainees with appropriate support and guidance to complete the training program.
Core training Per general medicine rotation: <ul style="list-style-type: none">• 1 supervisor with FRACP actively practising in general medicine• A second supervisor with FRACP Per medical specialty rotation: <ul style="list-style-type: none">• 2 supervisors, each with either FRACP or Fellowship of another College (appropriate to the rotation)
Non-core training Per medical specialty rotation: <ul style="list-style-type: none">• 2 supervisors, each with either FRACP or Fellowship of another College (appropriate to the rotation)
More information and resources Supervisor Support Roles and Workshops

Teaching and learning activities

PREP teaching and learning activities are designed to support reflective practice and self-directed learning. A variety of teaching and learning activities 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.

Learning Needs Analysis
Purpose To embed the process of planning and evaluating learning in the trainee's practice.
Frequency <i>Australia:</i> One per year <i>New Zealand:</i> One per rotation
Timing <i>Australia:</i> Early in the year <i>New Zealand:</i> Early in the rotation
Deadline for completion <i>Australia:</i> 31 January 2017 <i>New Zealand:</i> By end of training rotation
Training type Core and non-core training
Description <p>A Learning Needs Analysis involves the trainee creating a learning plan that outlines their learning objectives and goals for their current rotation. Trainees must refer to this throughout their rotation. At the conclusion of each training rotation, the trainee must evaluate their learning plan to determine whether they have achieved their desired goals, and identify additional areas to focus on in the future.</p> <p>The Learning Needs Analysis is linked to the learning objectives in the relevant program-specific curriculum and the Professional Qualities Curriculum. This tool helps trainees and supervisors to determine the learning opportunities that may be available for a given term. It can also facilitate discussions between a trainee and their supervisor, by allowing a trainee to identify particular skills and procedures that they would like to learn as they start their training rotation. Furthermore, it will allow trainees to review their progress on their learning plans at the end of each rotation.</p> <p>The Learning Needs Analysis is accessed via the Advanced Training Portal.</p>
More information and resources Learning Needs Analysis information sheet, workflow and other resources

Professional Qualities Reflection
<p>Purpose</p> <p>To help trainees to articulate and formalise ideas and insights about their professional development through the process of reflection.</p>
<p>Frequency</p> <p>One per year</p>
<p>Deadline for completion</p> <p><i>Australia:</i> 31 January 2017 <i>New Zealand:</i> By 31 October 2016</p>
<p>Description</p> <p>The purpose of the Professional Qualities Reflection is for trainees to articulate and formalise ideas and insights about their professional development through the process of reflection. The Professional Qualities Reflection is designed to:</p> <ul style="list-style-type: none"> • encourage critical thinking and reflection about trainees' learning experiences • provide a structure for trainees to reflect on an event or series of events that have had an impact on their practice • facilitate the development of trainees' ethical attitudes and behaviours • help trainees identify the link between their everyday experiences and the domains of the Professional Qualities Curriculum. <p>Trainees create a Professional Qualities Reflection via the Training Portal. Using the Professional Qualities Reflection online form, trainees:</p> <ul style="list-style-type: none"> • describe the event or series of events that have impacted on them professionally • reflect on themselves as observers to the event or series of events and explain their responses, including why they responded the way they did • describe insights they have gained from reflecting on the event or series of events and how the insights assisted them in developing their medical professionalism. <p>The supervisor then guides a discussion of the event with the trainee. In this discussion the supervisor encourages the trainee to critically reflect on the event, through analysis of the event and the associated issues and insights the trainee may have gained.</p> <p>The Professional Qualities Reflection is accessed in the Advanced Training Portal.</p>
<p>More information and resources</p> <p>Professional Qualities Reflection information sheet and workflow</p>

Assessments

Trainees are required to complete both 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.

Case-based Discussion
Purpose To guide the trainee's learning through structured feedback and help the supervisor evaluate the expertise and judgement exercised in clinical cases. Case-based Discussion is a formative assessment.
Frequency <i>Australia:</i> One per year <i>New Zealand:</i> One per training rotation
Timing <i>Australia:</i> Any time during the year <i>New Zealand:</i> Any time during the rotation
Deadline for completion <i>Australia:</i> 31 January 2017 <i>New Zealand:</i> By end of training rotation
Training type Core and non-core training
Description A Case-based Discussion encounter involves a comprehensive review of a clinical case (or cases) between an Advanced Trainee and an assessor. The encounter evaluates the level of professional expertise and judgement exercised in clinical cases by a trainee. A Case-based Discussion encounter takes approximately 30 minutes, including feedback. The trainee is given feedback from the assessor across a range of areas relating to clinical knowledge, clinical decision making and patient management. The trainee must enter the data from the completed RACP Case-based Discussion rating form into the Advanced Training Portal as part of their record of training.
More information and resources Case-based Discussion information sheet, workflow, rating form and other resources

Mid-Year Progress Report	
Purpose	To provide trainees with structured feedback on their performance over the first six months of a 12-month rotation. This is a formative assessment.
Frequency	One per 12-month rotation
Timing	Completed mid-rotation
Deadline for completion	<i>Australia:</i> 15 July 2016 <i>New Zealand:</i> 31 May 2016 or 31 October 2016
Training type	Core and non-core training
Description	<p>The Mid-Year Progress Report is a formative assessment of the first half of a trainee's year of training during 12-month positions, completed by the trainee's supervisor(s).</p> <p>If the trainee's supervisor has not directly supervised the trainee throughout the first half of the year, they should obtain individual reports from those who have directly supervised the trainee and provide a composite report.</p> <p>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 submitted to the College. The College retains the right to provide subsequent supervisors with copies of past reports.</p> <p>A Mid-Year Progress Report needs to be completed for Advanced Trainees in 12-month positions in Australia and submitted to the College by 15 July.</p> <p>A Mid-Year Progress Report needs to be completed for Advanced Trainees in 12-month positions in New Zealand and submitted to the College by 31 May or 31 October 2016, depending on the midpoint of the rotation (i.e. 31 May is the deadline for December to December rotations and 31 October is the deadline for June-June rotations).</p> <p>A Mid-Year Progress Report is not required for trainees in positions of six months or less. These trainees should submit a Final Supervisor's Report for each rotation.</p>
More information and resources	<p>Mid-Year Progress Report (Australia)</p> <p>Mid-Year Progress Report (New Zealand)</p>

