## Updates to this handbook for 2016

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<tr>
<th>Changes to program requirements</th>
<th>Rationale for changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting attendance at EEG Workshop is a requirement for Paediatrics &amp; Child Health trainees.</td>
<td>To enable trainees to develop knowledge and skills in EEG.</td>
</tr>
<tr>
<td>The Professional Qualities Reflection is now a mandatory requirement. Two are required per core year.</td>
<td>To introduce a specific professional teaching and learning tool to facilitate reflection and learning as part of professional development.</td>
</tr>
</tbody>
</table>

### Changes to handbook content

*Handbook content is revised every year. Sections of this handbook have been updated for ease of access to information and reworded to clarify and enhance content for trainees and supervisors.*
## Quick links

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

About this handbook

This handbook outlines the complete program requirements for the Royal Australasian College of Physicians (the College) Physician Readiness for Expert Practice (PREP) Advanced Training in Neurology (Adult Medicine and Paediatrics & Child Health).

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

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

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

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

2016 edition

This handbook applies to trainees registered in Australia or New Zealand in 2016. Program requirements as specified in the handbook apply to all trainees in a PREP program, regardless of the year in which they commenced PREP Advanced Training. A trainee is considered to be in a PREP Advanced Training Program if they first enrolled in that program from 2011 onwards.

Overseeing committees regularly evaluate their training requirements to ensure that they are in line with educational best practice, and requirements are published and communicated annually. Changes to the training program that may substantially impact a trainee’s plan for training will be implemented following an extended period of notice. It is the trainee’s responsibility to ensure that they are following the correct handbook.
The training program

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

Program overview

Table 1 – Overview of Advanced Training in Neurology

<table>
<thead>
<tr>
<th>Program</th>
<th>Advanced Training in Neurology (Adult Medicine)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Advanced Training in Paediatric Neurology</td>
</tr>
<tr>
<td>Overseeing committees</td>
<td>Advanced Training Committee (ATC) in Neurology</td>
</tr>
<tr>
<td>Entry requirements</td>
<td>• Completion of RACP Basic Physician Training, including the RACP Written and Clinical Examinations</td>
</tr>
<tr>
<td></td>
<td>• Appointment to an appropriate Advanced Training position</td>
</tr>
<tr>
<td></td>
<td>• Current medical registration</td>
</tr>
<tr>
<td>Minimum duration</td>
<td>3 years (full-time equivalent (FTE))</td>
</tr>
<tr>
<td>Curricula</td>
<td>Neurology Advanced Training Curriculum (Adult Medicine)</td>
</tr>
<tr>
<td></td>
<td>Neurology Advanced Training Curriculum (Paediatrics &amp; Child Health)</td>
</tr>
<tr>
<td></td>
<td>Professional Qualities Curriculum</td>
</tr>
<tr>
<td>Qualifications</td>
<td>Fellowship of the Royal Australasian College of Physicians (FRACP)</td>
</tr>
</tbody>
</table>

Entering the program

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

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

Entry into Advanced Training in Neurology occurs after a trainee has gone through the Australian and New Zealand Association of Neurologists (ANZAN) ‘match’ process, which matches prospective trainees to accredited training positions/posts. Further information can be found on the ANZAN website. There is no ‘match’ for accredited training positions/posts in Paediatric Neurology.

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

Please note that the College is not responsible for trainee recruitment and has no role in the recruitment process.
Once trainees have secured a training position, they must apply for the approval of their training in accordance with the due dates detailed in Tables 2 and 3. Applications can be made online via the College website. Trainees must organise the timely submission of all necessary documentation and keep a copy of the application for future reference.

**Table 2 – Closing dates for applications in Australia**

<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>

**Table 3 – 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–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 and August-December rotations</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 and December – April rotations</td>
</tr>
</tbody>
</table>

**Re-registration**

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

**Training fees**

Information about current training fees and terms and conditions is available on the College website.
**Curricula**

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

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

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

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

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

### Requirements overview

<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><strong>Content</strong></td>
</tr>
<tr>
<td>• Neurology Advanced Training Curriculum (Adult Medicine) OR Neurology Advanced Training Curriculum (Paediatrics &amp; Child Health) Professional Qualities Curriculum</td>
<td>• Neurology Advanced Training Curriculum (Adult Medicine) OR Neurology Advanced Training Curriculum (Paediatrics &amp; Child Health) Professional Qualities Curriculum</td>
</tr>
<tr>
<td><strong>Supervision</strong></td>
<td></td>
</tr>
<tr>
<td>Per rotation:</td>
<td>Per rotation:</td>
</tr>
<tr>
<td>• 2 supervisors with FRACP (required)</td>
<td>• 2 supervisors</td>
</tr>
<tr>
<td>Per rotation:</td>
<td>• 1 supervisor with FRACP</td>
</tr>
<tr>
<td>Per rotation:</td>
<td>• 1 supervisor who may or may not have FRACP</td>
</tr>
<tr>
<td>Per year:</td>
<td></td>
</tr>
<tr>
<td>• 2 Professional Qualities Reflection</td>
<td></td>
</tr>
<tr>
<td><strong>Teaching and learning requirements</strong></td>
<td></td>
</tr>
<tr>
<td>Per rotation:</td>
<td>Per rotation:</td>
</tr>
<tr>
<td>• 1 Final Supervisor’s Report</td>
<td>• 1 Final Supervisor’s Report</td>
</tr>
<tr>
<td>Per year:</td>
<td>Per year:</td>
</tr>
<tr>
<td>• 1 Mid-Year Progress Report (for 12-month rotations)</td>
<td>• 1 Mid-Year Progress Report (for 12-month rotations)</td>
</tr>
<tr>
<td>• 3 mini-Clinical Evaluation Exercises</td>
<td></td>
</tr>
<tr>
<td>• 2 Case-based Discussions</td>
<td></td>
</tr>
</tbody>
</table>

### By the end of Advanced Training:

36 months of certified training time consisting of:

- Minimum 24 months core training
- Maximum 12 months non-core training
- Residency In-Service Training Examination (recommended, not required for Paediatric trainees) Trainees complete this exam once between the first and second year of core training.
- 1 Logbook of neurophysiological studies
- Attendance at:
  - EMG Workshop (Adult Medicine trainees only)
  - EEG Workshop
  - ANZAN EEG Course
  - Postgraduate ANZAN/BMRI Neuropathology Course (Adult Medicine trainees only)
- Paediatrics & Child Health trainees only: Developmental and Psychosocial Training (Australia) or Developmental and Psychosocial Training (New Zealand)
Program requirements

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

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

The College regularly evaluates training requirements to ensure that they are in line with educational best practice. Requirements are published and communicated annually. Changes to the training program that may substantially impact a trainee’s plan for training will be implemented following an extended period of notice. It is the responsibility of the trainee to ensure that they read and follow the correct requirements.

Program requirements are set out in the tables below.

Time-based requirements - Adult Medicine

<table>
<thead>
<tr>
<th>Training time and rotations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Purpose</strong></td>
</tr>
<tr>
<td>To ensure adequate time for trainees to gain necessary learning experiences across a range of relevant rotations.</td>
</tr>
<tr>
<td><strong>Total training time</strong></td>
</tr>
<tr>
<td>36 months</td>
</tr>
<tr>
<td><strong>Training rotations</strong></td>
</tr>
<tr>
<td>• Minimum 24 months core training</td>
</tr>
<tr>
<td>• Maximum 12 months non-core training</td>
</tr>
</tbody>
</table>
Training time and rotations

**Definition of core training**
A minimum of 24 months FTE must be spent in accredited core clinical training positions under the supervision of a Fellow of the College. Trainees are expected to complete their two years of core training at different hospitals, unless there are exceptional circumstances which prevent this.

