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Physician Readiness for Expert Practice

Advanced Training in Geriatric Medicine **2019–20 Program Requirements Handbook**

Adult Medicine Division



About the 2019–20 handbook

This handbook outlines the complete program requirements for the RACP Physician Readiness for Expert Practice (PREP) Advanced Training in Geriatric 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

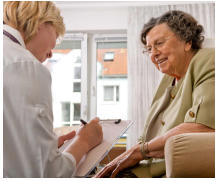
Overseeing committees evaluate training requirements every two years (previously annually) to ensure that they are in line with educational best practice. Requirements are published and communicated accordingly. Changes to the training program that may substantially impact a trainee's plan for training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

Note that there have been no program requirement changes to this program for 2019–20.

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Geriatric Medicine

A geriatrician has expertise in the diagnosis and management of complex and/or multifactorial internal medicine disorders that impact upon the cognition and functional status of the older person.

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.

Program	Advanced Training in Geriatric Medicine
Overseeing committee(s)	Advanced Training Committee in Geriatric Medicine (Australasia) (ATC) New Zealand Advanced Training Subcommittee in Geriatric Medicine (New Zealand) (NZ ATS)
Entry requirements	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Download the Geriatric 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

Research Project

- [Download the Geriatric Medicine Project Cover Sheet \(DOC 122KB\)](#)
- [Download the Geriatric Medicine Types of Projects Sheet \(DOC 120KB\)](#)
- [Download the Geriatric Medicine Tutorial on Academic Honesty \(PPTX 123KB\)](#)
- [Download the Geriatric Medicine Guidelines for Project Reviewers \(PDF 51KB\)](#)
- [Download the Geriatric Medicine Project Reviewer Form \(DOC 120KB\)](#)

Supervisor’s and Trainee’s reports

- [Download the Geriatric Medicine Supervisor's Report \(DOC 384KB\)](#)
- [Download the Geriatric Medicine Trainee's Report \(New Zealand only\) \(DOC 135KB\)](#)

Contact us

Australia

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New Zealand

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Apply for Advanced Training

Eligibility

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

Advanced Training positions

Core training usually needs to be undertaken at [accredited training sites](#) that have been accredited by the overseeing committee for Advanced Training in the relevant specialty.

Some specialty groups conduct a coordinated [Advanced Trainee Selection and Matching](#) process for appointing trainees to training positions. Details of participating states, regions and specialties are available from June each year.

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

Approval and certification of training

Once trainees have secured a training position, they must prospectively apply for approval as per the [Progression through Training Policy](#).

Approval of training periods will be determined by the overseeing committee. To be approved, a trainee's individual training program must be consistent with the training requirements and appropriate for the stage in training.

Upon completion of each rotation or calendar year of training, the overseeing committee considers each trainee's progress according to the program requirements. If all requirements of training have been satisfactorily completed, the overseeing committee will certify the period of training.

For dual training with Geriatric Medicine, the second specialty must be relevant to the practice of Geriatric Medicine and the overall training plan must support the breadth of experience required by a geriatrician. The overseeing committees in Geriatric Medicine may prospectively approve up to 12 months of a second specialty towards Advanced Training in Geriatric Medicine and may make individual recommendations for achieving this goal. Specialties without direct relevance to Geriatric Medicine will require 36 months of approved training in Geriatric Medicine.

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 six months of their specialty training may be counted as Core training for Geriatric Medicine. For example:

- a trainee in General and Acute Care Medicine can count a maximum of six-months of General and Acute Care Medicine towards Core training in Geriatric Medicine
- a trainee in Palliative Medicine can count a maximum of six-months of Palliative Medicine as Core Geriatric Medicine training

Where uncertainty exists, please contact the [Education Officer](#) early to clarify which training will be approved.

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.

Approval of Training in excess of a site's accreditation

The overseeing committees strongly recommend that trainees complete their Advanced Training at more than one training site (Hospital or Health Service). Individual sites are accredited for a maximum period of training based on standard criteria.

It is acknowledged that for some trainees that this may cause hardship. The overseeing committee will consider individual applications for Approval of Training in excess of a site's accreditation. The application should be based on sound educational grounds, not on social situation or inconvenience. The trainee is required to provide evidence that the proposed training will:

- not be compromised compared with moving to another site
- not be duplicating a rotation that had already been certified
- increase the breadth and depth of training

Trainees should not assume that the Application for Prospective Approval of Training will be accepted by the overseeing committees. To avoid trainees being disadvantaged, Applications for Prospective Approval of Training that are inconsistent with a site's accreditation must be submitted at least three months prior to the commencement of the rotation.

