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Advanced Training in General and Acute Care Medicine
Proposed learning, teaching and assessment programs summary

ENTRY CRITERIA

Summary of proposed changes
- No proposed changes

CURRENT REQUIREMENT	Prospective trainees must: • have completed RACP Basic Training, including the Written and Clinical Examinations • hold a current medical registration • have been appointed to an appropriate Advanced Training position
PROPOSED REQUIREMENT	Prospective trainees must: • have completed RACP Basic Training, including the Written and Clinical Examinations • hold a General medical registration with the Medical Board of Australia if applying in Australia, or a medical registration with a general scope of practice with the Medical Council of New Zealand and a practicing certificate if applying in Aotearoa New Zealand. • have been appointed to an approved Advanced Training position

PROFESSIONAL EXPERIENCE

Summary of proposed changes
- See Appendix 1 for details on proposed professional experience
- Minimum core general medicine time increased from 6 months to 12 months
- Minimum core subspecialty training time reduced from 12 months to 6 months

CURRENT REQUIREMENT	**36 months of certified training time*** consisting of:
	• **24 months core** training, including:
	  ○ 6 months core general medicine
	  ○ 6 months core general medicine-related
	  ○ 12 months core subspecialty in 2 distinct subspecialties
	• **12 months non-core** training
	• **6 months** high acuity to be completed during core or non-core training

PROPOSED REQUIREMENT	Complete at least **36 months of relevant professional experience** in approved rotations in at least 2 different training settings, including:
	• **Minimum 24 months** FTE core training in accredited General and Acute Care Medicine training positions:
	  ○ minimum 12 months in general medicine
	  ○ minimum 6 months in general medicine-related
	  ○ minimum 6 months in subspecialty training
	• **Maximum 12 months** in approved non-core training
	• **Minimum 6 months** high acuity to be completed during core or non-core training

LOCATION OF TRAINING

Summary of proposed changes
- Training in two different accredited training settings is now required

CURRENT REQUIREMENT	• Recommended to complete training in at least 2 different training settings • Complete at least 24 months of training in Australia and/or Aotearoa New Zealand.
PROPOSED REQUIREMENT	• Complete training in at least 2 different accredited training settings • Complete at least 24 months of training in Australia and/or Aotearoa New Zealand.

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LEARNING PROGRAM

Summary of proposed changes
- Learning Needs Analysis replaced by Learning Plan
- Professional Qualities Reflections replaced with Learning Captures

CURRENT REQUIREMENT	• **1** Learning Needs Analysis per year • **1** Professional Qualities Reflections per year
PROPOSED REQUIREMENT	• **1** Learning plan per rotation

LEARNING COURSES

Summary of proposed changes
- Addition of learning courses that are common to all RACP Advanced Training programs

CURRENT REQUIREMENT	• **Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety** resource, by the end of Advanced Training
PROPOSED REQUIREMENT	• RACP **Advanced Training Orientation** resource (within the first six months of Advanced Training) • RACP **Health Policy, Systems and Advocacy** resource (recommended completion before the Transition to Fellowship phase) • RACP **Supervisor Professional Development Program,** by the end of Advanced Training • **Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource**, by the end of Advanced Training

LEARNING ACTIVITIES

Summary of proposed changes
- Attendance at one conference or scientific meeting is now required, rather than recommended
- List of appropriate conferences and scientific meetings has been expanded

CURRENT LEARNING ACTIVITIES	• **1** Internal Medicine Society of Australia and New Zealand (IMSANZ) conference (recommended)

PROPOSED REQUIRED LEARNING ACTIVITIES	• **1** conference or scientific meeting within Australia or Aotearoa New Zealand, with a demonstrable link to general or internal medicine (once throughout Advanced Training). Examples include:
	  ○ Internal Medicine Society of Australia and New Zealand (IMSANZ) conference
	  ○ Society of Obstetric Medicine of Australia and New Zealand (SOMANZ)
	  ○ Acute Medicine conference in Aotearoa New Zealand

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TEACHING PROGRAM

Summary of proposed changes
- Introduction of Progress Review Panels
- During core training, at least one education supervisor must be a Fellow in General and Acute Care Medicine, rather than "actively practising in general medicine"
- During non-core training, at least one education supervisor must be a Fellow of the RACP
- Trainees in their final phase of training require at least one education supervisor to be a Fellow in General and Acute Care Medicine

CURRENT REQUIREMENT	**Core training** • 1 x supervisor per rotation, who is a Fellow of the RACP and actively practising in general medicine • 1 x supervisor per rotation, who is a Fellow of the RACP **Medical specialty rotation** • 2 x supervisors who are Fellows of the RACP or another College (appropriate to the rotation) per rotation **Non-core training** • 2 x supervisors per rotation, who are Fellows of the RACP or another college (appropriate to the rotation)