Emphasis is given to the management of inpatients, outpatients and on-call emergency neurology, and the exposure to neuropathology, neurophysiology and neuroimaging.

Within this period of 24 months, the following **minimum** requirements must be met:

<table>
<thead>
<tr>
<th>Minimum months experience (FTE)</th>
<th>Area of training</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Direct responsibility for emergency assessment and inpatient care of general neurology patients</td>
</tr>
<tr>
<td>12</td>
<td>On-call for neurological emergencies</td>
</tr>
<tr>
<td>12</td>
<td>Neurology consultations within a general hospital</td>
</tr>
<tr>
<td>24</td>
<td>Neurology ambulatory care at a minimum of one clinic per week, or the equivalent number over a shorter duration</td>
</tr>
</tbody>
</table>

The following frequency of training and teaching is required per subspecialty:

<table>
<thead>
<tr>
<th>Subspecialty</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neuroimaging</td>
<td>One neuroimaging teaching period per month for two years, or attendance at two neuroimaging teaching courses</td>
</tr>
<tr>
<td>Neuropathology</td>
<td>One neuropathology teaching period per month for two years, or attendance at one neuropathology teaching course, e.g. Postgraduate ANZAN/BMRI Neuropathology Course</td>
</tr>
<tr>
<td>Neurorehabilitation</td>
<td>One neurorehabilitation period per week for six months, preferably at an approved rehabilitation facility or in rehabilitation activities in a general hospital</td>
</tr>
</tbody>
</table>

**Training in clinical neurophysiology**

**EEG & EMG**
Training in EEG and EMG is conducted as part of Advanced Training in Neurology and must be completed to meet the criteria for FRACP. By the end of training, the trainee must have satisfied their supervisors in clinical neurophysiology that the skills and knowledge they have acquired meet the Level 1 EMG & EEG training requirements as described in the logbook section of this handbook.

Level 2 & 3 EMG/EEG training is optional. It is not a requirement that this be completed during Advanced Training in Neurology.

Over the three years of Advanced Training, at least 300 EEGs are to be reported by the trainee, with feedback from their supervisor. The trainee must attend at least 250 EMG studies, of which 150 are to be done ‘hands on’ by the trainee, with supervision. Thirty per cent of these requirements are to be completed in the first year of training, and the remainder in subsequent years. Neurophysiology training may be completed during the third year of training, even if it is a non-core year of training.

A logbook should be kept by each trainee to track experience, and trainees should complete the relevant sections in the Final Supervisor’s Report at the end of each year or period of training.
### Training time and rotations

**Definition of non-core training**

A maximum of 12 months of non-core training may be undertaken with the prospective approval of the ATC. Non-core training need not be directly related to clinical neurology and may consist of a period of neuroscience research. The principal aims are to enable trainees to develop ability for critical appraisal of specific research and publications, and to promote research within the neurosciences by clinicians. Non-core training also allows for development of more experience in a particular specialty area of clinical neurology.

The ATC strongly recommend that non-core training take place following the completion of core training. This is to ensure that the trainee is able to gain maximum training benefit from the non-core year. The ATC recognise that in some circumstances an earlier non-core year may be beneficial, for example when a person is engaged in neuroscience research.

An Advanced Trainee who commences neurology training with a non-core year and wishes to have the training considered must apply prospectively to the ATC for provisional approval of this position. Provisional approval of a first non-core year of training does not mean that the trainee has been formally accepted into the Advanced Training in Neurology program. Furthermore, a first non-core year of training will only be certified towards the RACP requirements for Advanced Training in Neurology after the Advanced Trainee has gone through the ANZAN match/interview process, has been matched to an accredited core training position, and has satisfactorily completed a first core year of training. High standards of training are maintained by the accreditation of both training hospitals and individual neurology training positions.

**Training time in Australia/New Zealand**

Advanced Trainees in Neurology must spend a minimum of 24 months FTE core training in Australia and/or New Zealand. This is to ensure that trainees receive adequate exposure to local practices and health services.

**Other requirements**

It is strongly recommended that trainees complete their Advanced Training at more than one training site.
### Time-based requirements – Paediatrics & Child Health

#### Training time and rotations

<table>
<thead>
<tr>
<th>Purpose</th>
<th>To ensure adequate time for trainees to gain necessary learning experiences across a range of relevant rotations.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total training time</td>
<td>36 months</td>
</tr>
</tbody>
</table>
| Training rotations | 24 months core training (minimum)  
12 months non-core training (maximum) |

#### Definition of core training

A minimum of 24 months FTE must be spent in accredited core clinical training positions under the supervision of a Fellow of the College.

Core training in paediatric neurology must include experience in the following:

- Direct patient care, both inpatient and outpatient, normally under the supervision of at least two paediatric neurologists in the setting of a busy teaching hospital.
- Regular participation in an after-hours on-call roster. This is a prerequisite for a year to be considered for accreditation as core training.

Trainees in paediatric neurology are encouraged to participate in the following optional requirements for core training:

- Clinical research – with the condition that any laboratory research should be no more than half a day per working week.
- Training in the subspecialties of paediatric epileptology or paediatric neuromuscular disease – a maximum of six months training may be accredited as core training.

#### Procedural skills and training in clinical neurophysiology

At the end of two years of core training, trainees should have the following:

- Expertise in paediatric EEG interpretation – a logbook must be kept demonstrating that a minimum of 300 EEG studies have been read during the Advanced Training period.
- Knowledge of the technical aspects of, and indications for, neurophysiological studies such as nerve conduction and EMG, as well as evoked responses. This does not necessarily mean that every paediatric neurologist would be expected to perform and interpret the studies independently.
- Ability to reliably interpret most paediatric neuroradiological studies.
- A working knowledge of neuropathology.

#### Definition of non-core training

A maximum of 12 months of non-core training may be undertaken with the prospective approval of the ATC. Non-core training can be undertaken in any of the subspecialties of paediatric neurology, for example neurorehabilitation, neuroradiology, neurometabolic disease, neurogenetics or neuro-ophthalmology.

For a position to be considered for certification as non-core training in paediatric neurology, the relevance of that position to the field of paediatric neurology must be demonstrated. Accordingly, non-core training can also be obtained in neurophysiology, neuropathology, psychiatry and clinical or basic research, so long as it is related to the neurosciences.

It is strongly recommended that formal training in clinical adult neurology be obtained.

The ATC strongly recommends that non-core training take place following the completion of
### Training time and rotations

Core training. This is to ensure that the trainee is able to gain maximum training benefit from the non-core year. The ATC recognise that in some circumstances an earlier non-core year may be beneficial, for example when a person is engaged in neuroscience research.

An Advanced Trainee who commences neurology training with a non-core year and wishes to have the training considered must apply prospectively to the ATC for provisional approval of this position. Furthermore, a first non-core year of training will only be certified towards the RACP requirements for Advanced Training in Neurology after the Advanced Trainee has satisfactorily completed a first core year of training. High standards of training are maintained by the accreditation of both training hospitals and individual neurology training positions.

### Dual Training

If a trainee is undertaking advanced training in Neurology and a secondary specialty, and Neurology is not the primary supervising committee, you may be required to complete additional application forms to ensure that the training time meets neurology standards. If you wish the dual training to be counted as core training, Neurology must be the primary supervising committee. Please contact the Education Officer for further information.

