About the 2019–20 handbook

This handbook outlines the complete program requirements for the RACP Physician Readiness for Expert Practice (PREP) Advanced Training in General and Acute Care Medicine Program. Satisfactory completion of these requirements is necessary for admission to Fellowship of the College or completion of post-Fellowship training.

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

2019–20 Program requirement updates

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

<table>
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<th>Rationale for changes</th>
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<td>To encourage a breadth of training experience.</td>
</tr>
<tr>
<td>Clarification that core subspecialty rotations must be completed in 2 distinct subspecialties.</td>
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<tr>
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2019–20 PREP Advanced Training in General and Acute Care Medicine Program Requirements Handbook 3
General and Acute Care Medicine

General physicians (or specialists in internal medicine) have expertise in the diagnosis and management of complex, chronic and multisystem disorders.

Program overview

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

<table>
<thead>
<tr>
<th>Program</th>
<th>Advanced Training in General and Acute Care Medicine</th>
</tr>
</thead>
</table>
| Overseeing committee(s)                      | Advanced Training Committee in General and Acute Care Medicine (Australia)  
Advanced Training Committee in General and Acute Care Medicine (New Zealand) |
| Entry requirements                           | • Completion of RACP Basic Physician Training, including the RACP Written and Clinical Examinations  
• Current medical registration  
• Appointment to an appropriate Advanced Training position |
| Minimum duration                             | 3 years (full-time equivalent (FTE)) |
| Curricula                                    | • Download the General and Acute Care Medicine Advanced Training Curriculum (PDF 1MB)  
• Download the Professional Qualities Curriculum (PDF 1MB) |
| Qualification                                | Fellowship of the Royal Australasian College of Physicians (FRACP) |

Quick links

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

Learning and assessment tool forms

- Download the General and Acute Care Medicine Supervisor’s Report (.doc 349KB)
- Download the General and Acute Care Medicine Trainee’s Report (NZ) (.doc 78KB)
- Download the General and Acute Care Medicine Project Report Cover Sheet (.doc 116KB)

Note for trainees opting to complete rotations in obstetric medicine

Download and refer to the Obstetric Medicine Recommended Training Curriculum for General and Acute Care Medicine trainees (PDF 105KB) developed by The Society for Obstetric Medicine of Australia and New Zealand (SOMANZ). To be used in conjunction with this handbook and the above Curricula.
Contact us

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Phone: +61 2 9256 9669 or +61 2 8247 6248
Email: GeneralMedicineAdvanced@racp.edu.au

New Zealand
Phone: +64 4 472 6713
Email: GeneralMedicine@racp.org.nz
Apply for Advanced Training

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

Advanced Training positions
Core training must be undertaken at accredited training sites that have been accredited by the overseeing committee for Advanced Training in the relevant specialty. Some specialty groups conduct a coordinated Advanced Trainee Selection and Matching process for appointing trainees to training positions. Details of participating states, regions and specialties are available from June each year.

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

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

Prospective changes to approval of training
Trainees should inform the relevant committee as soon as possible if information outlined in their application changes. Some changes may require a revision of the approval decision and may affect the certification of training.
Changes to applications which require prospective approval may include changes to supervision, sites, dates of rotations and flexible training arrangements.
How to apply
Both new and current trainees need to apply for Advanced Training each year.
Trainees must organise the timely submission of all necessary documentation, keep a copy of the application for future reference and pay required fees.

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

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

Closing dates for applications in Australia

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

Closing dates for applications in New Zealand

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

This handbook should be used alongside the following resources.

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

- Download the General and Acute Care Medicine Advanced Training Curriculum (PDF 1MB)
- Download the Professional Qualities Curriculum (PDF 1MB)

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

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

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

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

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

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

The College is committed to supporting trainees who are experiencing difficulty in their training. If trainees or supervisors are experiencing difficulty, they should contact their Education Officer and the Training Support Unit.

The Training Support Unit has Resources for trainees covering topics including learning support and mentoring.