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 Geriatric Medicine \(DOC 472KB\)](#).

New Zealand Trainees

Download, complete and submit the [application form to apply for Advanced Training in Geriatric Medicine \(DOC 475KB\)](#) by the due dates below.

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

Closing dates for applications in New Zealand

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

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 Geriatric 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 is usually conducted in training positions at [accredited training sites](#) that have been accredited by the overseeing committee.

eLearning@RACP

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

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

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

Admission to Fellowship

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

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

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

Program requirements

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

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

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

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

Program requirements overview

Core training (minimum 24 months)	Non-core training (maximum 12 months)
Content	
<ul style="list-style-type: none"> • Geriatric Medicine Advanced Training Curriculum • Professional Qualities Curriculum 	
Supervision	
<p>Supervision per rotation:</p> <ul style="list-style-type: none"> • 1 direct clinical supervisor who is a geriatrician with FRACP • 1 supervisor who may or may not have FRACP or be a geriatrician 	<p>Supervision per rotation:</p> <p>For trainees who are not dual training:</p> <ul style="list-style-type: none"> • 1 supervisor who is a geriatrician with FRACP • 1 supervisor either with FRACP or Fellowship of another College (appropriate to the rotation) <p>For trainees who are dual training:</p> <ul style="list-style-type: none"> • 2 supervisors with FRACP or Fellowship of another College (appropriate to the rotation)
<p><i>It is recommended that all trainees also have a mentor during training who is a geriatrician.</i></p>	
Work-based learning and assessment tools	
<p>Per rotation:</p> <ul style="list-style-type: none"> • 1 Learning Needs Analysis (two for 12-month rotations) • 1 Supervisor's Report including Trainee's Report (two for 12-month rotations) <p>Per year:</p> <ul style="list-style-type: none"> • 4 Case-based Discussion • 4 mini-Clinical Evaluation Exercise • 2 Professional Qualities Reflection 	
<p>By the end of Advanced Training:</p> <p>36 months certified training time consisting of:</p> <ul style="list-style-type: none"> • 24 months minimum core training • 12 months maximum non-core training • Research Project requirement: <ul style="list-style-type: none"> ◦ 2 Research Projects (for trainees who commenced training before 2017) ◦ 1 Research Project (for trainees commencing training in 2017 onwards) 	

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

Core training:

- 24 months (FTE) must be in a core training position as prospectively approved by the overseeing committee

Non-core training:

- Up to 12 months (maximum) may be certified as non-core training.

No single training program will suit the training needs of every Advanced Trainee. The overseeing committee will consider individual requests to vary the requirements, and will take into consideration the trainee's overall training program. Other clinical options may be acceptable as core or non-core training. The trainee should prospectively seek the advice of the overseeing committee.

There is a wide range of training options reflecting the diversity of practice undertaken by geriatricians. It is recommended that trainees attempt to plan their whole Advanced Training, while maintaining flexibility.

Advanced Training is differentiated from service commitments on the basis that training follows a prospectively approved training plan in accredited settings under the supervision of an accredited supervisor. Terms should be of adequate duration to ensure that training needs can be met - four to six months duration is recommended. Terms of three to four months will be considered, provided they form a component of a full year's continuous program.

The following do not satisfy criteria for core or non-core training in Australia:

- terms of less than three months duration,
- relieving terms (less than three months duration), or night cover. Night cover does not generally satisfy the educational or supervisory requirements for training.

These terms may be reviewed by the ATC on a case-by-case basis.

The following do not satisfy criteria for core or non-core training in New Zealand:

- terms of less than three months duration, or
- relieving terms (less than three months duration).

These terms may be reviewed by the NZ ATS on a case-by-case basis.

Core training

A minimum of 24 months (FTE) must be spent in accredited training positions under the supervision of a geriatrician who is a Fellow of the RACP.

Core training is comprised of [Level A](#) training with an optional six months of [Level B](#) training.

Non-core training

[Non-core training](#) may be undertaken in Geriatric Medicine, other disciplines or research to complement core training. A maximum of 12 months of non-core training may be approved.

Training time in Australia/New Zealand

At least 12 months of core Advanced Training in Geriatric Medicine must be undertaken in Australia and/or 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

Time-based requirements - Training time and rotations

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.