Final Supervisor's Report	
Purpose	To evaluate and provide feedback on the trainee's progress, which informs the certification of training decision. The Final Supervisor's Report is a summative assessment, and also includes the Trainee Report Appendix.
Frequency	One per rotation
Timing	See below
Deadline for completion	<p><i>Australia</i></p> <p>For Advanced Trainees in 12-month positions:</p> <ul style="list-style-type: none"> a Final Supervisor's Report is to be submitted to the College by 31 January of the following year. <p>For Advanced Trainees in positions of six months or less with separate supervisors, or at separate sites:</p> <ul style="list-style-type: none"> a Final 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). <p>For Advanced Trainees in their final year:</p> <ul style="list-style-type: none"> a Final Supervisor's Report is to be submitted to the College by 15 October. <p><i>New Zealand</i></p> <p>For Advanced Trainees in 12-month positions:</p> <ul style="list-style-type: none"> a Final Supervisor's Report must be submitted to the College by 31 October. <p>For Advanced Trainees in three-, four- or six-month positions:</p> <ul style="list-style-type: none"> a Final Supervisor's Report must be completed for each rotation and submitted to the College by 31 May (for rotations in the first half of the year) and 31 October (for rotations in the second half of the year).
Training type	Core and non-core training
Description	<p>The Final Supervisor's Report is a summative assessment of the trainee's period of training completed by their supervisor(s). The Final 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.</p> <p>Progression to the next year of training is dependent upon the College receiving satisfactory Final Supervisor's Report(s) covering the full year/period of training completed.</p> <p>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).</p> <p>Trainees should refer to the Progression through Training policy for further information.</p> <p>Trainees report appendix</p> <p>Trainees are also required to complete the trainees report appendix to the Final Supervisor's Report. The intent of this appendix is for the Trainee to provide further information to the ATC regarding the rotation.</p>

More information and resources

[Final Supervisor's Report \(Australia\)](#)

[Final Supervisor's Report \(New Zealand\)](#)

Research projects
<p>Frequency</p> <p>Two over the course of training</p>
<p>Timing</p> <p>One project to be assessed as satisfactory by the end of the trainee's second year of training; the second project is to be assessed as satisfactory by the completion of Advanced Training</p>
<p>Deadline for completion</p> <p><i>Australia:</i> Due to the College by 15 September <i>New Zealand:</i> Due to the College by 31 October</p>
<p>Training type</p> <p>Core and non-core training</p>
<p>Description</p> <p>Each Advanced Trainee is required to submit two written research projects during their three years of Advanced Training. If the trainee commenced Advanced Training in General and Acute Care Medicine prior to 2011 in Australia, they will also be required to submit two written research projects.</p> <p>Each project will be assessed by two ATC reviewers. One project should be submitted and assessed as satisfactory by the end of the second year of training in order to progress through to the third year of training.</p> <p>These projects are to be of a publishable standard. Ideally, projects should be presented at a peer-review meeting, or submitted for publication; however, the ATC recognises that this is not always possible.</p> <p>The projects are marked by members of the ATC. There are three possible marks a member may award a candidate: satisfactory, borderline, or unsatisfactory. Trainees require two satisfactory marks to have a project certified. Where one of only two assessors awards a borderline mark, another ATC panel member will mark the paper. Where two satisfactory results are not awarded, the trainee will be invited to re-submit the project. If the project is deemed unsatisfactory after re-submission, the project will not be further considered by the ATC.</p> <p>Projects should be written in English prose and should use correct grammar and punctuation. They should be proofread prior to submission and presented in a legible typeface of at least 11 point size and 1.5 line spacing.</p> <p>References must be presented in a consistent format, and must be sufficiently detailed to enable the assessor to check them, if desired. Projects are to be submitted electronically via email.</p> <p>Projects completed as part of another Advanced Training Program</p> <p>The ATC may accept projects that have been counted towards another RACP Advanced Training Program. These projects must be marked as satisfactory by two representatives of the other Education Committee before the ATC will consider accepting the project.</p> <p>Trainees who would like to request consideration of a project completed as part of another specialty training program should contact the Education Officer as soon as possible.</p> <p>Requests to have a project accepted will be considered by the ATC on a case-by-case basis. Acceptance by another Education Committee does not guarantee acceptance towards general medicine requirements.</p> <p>Role of the supervisor</p> <p>The trainee and their supervisor should meet early in the course of training to devise the projects that will be undertaken. Once the projects are decided, the supervisor should meet with the trainee on a regular basis to ensure that the project is progressing and conforms to the</p>

Research projects

guidelines. The supervisor should review the final project, and is responsible for the final sign-off of the project prior to ATC evaluation.

Acceptable project formats

Projects fall into several categories. The following is only a guide, and is not prescriptive. **Only one case report/case series will be accepted.** The other project must be from a separate category. Projects can take any of the following formats:

Case report

Generally this should describe a new or novel aspect of a particular case. The cases may be sourced from any aspect of adult medicine. The cases should include a detailed description of the case and a detailed review of the available literature. Published case reports that are essentially “letters to the editor” of a medical journal are usually too short on detail and inadequately referenced to be satisfactory.

Sample length¹: 2000 words (excluding references)

Case series

This must include at least three related cases of an interesting condition. A detailed discussion must be included.

Sample length¹: 3000 words (excluding references)

A poster presentation at a peer-review meeting

This represents work of appropriate standard, but should be re-drafted in prose rather than dot-point form, and generally requires a more detailed literature review appended. Copies of slides from an oral presentation are not acceptable on their own, and also require re-drafting into prose form.

Audit

This should be an audit of an area of interest to the trainee. It may audit a novel project or a program within the hospital. A detailed discussion of the findings is expected.

Sample length¹: 2000–3000 words (excluding references)

Narrative review

This should be a detailed review of an area of interest to the trainee. The narrative review should form the basis of practice for the trainee in the future.

Sample length¹: 5000 words and approximately 30–50 references

Research project/higher study

This may count for one project where the ATC deems that sufficient planning and implementation has taken place. As a guide, two chapters of a thesis or two subjects in a course-work Master’s Program would normally be sufficient. In general, a research project would include a specific intervention, or the systematic evaluation of a new test.

Sample length¹: 4000–6000 words (excluding references)

¹ The recommended length is indicative only.

NB: Trainees entering Advanced Training from 2011 will not be able to submit evidence of assisting with the organisation of an FRACP exam as their research project. Abstracts of papers and PowerPoint slides will also not be accepted.

Information and training resources

[Project report cover sheet](#)

Education policies

The policies listed below underpin all training requirements and are available on the [Education policy web page](#) together with frequently asked questions and at-a-glance guides.