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

Accreditation of settings
Core training must be conducted in training positions at accredited training sites that have been accredited by the overseeing committee.
eLearning@RACP

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

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

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

Admission to Fellowship

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

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

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

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

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

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

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

Program requirements overview - Australia

<table>
<thead>
<tr>
<th>Core training (minimum 24 months)</th>
<th>Non-core training (maximum 12 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Content</strong></td>
<td></td>
</tr>
<tr>
<td>• General and Acute Care Medicine Advanced Training Curriculum</td>
<td></td>
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<tr>
<td>• Professional Qualities Curriculum</td>
<td></td>
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<tr>
<td><strong>Supervision</strong></td>
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<tr>
<td>Supervision per general medicine rotation:</td>
<td>Supervision per rotation:</td>
</tr>
<tr>
<td>• 1 supervisor with FRACP actively practising in general medicine</td>
<td>• 2 supervisors, each with either FRACP or Fellowship of another College (appropriate to the rotation)</td>
</tr>
<tr>
<td>• 1 supervisor with FRACP</td>
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<tr>
<td>Per medical specialty rotation:</td>
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<td>• 2 supervisors, each with either FRACP or Fellowship of another College (appropriate to the rotation)</td>
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<tr>
<td><strong>Work-based learning and assessment tools</strong></td>
<td></td>
</tr>
<tr>
<td>Per rotation:</td>
<td></td>
</tr>
<tr>
<td>• 1 Supervisor’s Report including Trainee’s Report (2 for 12-month rotations)</td>
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</tr>
<tr>
<td>Per year:</td>
<td></td>
</tr>
<tr>
<td>• 1 Case-based Discussions</td>
<td></td>
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<tr>
<td>• 1 Learning Needs Analysis</td>
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<tr>
<td>1 Professional Qualities Reflection</td>
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</tbody>
</table>

By the end of Advanced Training:

36 months of certified training time consisting of:
- 24 months core training
- 12 months non-core training
- Research Project requirement:
  - 1 Research Project (for trainees commencing training in 2017 onwards)
  - 2 Research Projects (for trainees who commenced training before 2017)
Program requirements overview – New Zealand

<table>
<thead>
<tr>
<th>Core training (minimum 24 months)</th>
<th>Non-core training (maximum 12 months)</th>
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</thead>
<tbody>
<tr>
<td><strong>Content</strong></td>
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<tr>
<td>• General and Acute Care Medicine Advanced Training Curriculum</td>
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<td>• Professional Qualities Curriculum</td>
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<tr>
<td><strong>Supervision</strong> per rotation:</td>
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<tr>
<td>• 1 supervisor with FRACP actively practising in general medicine</td>
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<td>Per medical specialty rotation:</td>
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<tr>
<td>• 2 supervisors, each with either FRACP or Fellowship of another College (appropriate to the rotation)</td>
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</table>

**Supervision** per rotation:
- 1 supervisor with FRACP actively practising in general medicine
- 1 supervisor with FRACP

Per medical specialty rotation:
- 2 supervisors, each with either FRACP or Fellowship of another College (appropriate to the rotation)

**Work-based learning and assessment tools**

Per rotation:
- 1 Supervisor’s Report including Trainee’s Report (2 for 12-month rotations)
- 1 Case-based Discussions
- 1 Learning Needs Analysis

Per year:
- 1 Professional Qualities Reflection

**By the end of Advanced Training:**
36 months of certified training time consisting of:
- 24 months core training
- 12 months non-core training

Research Project requirement:
- 1 Research Project (for trainees commencing training in 2017 onwards)
- 2 Research Projects (for trainees who commenced training before 2017)
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 (36 months (FTE))

**Training rotations**
- 24 months core training
- 12 months non-core training

Note that core training and non-core training is different for trainees who commenced training from 2018 onwards and those who commenced training before 2018.

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

**Dual training**
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.

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 your Education Officer early to clarify which training will be certified.