### Training time in Australia/New Zealand

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

<table>
<thead>
<tr>
<th>Purpose</th>
<th>To provide trainees with appropriate support and guidance to complete the training program.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Core training</strong></td>
<td>2 supervisors with FRACP (required)</td>
</tr>
</tbody>
</table>
| **Non-core training** | Per rotation:  
  - 2 supervisors:  
    - 1 supervisor with FRACP  
    - 1 supervisor who may or may not have FRACP.  
  Wherever possible, trainees should have two supervisors with FRACP. |

**More information and resources**  
[Supervisor Support Roles and Workshops](#)
Teaching and learning activities

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

<table>
<thead>
<tr>
<th>Learning Needs Analysis (optional – not required)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Purpose</strong></td>
</tr>
<tr>
<td>To embed the process of planning and evaluating learning in the trainee’s practice.</td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
</tr>
<tr>
<td>One per rotation</td>
</tr>
<tr>
<td><strong>Timing</strong></td>
</tr>
<tr>
<td>Early in the rotation</td>
</tr>
<tr>
<td><strong>Deadline for completion</strong></td>
</tr>
<tr>
<td>31 January 2017</td>
</tr>
<tr>
<td><strong>Training type</strong></td>
</tr>
<tr>
<td>Core and non-core training</td>
</tr>
<tr>
<td><strong>Description</strong></td>
</tr>
<tr>
<td>A Learning Needs Analysis involves the trainee creating a learning plan that outlines their learning objectives and goals for their current rotation. Trainees must refer to this throughout their rotation. At the conclusion of each training rotation, the trainee must evaluate their learning plan to determine whether they have achieved their desired goals, and identify additional areas to focus on in the future. The Learning Needs Analysis is linked to the learning objectives in the relevant program-specific curriculum and the Professional Qualities Curriculum. This tool is helps trainees and supervisors to determine the learning opportunities that may be available for a given term. It can also facilitate discussions between a trainee and their supervisor, by allowing a trainee to identify particular skills and procedures that they would like to learn as they start their training rotation. Furthermore, it will allow trainees to review their progress on their learning plans at the end of each rotation. The Learning Needs Analysis is accessed via the Advanced Training Portal.</td>
</tr>
<tr>
<td><strong>More information and resources</strong></td>
</tr>
<tr>
<td>Learning Needs Analysis information sheet, workflow and other resources</td>
</tr>
</tbody>
</table>
### Professional Qualities Reflection

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

**Frequency**  
Two per core training year

**Timing**  
Throughout the year

**Description**  
The purpose of the Professional Qualities Reflection is for trainees to articulate and formalise ideas and insights about their professional development through the process of reflection. The Professional Qualities Reflection is designed to:

- encourage critical thinking and reflection about trainees' learning experiences
- provide a structure for trainees to reflect on an event or series of events that have had an impact on their practice
- facilitate the development of trainees' ethical attitudes and behaviours
- help trainees identify the link between their everyday experiences and the domains of the Professional Qualities Curriculum.

Trainees create a Professional Qualities Reflection via the Training Portal. Using the Professional Qualities Reflection online form, trainees:

- describe the event or series of events that have impacted on them professionally
- reflect on themselves as observers to the event or series of events and explain their responses, including why they responded the way they did
- describe insights they have gained from reflecting on the event or series of events and how the insights assisted them in developing their medical professionalism.

The supervisor then guides a discussion of the event with the trainee. In this discussion the supervisor encourages the trainee to critically reflect on the event, through analysis of the event and the associated issues and insights the trainee may have gained.

The Professional Qualities Reflection is accessed in the [Advanced Training Portal](#).

**More information and resources**  
[Professional Qualities Reflection information sheet and workflow](#)
Assessments
Trainees are required to complete both formative and summative assessments throughout training.

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

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

### Mini-Clinical Evaluation Exercise

<table>
<thead>
<tr>
<th><strong>Purpose</strong></th>
<th>For the trainee to receive timely, structured feedback on their performance in real clinical situations. The mini-Clinical Evaluation Exercise is a formative assessment.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Frequency</strong></td>
<td>Three per year</td>
</tr>
</tbody>
</table>
| **Timing** | **Australia:** One per quarter in the first three quarters of the training year  
**New Zealand:** Any time during rotation |
| **Deadline for completion** | **Australia:** 31 January 2017  
**New Zealand:** By end of training rotation |
| **Training type** | Core training only |
| **Description** | The aim of the mini-Clinical Evaluation Exercise encounter is to evaluate the performance of the trainee in real clinical situations. Various skills are assessed during the patient consultation, including medical interviewing, physical examination, professional qualities, counselling skills, clinical judgement, organisation and efficiency.  
A mini-Clinical Evaluation Exercise encounter takes approximately 30 minutes, including a 10–15 minute feedback session. The trainee receives feedback across a range of areas relating to professional qualities and clinical competency from an assessor immediately after the observation.  
Through being observed undertaking a number of cases over a period of time, with a number of different assessors, these individual, brief encounters add up to provide a reliable measure of a trainee’s performance.  
The trainee must enter the data from the completed RACP mini-Clinical Evaluation Exercise rating form into the [Advanced Training Portal](#) as part of their record of training. |

**More information and resources**  
[Mini-Clinical Evaluation Exercise information sheet, workflow, rating form and other resources](#)
<table>
<thead>
<tr>
<th><strong>Case-based Discussion</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Purpose</strong></td>
</tr>
<tr>
<td>To guide the trainee’s learning through structured feedback and help the supervisor evaluate the expertise and judgement exercised in clinical cases. Case-based Discussion is a formative assessment.</td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
</tr>
<tr>
<td>Two per year</td>
</tr>
<tr>
<td><strong>Timing</strong></td>
</tr>
<tr>
<td>One per six-month period</td>
</tr>
<tr>
<td><strong>Deadline for completion</strong></td>
</tr>
<tr>
<td><em>Australia</em>: 31 January 2017</td>
</tr>
<tr>
<td><em>New Zealand</em>: By end of training rotation</td>
</tr>
<tr>
<td><strong>Training type</strong></td>
</tr>
<tr>
<td>Core training only</td>
</tr>
<tr>
<td><strong>Description</strong></td>
</tr>
<tr>
<td>A Case-based Discussion encounter involves a comprehensive review of a clinical case (or cases) between an Advanced Trainee and an assessor. The encounter evaluates the level of professional expertise and judgement exercised in clinical cases by a trainee. A Case-based Discussion encounter takes approximately 30 minutes, including feedback. The trainee is given feedback from the assessor across a range of areas relating to clinical knowledge, clinical decision making and patient management. The trainee must enter the data from the completed RACP Case-based Discussion rating form into the <a href="#">Advanced Training Portal</a> as part of their record of training.</td>
</tr>
<tr>
<td><strong>More information and resources</strong></td>
</tr>
<tr>
<td><a href="#">Case-based Discussion information sheet, workflow, rating form and other resources</a></td>
</tr>
</tbody>
</table>
## Mid-Year Progress Report

### Purpose
To provide trainees with structured feedback on their performance over the first six months of a 12-month rotation. This is a formative assessment.

### Frequency
One per 12-month rotation

### Timing
Completed mid-rotation

### Deadline for completion
- **Australia**: 15 July 2016
- **New Zealand**: 31 May 2016 or 31 October 2016

### Training type
Core and non-core training

### Description
The Mid-Year Progress Report is a formative assessment of the first half of a trainee’s year of training during 12-month positions, completed by the trainee’s supervisor(s).