Education policy	Description
Academic Honesty and Plagiarism	Defines the responsibilities of trainees enrolled in College education programs (Division, Faculty or Chapter) in relation to academic honesty and plagiarism, and describes a process for dealing with identified cases of plagiarism (intentional and unintentional).
Accreditation of Training Settings	Defines the aims, principles, criteria and process for the accreditation of training settings for trainees enrolled in education programs provided by the College.
Assessment of Overseas Trained Physicians (Australia)	Defines the College's (including its Divisions, Chapters and Faculties) framework for determining if the training and experience of an overseas trained physician/ paediatrician (OTP) is 'substantially comparable', 'partially comparable', or 'not comparable' to that of an Australian-trained physician/paediatrician. The policy details the assessment process and possible outcomes, including additional assessment requirements for OTP applicants for specialist recognition, appointment to an Area of Need position, and Fellowship of the College and/or its Chapters and Faculties.
Assessment of Overseas Trained Physicians (New Zealand)	Defines the framework used by the College (including its Divisions, Faculties and Chapters) for determining if the training, qualifications and experience of an OTP are comparable/equivalent to that of a New Zealand-trained physician/paediatrician. The policy details the assessment process and possible outcomes, including additional assessment requirements, for OTP applicants for vocational registration.
Case-based Discussion	Defines the requirements for the Case-based Discussion for any College training program requiring use of the tool.
Continuing Professional Development Participation	Defines the continuing professional development (CPD) participation requirements for College Fellows and OTPs under peer review/supervision. This includes Fellows and OTPs of the Divisions, Faculties and Chapters.
Flexible Training	Defines the provisions for College trainees (Division, Faculty or Chapter), including Fellows in training, around time limit to complete training, leave entitlements, part-time training, and interrupted training, including parental leave.
Learning Needs Analysis (LNA)	Defines the requirements for the Learning Needs Analysis for any College training program requiring use of the tool.
Mini-Clinical Evaluation Exercise (Mini-CEX)	Defines the requirements for the mini-Clinical Evaluation Exercise for any College training program requiring use of the tool.
Participation by Fellows in Preparatory Courses for Assessments	Defines the obligations of Fellows in relation to participation in preparatory courses (commercial and non-commercial) or training sessions for centrally administered College assessments.

Education policy	Description
<u>Professional Qualities Reflection (PQR) (formerly known as Significant Incident Analysis Tool)</u>	Defines the requirements for the Professional Qualities Reflection (formerly known as Significant Incident Analysis Tool [SIAT]) for any College training program requiring use of the tool.
<u>Progression through Training</u>	Defines the requirements for College trainees (including Fellows in training) to gain certification of satisfactory progress in, and completion of, a College training program (Division, Faculty or Chapter).
<u>Recognition in a Subspecialty without completion of the relevant Advanced Training Program (Divisions)</u>	Defines the requirements for College Fellows (Adult Medicine or Paediatrics & Child Health) to be recognised by the College in a specialty different from that in which their Advanced Training Program was undertaken, or in a specialty undertaken before Training Committees were established, on the basis of prior certified or experiential learning achieved through a substantial period of professional practice, acquired competence and professional development in that specialty.
<u>Recognition of Prior Learning</u>	Defines the requirements for recognition of prior learning (RPL) for trainees (in Australia and New Zealand) enrolled in College education programs (Division, Faculty or Chapter).
<u>Special Consideration for Assessments</u>	Defines the requirements and processes for dealing with requests for special consideration in relation to centrally administered assessments undertaken by College trainees (in Australia and New Zealand).
<u>Trainee in Difficulty Support Policy</u>	Defines the meaning of difficulty in the context of RACP training, and the principles to be employed by the trainee, the supervisor and the College when a difficulty is identified, and the roles and responsibilities of the parties involved. The Trainee in Difficulty Support Process is a framework that will facilitate the provision of support to trainees who find themselves in difficulty during the course of RACP training (Division, Faculty or Chapter).

Important dates – Australia

January–March
<i>15 February</i> <ul style="list-style-type: none">• Applications for Approval of Advanced Training due
April–June
<i>Activities to be completed this quarter</i> <ul style="list-style-type: none">• Learning Needs Analysis
July–September
<i>15 July</i> <ul style="list-style-type: none">• Mid-Year Progress Report for trainees in 12-month positions due• Final Supervisor’s Report for trainees in less than 12-month positions due (including trainees report appendix) <i>31 August</i> <ul style="list-style-type: none">• Applications for Approval of Advanced Training for the second half of the year due <i>Other activities to be completed this quarter</i> <ul style="list-style-type: none">• Case-based Discussion
October–December
<i>15 October</i> <ul style="list-style-type: none">• Final Supervisor’s Report due for trainees who are eligible for December 2016 Fellowship (including trainees report appendix) <i>Other activities to be completed this quarter</i> <ul style="list-style-type: none">• Learning Needs Analysis self-evaluation• Professional Qualities Reflection
January 2017
<i>31 January</i> <ul style="list-style-type: none">• 2016 Final Supervisor’s Report due for trainees not applying for Fellowship in December 2016 (including trainees report appendix)

Important dates – New Zealand

December 2015 – February 2016

Activities to be completed this quarter

- Learning Needs Analysis

March–May

31 March

- Applications for Approval of Advanced Training for April–August rotations due

31 May

- Applications for Approval of Advanced Training for the second half of the year and August-December rotations due
- Final Supervisor's Report for rotations completed in the first half of the year and December-April rotations due (including trainees report appendix)
- Mid-Year Progress Report for 12-month (Dec-Dec) rotations due

Other activities to be completed this quarter

- Case-based Discussion
- Learning Needs Analysis self-evaluation

June–August

Activities to be completed this quarter

- Learning Needs Analysis

September–November

31 October

- Final Supervisor's Report for rotations completed in the second half of the year, or the whole year, due (including trainees report appendix)
- Applications for Approval of Advanced Training for the first half, whole of 2017 or December-April rotations due
- Mid-Year Progress Report for trainees in 12-month (Jun- Jun) rotations due

Other activities to be completed this quarter

- Case-based Discussion
- Learning Needs Analysis self-evaluation
- Professional Qualities Reflection

Training processes

Approval and Certification of training

For each period of training, a trainee must apply prospectively for approval of the proposed training program using the relevant application form. 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 requirements. If all requirements of training have been satisfactorily completed, the overseeing committee will certify the period of training and advise the trainee in writing of the decision.

For more information about approval and certification of training, please refer to the [Progression through Training policy](#).

Recognition of previously certified prior learning

Trainees who have had Advanced Training previously certified by an Advanced Training committee may apply for this training to be certified by the ATCs in General and Acute Care Medicine. However, it will be at the discretion of the relevant ATC as to whether this training may be eligible for certification. Rotations that are not prospectively applied for (to any Committee) will need to be considered under the [Recognition of Prior Learning policy](#).

Trainees wishing to apply for certification by another committee must contact the Education Officer to the ATC to determine their eligibility; please see the [More information](#) section of this handbook.

Variations in training

Part-time training

Training may be undertaken full-time or part-time, or a combination of both. Refer to the [Flexible Training policy](#) for information on the minimum load for part-time training and the time limit to complete a training program.