**Training rotations (for trainees commencing training in 2018 onwards)**

**Core training**

**Core – General Medicine**
12 months core - General Medicine/General Medicine-related training
- 6 months in a general medical unit
  - General medicine registrar
- 6 months of general medicine related rotations.
  Rotations including and not limited to:
  - More time in a general medical unit
  - Acute Medical Unit/MAPU
  - Obstetric medicine and Perioperative medicine
  - Senior medical registrar – with at least 50% clinical time
  - Chronic disease management/Hospital in the Home (HITH)

**Core – Subspecialty**
12 months core - subspecialty training*
- 2 x 6 months core-other specialty rotations, i.e. not general medicine or general medicine-related specialty terms
Training rotations (for trainees commencing training in 2018 onwards)

- High acuity specialty inpatient units, example training settings include:
  - Intensive care unit
  - Cardiac care unit
- Specialty inpatient units, example training settings include:
  - Cardiology
  - Gastroenterology / Hepatology
  - Geriatrics / Rehabilitation medicine
  - Haematology
  - Infectious diseases
  - Nephrology
  - Neurology / Stroke medicine
  - Oncology
  - Palliative Care
  - Respiratory medicine / Sleep medicine
- Ambulatory care / predominantly consultation-based units, example training settings include:
  - Clinical pharmacology
  - Community-based palliative medicine
  - Endocrinology/diabetes
  - Immunology/allergy
  - Rheumatology

*At least 75% of the core subspecialty rotation must consist of work in that particular subspecialty.

**Core training must include one six-month term in a high acuity role.**
This might be an acute assessment unit in the General Medicine year, or Intensive Care Unit (ICU) or Coronary Care Unit (CCU) in the other specialty year. General Medicine in some peripheral centres may also satisfy this requirement. This will be approved by the ATC on a case by case basis.

**Non-core training**
12 months of non-core training
- This is intended to be predominantly clinical 12 months.
- Up to only 6 months without significant clinical time (50%) may be approved e.g. research

**Night rotations**
Night and relief rotations will not under any circumstances be considered towards Advanced Training in General and Acute Care Medicine, except in ICU or Emergency Medicine where nights are accepted as part of a shift roster.
In rotations where trainees may be required to do nights as service provision, the total duration should not exceed a maximum of 4 weeks on a night duty roster (i.e. total of 2 weeks on service and 2 weeks off-service) per 6-month core rotation. Core training supervision requirements apply.

Training rotations (for trainees who commenced training before 2018)

**Core training**
A minimum of 24 months FTE must be spent in accredited clinical training positions under supervision. Rotations should be at least 6 months in duration. Four-month roles will be
Training rotations (for trainees who commenced training before 2018)

considered. Terms of three months FTE or less will not be approved for core training. In New Zealand three-month rotations may be permitted.

Of the required 24 months of core training, 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;
- 6 months Group B or C rotation* (in a subspecialty significantly different from other Group B rotation)

*At least 75% of the core subspecialty B or C rotations must consist of work in that particular subspecialty.

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.

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. The overseeing committee expects that local hospital supervisors will know into which category a position falls, based on experience with trainees who have undertaken the role in the past. Note that training sites with prospective trainees may contact the overseeing committee to confirm the requirements of Advanced Training. The below are examples however each rotation will be given prospective classification.

**Core General Medicine 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
**Training rotations (for trainees who commenced training before 2018)**

- Intensive care unit
- Acute medical unit
- Acute stroke unit (preferably with thrombolytic availability) (Australian trainees only)
- 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. These rotations should be in one distinct medical specialty.

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 with clinics
- Gastroenterology/hepatology
- Haematology/medical oncology
- Geriatric medicine
- Inpatient rehabilitation medicine
- Neurology
- Nephrology
- Infectious diseases

**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 that are too complex to be easily managed in a primary care setting. Rotations with no patient contact will not be considered Core Group C training.

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

Example training settings include:

- Endocrinology/diabetes
- Rheumatology
- Immunology/allergy
- Clinical pharmacology
- Community-based palliative medicine
- Research/quality assurance**
- Chronic disease management
- Medical administration**
- Senior Registrar in Medicine/Chief Resident roles**
## Training rotations (for trainees who commenced training before 2018)

** Rotations must include a clinical component in the form of clinics and ambulatory care.

### Non-core training

A maximum of 12 months of non-core training may be undertaken in clinical training in other disciplines. The overseeing committee will prospectively approve, on a case-by-case basis, only those rotations that fall under non-core training. Terms between one and three months FTE in duration may be eligible for non-core training.