Other requirements

It is strongly recommended that trainees complete their Advanced Training at more than one training site.

Acknowledging that the requirement to train in more than one hospital/health service may cause personal inconvenience, particularly to train in rural locations, the overseeing committee will place emphasis on the impact of such training when considering requests to vary this requirement.

More information

- [Variations in training and flexible training options.](#)

Component of training	Core training Minimum 24 months	Non-core training Maximum 12 months	Specifications
Level A Geriatric Medicine under the direct clinical supervision of a geriatrician, which should include combinations of adequate diversity. These disciplines may include, but are not limited to: acute aged care, ambulatory care, community care, geriatric emergency medicine, geriatric rehabilitation, orthogeriatrics, perioperative medicine and stroke rehabilitation.	Maximum 36 months	Not applicable	Minimum 18 months The overseeing committee requires trainees to demonstrate diversity in areas of Core training. Level A training exceeding 24 months in the same location or under the same supervisor will not be certified.
Level B Training relevant to Geriatric Medicine but not under the direct clinical supervision of a geriatrician. These disciplines may include, but are not limited to: general medicine, rehabilitation, palliative care, psychiatry of old age.	Maximum 6 months	Maximum 12 months	0–18 months Level B training exceeding six months in one discipline will not be certified as Level B but may be certified as Level C subject to the overall training program being of sufficient breadth.

Component of training	Core training Minimum 24 months	Non-core training Maximum 12 months	Specifications
Level C Other areas of relevance to Geriatric Medicine including research, education and other subspecialties of relevance.	Not eligible	Maximum 12 months	0–12 months

Example training programs		
1)	24 months Level A 6 months Level B 6 months Level C	Core Core Non-core
2)	24 months Level A 12 months Level C	Core Non-core
3)	18 months Level A 18 months Level B	Core 6 months core plus 12 months non-core

Supervision requirements
<p>Purpose To provide trainees with appropriate support and guidance to complete the training program.</p>
<p>Core training 2 supervisors required per rotation:</p> <ul style="list-style-type: none"> • 1 direct clinical supervisor who is a geriatrician with FRACP • 1 supervisor who may or may not have FRACP or be a geriatrician (appropriate to the rotation) <p>It is recommended that trainees also have a mentor during core training who is a geriatrician.</p>
<p>Non-core training 2 supervisors required per rotation:</p> <p>For trainees who are not dual training:</p> <ul style="list-style-type: none"> • 1 supervisor who is a geriatrician with FRACP • 1 supervisor either with FRACP or Fellowship of another College (appropriate to the rotation) <p>For trainees who are dual training:</p> <ul style="list-style-type: none"> • 2 supervisors with FRACP or Fellowship of another College (appropriate to the rotation) <p>It is recommended that all trainees also have a mentor during non-core training who is a geriatrician.</p>
<p>More information</p> <ul style="list-style-type: none"> • 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

Four per year (two every six months)

Australia: 31 January of the following year

New Zealand: By end of final 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

One per rotation early in the rotation (two for 12-month rotations), due by the end of the training rotation

Australia: 31 January of the following year

New Zealand: By end of each training rotation

More information

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

Mini-Clinical Evaluation Exercise (mini-CEX)

Purpose

For the trainee to receive timely, structured feedback on their performance in real clinical situations. This is a formative assessment.

Requirement

Four per year (two every six months)

Australia: 31 January of the following year

New Zealand: By end of final training rotation

More information

- Complete and submit the mini-CEX via the [Advanced Training Portal](#)
- [Mini-Clinical Evaluation Exercise information sheet, workflow, rating form 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.

Requirement

Two per year (one every six months), early in the rotation

Australia: 31 January of the following year

New Zealand: By end of final training rotation

More information

- Complete and submit the PQR via the [Advanced Training Portal](#)
- [Professional Qualities Reflection information sheet and workflow](#)

Supervisor's Reports

Purpose

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

Requirement

One Supervisor's Report including Trainee's Report is due per rotation, two for 12-month rotations, minimum two per year

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, separate subspecialties 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).

Supervisor's Reports

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.

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 commencing training in 2017 onwards:

These projects are not required - see above for 2017 onwards Research Project requirements.

For trainees who commenced training before 2017:

Two satisfactory projects by the end of Advanced Training.