PROPOSED REQUIREMENT	**Core training:**
	• **2** individuals for the role of Education Supervisor
	  ○ **Minimum of 1** supervisor per rotation who is a Fellow of the RACP in General and Acute Care Medicine
	Non-core training:
	• **2** individuals for the role of Education Supervisor
	  ○ **Minimum of 1** supervisor per rotation who is a Fellow of the RACP
	  ○ Trainees in their final phase require **minimum of 1** supervisor per rotation who is a Fellow of the RACP in General and Acute Care Medicine
	Other
	• **1 individual for the role of Research Project Supervisor** (may or may not be the Education Supervisor)
	• **1 RACP committee to act as a Progress Review Panel**

ASSESSMENT PROGRAM

Summary of proposed changes
- Learning captures to replace Trainee's Report and Professional Qualities Reflection
- Observation and learning captures to replace Case-based Discussions
- Progress Reports to replace Supervisor's Report.

CURRENT REQUIREMENT	**1** Supervisor's Report per rotation **1** Case-based Discussion per year **1** Trainee's Report per rotation **1** Research project
PROPOSED REQUIREMENT	**12** Observation captures per phase **12** Learning captures per phase **4** Progress reports per phase **1** Research project over the course of training

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LTA STRUCTURE

- A learning, teaching and assessment (LTA) structure defines the framework for delivery and trainee achievement of the curriculum standards
- Advanced Training is structured in three phases that establish checkpoints for progression and completion.

PROGRESS POINTS

- An **entry decision** is made before entry into the program.
- **Progress decisions**, based on competence, are made at the end of the specialty foundation and specialty consolidation phases of training.
- A **completion decision**, based on competence, is made at the end of the training program, resulting in eligibility for admission to Fellowship.

RATING SCALES

Levels	1	2	3	4	5
Entrustable Professional Activities (EPAs)	Is able to be present and observe	Is able to act with direct supervision	Is able to act with indirect supervision (e.g. supervisor is physically located within the training setting)	Is able to act with supervision at a distance (e.g. supervisor available to assist via phone)	Is able to provide supervision
Knowledge guides	Has **heard of** some of the topics in this knowledge guide that underpin patient care *(heard of)*	**Knows** the topics and concepts in this knowledge guide that underpin patient care *(knows)*	**Knows** how to apply the knowledge in this knowledge guide to patient care *(knows how)*	**Frequently shows** they can apply knowledge in this knowledge guide to patient care *(shows how)*	**Consistently applies** sound knowledge in this knowledge guide to patient care *(does)*
Professional Behaviours (competencies)	Needs to work on behaviour in **more than 5 domains** of professional practice	Needs to work on behaviour in **4 or 5 domains** of professional practice	Needs to work on behaviour in **2 or 3 domains** of professional practice	Needs to work on behaviour in **1 or 2 domains** of professional practice	Consistently behaves in line with **all 10 domains** of professional practice

PROGRESSION CRITERIA

		Entry criteria	Progression criteria		Completion criteria
	Learning goals	At entry into training	End of specialty foundation	End of specialty consolidation	End of Transition to Fellowship
Be	1. Professional behaviours	Level 5	Level 5	Level 5	Level 5
Do (work tasks)	1. Team leadership	Level 2	Level 3	Level 4	Level 5
	2. Supervision and teaching	Level 2	Level 3	Level 4	Level 5
	3. Quality and service improvement	Level 1	Level 2	Level 3	Level 5
	4. Clinical assessment and management	Level 2	Level 3	Level 4	Level 5
	5. Management of transitions in care	Level 2	Level 3	Level 4	Level 5
	6. Acute care	Level 2	Level 3	Level 4	Level 5
	7. Longitudinal care	Level 2	Level 3	Level 4	Level 5
	8. Shared decision making with patients and carers	Level 2	Level 3	Level 4	Level 5
	9. Prescribing	Level 2	Level 3	Level 4	Level 5
	10. Procedures	Level 1	Level 3	Level 4	Level 5
	11. Diagnostic decision making	Level 2	Level 2	Level 3	Level 5
	12. Ambulatory care	Level 1	Level 2	Level 3	Level 5
	13. End-of-life care	Level 2	Level 3	Level 4	Level 5
Know (Knowledge Guides)	1. General medicine presentations and conditions	Level 2	Level 3	Level 4	Level 5
	2. Acute care presentations and conditions	Level 2	Level 3	Level 4	Level 5
	3. Obstetric medicine	Level 1	Level 1	Level 2	Level 3
	4. Perioperative medicine	Level 1	Level 2	Level 3	Level 4
	5. Health equity	Level 2	Level 3	Level 4	Level 5

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APPENDIX 1

Professional Experience
Appendix 1 is to provide further information on the proposed General Medicine and Acute Care training requirements.