### Night rotations

Night and relief rotations will not under any circumstances be considered towards Advanced Training in General and Acute Care Medicine, except in ICU or Emergency Medicine where nights are accepted as part of a shift roster.

In rotations where trainees may be required to do nights as service provision, the total duration should not exceed a maximum of 4 weeks on a night duty roster (i.e. total of 2 weeks on service and 2 weeks off-service) per 6-month core rotation. Core training supervision requirements apply.

## Supervision requirements

### Purpose

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

### Core training

Per general medicine rotation:

- 1 supervisor with FRACP with FRACP actively practising in general medicine
- 1 supervisor with FRACP

Per medical specialty rotation:

- 2 supervisors, each with either FRACP or Fellowship of another College (appropriate to the rotation)

### Non-core training

Per medical specialty rotation:

- 2 supervisors, each with either FRACP or Fellowship of another College (appropriate to the rotation)

### More information

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

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

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

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

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

### Case-based Discussion (CbD)

**Purpose**
To guide the trainee’s learning through structured feedback and help the supervisor evaluate the expertise and judgement exercised in clinical cases. This is a formative assessment.

**Requirement**
- **Australia**: One per year (core and non-core) due by 31 January of the following year.
- **New Zealand**: One per rotation (core and non-core) due by the end of the training rotation.

**More information**
- Enter CbD rating form data into the [Advanced Training Portal](#).
- [Case-based Discussion information sheet, workflow, rating form and other resources](#).

### Learning Needs Analysis (LNA)

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

**Requirement**
- **Australia**: One per year, early in the year (core and non-core) due by 31 January of the following year.
- **New Zealand**: One per rotation, early in the rotation (core and non-core) due by the end of the training rotation.

**More information**
- Complete and submit the LNA via the [Advanced Training Portal](#).
- [Learning Needs Analysis information sheet, workflow and other resources](#).

### Professional Qualities Reflection (PQR)

**Purpose**
To help trainees to articulate and formalise ideas and insights about their professional development through the process of reflection.
Professional Qualities Reflection (PQR)

Requirements

Australia: One per year, (core and non-core) due by 31 January of the following year.
New Zealand: One per year, (core and non-core) due by the end of the training year.

More information

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

Supervisor’s Reports

Purpose

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

Requirements

One Supervisor’s Report including Trainee’s Report is due per rotation, minimum two per year (core and non-core).

Australia

For Advanced Trainees in 12-month positions:

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

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

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

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

New Zealand

For Advanced Trainees in 12-month positions:

- One Supervisor’s Report is to be submitted by 31 May for the first six months of the rotation.
- One Supervisor’s Report is to be submitted by 31 October covering the full 12 months.

For Advanced Trainees in three, four, or six-month positions:

- One Supervisor’s Report must be completed for each rotation and submitted by 31 May (for rotations in the first half of the year) and 31 October (for rotations in the second half of the year).

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

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

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

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

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

The Trainee’s Report component is used to provide feedback to the ATC for use in future training program evaluations. It encourages trainees to reflect on their training rotations, and to embed reflection and review into their practice. This is a confidential report and supervisors do not need to sight this report.

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

Research requirements

Research Projects

Purpose
To enable trainees to gain experience in research methods; in interpretation of research literature; in participation in research at some stage of their career; and to develop quality improvement skills. Submission of a research project provides evidence of the skills of considering and defining research problems; the systematic acquisition, analysis, synthesis and interpretation of data; and effective written communication.

Research Projects (for trainees who commenced training before 2017)

Requirement
For trainees who commenced training before 2017:
Two projects over the course of Advanced Training

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.

The overseeing committee will allow PREP trainees to choose between completion of two projects as part of pre-2017 project requirements, or alternatively complete 1 major project in line with 2017 project guidelines (however trainees would have a shorter amount of time to complete this submission).