At least one project must be submitted and assessed as satisfactory prior to entry into the final 12 months of training in geriatric medicine. This refers to full months. For part-time trainees this is worked out on a pro-rata basis.

Dual trainees entering training in geriatric medicine with retrospective approval of training in their first specialty must submit their first project in the first year of geriatric medicine training in order to be eligible to enter the final 12 months of training.

Trainees will not be certified for time spent in training in their final year prior to submission of a first satisfactory project.

Australia:

- Due by 15 September (for trainees who first commenced training in 2017 onwards or before 2017 with a February start date.)
- Due by 15 April (for trainees who first commenced training before 2017 with an August start date.)

New Zealand: Due by 31 October.

Project topic and format

The project topic must have direct relevance to Geriatric Medicine and may be in the form of a case report, audit or quality assurance, research study, detailed research study proposal, literature review, contribution to an ANZSGM Position Statement or original scholarship.

Case report

- Should be used as a clinical illustration of the topic that is the focus of the project. A higher standard of case presentation (such as a published case study that has generated novel insights relevant to Geriatric Medicine) and/or sophisticated discussion of the literature are expected.
- Only one of the two projects may be a case study.

Audit or quality assurance project –

- Should identify an important clinical issue and compare the local performance against the 'gold standard'.
- This audit/quality assurance project should identify substandard areas and make recommendations to implement improvements.
- Ideally, the audit should then be repeated to assess the success of the interventions.

Research study

- A research project is always a major task. It is vital to seek advice from a supervisor with research expertise and/or access specialist statistical advice.
- A research project may take more than one year to complete. The first step in a research project is to identify a gap in the current evidence by undertaking a literature review. Then a single primary research question is formulated to address this gap. The aims, objectives and hypotheses should be explicitly stated. Next, the methodology is designed to be both feasible and to answer the primary research question. This includes defining the population sample to be studied (including sample size, inclusion and exclusion criteria), primary outcomes and data required, and planned statistical analyses. Approval should then be obtained from the local Human Research Ethics Committee. All these steps should be completed before the study begins.
- Once the data are collected, analyses can be carried out. You should then compare the key results with other similar published research and reach conclusions relating to the original aims of the study.
- Research should be presented using the IMRD format: Introduction (why the research was done, i.e. identifying a gap in the evidence and why it is important); Methods (how the research was undertaken and the data collected); Results (reporting the details of the subjects and the outcomes of the study); and Discussion (what the results mean).

Research proposal

- If a major research project is planned, then the research proposal may be sufficient to submit as a stand-alone project.
- This should include the supporting literature review, planned methodology, data collection sheets, proposed statistical analyses and evidence of any relevant approvals (e.g. ethics committee approval).

Literature review

- This refers to a comprehensive review of the relevant current literature applied to an important focused question.
- The specific question and search strategy, including key terms, should be clearly stated (including the methodology used to find, sort, select and appraise the literature). All significant and current papers should be identified. The review should critically appraise the research and apply it to the specific question to be answered. This will include comparing and contrasting different papers and assessing their strengths and weaknesses (including discussing the characteristics of the subjects studied, methodology, outcomes and conclusions).
- Research gaps requiring further study, and important deficiencies in the published literature, should be identified.

ANZSGM Position Statements

- The role of ANZSGM Position Statements is to publicly state the Society's attitude and approach to a core issue in Geriatric Medicine in the local context of Australia and New Zealand. Each Position Statement is authored and reviewed by experts in the relevant specialty area of Geriatric Medicine. As part of the review process, the Position Statement is sent to multiple experts and subcommittees within the ANZSGM for comment.
- Should you wish to contribute to either updating or writing a new Position Statement under the supervision of an expert, your work should be submitted in the form of a literature review with supporting materials (such as the draft Position Statement). If the purpose is to

revise an existing Position Statement, then a summary of the recommended revisions should also be included, along with the literature review.

Other original scholarship

- Other project formats may be acceptable but should be discussed with a member of the ATC/NZ ATS.

Projects should be:

- between 2000-3000 words to evidence an adequate amount of work (exclusive of abstract, tables and references). Projects shouldn't exceed 4000 words to evidence succinct scientific writing. Literature reviews may extend to 5000 words. Projects submitted with lengths outside of these limits may be penalised.
- Include a word count (on the cover page and again following the project title or in the abstract).
- in sound English and free of grammatical and typographical errors
- clear, succinct, logical and be written in a style suitable for publication in a scientific journal
- in a legible typeface, at least 11 point, with 1.5 line spacing
- to a standard and of a consistent method of citing literature.