Core general medicine
Training in a general medicine unit as a general medicine registrar, where a suitable rotation involves:
- a minimum of 2 supervised ward rounds per week
- the admission of acute patients, based on a roster (minimum of 1-in-7 basis)
- attending inpatients as a lead doctor on a daily basis
- retaining responsibility for patients' longitudinal care where you must be involved throughout the patient's journey from inpatient admission, the duration of inpatient care to hospital discharge and subsequent review in clinic
- attending at least 1 general medicine outpatient clinic per week
- having a role in a multidisciplinary team

Core general medicine-related
Rotations in general medicine-related training can be allocated to:
- more time in a general medical unit
- an Acute Medical Unit and/or Medical Assessment and Planning Unit (MAPU)
- obstetric medicine and perioperative medicine
- a senior medical registrar position, with at least 50% clinical time
- chronic disease management/Hospital in the Home (HITH)
- residential outreach/Hospital Admission Risk Program (HARP)

Non-core training
Appropriate non-core training rotations to include no more than 6 months FTE of non-clinical time

Core subspecialty
Specialty inpatient units in settings that include:
- addiction medicine
- cardiology
- gastroenterology, hepatology
- geriatric medicine, rehabilitation medicine
- haematology
- intensive care unit (ICU)
- infectious diseases/sexual health
- nephrology
- neurology, stroke medicine
- oncology
- palliative care
- respiratory medicine, sleep medicine

Ambulatory care and/or predominantly consultation-based units:
- cardiology – chronic disease management e.g. heart failure
- clinical pharmacology
- community-based palliative medicine
- endocrinology, diabetes
- immunology and allergy
- rheumatology

APPENDIX 1

Professional Experience
Appendix 1 is to provide further information on the proposed General Medicine and Acute Care training requirements.

High acuity training

During Advanced Training, you're required to complete a 6-month high acuity rotation. This can be completed during core or non-core training rotations.

Advanced trainees in General and Acute Care Medicine are required to develop important skills in the immediate and ongoing management of patients with severe, life-threatening, physiological disturbances – namely; the ability to assess and manage time-critical clinical problems, the ability to confidently manage life-threatening or organ threatening clinical illness, and the ability to provide clinical leadership in these scenarios.

For this reason, at least six months of advanced training must be spent in a high acuity rotation. Trainees are encouraged to undertake more than six months of high acuity training, where possible. A high acuity training term must provide an advanced trainee with the opportunity to develop leadership in the management of medical emergencies, and sustained exposure to patients with severe illness that require the following:

- time-critical interventions
- advanced/continuous medical monitoring
- significant organ support

This exposure must be a regular, core component of routine day-to-day work (i.e. on a near daily basis throughout the rotation), rather than just on evening cover shifts.

High Acuity Terms in General and Acute Care Medicine (or Acute Medical Units/GM-like roles):
A General and Acute Care Medicine term that is suitable for approval as a high acuity rotation will enable trainees to gain expertise in the following situations, encompassing both immediate and ongoing management. Exposure to at least four of the following scenarios is required during each admission cycle for the term to be considered high acuity:

- Clinically significant arrhythmias requiring cardioversion/intervention
- Significant haemodynamic instability, including cases requiring vasopressor support
- Life threatening electrolyte or acid/base disturbances
- Acute Cardiac/Respiratory failure requiring advanced respiratory support such as High-Flow nasal prongs and/or Non-Invasive Ventilation
- Conditions requiring thrombolytic therapy (or equivalent): acute stroke, acute pulmonary embolism, and STEMI
- Severe acute kidney injury
- Complications of decompensated liver disease
- First response to medical emergencies: as a designated member of a patient at risk/medical *emergency/rapid response team or on a code team*

High Acuity Terms in specialties other than General and Acute Care Medicine:
Subspecialty inpatient rotations may offer a less broad, but more concentrated experience to types of physiological instability and different types of organ support. Rotations that are consult-based only will not qualify as high acuity terms.
In general, the following will be acceptable high acuity terms, provided prospective approval is granted by the ATC:

- Intensive Care Medicine including High Dependency Unit
- Inpatient Cardiology rotations with an undifferentiated acute cardiology take
- Inpatient Respiratory rotations with an undifferentiated acute respiratory take
- Inpatient Nephrology rotations

Acute Stroke roles during which the trainee will have a central role in immediate assessment (attends code strokes), initiation of thrombolytics or appraisal for clot retrieval, and retains primary responsibility for the care of admitted patients. Approximately 2/3 of these roles should be spent in acute stroke work, rather than in inpatient rehabilitation and rapid response clinics. Stroke units without acute intervention will not qualify as high acuity terms.