Dual training

Advanced Trainees may wish to complete more than one Divisional Training Program at a time; this is commonly known as dual training. In this case, the training requirements of both supervising committees must be satisfied. Once a trainee has completed the requirements of one specialty training program, they are awarded Fellowship (FRACP). For the remainder of their second specialty training they are considered a post-FRACP trainee.

Trainees undertaking dual training should apply for prospective approval of their Advanced Training Program by completing one application form that is submitted to the committee overseeing the specialty of most relevance to the rotation. Both committees will approve and certify training rotations according to their respective training curricula and program requirements.

In order to fulfil the minimum requirements of both supervising committees, trainees undertaking dual training must complete the greater number of teaching and learning and formative assessment tools required by each overseeing committee. For example, if one program requires trainees to complete two Learning Needs Analyses per year and the other program requires trainees to complete one Learning Needs Analysis per year, the dual trainee must complete two Learning Needs Analyses per year. Completed tools are not allocated to a particular training

program, therefore completed tools count towards the requirements of both programs. If the trainee is undertaking training rotations which count towards only one training program, they must complete the minimum requirements of that program only.

Trainees considering undertaking dual training are strongly advised to contact the [Education Officers](#) for the two training programs before beginning dual training.

Dual training requirements for General and Acute Care Medicine

The ATC may prospectively approve up to 18 months of training in another specialty towards Advanced Training in General and Acute Care Medicine. With the proper planning and close liaison with both Advanced Training committees, trainees can also select an additional six-month rotation in a third discipline or area of practice – this area must be eligible for recognition and approval by both ATCs.

The ATC in General and Acute Care Medicine requires that the overall training plan must contain a wide breadth of proposed experience, including training in a medical specialty other than the dual training specialty, and focus on managing acute undifferentiated patients, as well as outpatient care. The ATC may make individual recommendations to ensure that this is achieved.

In New Zealand, dual training is now the usual method of Advanced Training in this specialty.

Please note that the ATC mandates that there is a minimum of four years of training that must be undertaken by trainees completing dual training. It is best to plan as early as possible to map out the training requirements for both Advanced Training committees.

Structure and content of dual training in General and Acute Care Medicine

- Six months experience in general medicine
- Six months experience in acute care (Group A)
- Six months experience in either Group B or C – this must be in another specialty or role (i.e. not in general medicine or the other training specialty)
- The required core years of the other specialty's training program
- Non-core training to make up a total of four years of training.

Trainees are encouraged to make the decision to complete dual training at the *beginning* of their Advanced Training, rather than after receiving Fellowship. This will allow them to tailor their training to best meet the goals of each ATC in the minimum four-year dual training period.

Joint training

A joint training program is a single, cohesive Advanced Training Program that results in the trainee being awarded more than one Fellowship. Joint training programs are usually conducted in conjunction with other postgraduate medical colleges. Joint training programs offer significantly reduced overall training time when compared with the time it would take to achieve both Fellowships separately. An example of one joint training program is the Infectious Diseases and Microbiology program run jointly by the College (RACP) and the Royal College of Pathologists of Australasia (RCPA). The College's joint training programs are listed in [Appendix I](#).

Conjoint training

Conjoint training involves a trainee undertaking two separate programs independently, each leading to the award of a different Fellowship. This may refer to training conjointly in two College programs (e.g. Divisional training in Geriatric Medicine and Faculty training in Rehabilitation Medicine), or training conjointly in a College program and a program run by another organisation

(e.g. training in Addiction Medicine with the College and training in Addiction Psychiatry with the Royal Australian and New Zealand College of Psychiatrists).

Conjoint trainees are required to complete the administrative processes and program requirements for each of the programs they are undertaking.

Transfer between Adult Medicine and Paediatrics & Child Health Training

Trainees wishing to transfer from training in Adult Internal Medicine to training in Paediatrics & Child Health and vice versa should refer to the [Recognition of Prior Learning policy](#). Trainees transferring from Adult Internal Medicine to Paediatrics & Child Health must fulfil the Developmental and Psychosocial Training requirements (Australia or New Zealand) prior to admission to Fellowship.

Post-Fellowship training

Post-Fellowship training is available to College Fellows who wish to complete a program of Advanced Training in another specialty.

Such training is prospectively approved, supervised and involves the same requirements as the pre-Fellowship training program, unless otherwise stated below. Post-Fellowship trainees will be supervised by the same overseeing committee as pre-Fellowship trainees in that program, and are subject to the requirements of the College's education policies, including [Flexible Training](#) and [Progression through Training](#). Training programs are assessed against the same criteria as for Advanced Training Programs. The competence level expected is that required of an Advanced Trainee at the same stage of the training program.

Post-Fellowship training may be permitted, at the discretion of the overseeing committee, to occur in expanded settings such as while occupying a consultant position. It is the responsibility of the post-Fellowship trainee to demonstrate that the position, teaching and learning opportunities (including such considerations as clinical case mix) and supervision arrangements are acceptable to the overseeing committee.

Prior learning may be recognised toward program requirements, dependent on the relevance of pre-Fellowship training and subsequent experience. Refer to the [Recognition of Prior Learning policy](#) for more information about requesting recognition of prior learning.

Accreditation of settings

Core training is usually conducted in training positions that have been accredited by the overseeing committee. The accreditation of training settings supports the provision of quality training environments with an appropriate balance between teaching and learning, and service provision.

For information about accredited settings for Advanced Training in Australia, please see below. For information about accredited settings for Advanced Training in New Zealand, please contact the College's New Zealand office, details of which can be found in the [More information](#) section of this handbook.

Accredited settings for training

Training settings are accredited in recognition of the community's expectation for fully trained and competent physicians, and:

- to ensure that training posts provide high-quality clinical training
- to aid the approval of individual training programs
- to provide information for trainees and supervisors about the training facilities, supervision, and mix of educational opportunities available at each site.

Processes for the accreditation of training settings aim to be transparent, reliable, valid and flexible. Sites are assessed against a set of predetermined criteria and during a face-to-face visit by two College members. Criteria and application forms can be found on the [College website](#) or obtained from the Education Officer; please refer to the [More information](#) section of this handbook.

The ATCs strongly recommend that trainees complete their Advanced Training at more than one training site.

Some Australian sites receive limited accreditation – the limitation is mostly placed on the duration of training an individual can complete at that site. This is largely due to the absence of other disciplines and roles. For example, a trainee can obtain only a six-month approval for general medicine roles in many smaller rural hospitals. If such a role is for 12 months, the other six months may be accredited towards the non-core training requirement.

A rotation in another specialty does not have to be accredited by that specialty to be a suitable training position for Advanced Training in General and Acute Care Medicine. Providing the site is accredited by the ATC, and the role offers an appropriate training experience, the ATC will look favourably on the trainee's application.

New Zealand-based training positions, and their suitability, are well known by the ATC. If a new position is proposed, the New Zealand ATC will assess the applications on a case-by-case basis, based on the information provided in the application. Trainees are encouraged to seek guidance from the relevant Education Officer prior to submitting their application.