Australia: Due by 15 September
New Zealand: Due by 31 October

Each project will be assessed by two reviewers. Projects are to be of a publishable standard. It is strongly recommended that projects should be presented at a peer-review meeting or submitted for publication.

There are three possible marks a member may award a candidate: satisfactory, borderline, or unsatisfactory. Trainees require an overall satisfactory mark to have a project certified. Where a project is marked unsatisfactory overall, 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 overseeing committee.

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

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.

Projects completed as part of another Advanced Training Program

The overseeing committee 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 Training Committee.

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.

Requests to have a project accepted will be considered by the overseeing committee on a case-by-case basis. Acceptance by another Training Committee does not guarantee acceptance towards general medicine requirements.

Role of the supervisor

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 guidelines. The supervisor should review the final project and is responsible for the final sign-off of the project prior to overseeing committee 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 length\(^1\): 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 length\(^1\): 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 or abstracts of papers are not acceptable on their own and will require re-drafting into prose form.

Sample length\(^1\): 2000-3000 words (excluding references)

**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 length\(^1\): 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 length\(^1\): 5000 words and approximately 30–50 references

**Research project/higher study**
**Research Projects (for trainees who commenced training before 2017)**

This may count for one project where the overseeing committee 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. All coursework submissions require a transcript detailing the subjects and grades received.

Sample length\(^1\): 4000–6000 words (excluding references)

\(^1\) The recommended length is indicative only.

**NB:** PREP trainees will not be able to submit evidence of assisting with the organisation of an FRACP exam as their research project

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

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**Research Projects (for trainees commencing training in 2017 onwards)**

**Requirement**

*For trainees commencing training in 2017 onwards:*

One RACP Research Project over the course of training due by the annual submission date of 15 September for Australian trainees and 31 October for New Zealand trainees in any year before the end of Advanced Training.

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

**More information**
- [More information on Research Projects](#)
- [RACP Research Project Guidelines (PDF 471KB)](#)
- [Research Projects eLearning@RACP module](#)
- [Education policies](#)
## Important dates

### Australia

<table>
<thead>
<tr>
<th>Period</th>
<th>Event</th>
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<tbody>
<tr>
<td><strong>January–March</strong></td>
<td>15 February • Applications for Approval of Advanced Training due</td>
</tr>
<tr>
<td><strong>April–June</strong></td>
<td><em>Activities to be completed this quarter</em> • Learning Needs Analysis</td>
</tr>
</tbody>
</table>
| **July–September**  | 15 July • Supervisor’s report due for all trainees  
31 August • Applications for Approval of Advanced Training for the second half of the year due  
**15 September** • Research Project submission date |
| **October–December** | 15 October • Supervisor’s Report and all PREP tools due for trainees eligible for December Fellowship  
*Other activities to be completed this quarter* • Learning Needs Analysis self-evaluation  
• Professional Qualities Reflection |
| **January**     | 31 January • Previous year’s Supervisor’s Report and all PREP tools due for trainees *not* applying for Fellowship in December |
### New Zealand

<table>
<thead>
<tr>
<th>December–February</th>
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<tr>
<td><strong>Activities to be completed this quarter</strong></td>
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<tr>
<td>• Learning Needs Analysis</td>
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<tr>
<th>March–May</th>
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<tr>
<td><strong>31 March</strong></td>
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<tr>
<td>• Applications for Approval of Advanced Training for April–August rotations due</td>
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<tr>
<td><strong>31 May</strong></td>
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<tr>
<td>• Applications for Approval of Advanced Training for the second half of the current year due</td>
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<tr>
<td>• Supervisor’s report for December-April and December-June rotations due</td>
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<tr>
<td><strong>Other activities to be completed this quarter</strong></td>
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<tr>
<td>• Case-based Discussion</td>
<td></td>
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<tr>
<td>• Learning Needs Analysis self-evaluation</td>
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<tr>
<th>June–August</th>
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<tbody>
<tr>
<td><strong>Activities to be completed this quarter</strong></td>
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<tr>
<td>• Learning Needs Analysis</td>
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<table>
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<tr>
<th>September–November</th>
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<tr>
<td><strong>31 October</strong></td>
<td></td>
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<tr>
<td>• Supervisor’s report for April-August and June-December rotations due</td>
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<tr>
<td>• Applications for Approval of Advanced Training for the first half or whole of the following year due</td>
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<tr>
<td>• Research Project submission date</td>
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<tr>
<td><strong>30 November</strong></td>
<td></td>
</tr>
<tr>
<td>• Supervisor’s Report for August-December rotations due</td>
<td></td>
</tr>
<tr>
<td><strong>Other activities to be completed this quarter</strong></td>
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<tr>
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<td></td>
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<tr>
<td>• Professional Qualities Reflection</td>
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More information