If the trainee’s supervisor has not directly supervised the trainee throughout the first half of the year, they should obtain individual reports from those who have directly supervised the trainee, and provide a composite report.

Supervisors should discuss the report with the trainee prior to both parties signing the report, and trainees should be provided with a copy of each report submitted to the College. The College retains the right to provide subsequent supervisors with copies of past reports.

A Mid-Year Progress Report needs to be completed for Advanced Trainees in 12-month positions in Australia and submitted to the College by 15 July.

A Mid-Year Progress Report needs to be completed for Advanced Trainees in 12-month positions in New Zealand and submitted to the College by 31 May or 31 October 2016, depending on the midpoint of the rotation (i.e. 31 May is the deadline for December to December rotations and 31 October is the deadline for June-June rotations).

A Mid-Year Progress Report is not required for trainees in positions of six months or less. These trainees should submit a Final Supervisor’s Report for each rotation.

### More information and resources
- Mid-Year Progress Report (Australia)
- Mid-Year Progress Report (New Zealand)
## Final Supervisor’s Report

<table>
<thead>
<tr>
<th><strong>Purpose</strong></th>
<th>To evaluate and provide feedback on the trainee’s progress which informs the certification of training decision. The Final Supervisor’s Report is a summative assessment.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Frequency</strong></td>
<td>One per rotation (i.e. one report signed by both supervisors per site, per year)</td>
</tr>
<tr>
<td><strong>Timing</strong></td>
<td>See below</td>
</tr>
<tr>
<td><strong>Deadline for completion</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Australia</strong></td>
<td></td>
</tr>
<tr>
<td>For Advanced Trainees in 12-month positions:</td>
<td>a Final Supervisor’s Report is to be submitted to the College by 31 January of the following year.</td>
</tr>
<tr>
<td>For Advanced Trainees in positions of six months or less with separate supervisors, or at separate sites:</td>
<td>a Final Supervisor’s Report should be completed for each rotation and submitted to the College by 15 July (for first half of the year) and 31 January the following year (for the second half of the year).</td>
</tr>
<tr>
<td>For Advanced Trainees in their final year:</td>
<td>a Final Supervisor’s Report is to be submitted to the College by 15 October.</td>
</tr>
<tr>
<td><strong>New Zealand</strong></td>
<td></td>
</tr>
<tr>
<td>For Advanced Trainees in 12-month positions:</td>
<td>a Final Supervisor’s Report must be submitted to the College by 31 October.</td>
</tr>
<tr>
<td>For Advanced Trainees in three-, four- or six-month positions:</td>
<td>a Final Supervisor’s Report must be completed for each rotation and submitted to the College by 31 May (for rotations in the first half of the year) and 31 October (for rotations in the second half of the year).</td>
</tr>
</tbody>
</table>

### Training type
- Core and non-core training

### Description
The Final Supervisor’s Report is a summative assessment of the trainee’s period of training completed by their supervisor(s). The Final Supervisor’s Report must be completed by supervisors who have directly supervised the trainee. If the supervisor has not directly supervised the trainee throughout the whole rotation, the supervisor should obtain individual reports from those who have directly supervised the trainee and provide a composite report.

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

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

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).

Trainees should refer to the [Progression through Training policy](#) for further information.

### More information and resources
- [Final Supervisor’s Report – Adult Medicine (Australia)](#)
- [Final Supervisor’s Report – Paediatrics & Child Health (Australia)](#)
- [Final Supervisor’s Report (New Zealand)](#)
### Residency In-Service Training Exam

**Frequency**
- Adult Medicine: Once during training
- Paediatrics & Child Health: Once during training (optional)

**Timing**
- Between first and second core years

**Training type**
- Core training

**Description**
The American Academy of Neurology (AAN) Residency In-Service Training Exam (RITE) is a self-assessment tool designed to gauge knowledge of neurology and neuroscience, identify areas for potential growth, and provide references and discussions for each. It has been a recommended, although not compulsory, part of Advanced Training in Neurology for over 30 years.

Trainees should take the RITE exam between the first and second year of core training. The aim of the RITE is to provide the trainee and supervisor (who are the only people who receive the results) an indication of strengths and weaknesses in the trainee’s neurological knowledge. The RITE is not designed to be a summative, certifying or qualifying examination, and its use in that manner is vigorously discouraged by the AAN and Australian and New Zealand Association of Neurologists (ANZAN).

**More information and resources**
- [Australian and New Zealand Association of Neurologists website](#)

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### Logbook of neurophysiological studies

**Frequency**
- Over the course of training

**Timing**
- Must be used to complete neurophysiological section of Final Supervisor’s Reports

**Training type**
- Core and non-core training
Logbook of neurophysiological studies

**Description**
All trainees must maintain a logbook recording the extent of their experience in neurophysiology training. The accuracy and currency of the logbook is of the utmost importance. The logbook must be maintained using the prescribed forms and must be available at all times for review, as needed, by the ATC.

One logbook is to be kept over the course of training with at least 300 EEGs to be reported by the trainee with feedback from their supervisor. Adult Neurology trainees must also attend at least 250 EMG studies, of which 150 are to be done ‘hands on’ by the trainee, with supervision.

Thirty per cent of the requirements below are to be completed in the first year of training, and the remainder in subsequent years. Neurophysiology training may be completed during the third year of training, even if it is a non-core year of training.

By the end of training, the trainee must have satisfied their supervisors in clinical neurophysiology that the skills and knowledge they have acquired meet the Level 1 training requirements as described below.

Level 2 & 3 EMG/EEG training is optional. It is not a requirement that this be completed during Advanced Training in Neurology. The RACP does not provide certification for any additional training in EMG/EEG. For further information regarding level 2 & 3, please contact the relevant specialty society.

**To complete for Level 1 EMG in year one (Adult Medicine trainees)**
- Understand the physiological basis of NCS/EMG potentials and waveforms
- Understand the technology of NCS/EMG recording
- Attend reporting sessions in NCS/EMG
- Be able to interpret correctly NCS/EMG reports performed by others
- Attend at least 75 NCS/EMG studies

**To complete for Level 1 EMG in years two and three (Adult Medicine trainees)**
- Attend reporting sessions in NCS/EMG
- Attend at least 250 NCS/EMG studies
- Be able to perform independently and correctly report basic nerve conduction studies

**To complete for Level 1 EEG in year one**
- Understand the physiological basis of EEG potentials and waveforms
- Understand the technology of EEG recording
- Watch EEG electrode placement and an EEG being recorded
- Attend reporting sessions in EEG
- View examples of normal and abnormal EEG material in the syllabus
- Become aware of the ontogeny of EEG

**To complete for Level 1 EEG in years two and three**
- Attend reporting sessions in EEG
- Attend the ANZAN EEG course
- Be able to interpret an EEG report in the clinical context
- Become aware of the role and limitation of EEG in clinical neurology

More information and resources
[Logbook template](#)
## Course Attendance

<table>
<thead>
<tr>
<th><strong>Frequency</strong></th>
<th>Once over entire training period for each workshop</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Timing</strong></td>
<td>At any stage during Advanced Training</td>
</tr>
<tr>
<td><strong>Deadline for completion</strong></td>
<td>Must be completed by the end of Advanced Training</td>
</tr>
<tr>
<td><strong>Training type</strong></td>
<td>Core and non-core training</td>
</tr>
</tbody>
</table>