Trainees considering training in overseas positions should seek guidance from the relevant ATC prior to applying for prospective approval.

List of accredited settings

Each overseeing committee maintains list(s) of sites/settings accredited for training in the particular training program in Australia and New Zealand. These lists can be found on the [College website](#), or obtained from the Education Officer; please refer to the [More information](#) section of this handbook.

Training outside Australia and New Zealand

Trainees intending to undertake training outside Australia or New Zealand should enquire about the suitability of these training positions with their overseeing committee well before applying for prospective approval of the training period. The period of overseas training must comply with the requirements of training outlined in this handbook, including completion of workplace-based assessments and teaching and learning tools, supervision and achievement of learning objectives outlined in the program-specific and Professional Qualities Curricula. Once the committee has confirmed the suitability of the post, trainees should complete the usual application process for prospective approval of training.

There are many relief organisations where supervised clinical experience may be obtained. It is anticipated that such experience enhances trainees' breadth and depth of knowledge, and allows experience that could not be obtained in the Australian or New Zealand teaching hospital environment. All trainees undertaking such posts should consider having an Australian or New Zealand co-supervisor with whom they communicate at least every three months.

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 notify trainees once the overseeing committee has recommended them for admission to Fellowship, to invite them to apply for admission to Fellowship. The admission process involves completion of an application form, and the payment of a fee prior to admission.

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 (see [Post-Fellowship training](#)) also receive a letter confirming all of the RACP training programs that they have completed.

Continuing professional development (CPD)

Meeting the requirements of a continuing professional development (CPD) program is a regulatory requirement for all Fellows in Australia, New Zealand and overseas who are in active practice. To be compliant with the RACP [CPD Participation policy](#), Fellows must participate in a CPD program either of the RACP or an equivalent medical college accredited by the Australian Medical Council (AMC), Medical Council of New Zealand (MCNZ) or equivalent international regulatory authority.

[MyCPD](#) is the CPD program for Fellows of the College. This innovative online program, developed in consultation with the Royal College of Physicians and Surgeons of Canada, is tailored to meet the professional development needs of each participant. The MyCPD program is founded on participants identifying their own personal professional development needs, planning activities to meet those needs, and then reflecting on the activities undertaken – all as part of their ongoing professional development cycle.

More information

Contact the College	
<p>Member Services Contact Centre First point of contact for general enquiries.</p>	<p><i>Australia</i> Email: racc@racc.edu.au Phone: 1300 MyRACP 1300 69 7227</p> <p><i>New Zealand</i> Email: racc@racc.org.nz Phone: 0508 MyRACP 0508 69 7227</p>

Other College contacts	
<p>Education Officers The education officers administer the training program and can respond to training-related enquiries.</p>	<p><i>Australia</i> Email: GeneralMedicineAdvanced@racc.edu.au Phone: +61 2 9256 9669</p> <p><i>New Zealand</i> Email: GeneralMedicine@racc.org.nz Phone: +64 4 460 8130</p>
<p>Training Support The Training Support Unit supports trainees and supervisors of trainees who are experiencing difficulties in their training.</p>	<p><i>Australia</i> Email: trainingsupport@racc.edu.au</p> <p><i>New Zealand</i> Email: trainingsupport@racc.org.nz</p>
<p>Supervisor Support The Supervisor Learning Support Unit provides and coordinates supervisor skills training.</p>	<p>Email: supervisor@racc.edu.au Phone: +61 2 8076 6300</p>
<p>College Trainees' Committee The College Trainees' Committee (CTC) reports to the College Board and represents and advocates on behalf of trainees.</p>	<p>Email: traineescommittee@racc.edu.au</p>
<p>New Zealand Trainees' Committee The New Zealand Trainees' Committee represents and advocates on behalf of trainees.</p>	<p>Email: traineescommittee@racc.org.nz</p>

Other contacts

Specialty societies

[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.

Internal Medicine Society of Australia and New Zealand (IMSANZ)

The [Internal Medicine Society of Australia and New Zealand \(IMSANZ\)](#) is the peak professional body representing General and Acute Care Medicine physicians in Australia and New Zealand.

Resources

Training program web page

Information and updates on this training program are available on the [program's web page](#).

Advanced Training Portal

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

- summary of training completed and required
- detailed information on training rotations, including approval and certification decisions
- past examination results
- important dates and training requirements for the Basic Training Program
- online teaching and learning and formative assessment tools
- information sheets, workflows, rating forms and interactive video tutorials for online tools
- additional resources, including links to learning resources
- information about how to use the portal
- frequently asked questions.

Education policies

A source of advice regarding the guidelines and procedures governing College training programs. The [Education policy web page](#) contains the current policies. These policies are also listed in [Appendix IV](#) of this handbook.

Appendices

Appendix I: About the RACP

The Royal Australasian College of Physicians

The College is responsible for the training and assessment of doctors who have completed their medical degree and wish to practise as physicians or paediatricians in a specialised area of medicine.

The College is comprised of the following:

Divisions

The College has two Divisions:

- Adult Medicine Division
- Paediatrics & Child Health Division

Division Training Programs result in the qualification of Fellowship of the RACP (FRACP).

Faculties

The College has three Faculties:

- Australasian Faculty of Occupational and Environmental Medicine (AFOEM)
- Australasian Faculty of Public Health Medicine (AFPHM)
- Australasian Faculty of Rehabilitation Medicine (AFRM)

Faculty Training Programs result in the qualification of Fellowship of the relevant Faculty, e.g. FAFOEM.

Chapters

The Adult Medicine Division of the College has three Chapters that support groups of practitioners working in the areas listed below. There are three Chapters attached to the Adult Medicine Division:

- Australasian Chapter of Addiction Medicine (AChAM)
- Australasian Chapter of Palliative Medicine (AChPM)
- Australasian Chapter of Sexual Health Medicine (AChSHM)

Chapter Training Programs result in the qualification of Fellowship of the relevant Chapter, e.g. FACHAM.

The Chapter of Community Child Health is attached to the Paediatrics & Child Health Division; however, there is no Chapter training pathway for Community Child Health. Training in this specialty field is directly obtained through the Paediatrics & Child Health Division.

College training programs

The College is an accredited provider of specialist medical education for doctors who wish to practise as physicians or paediatricians. College trainees have completed their medical degree and an internship at a hospital, and undertake further training through the College in order to specialise in a certain area of medicine.