PowerPoint slides from a presentation are not acceptable.

Presentations

It is strongly recommended that all trainees present their project work at local and national scientific meetings. Submissions for oral presentations at the Australian & New Zealand Society for Geriatric Medicine (ANZSGM) Annual Scientific Meeting are highly competitive so the most novel and highest quality studies are selected.

Dual Trainees

Projects prepared for another training program will not be accepted to satisfy the project requirements. Dual trainees should contact the Education Officer for each committee that is supervising their training if they have questions regarding the project requirements.

Advanced Trainee Contribution

You must be the main contributor of the submitted project. If you've worked on a larger project as part of a group, the submitted project should focus on the work you contributed. Any published work in which you're not the first author needs to be rewritten focusing on your work. You must:

- explicitly state your contribution to a project in detail, including contribution to the topic selection, study design, ethics submission, data collection, statistical analysis, interpretation of results, development of discussion and conclusions.
- Clearly state your contribution in the methods section (or in a cover letter co-signed by the supervisor). Your contribution statement can be excluded from the word count.

Submissions:

- A project submitted for another training program, a thesis or a project prepared for a higher qualification such as a Doctorate or Masters will not be accepted.
- Holding a PhD, Masters, or other postgraduate qualification does not waive any research requirements for Geriatric Medicine trainees. Original work undertaken as a component of a higher degree may be submitted, however you should seek the advice of a member of the ATC/NZ ATS before embarking on this option.

Full-time research (as a formal postgraduate research degree or not) must be prospectively approved by the ATC/NZ ATS in Geriatric Medicine as part of Advanced Training in Geriatric Medicine if the year is to be included as a component of Advanced Training in Geriatric Medicine.

Supervisor's Role

The supervisor should:

- meet with the trainee early in the year to plan the project including selecting a topic, the proposed format and timelines for completing the project
- ensure that the planned project is feasible and of a suitable standard
- monitor progress and advise at regular intervals
- clarify access to statistical support or other infrastructure required
- review the final drafts of the project and provide constructive feedback before submission
- sign the cover sheet to indicate agreement with the stated trainee contribution and their interaction with the project before submission.

Help from a member of the ANZSGM Scientific and Research (S&R) Committees

Members of the ANZSGM Scientific and Research Committee are available to provide advice to supervisors and trainees regarding research project design and execution.

Name	State/Country	Email address
Vasi Naganathan	NSW	vasi.naganathan@sydney.edu.au
Jacqui Close	NSW	j.close@unsw.edu.au
Gideon Caplan	NSW	G.Caplan@unsw.edu.au
Louise Waite	NSW	louise.waite@sswahs.nsw.gov.au
Martin Connolly	NZ	martin.connolly@waitematadhb.govt.nz
Ruth Hubbard	QLD	r.hubbard1@uq.edu.au
Robert Prowse	SA	robert.prowse@health.sa.gov.au
Ronald Leong	VIC	r.leong@cgmcc.org.au
Chris Moran	VIC	c.moran@cgmcc.org.au
Velandi Srikanth	VIC	velandai.srikanth@med.monash.edu.au
Leon Flicker	WA	leonflic@cyllene.uwa.edu.au
Sean Maher	WA	Sean.Maher@health.wa.gov.au

Plagiarism

Plagiarism involves copying or paraphrasing another author's ideas or writing, without acknowledging the source, and representing them as your own. Please use this short online quiz to check your understanding: <http://www.lib.monash.edu/tutorials/citing/citing-quiz/quiz.html>. Software and other electronic methods will be used to detect plagiarism in random audits. Strict penalties apply for breaches of [academic honesty](#).

Submission Process

Please follow the submission process on the project cover sheet for all projects, including project revisions. It is recommended that your first draft is completed at least six weeks prior to the submission deadline to allow time for your supervisor to thoroughly review the work, provide feedback and sign the cover sheet.

Project Re-submissions

When submitting a revised project a covering note outlining the changes made in response to the reviewers' comments should be included. A good way to present responses to reviewers' comments is to summarise the responses in table form. Prepare three columns:

1. Reviewers' comments;
2. Detail about what changes were made and
3. Page and paragraph details, with one separate row for each of the reviewers' comments.