### Description
Trainees must attend the following workshops at least once during their three years of Advanced Training:
- EMG Workshop (Adult Medicine trainees only)
- EEG Workshop
- ANZAN EEG Course
- Postgraduate ANZAN/BMRI Neuropathology Course (Adult Medicine trainees only)

### More information and resources
[Australian and New Zealand Association of Neurologists website](#)
### Other requirements

<table>
<thead>
<tr>
<th>Developmental and Psychosocial Training (Australia) – Australian RACP Paediatrics &amp; Child Health Division trainees only</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Purpose</strong></td>
</tr>
<tr>
<td>To assist trainees to develop a sophisticated understanding of child development, encompassing physical, cognitive, emotional, behavioural and social areas, which should be gained from the perspective of the child within the family and in the context of the community.</td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
</tr>
</tbody>
</table>
| *Australia:* Once over entire training period (Basic Training and Advanced Training)  
*New Zealand:* Not required |
| **Timing** |
| *Australia:* At any stage during Basic Training or Advanced Training  
*New Zealand:* Not required |
| **Duration** |
| *Australia:* Six months |
| **Deadline for completion** |
| *Australia:* Must be completed by the end of Advanced Training |
| **Training type** |
| Core and non-core training |
| **Description** |
| *This is a requirement for Australian Paediatrics & Child Health trainees only.*  
The developmental and psychosocial component of training for all paediatricians was introduced to ensure that the changing nature of paediatric practice is reflected in the training programs undertaken within Australia. A mandatory period of training in developmental and behavioural aspects of paediatrics must be included in the program. Developmental and Psychosocial Training can be undertaken during Basic Training or Advanced Training regardless of whether trainees are undertaking general or specialty training. The training consists of a minimum six-month period in one or more of the following areas:  
- Developmental/behavioural paediatrics  
- Community paediatrics  
- Disability/rehabilitation paediatrics  
- Child protection  
- Child and adolescent mental health  
- Palliative Medicine  
Trainees must nominate a supervisor for the Developmental and Psychosocial Training component; either during Basic Training or Advanced Training. A satisfactory Supervisor’s Report for Developmental and Psychosocial Training will be required for the training to be certified.  
The following are acceptable training options:  
- Six months in a prospectively approved psychosocial training position. The six months must be completed as two three-month terms, a block of six months or as a continuous part time position, i.e. 2.5 days per week for 12 months (please note that a conglomerate of experience for shorter time periods adding up to six months will not be acceptable).  
- Six months in a prospectively approved rural position that has a documented weekly program in psychosocial training areas and an appropriate level of supervision.  
- Attendance at a prospectively approved clinic for two sessions a week for 18 months, or one session a week for three years, plus complete an approved learning module.  
An approved clinic is one where other health/educational professionals are involved, and where supervision is directed by a paediatrician experienced in an area or areas of
### Developmental and Psychosocial Training (Australia) – Australian RACP Paediatrics & Child Health Division trainees only

Developmental and Psychosocial Training (such as behaviour, development, rehabilitation, and child protection).

An approved learning module includes one of the following options:

- Evidence of attendance at a lecture series devoted to the topics included in Developmental and Psychosocial Training in a recognised institution
- Three referenced case reports/essays (1500–2000 words) demonstrating a detailed understanding of three different issues in the areas of psychosocial training (e.g. rehabilitation, community paediatrics, etc.)
- Completion of the Griffith Mental Developmental Scales course
- Other prospectively approved modules may be considered.

### More information and resources

Final Supervisor's Report – Paediatrics & Child Health

### Developmental and Psychosocial Training (New Zealand) – New Zealand RACP Paediatrics & Child Health Division trainees only

**Purpose**

To assist trainees to develop a sophisticated understanding of child development, encompassing physical, cognitive, emotional, behavioural and social areas, which should be gained from the perspective of the child within the family and in the context of the community.

**Frequency**

Australia: Not required

New Zealand: Once over entire training period (Basic Training and Advanced Training)

**Timing**

New Zealand: At any stage during Basic Training or Advanced Training

**Duration of rotations**

New Zealand: Three months

**Deadline for completion of mandatory paediatric requirements rotations and courses**

Must be completed by the end of Advanced Training

**Training type**

Core and non-core training

**Description**

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

The New Zealand Specialist Advisory Committee in General Paediatrics will determine whether this requirement has been met. The Developmental and Psychosocial Training requirement may be met either during Basic Training or Advanced Training. All New Zealand registered paediatric trainees in other specialties are required to meet this requirement.

Developmental and Psychosocial Training can be undertaken during Basic Training or Advanced Training, regardless of whether trainees are undertaking general or specialty training. The psychosocial training consists of a minimum three-month period in one or more of the following areas:

- Developmental/behavioural paediatrics
- Community paediatrics
- Disability/rehabilitation paediatrics
- Child protection and adolescent psychiatry
- Adolescent medicine.
Developmental and Psychosocial Training (New Zealand) – New Zealand RACP Paediatrics & Child Health Division trainees only

These areas reflect a holistic approach to the health problems of children and young people; they require an understanding of the roles and inter-relationships of many allied health and community-based services in a way that distinguishes them from experience in organ-based specialties.

Alternatively, trainees can gain the required experience by managing suitable cases over a longer period of time with appropriate supervision. This experience must be documented in a logbook.

Trainees should keep a record of at least 12 cases they have personally managed under supervision. Copies of clinical letters are not appropriate. There should be a summary of the issues involved, and how they were managed. These cases will normally be accumulated over a two-year period, and each case record must be signed by the supervisor. Examples of how this might be done are available from the College.

The range of conditions that should be included in the logbook are:

- Developmental problems, with a focus on the response of parents, families and care-givers to the diagnosis and ongoing care of the child with special needs
- Pervasive developmental disorders
- General learning disability – the behaviour problems that arise secondary to this condition
- Chronic illness – behavioural and psychological problems resulting from chronic illness, and parent and family difficulties resulting from chronic conditions, such as diabetes, epilepsy, chronic arthritis, chronic respiratory disease, physical disability and childhood cancer
- Common behavioural paediatric problems such as enuresis, encopresis, sleep disturbance, eating difficulties, attention deficit and hyperactivity disorder, conduct disorder, anxiety, depression, and preschool behavioural adjustment disorders.

The trainee should nominate a paediatrician with a special interest and skill in behavioural paediatrics or, where available, a child psychiatrist or paediatric clinical psychologist who will act as their supervisor.

The College program director will provide the nominated supervisor with information about the requirements for the logbook and will also review the logbook.