The College offers the following Basic Training Programs under its Divisions:

- Adult Internal Medicine
- Paediatrics & Child Health

The College offers training programs in the following specialty fields:

Division Advanced Training Programs

- Cardiology
- Clinical genetics
- Clinical haematology
- Clinical immunology and allergy
- Clinical pharmacology
- Community child health
- Dermatology (New Zealand only)
- Endocrinology
- Gastroenterology
- General and acute care medicine
- General paediatrics
- Geriatric medicine
- Infectious diseases
- Medical oncology
- Neonatal/perinatal medicine
- Nephrology
- Neurology
- Nuclear medicine
- Palliative medicine
- Respiratory medicine
- Rheumatology
- Sleep medicine

Faculty Training Programs

- Occupational and environmental medicine
- Public health medicine
- Rehabilitation medicine

Chapter Training Programs

- Addiction medicine
- Palliative medicine
- Sexual health medicine

Joint Training Programs

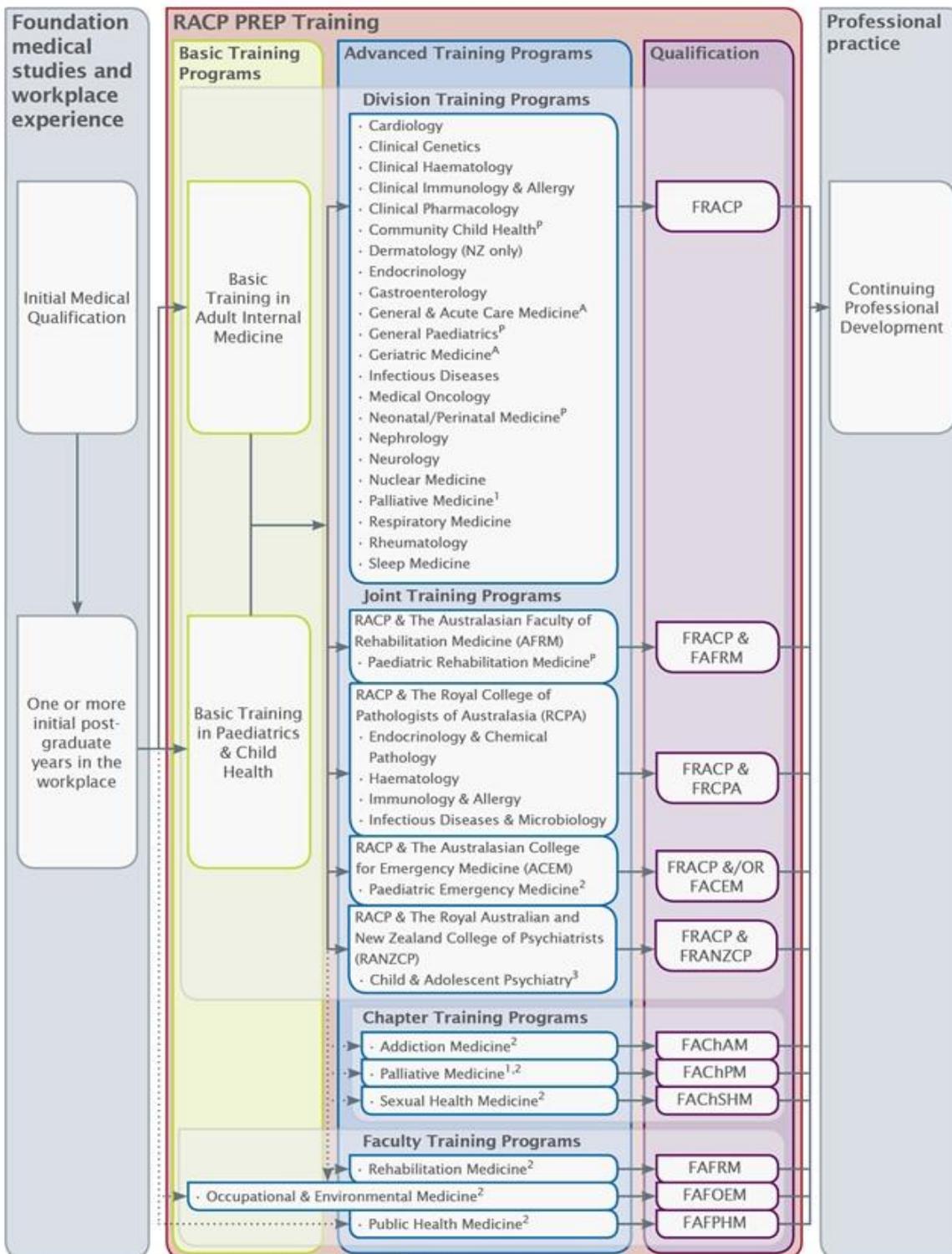
The College also offers Joint Advanced Training between the Divisions and the following colleges and Faculty:

- The Australasian College for Emergency Medicine (ACEM)
 - Paediatric emergency medicine
- The Royal College of Pathologists of Australasia (RCPA)
 - Endocrinology and chemical pathology
 - Haematology
 - Immunology /allergy
 - Infectious diseases and microbiology
- The Australasian Faculty of Rehabilitation Medicine (AFRM)
 - Paediatric rehabilitation medicine

Entry eligibility, duration of training, program requirements and resulting qualifications for these programs can vary. For specific information on any of the College's training programs, please refer to the *Program requirements* section of the relevant PREP Program Requirements Handbook.

[Diagram 1](#) depicts the relationship between the various College training programs that lead to Fellowship and reinforces the link between initial medical training, post-graduate workplace experience, Basic/Advanced/Faculty/Chapter Training and continuing professional development. Diagram 1 only depicts training programs that lead to Fellowship. Please see the [College website](#) for additional RACP training programs.

Diagram 1 – RACP Fellowship training pathways



^P Trainees must complete Basic Training in Paediatrics & Child Health to enter this program.
^A Trainees must complete Basic Training in Adult Internal Medicine to enter this program.
¹ Trainees who have entered Advanced Training in Palliative Medicine via an RACP Basic Training Program will be awarded FRACP upon completion and may subsequently be awarded FACHPM. Trainees who have NOT entered Advanced Training in Palliative Medicine via a RACP Basic Training Program will only be awarded FACHPM upon completion.
² Alternative entry requirements exist for these training programs; please see the corresponding PREP Program Requirements Handbook for further information.
³ The Child & Adolescent Psychiatry Joint Training Program with the Royal Australian and New Zealand College of Psychiatrists (RANZCP) is currently under review by the RACP and RANZCP and closed to new entrants at present.
 NB1: This diagram only depicts training programs that lead to Fellowship. Please see the RACP website for additional RACP training programs.
 NB2: For further information on any of the above listed training programs, please see the corresponding PREP Program Requirements Handbook.
 NB3: The Medical Board of Australia has approved a time-limited pathway to FRACP without a field of specialty practice. This pathway is for trainees who commenced Advanced Training in Intensive Care Medicine prior to 1 July 2012, following successful completion of Basic Training in Adult Internal Medicine or Paediatrics & Child Health.