Revised projects will be reassessed by the same two markers. If a revised project is still assessed as unsatisfactory, this will be the final result and no further opportunity for revision will be offered. The trainee will still need to submit two satisfactory projects to complete their training.

Project assessment

Each project is marked independently by two reviewers. The reviewers will usually be from a different state to the trainee. Projects will be marked against the standards set out in these guidelines. If one or both of the markers do not mark the project as satisfactory, the project will be referred to the Marking Panel who may decide to either pass or fail the project, request a third marker, or request revision of the project. It is not uncommon for a project to require revision and this should be seen as part of the learning experience. Responding to reviewers' comments is an important skill to acquire when submitting papers for publication.

More information

- [More information on Research Projects](#)
- [Research Projects eLearning@RACP module](#)
- [Education policies](#)
- [Download the Geriatric Medicine Types of Projects Sheet \(DOC 120KB\)](#)

Research Project (for trainees who commenced training in 2017 onwards)

Requirement

For trainees commencing training in 2017 onwards:

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

Australia:

- Due by 15 September (for trainees who first commenced training in 2017 onwards or before 2017 with a February start date.)
- Due by 15 April (for trainees who first commenced training in 2017 onwards with an August start date.)

New Zealand: Due by 31 October.

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

For trainees who commenced training before 2017:

This project is not required - see above for pre-2017 Research Project requirements.

More information

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

Important dates

Australia

January–March

15 February

- Applications for Approval of Advanced Training due

Other activities to be completed this quarter

- Case-based Discussion
- Learning Needs Analysis self-evaluation
- Mini-Clinical Evaluation Exercise
- Professional Qualities Reflection

April–June

15 April

- Research projects for trainees who first commenced training before 2017 with an August start date due

Activities to be completed this quarter

- Case-based Discussion
- Learning Needs Analysis self-evaluation
- Mini-Clinical Evaluation Exercise

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
- Research projects for trainees who first commenced training before 2017 with a February start date and for all trainees who commenced training in 2017 onwards due

Other activities to be completed this quarter

- Case-based Discussion
- Learning Needs Analysis self-evaluation
- Mini-Clinical Evaluation Exercise
- Professional Qualities Reflection

October–December

15 October

- Supervisor's Report and all PREP tools due for trainees eligible for Fellowship in December

Other activities to be completed this quarter

- Case-based Discussion
- Learning Needs Analysis self-evaluation
- Mini-Clinical Evaluation Exercise

January

31 January

- Previous year's Supervisor's Report and all PREP tools due for trainees *not* applying for Fellowship in December

New Zealand

December–February

Activities to be completed this quarter

- Case-based Discussion
- Learning Needs Analysis
- Mini-Clinical Evaluation Exercise

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 current year due
- Supervisor’s Report for December-June and December-April rotations due

Other activities to be completed this quarter

- Case-based Discussion
- Learning Needs Analysis self-evaluation
- Mini-Clinical Evaluation Exercise

June–August

Activities to be completed this quarter

- Case-based Discussion
- Learning Needs Analysis
- Mini-Clinical Evaluation Exercise
- Professional Qualities Reflection

September–November

31 October

- Supervisor’s Report for December-December, April-August and June-December rotations due
- Research projects due
- Applications for Approval of Advanced Training for the first half or whole of the following year due

30 November

- Supervisor’s Report for August-December rotations due

Other activities to be completed this quarter

- Case-based Discussion
- Learning Needs Analysis self-evaluation
- Mini-Clinical Evaluation Exercise

More information

RACP policies

- [Education policies](#)
- [Privacy Policy for Personal Information](#)
- [Code of Conduct and Working Together Policy](#)

RACP initiatives

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

Useful contacts

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

Other College contacts	
Education Officers Education Officers administer the training program and can respond to training-related enquiries.	Australia Email: Geriatrics@racp.edu.au Phone: +61 2 8247 6214 New Zealand Email: Geriatrics@racp.org.nz Phone: +64 4 472 6713
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

New Zealand Trainees' Committee

The New Zealand Trainees' Committee represents and advocates on behalf of trainees.

Email: traineescommittee@racp.org.nz

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.

The Australian and New Zealand Society for Geriatric Medicine

The [Australian and New Zealand Society for Geriatric Medicine](#) is the peak professional body representing Geriatric Medicine physicians in Australia and New Zealand.

www.racp.edu.au

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Published February 2018.

Version 5. Updated 17 May 2019.