More information and resources
Final Supervisor’s Report
Psychosocial Logbook Template
Psychosocial Logbook Example
Education policies

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

<table>
<thead>
<tr>
<th>Education policy</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Academic Honesty and Plagiarism</strong></td>
<td>Defines the responsibilities of trainees enrolled in College education programs (Division, Faculty, or Chapter) in relation to academic honesty and plagiarism, and describes a process for dealing with identified cases of plagiarism (intentional and unintentional).</td>
</tr>
<tr>
<td><strong>Accreditation of Training Settings</strong></td>
<td>Defines the aims, principles, criteria and process for the accreditation of training settings for trainees enrolled in education programs provided by the College.</td>
</tr>
<tr>
<td><strong>Assessment of Overseas Trained Physicians (Australia)</strong></td>
<td>Defines the College’s (including its Divisions, Chapters and Faculties) framework for determining if the training and experience of an overseas trained physician/ paediatrician (OTP) is “substantially comparable”, “partially comparable”, or “not comparable” to that of an Australian-trained physician/paediatrician. The policy details the assessment process and possible outcomes, including additional assessment requirements, for OTP applicants for specialist recognition, appointment to an Area of Need position and Fellowship of the College and/or its Chapters and Faculties.</td>
</tr>
<tr>
<td><strong>Assessment of Overseas Trained Physicians (New Zealand)</strong></td>
<td>Defines the framework used by the College (including its Divisions, Faculties and Chapters) for determining if the training, qualifications and experience of an OTP are comparable/equivalent to that of a New Zealand-trained physician/paediatrician. The policy details the assessment process and possible outcomes, including additional assessment requirements, for OTP applicants for vocational registration.</td>
</tr>
<tr>
<td><strong>Case-based Discussion</strong></td>
<td>Defines the requirements for the Case-based Discussion for any College training program requiring use of the tool.</td>
</tr>
<tr>
<td><strong>Continuing Professional Development Participation</strong></td>
<td>Defines the continuing professional development (CPD) participation requirements for College Fellows and OTPs under peer review/supervision. This includes Fellows and OTPs of the Divisions, Faculties and Chapters.</td>
</tr>
<tr>
<td><strong>Flexible Training</strong></td>
<td>Defines the provisions for College trainees (Division, Faculty, or Chapter), including Fellows in training, around time limit to complete training, leave entitlements, part-time training, and interrupted training, including parental leave.</td>
</tr>
<tr>
<td><strong>Learning Needs Analysis (LNA)</strong></td>
<td>Defines the requirements for the Learning Needs Analysis for any College training program requiring use of the tool.</td>
</tr>
<tr>
<td><strong>Mini-Clinical Evaluation Exercise (Mini-CEX)</strong></td>
<td>Defines the requirements for the mini-Clinical Evaluation Exercise for any College training program requiring use of the tool.</td>
</tr>
<tr>
<td><strong>Participation by Fellows in Preparatory Courses for Assessments</strong></td>
<td>Defines the obligations of Fellows in relation to participation in preparatory courses (commercial and non-commercial) or training sessions for centrally administered College assessments.</td>
</tr>
<tr>
<td>Education policy</td>
<td>Description</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Professional Qualities Reflection (PQR) (formerly known as Significant Incident Analysis Tool)</td>
<td>Defines the requirements for the Professional Qualities Reflection (formerly known as Significant Incident Analysis Tool [SIAT]) for any College training program requiring use of the tool.</td>
</tr>
<tr>
<td>Progression through Training</td>
<td>Defines the requirements for College trainees (including Fellows in training) to gain certification of satisfactory progress in, and completion of, a College training program (Division, Faculty or Chapter).</td>
</tr>
<tr>
<td>Recognition in a Subspecialty without completion of the relevant Advanced Training Program (Divisions)</td>
<td>Defines the requirements for College Fellows (Adult Medicine or Paediatrics &amp; Child Health) to be recognised by the College in a specialty different from that in which their Advanced Training Program was undertaken, or in a specialty undertaken before ATCs were established, on the basis of prior certified or experiential learning achieved through a substantial period of professional practice, acquired competence and professional development in that specialty.</td>
</tr>
<tr>
<td>Recognition of Prior Learning</td>
<td>Defines the requirements for recognition of prior learning (RPL) for trainees (in Australia and New Zealand) enrolled in College education programs (Division, Faculty, or Chapter).</td>
</tr>
<tr>
<td>Special Consideration for Assessments</td>
<td>Defines the requirements and processes for dealing with requests for special consideration in relation to centrally administered assessments undertaken by College trainees (in Australia and New Zealand).</td>
</tr>
<tr>
<td>Trainee in Difficulty Support Policy</td>
<td>Defines the meaning of difficulty in the context of RACP training, and the principles to be employed by the trainee, the supervisor and the College when a difficulty is identified, and the roles and responsibilities of the parties involved. The Trainee in Difficulty Support Process is a framework that will facilitate the provision of support to trainees who find themselves in difficulty during the course of RACP training (Division, Faculty or Chapter).</td>
</tr>
</tbody>
</table>
## Important dates – Australia

<table>
<thead>
<tr>
<th>January–March</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>15 February</strong></td>
</tr>
<tr>
<td>• Applications for Approval of Advanced Training due</td>
</tr>
</tbody>
</table>

### April–June

**Activities to be completed this quarter**

- Mini-Clinical Evaluation Exercise
- Case-based Discussion
- Professional Qualities Reflection

<table>
<thead>
<tr>
<th>July–September</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>15 July</strong></td>
</tr>
<tr>
<td>• Mid-Year Progress Report for trainees in 12-month positions due</td>
</tr>
<tr>
<td>• Final Supervisor’s Report for trainees in less than 12-month positions due</td>
</tr>
<tr>
<td><strong>31 August</strong></td>
</tr>
<tr>
<td>• Applications for Approval of Advanced Training for the second half of the year due</td>
</tr>
</tbody>
</table>

**Other activities to be completed this quarter**

- Mini-Clinical Evaluation Exercise

### October–December

- **15 October**
- Final Supervisor’s Report due for trainees who are eligible for Fellowship in December 2016

**Other activities to be completed this quarter**

- Mini-Clinical Evaluation Exercise
- Case-based Discussion
- Professional Qualities Reflection

### January 2017

- **31 January 2017**
- Final Supervisor’s Report due for trainees not applying for Fellowship in December 2016
**Important dates – New Zealand**

<table>
<thead>
<tr>
<th>December 2015 – February 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities to be completed this quarter</td>
</tr>
<tr>
<td>- Mini-Clinical Evaluation Exercise</td>
</tr>
<tr>
<td>- Professional Qualities Reflection</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>March–May</th>
</tr>
</thead>
<tbody>
<tr>
<td>31 March</td>
</tr>
<tr>
<td>- Applications for Approval of Advanced Training for April–August rotations due</td>
</tr>
<tr>
<td>31 May</td>
</tr>
<tr>
<td>- Applications for Approval of Advanced Training for the second half of the year and August-December rotations due</td>
</tr>
<tr>
<td>- Final Supervisor’s Report for rotations completed in the first half of the year due</td>
</tr>
<tr>
<td>- Mid-Year Progress Report for trainees in 12-month (Dec-Dec) rotations due</td>
</tr>
</tbody>
</table>

**Other activities to be completed this quarter**
- Case-based Discussion

<table>
<thead>
<tr>
<th>June–August</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities to be completed this quarter</td>
</tr>
<tr>
<td>- Mini-Clinical Evaluation Exercise</td>
</tr>
<tr>
<td>- Professional Qualities Reflection</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>September–November</th>
</tr>
</thead>
<tbody>
<tr>
<td>31 October</td>
</tr>
<tr>
<td>- Final Supervisor’s Report for the second half of the year, or the whole year, due</td>
</tr>
<tr>
<td>- Applications for Approval of Advanced Training for the first half or whole of 2017, or December-April rotations due</td>
</tr>
<tr>
<td>- Mid-Year Progress Report for trainees in 12-month (Jun-Jun) rotations due</td>
</tr>
</tbody>
</table>

**Other activities to be completed this quarter**
- Case-based Discussion
- Mini-Clinical Evaluation Exercise
Training processes

Approval and Certification of training
For each period of training, a trainee must apply prospectively for approval of the proposed training program using the relevant application form. Approval of training periods will be determined by the overseeing committee. To be approved, a trainee’s individual training program must be consistent with the training requirements and appropriate for the stage in training.