Appendix II: Roles and responsibilities

Responsibilities of trainees

The PREP Program is based on the philosophy that learning should be trainee-centred and physician-led.

Trainees are responsible for:

- seeking for the appropriate supervisor to support completion of formative and summative assessments, teaching and learning tools, and application forms
- submitting forms and documentation by the required deadlines (as detailed in this handbook and the [Progression through Training policy](#))
- securing appropriate training positions
- researching and accessing new learning resources as necessary
- providing new supervisors with copies of past Supervisor's Reports and any other information relevant to their progress at the commencement of each rotation. If a trainee is unable to provide this information then the College may do so on their behalf.
- being familiar with and adhering to college policies.

As adult learners, trainees are expected to:

- be familiar with College educational requirements as outlined in program requirement handbooks and curricula
- identify their learning needs, set learning objectives and discuss these objectives with their supervisor
- initiate meetings with their supervisor to regularly discuss and receive feedback on their progress in the training program
- fulfil all learning and assessment requirements of the training program, ensuring these are submitted on time
- attend teaching sessions organised within their training setting
- actively seek feedback and respond appropriately to feedback on their performance and achievements
- actively seek mentorship in their progression towards independent practice as a physician
- reflect on their performance and development as a learner, teacher and professional in order to meet the required standards.

Trainees are expected to be involved in teaching and mentoring and as such it is expected that they will:

- learn the skills of teaching
- act as a role model and mentor for junior doctors
- impart medical knowledge to junior colleagues and other members of multidisciplinary teams in formal and informal settings.

Receiving feedback

Feedback received by trainees whilst completing formative assessments, or trainee-supervisor meetings, should be used to identify gaps in their knowledge or skills, refine clinical and professional practices, and plan their future learning.

To maximise the benefits of these opportunities, trainees should:

- listen carefully to feedback, and avoid internally refuting or categorically defending themselves against feedback they perceive to be negative

- clarify anything they are unsure about, i.e. test their understanding by rephrasing what they have heard, and asking for confirmation that it is correct
- personally consider and ask for suggestions on how to practically apply their supervisor's feedback
- develop an action plan on how to proceed from there.

College support for trainees

The College is committed to supporting trainees who are experiencing difficulty in their training. If trainees or supervisors are experiencing difficulty, they should contact the Education Officer for their specialty; please refer to the [More information](#) section of this handbook and the [College website](#).

Education

The College will aim to provide a high-quality educational framework and educational tools appropriate for training in clinical and non-clinical settings, and in doing so will seek to:

- facilitate a level of training whereby, upon a trainee's satisfactory completion of the training program, the minimum standards attained comply with the professional and educational requirements of the College as accredited by the Australian Medical Council and Medical Council of New Zealand
- provide training programs, developed in conjunction with Fellows and trainees, relevant to each specialty and suitable for implementation in accredited workplace settings under the guidance of supervisors
- provide access to information about the contents and objectives of each training program
- provide trainees and supervisors with the opportunity to give the College feedback on all aspects of the training program
- inform trainees and supervisors within a reasonable time period of any changes to the curriculum, structure of the training program and any other significant alterations, other than minor timetabling changes, which may affect them
- facilitate internal and external reviews of College training and assessment programs to promote continuous improvement.

Assessment

In relation to assessment programs and activities, the College will seek to:

- promote development and administration of assessments and examinations that are educationally valid
- design assessments and examinations to be consistent with the curriculum of the relevant training program
- provide clear and timely information about assessments and submission dates and the preferred or required format of assessments and submissions.

Supervision

In relation to supervision support, the College will progressively:

- provide a framework to equip supervisors to provide constructive feedback on progress and performance
- promote training for supervisors and facilitate support for their role in supervising trainees
- communicate to supervisors the program requirements and learning objectives of the training programs that they supervise.

Trainees in difficulty

It is likely that most trainees will experience difficulties during their training. Some trainees overcome these difficulties through the support of their supervisors, peers or a mentor. In some cases trainees can benefit from the support offered by the College's [Training Support Unit](#). The College has two support pathways: for trainees with work-based difficulties and for trainees experiencing difficulty passing the RACP examinations. For more information see the [Trainee Support webpage](#).

Supervision

Supervision in PREP training involves a comprehensive level of educationally-focused support for trainees. Support from supervisors in PREP training centres around:

- planning and facilitating the trainee's learning path
- facilitating effective teaching and learning opportunities
- providing comprehensive and timely feedback on the trainee's progress and achievement of the curricula's learning objectives.

Advanced Training supervisors

Supervision requirements

It is important that supervisors are physicians with whom trainees have a close working relationship. Among other responsibilities, supervisors are responsible for completing important assessments such as Supervisor's Reports. Supervisors should provide trainees with a copy of these reports, to aid subsequent supervisors in identifying specific training needs. Supervisors may also request the trainee to provide documentation from previous training rotations, for example applications for approval of training, Supervisor's Reports and other documents deemed relevant to trainee progress. In the case that a trainee is unable to provide this documentation, the supervisor may request that the College provide it on the trainee's behalf.

During non-core training, trainees may be working in an environment where there are no consultant physicians. In such circumstances, trainees must nominate an appropriate senior colleague who will be acceptable to the overseeing committee to act as their supervisor.

The mentor role

It is strongly recommended that trainees nominate a mentor. The mentor's role is to complement that of supervisors, by providing advice and support when required and impartial consideration of conflict situations, should they arise. A mentor should be perceived by a trainee as a senior colleague, aware of the local, specialty and College requirements for training, to whom the trainee could turn for professional advice and support at any time during training.

Mentors:

- help trainees define their learning needs and directions for development
- facilitate trainees' learning in the PREP training program
- counsel trainees on appropriate professional career options and alternatives
- assist in the resolution of conflicts within the context of the PREP training program
- refer trainees to other individuals or resources that will assist them during their training.

Interactions between trainees and mentors are in confidence; a mentor would not usually provide information to other parties without the consent of the trainee.

There can be significant benefits for both the mentor and trainee if the relationship is based on a genuine professional interest in education and adult learning. There needs to be trust between both parties and a clear understanding of the respective roles and responsibilities.

At the time of passing the RACP examinations, it is recommended that trainees discuss with their mentor their plans for Advanced Training over the three years. The DPE or another senior colleague can have a role in helping trainees choose their mentor. In New Zealand, the overseeing committees are able to nominate a senior physician who can act in this role.

College support for supervisors

A [Supervisor Support Strategy](#) has been developed by the College. One of the key components of this strategy is around supervisor training. The Supervisor Professional Development Program delivery model comprises three components:

1. three face-to-face [workshops](#), each three hours in length
2. online learning and resources
3. Fellows as coaches and follow up by Member Support Officers.

More information is available on the College website.