RACP policies

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

RACP initiatives

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

Useful contacts

<table>
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<tr>
<th>Contact the College</th>
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<tbody>
<tr>
<td><strong>Member Services Contact Centre</strong></td>
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<tr>
<td>First point of contact for general enquiries.</td>
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<tr>
<td><strong>Australia</strong></td>
</tr>
<tr>
<td>Email: <a href="mailto:racp@racp.edu.au">racp@racp.edu.au</a></td>
</tr>
<tr>
<td>Phone: 1300 MyRACP</td>
</tr>
<tr>
<td>1300 69 7227</td>
</tr>
<tr>
<td><strong>New Zealand</strong></td>
</tr>
<tr>
<td>Email: <a href="mailto:racp@racp.org.nz">racp@racp.org.nz</a></td>
</tr>
<tr>
<td>Phone: 0508 MyRACP</td>
</tr>
<tr>
<td>0508 69 7227</td>
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<table>
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<tr>
<th>Other College contacts</th>
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<tr>
<td><strong>Education Officers</strong></td>
</tr>
<tr>
<td>Education Officers administer the training program and can respond to training-related enquiries.</td>
</tr>
<tr>
<td><strong>Australia</strong></td>
</tr>
<tr>
<td>Email: <a href="mailto:GeneralMedicineAdvanced@racp.edu.au">GeneralMedicineAdvanced@racp.edu.au</a></td>
</tr>
<tr>
<td>Phone: +61 2 9256 9669/ +61 2 8247 6248</td>
</tr>
<tr>
<td><strong>New Zealand</strong></td>
</tr>
<tr>
<td>Email: <a href="mailto:GeneralMedicine@racp.org.nz">GeneralMedicine@racp.org.nz</a></td>
</tr>
<tr>
<td>Phone: +64 4 472 6713</td>
</tr>
</tbody>
</table>

| **Training Support** |
| The Training Support Unit supports trainees and supervisors of trainees who are experiencing difficulties in their training. |
| **Australia** |
| Email: trainingsupport@racp.edu.au |
| Phone: +61 2 9256 5457 |
| **New Zealand** |
| Email: trainingsupport@racp.org.nz |
| Phone: +64 4 472 6713 |

| **Supervisor Support** |
| The Supervisor Learning Support Unit provides and coordinates supervisor skills training. |
| Email: supervisor@racp.edu.au |
| Phone: +61 2 8076 6300 |

| **College Trainees’ Committee** |
| The College Trainees’ Committee (CTC) reports to the College Board and represents and advocates on behalf of trainees. |
| Email: traineescommittee@racp.edu.au |
### Other College contacts

<table>
<thead>
<tr>
<th>New Zealand Trainees’ Committee</th>
<th>Email: <a href="mailto:traineescommittee@racp.org.nz">traineescommittee@racp.org.nz</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>The New Zealand Trainees' Committee represents and advocates on behalf of trainees.</td>
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</table>

### 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.

**Society of Obstetric Medicine of Australia and New Zealand (SOMANZ)**

The Society of Obstetric Medicine of Australia and New Zealand (SOMANZ) aims to advance clinical and scientific knowledge of hypertensive diseases and medical disorders in pregnancy and to foster collaboration with other regional and international societies interested in hypertension in pregnancy and obstetric medicine.

Trainees are encouraged to attend Annual Scientific Meetings and should contact IMSANZ and SOMANZ for more details.