Upon completion of each rotation or calendar year of training, the overseeing committee considers each trainee’s progress according to requirements. If all requirements of training have been satisfactorily completed, the overseeing committee will certify the period of training and advise the trainee in writing of the decision.

For more information about approval and certification of training, please refer to the Progression through Training policy.

Variations in training

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

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

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

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

Trainees considering undertaking dual training are strongly advised to contact the Education Officers for the two training programs before beginning dual training.
**Joint training**
A joint training program is a single, cohesive Advanced Training Program that results in the trainee being awarded more than one Fellowship. Joint training programs are usually conducted in conjunction with other postgraduate medical colleges. Joint training programs offer significantly reduced overall training time when compared with the time it would take to achieve both Fellowships separately. An example of one joint training program is the Infectious Diseases and Microbiology program run jointly by the College (RACP) and the Royal College of Pathologists of Australasia (RCPA). The College’s joint training programs are listed in Appendix I.

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

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

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

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

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

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

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

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

Accredited settings for training

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

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

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

List of accredited settings

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

Training outside Australia and New Zealand

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

There are many relief organisations where supervised clinical experience may be obtained. It is anticipated that such experience enhances trainees’ breadth and depth of knowledge, and allows experience that could not be obtained in the Australian or New Zealand teaching hospital environment. All trainees undertaking such posts should consider having an Australian or New Zealand co-supervisor with whom they communicate at least every three months.
Admission to Fellowship
Trainees are eligible to be admitted to Fellowship of the College on the completion of all requirements of training. The College will notify trainees once the overseeing committee has recommended them for admission to Fellowship, to invite them to apply for admission to Fellowship. The admission process involves completion of an application form, and the payment of a fee prior to admission.

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

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

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

### Contact the College

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

### Other College contacts

<table>
<thead>
<tr>
<th>Education Officers</th>
<th>Australia</th>
<th>New Zealand</th>
</tr>
</thead>
<tbody>
<tr>
<td>The education officers administer the training program and can respond to training-related enquiries.</td>
<td>Email: <a href="mailto:Neurology@racp.edu.au">Neurology@racp.edu.au</a></td>
<td>Email: <a href="mailto:Neurology@racp.org.nz">Neurology@racp.org.nz</a></td>
</tr>
<tr>
<td></td>
<td>Phone: +61 2 8247 6217</td>
<td>Phone: +64 4 472 6713</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Training Support</th>
<th>Australia</th>
<th>New Zealand</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Training Support Unit supports trainees and supervisors of trainees who are experiencing difficulties in their training.</td>
<td>Email: <a href="mailto:trainingsupport@racp.edu.au">trainingsupport@racp.edu.au</a></td>
<td>Email: <a href="mailto:trainingsupport@racp.org.nz">trainingsupport@racp.org.nz</a></td>
</tr>
<tr>
<td></td>
<td>Phone: +61 2 8076 6300</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervisor Support</th>
<th>Email: <a href="mailto:supervisor@racp.edu.au">supervisor@racp.edu.au</a></th>
<th>Phone: +61 2 8076 6300</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Supervisor Learning Support Unit provides and coordinates supervisor skills training.</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>College Trainees' Committee</th>
<th>Email: <a href="mailto:traineescommittee@racp.edu.au">traineescommittee@racp.edu.au</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>The College Trainees’ Committee (CTC) reports to the College Board and represents and advocates on behalf of trainees.</td>
<td></td>
</tr>
</tbody>
</table>

<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>
<td></td>
</tr>
</tbody>
</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.

The Australian and New Zealand Association of Neurologists
The Australian and New Zealand Association of Neurologists is the peak professional body representing Neurologists in Australia and New Zealand.

The Australia and New Zealand Child Neurology Society
The Australia and New Zealand Child Neurology Society is a collaborative group of medical professionals working in the field of Paediatric Neurology or in allied neurosciences who are working to advance the science of Paediatric Neurology and advocate for improved care for young people with neurological disorders.

Resources

Training program web page
Information and updates on this training program are available on the program’s web page.

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

Education policies
A source of advice regarding the guidelines and procedures governing College training programs. The Education policy web page contains the current policies. These policies are also listed in the Education policies section of this handbook.
Appendices

Appendix I: About the RACP

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

The College is comprised of the following:

Divisions
The College has two Divisions:
- Adult Medicine Division
- Paediatrics & Child Health Division

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

Faculties
The College has three Faculties:
- Australasian Faculty of Occupational and Environmental Medicine (AFOEM)
- Australasian Faculty of Public Health Medicine (AFPHM)
- Australasian Faculty of Rehabilitation Medicine (AFRM)

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

Chapters
The Adult Medicine Division of the College has three Chapters that support groups of practitioners working in the areas listed below. There are three Chapters attached to the Adult Medicine Division:
- Australasian Chapter of Addiction Medicine (AChAM)
- Australasian Chapter of Palliative Medicine (AChPM)
- Australasian Chapter of Sexual Health Medicine (AChSHM)

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

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

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

The College offers the following Basic Training Programs under its Divisions:
- Adult Internal Medicine
- Paediatrics & Child Health
The College offers training programs in the following specialty fields:

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

**Faculty Training Programs**
- Occupational and environmental medicine
- Public health medicine
- Rehabilitation medicine

**Chapter Training Programs**
- Addiction medicine
- Palliative medicine
- Sexual health medicine

**Joint Training Programs**
The College also offers Joint Advanced Training between the Divisions and the following colleges and Faculty:
- The Australasian College for Emergency Medicine (ACEM)
  - Paediatric emergency medicine
- The Royal College of Pathologists of Australasia (RCPA)
  - Endocrinology and chemical pathology
  - Haematology
  - Immunology/allergy
  - Infectious diseases and microbiology
- The Australasian Faculty of Rehabilitation Medicine (AFRM)
  - Paediatric rehabilitation medicine.

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

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

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

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

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

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

Trainees are expected to be involved in teaching and mentoring and as such it is expected that they will:
- learn the skills of teaching
- act as a role model and mentor for junior doctors
- impart medical knowledge to junior colleagues and other members of multidisciplinary teams in formal and informal settings.

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

To maximise the benefits of these opportunities, trainees should:
- listen carefully to feedback, and avoid internally refuting or categorically defending themselves against feedback they perceive to be negative
- clarify anything they are unsure about, i.e. test their understanding by rephrasing what they have heard, and asking for confirmation that it is correct
- personally consider and ask for suggestions on how to practically apply their supervisor’s feedback
- develop an action plan on how to proceed from there.

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

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

**Assessment**
In relation to assessment programs and activities, the College will seek to:
- promote development and administration of assessments and examinations that are educationally valid
- design assessments and examinations to be consistent with the curriculum of the relevant training program
- provide clear and timely information about assessments and submission dates and the preferred or required format of assessments and submissions.

**Supervision**
In relation to supervision support, the College will progressively:
- provide a framework to equip supervisors to provide constructive feedback on progress and performance
- promote training for supervisors and facilitate support for their role in supervising trainees
- communicate to supervisors the program requirements and learning objectives of the training programs that they supervise.

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

**Supervision**
Supervision in PREP training involves a comprehensive level of educationally focused support for trainees. Support from supervisors in PREP training centres around:
- planning and facilitating the trainee’s learning path
- facilitating effective teaching and learning opportunities
- providing comprehensive and timely feedback on the trainee’s progress and achievement of the curricula’s learning objectives.