Appendix III: College policies and processes

Privacy

The College is required to comply with the requirements of the Privacy Act 1988 (Cth) (Australia) and the Privacy Act 1993 (New Zealand). The College's [Privacy Policy for Personal Information](#) applies to all personal information collected, stored, used and disclosed by the College.

Code of Conduct

The College aims to maintain a high standard of ethical behaviour and expects its Directors, Fellows and other members to treat each other and others with fairness, honesty and respect at all times. The [Code of Conduct](#) sets the expected standards for membership of, and work at, the College.

Working Together policy

The College's Working Together policy aims to ensure that the College provides a safe working and training environment. It describes the practices expected in College activities, training programs, and the various workplaces and training environments where College staff, trainees, Fellows and overseas trained physicians are located. The policy can be obtained from the College's [Human Resources](#) team.

Reconsideration, Review and Appeals Process By-Law

The College has in place a process for the reconsideration, review and appeal of specified College decisions. This process is documented in the [Reconsideration, Review and Appeals Process By-law](#).

Appendix IV: Glossary of terms

Term	Definition
Assessment	A systematic process for measuring a learner's progress or level of achievement against defined criteria (including curriculum standards). This may be for summative purposes (determining progress) or formative purposes (giving feedback).
Attitudes	The established ways of responding to people and situations that have been learned, based on the beliefs, values and assumptions held by the individual.
Behaviour	One's regular, observable action or reaction under specified circumstances.
Case-based Discussion	This formative assessment involves a comprehensive review of a clinical case (or cases) between a trainee and an assessor. The encounter evaluates the level of professional expertise and judgement exercised in clinical cases by a trainee. The trainee is given feedback from the assessor across a range of areas relating to clinical knowledge, clinical decision making and patient management.
Competence	A holistic understanding of practice and an all-round ability to carry it out under ideal circumstances.
Competency	A characteristic – knowledge, skill, attitude, thought pattern, and the like – that when used singularly or in combination with others, results in successful performance.
Competency-based medical education	An outcomes-based approach to the design, implementation, assessment and evaluation of a medical education program using an organising framework of competencies.
Continuing professional development (CPD)	CPD refers to any learning undertaken outside undergraduate education and postgraduate training which helps to maintain and improve performance. In the case of doctors, it covers the development of knowledge, skills, attitudes and behaviours across all areas of medical practice. It includes all learning activities, both formal and informal, by which doctors maintain and develop the quality of their professional work.
Curriculum	A statement of the intended aims and objectives, content, experiences, outcomes and processes of a program or course, including a description of the structure and expected methods of learning, teaching, feedback and supervision. The curriculum should set out what learning outcomes the learner will achieve.
Curriculum standards	(also see performance standards) The learning outcomes/competencies that outline the learning required for the successful completion of a training program and against which a trainee is assessed.
Direct Observation of Procedural Skills	This formative assessment evaluates a trainee's competence in technical or practical procedural skills. Whilst performing a procedure, the competence of the trainee is assessed against a number of standard performance markers. The trainee is given feedback from the assessor across a range of areas relating to the preparation for and the performance of the procedural skill.

Term	Definition
Extended Matching Question	A type of multiple choice question which involves the candidate selecting options from a list, in response to a stem question about a number of different clinical scenarios. Extended matching questions are commonly used to assess problem solving and clinical reasoning. See the Extended Matching Question information sheet for more information and examples.
Formative assessment	Formative assessments focus on assessment for learning through feedback and guidance, and aim to aid the trainee and supervisor through a formal feedback discussion, prompting areas for discussion highlighted by the trainee's performance.
International Medical Graduate (IMG)	An individual who completed their medical degree outside Australia and New Zealand.
Knowledge	The theoretical or practical understanding of a subject.
Learning Needs Analysis	A Learning Needs Analysis involves the trainee creating a learning plan that outlines their learning objectives and goals for their current rotation. At the conclusion of each training rotation, the trainee can evaluate their learning plan to determine whether they have achieved their desired goals, and identify additional areas to focus on in the future.
Learning objectives	Statements of what the trainee is expected to accomplish or acquire as a result of training.
Learning outcomes	These are the competencies to be acquired by the end of a period of training.
Mini-Clinical Evaluation Exercise	This formative assessment evaluates the performance of the trainee in real life clinical situations. Various skills are assessed during the patient consultation, including medical interviewing, physical examination, professional qualities, counselling skills, clinical judgement, organisation and efficiency. The trainee receives feedback across a range of areas relating to professional qualities and clinical competence from an assessor immediately after the observation.
Outcomes	Areas or aspects of knowledge, skill or behaviour to be acquired through a period of education or training.
Performance	Performance is the application of competence in real life. In the context of physician training, it denotes what a trainee actually does in his/her encounter with patients, their relatives and carers, colleagues, team members, other members of staff etc.
Performance standards	(also see curriculum standards) The learning outcomes/competencies that outline the learning required for the successful completion of a training program and against which a trainee is assessed.
Professional Qualities Reflection	A Professional Qualities Reflection involves trainees revisiting and reflecting on an event or series of events that have impacted on their professional practice. Through analysis of the event(s), trainees are able to identify and consolidate good practices leading to improved performance. The purpose of the Professional Qualities Reflection is for trainees to articulate and formalise ideas and insights about their professional development through the process of reflection.

Term	Definition
Reflective practice	<p>This is a means by which trainees can develop a greater self-awareness about the nature and impact of their performance. This creates opportunities for professional growth and development.</p> <p>Maximum benefit from reflection is said to occur when the process involves interaction with others (for example, an educational supervisor) and when the trainees value their own personal and intellectual growth. Adequate time for reflective thinking and writing aids the process.</p>
Skill	<p>The ability to perform a task to at least a competent level. A skill can be gained through regular practice (experience) combined with reflective practice (self-assessment/insight) and constructive feedback.</p>
Specialty	<p>Specialties are areas of medicine that require particular sets of knowledge, skills and experience, e.g. cardiology is a specialty focusing on the medical care of patients with cardiovascular conditions.</p>
Summative assessment	<p>Summative assessments focus on judgements about trainee progression resulting in pass or fail decisions of a trainee's performance.</p>
Training	<p>This is the ongoing, workplace-based process by which experience is obtained, constructive feedback provided and learning outcomes achieved.</p>
Type-A Multiple Choice Question	<p>A type of examination question which involves the candidate selecting the single best alternative from five options.</p>
Workplace-based assessment	<p>Workplace-based assessment refers to the assessment of competence based on what a learner actually does in the workplace. The main aim of workplace-based assessment is to aid learning (formative assessment) by providing learners with constructive feedback.</p>

The College trains, educates and advocates on behalf of more than 14,500 physicians – often referred to as medical specialists – and 6,000 trainees, across Australia and New Zealand. The College represents more than 32 medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology and public health medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients.

www.racp.edu.au
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