**Advanced Training supervisors**

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

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

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

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

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

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

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

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

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

More information is available on the College website.
Appendix III: College policies and processes

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

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

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

Reconsideration, Review and Appeals Process By-Law
The College has in place a process for the reconsideration, review and appeal of specified College decisions. This process is documented in the Reconsideration, Review and Appeals Process By-law.
### Appendix IV: Glossary of terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>Assessment</td>
<td>A systematic process for measuring a learner’s progress or level of achievement against defined criteria (including curriculum standards). This may be for summative purposes (determining progress) or formative purposes (giving feedback).</td>
</tr>
<tr>
<td>Attitudes</td>
<td>The established ways of responding to people and situations that have been learned, based on the beliefs, values and assumptions held by the individual.</td>
</tr>
<tr>
<td>Behaviour</td>
<td>One’s regular, observable action or reaction under specified circumstances.</td>
</tr>
<tr>
<td>Case-based Discussion</td>
<td>This formative assessment involves a comprehensive review of a clinical case (or cases) between a trainee and an assessor. The encounter evaluates the level of professional expertise and judgement exercised in clinical cases by a trainee. The trainee is given feedback from the assessor across a range of areas relating to clinical knowledge, clinical decision making and patient management.</td>
</tr>
<tr>
<td>Competence</td>
<td>A holistic understanding of practice and an all-round ability to carry it out under ideal circumstances.</td>
</tr>
<tr>
<td>Competency</td>
<td>A characteristic – knowledge, skill, attitude, thought pattern, and the like – that when used singularly or in combination with others, results in successful performance.</td>
</tr>
<tr>
<td>Competency-based medical education</td>
<td>An outcomes-based approach to the design, implementation, assessment and evaluation of a medical education program using an organising framework of competencies.</td>
</tr>
<tr>
<td>Continuing professional development (CPD)</td>
<td>CPD refers to any learning undertaken outside undergraduate education and postgraduate training which helps to maintain and improve performance. In the case of doctors, it covers the development of knowledge, skills, attitudes and behaviours across all areas of medical practice. It includes all learning activities, both formal and informal, by which doctors maintain and develop the quality of their professional work.</td>
</tr>
<tr>
<td>Curriculum</td>
<td>A statement of the intended aims and objectives, content, experiences, outcomes and processes of a program or course, including a description of the structure and expected methods of learning, teaching, feedback and supervision. The curriculum should set out what learning outcomes the learner will achieve.</td>
</tr>
<tr>
<td>Curriculum standards</td>
<td>(also see performance standards) The learning outcomes/competencies that outline the learning required for the successful completion of a training program and against which a trainee is assessed.</td>
</tr>
<tr>
<td>Direct Observation of Procedural Skills</td>
<td>This formative assessment evaluates a trainee’s competence in technical or practical procedural skills. Whilst performing a procedure, the competence of the trainee is assessed against a number of standard performance markers. The trainee is given feedback from the assessor across a range of areas relating to the preparation for and the performance of the procedural skill.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
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<td>------------------------------------------</td>
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</tr>
<tr>
<td>Extended Matching Question</td>
<td>A type of multiple choice question which involves the candidate selecting options from a list, in response to a stem question about a number of different clinical scenarios. Extended matching questions are commonly used to assess problem solving and clinical reasoning. See the Extended Matching Question information sheet for more information and examples.</td>
</tr>
<tr>
<td>Formative assessment</td>
<td>Formative assessments focus on assessment for learning through feedback and guidance, and aim to aid the trainee and supervisor through a formal feedback discussion, prompting areas for discussion highlighted by the trainee’s performance.</td>
</tr>
<tr>
<td>International Medical Graduate (IMG)</td>
<td>An individual who completed their medical degree outside Australia and New Zealand.</td>
</tr>
<tr>
<td>Knowledge</td>
<td>The theoretical or practical understanding of a subject.</td>
</tr>
<tr>
<td>Learning Needs Analysis</td>
<td>A Learning Needs Analysis involves the trainee creating a learning plan that outlines their learning objectives and goals for their current rotation. At the conclusion of each training rotation, the trainee can evaluate their learning plan to determine whether they have achieved their desired goals, and identify additional areas to focus on in the future.</td>
</tr>
<tr>
<td>Learning objectives</td>
<td>Statements of what the trainee is expected to accomplish or acquire as a result of training.</td>
</tr>
<tr>
<td>Learning outcomes</td>
<td>These are the competencies to be acquired by the end of a period of training.</td>
</tr>
<tr>
<td>Mini-Clinical Evaluation Exercise</td>
<td>This formative assessment evaluates the performance of the trainee in real-life clinical situations. Various skills are assessed during the patient consultation, including medical interviewing, physical examination, professional qualities, counselling skills, clinical judgement, organisation and efficiency. The trainee receives feedback across a range of areas relating to professional qualities and clinical competence from an assessor immediately after the observation.</td>
</tr>
<tr>
<td>Outcomes</td>
<td>Areas or aspects of knowledge, skill or behaviour to be acquired through a period of education or training.</td>
</tr>
<tr>
<td>Performance</td>
<td>Performance is the application of competence in real life. In the context of physician training, it denotes what a trainee actually does in his/her encounter with patients, their relatives and carers, colleagues, team members, other members of staff, etc.</td>
</tr>
<tr>
<td>Performance standards</td>
<td>(also see curriculum standards) The learning outcomes/competencies that outline the learning required for the successful completion of a training program and against which a trainee is assessed.</td>
</tr>
<tr>
<td>Professional Qualities Reflection</td>
<td>A Professional Qualities Reflection involves trainees revisiting and reflecting on an event or series of events that have impacted on their professional practice. Through analysis of the event(s), trainees are able to identify and consolidate good practices leading to improved performance. The purpose of the Professional Qualities Reflection is for trainees to articulate and formalise ideas and insights about their professional development through the process of reflection.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
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<tr>
<td>Reflective practice</td>
<td>This is a means by which trainees can develop a greater self-awareness about the nature and impact of their performance. This creates opportunities for professional growth and development. Maximum benefit from reflection is said to occur when the process involves interaction with others (for example, an educational supervisor) and when the trainees value their own personal and intellectual growth. Adequate time for reflective thinking and writing aids the process.</td>
</tr>
<tr>
<td>Skill</td>
<td>The ability to perform a task to at least a competent level. A skill can be gained through regular practice (experience) combined with reflective practice (self-assessment/insight) and constructive feedback.</td>
</tr>
<tr>
<td>Specialty</td>
<td>Specialties are areas of medicine that require particular sets of knowledge, skills and experience, e.g. cardiology is a specialty focusing on the medical care of patients with cardiovascular conditions.</td>
</tr>
<tr>
<td>Summative assessment</td>
<td>Summative assessments focus on judgements about trainee progression resulting in pass or fail decisions of a trainee's performance.</td>
</tr>
<tr>
<td>Training</td>
<td>This is the ongoing workplace-based process by which experience is obtained, constructive feedback provided and learning outcomes achieved.</td>
</tr>
<tr>
<td>Type-A Multiple Choice Question</td>
<td>A type of examination question which involves the candidate selecting the single best alternative from five options.</td>
</tr>
<tr>
<td>Workplace-based assessment</td>
<td>Workplace-based assessment refers to the assessment of competence based on what a learner actually does in the workplace. The main aim of workplace-based assessment is to aid learning (formative assessment) by providing learners with constructive feedback.</td>
</tr>
</tbody>
</table>
The College trains, educates and advocates on behalf of more than 14,500 physicians – often referred to as medical specialists – and 6,000 trainees, across Australia and New Zealand. The College represents more than 32 medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology and public health medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients.