NEW CURRICULA

Learning, teaching and assessment programs

Advanced Training in Neurology (AM)

RACP Specialists. Together

About this document

The new Advanced Training in Neurology (AM) curriculum consists of curriculum standards and learning, teaching and assessment (LTA) programs.

This document outlines the Advanced Training in Neurology (AM) LTA programs for trainees and supervisors. It should be used in conjunction with the Advanced Training in Neurology (AM) curriculum standards.

The new curriculum was approved by the College Education Committee in February 2025. Please refer to the College website for details on its implementation.

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CURRICULUM STANDARDS

The curriculum standards are summarised as **23** learning goals. The learning goals articulate what trainees need to be, do, and know, and are assessed throughout training.

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LTA STRUCTURE

The learning, teaching and assessment (LTA) structure defines the framework for delivery and trainee achievement of the curriculum standards in the program.

The program is structured in three phases. These phases establish clear checkpoints for trainee progression and completion.

Entry criteria

Prospective trainees must have:

- completed RACP Basic Training, including the Written and Clinical Examinations
- 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 practising certificate if applying in Aotearoa New Zealand
- an Advanced Training position in an RACP-accredited training setting or network.

LTA PROGRAMS

The LTA programs outline the strategies and methods to learn, teach, and assess the curriculum standards.

Entry

1 training application

Learning

Minimum 36 months full-time equivalent (FTE) professional experience

1 rotation plan per rotation

1 ANZAN / ESA EEG workshop

1 electromyography (EMG) workshop

1 neuropathology and neuroimaging course (ANZAN / BMRI)

1 neurophysiology logbook

1 ANZAN Annual Scientific Meeting

Brain school attendance

RACP Advanced Training Orientation resource

RACP Supervisor Professional Development Program

RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource

RACP Health Policy, Systems and Advocacy resource

Recommended resources

Teaching

2 supervisors per rotation

1 research project supervisor

Assessment

12 learning captures per phase

12 observation captures per phase

4 progress reports per phase

1 research project

About the program

Purpose of Advanced Training

The RACP offers Advanced Training in 33 diverse medical specialties as part of Division, Chapter, or Faculty training programs.

The purpose of Advanced Training is to develop a workforce of physicians who:

- have received breadth and depth of focused specialist training, and experience with a wide variety of health problems and contexts
- are prepared for and committed to independent expert practice, lifelong learning, and continuous improvement
- provide safe, quality health care that meets the needs of the communities of Australia and Aotearoa New Zealand.

Overview of specialty

The practice of neurology encompasses the diagnosis and management of diseases affecting the central, peripheral, and autonomic nervous systems, as well as muscle.

Neurologists demonstrate an understanding of the nervous system and how it is affected by disease and ageing, as well as the processes for treatment and management of chronic, acute, and emergency conditions. With an ageing population, rates of neurological disorders are high, and are projected to increase further. In the future these brain disorders will have a greater cost to the Australian and Aotearoa New Zealand economy than heart disease, cancer, and respiratory disease combined. There is a rapid expansion of treatment and therapies within the specialties that are changing the lives of those living with neurological disorders.

Neurologists develop high-level communication skills to support patients across a range of inpatient and outpatient settings throughout the course of their adult life.

Neurologists are skilled diagnosticians who reach accurate diagnoses by taking detailed histories, performing thorough neurological examinations, and investigating patients rationally by using tools such as imaging, lumbar puncture (LP), neurophysiology, and/or neuropsychology. Neurologists are expected to be skilled in the interpretation of nerve conduction studies (NCS), electromyography (EMG), and electroencephalography (EEG). They also:

- **apply a multidisciplinary approach.** Neurologists are required to work effectively as part of a multidisciplinary team. They need to liaise with other medical and allied health professionals to optimise patient outcomes.
- **work sensitively with a variety of patients.** Neurologists work with patients to address determinants of health that affect them and their access to needed health services or resources, providing culturally safe education and support in a professional, empathic, and non-judgemental manner. Some neurological conditions are untreatable so the

neurologist must be able to provide a prognosis and support to these patients and their carers, as well as manage end-of-life issues.

- **demonstrate strong communication skills.** Neurologists must develop an effective interviewing technique to support their investigations. They appreciate when referral to a more appropriate or more qualified practitioner in a particular subspecialty is necessary.
- **apply a scholarly approach.** Neurologists conduct and apply research to make evidence-based decisions that improve the treatment and management of their patients. Furthermore, the rapid expansion in knowledge, particularly in areas of diagnosis and treatment, necessitates the ability to keep up to date with research, and the neurologist must identify appropriate resources to do this.

Supervising committee

The program is supervised by the Advanced Training Committee in Neurology.

Qualification

Trainees who successfully meet the completion standards and criteria of this program will be awarded Fellowship of the Royal Australasian College of Physicians (FRACP).

Learning goals and progression criteria

Learning, teaching and assessment structure

The learning, teaching and assessment structure defines the framework for delivery and trainee achievement of the curriculum standards in the Advanced Training program.

Advanced Training is structured in three phases. These phases will establish clear checkpoints for trainee progression and completion.

1	**Specialty foundation**	• Orient trainees and confirm their readiness to progress in the Advanced Training program.
2	**Specialty consolidation**	• Continue trainees' professional development in the specialty and support progress towards the learning goals.
3	**Transition to Fellowship**	• Confirm trainees' achievement of the curriculum standards, completion of Advanced Training, and admission to Fellowship. • Support trainees' transition to unsupervised practice.

Figure: Advanced Training learning, teaching and assessment structure

- 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.

Advanced Training is a **hybrid time- and competency-based training program**. There is a minimum time requirement of full-time equivalent (FTE) experience, and progression and completion decisions are based on evidence of trainees' competence.

Entry criteria

Entry attributes	Prospective trainees can demonstrate:
	• a commitment and capability to pursue a career as a neurologist
	• the ability and willingness to achieve the common learning goals for Advanced Training:
	  ○ team leadership
	  ○ supervision and teaching
	  ○ the professional behaviours, as outlined in the Competencies.

Entry criteria	Prospective trainees must have: • completed RACP Basic Training, including the Written and Clinical Examinations • 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 practising certificate if applying in Aotearoa New Zealand • an Advanced Training position in an RACP-accredited training setting.

Progression criteria

To progress to the next phase or to complete the program, trainees must demonstrate:

- the ability to plan and manage their learning and to complete their learning and assessment requirements in a timely manner
- achievement of the learning goals to the levels outlined in the learning goal progression criteria.

Training committees or delegated progress review panels will consider evidence supporting trainees' achievement of the progression criteria and make progress decisions.

If criteria have not been met, committees or panels may decide to place conditions on trainees' progression to the next phase of training or not to progress trainees until all criteria have been achieved.

Learning goals

The curriculum standards are summarised as **23** learning goals.

The learning goals articulate what trainees need to be, do, and know, and are assessed throughout training on a five-point scale. This scale determines the expected standard for each learning goal at the end of each training phase. Trainees must meet these standards to progress to the next phase or complete the program.

Learning and assessment tools are linked to the learning goals that allow trainees to demonstrate competence across each learning goal.

Levels	1	2	3	4	5
Be: Competencies (professional behaviours)	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 domain** of professional practice	Consistently behaves in line with **all 10 domains** of professional practice
Do: 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** (i.e., ready access to a supervisor)	Is able to **act with supervision at a distance** (i.e., limited access to a supervisor)	Is able to **supervise others**
Know: Knowledge guides	Has **heard of** some of the topics in this knowledge guide	**Knows the topics and concepts** in this knowledge guide	**Knows how to apply** this knowledge to practice	**Frequently shows they apply** this knowledge to practice	**Consistently demonstrates** application of this knowledge to practice

		Entry criteria	Progression criteria		Completion criteria
	Learning goals	Entry into training *At entry into training, trainees will:*	Specialty foundation *By the end of this phase, trainees will:*	Specialty consolidation *By the end of this phase, trainees will:*	Transition to Fellowship *By the end of training, trainees will:*
Be	**1. Professional behaviours**	**Level 5** consistently behaves in line with **all 10 domains** of professional practice	**Level 5** consistently behaves in line with **all 10 domains** of professional practice	**Level 5** consistently behaves in line with **all 10 domains** of professional practice	**Level 5** consistently behaves in line with **all 10 domains** of professional practice
Do	**2. Team leadership:** Lead a team of health professionals	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** is able to supervise others
	3. Supervision and teaching: Supervise and teach professional colleagues	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** is able to supervise others
	4. Quality improvement: Identify and address failures in health care delivery	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** is able to supervise others
	5. Clinical assessment and management: Clinically assess and manage the ongoing care of patients	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** is able to supervise others
	6. Management of transitions in care: Manage the transition of patient care between health care professionals, providers, and contexts	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** is able to supervise others
	7. Acute care: Manage the early care of acutely unwell patients	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** is able to supervise others
	8. Longitudinal care: Manage and coordinate the longitudinal care of patients with chronic illness, disability, and/or long-term health issues	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** is able to supervise others
	9. Communication with patients: Discuss diagnoses and management plans with patients	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** is able to supervise others
	10. Prescribing: Prescribe therapies tailored to patients' needs and conditions	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** is able to supervise others
	11. Procedures: Plan, prepare for, perform, and provide aftercare for important practical procedures	**Level 1** is able to be present and observe	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** is able to supervise others

		Entry criteria	Progression criteria		Completion criteria
	Learning goals	Entry into training *At entry into training, trainees will:*	Specialty foundation *By the end of this phase, trainees will:*	Specialty consolidation *By the end of this phase, trainees will:*	Transition to Fellowship *By the end of training, trainees will:*
	12. Investigations: Select, organise, and interpret investigations	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** is able to supervise others
	13. Clinic management: Manage an outpatient clinic	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** is able to supervise others
	14. End-of-life care: Manage the care of patients at the end of their lives	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** is able to supervise others
Know	**15. Scientific foundations of neurology**	**Level 1** has heard of some of the topics in this knowledge guide	**Level 3** knows how to apply this knowledge to practice	**Level 4** frequently shows they apply this knowledge to practice	**Level 5** consistently demonstrates application of this knowledge to practice
	16. Pain, including headaches and facial pain	**Level 1** has heard of some of the topics in this knowledge guide	**Level 3** knows how to apply this knowledge to practice	**Level 4** frequently shows they apply this knowledge to practice	**Level 5** consistently demonstrates application of this knowledge to practice
	17. Disorders of consciousness and sleep	**Level 1** has heard of some of the topics in this knowledge guide	**Level 3** knows how to apply this knowledge to practice	**Level 4** frequently shows they apply this knowledge to practice	**Level 5** consistently demonstrates application of this knowledge to practice
	18. Disorders of memory, including dementia	**Level 1** has heard of some of the topics in this knowledge guide	**Level 3** knows how to apply this knowledge to practice	**Level 4** frequently shows they apply this knowledge to practice	**Level 5** consistently demonstrates application of this knowledge to practice
	19. Paroxysmal disorders, including seizures, syncope, and stroke	**Level 1** has heard of some of the topics in this knowledge guide	**Level 3** knows how to apply this knowledge to practice	**Level 4** frequently shows they apply this knowledge to practice	**Level 5** consistently demonstrates application of this knowledge to practice
	20. Disorders of vision and other senses	**Level 1** has heard of some of the topics in this knowledge guide	**Level 3** knows how to apply this knowledge to practice	**Level 4** frequently shows they apply this knowledge to practice	**Level 5** consistently demonstrates application of this knowledge to practice
	21. Weakness and sensory change – central and peripheral disorders	**Level 1** has heard of some of the topics in this knowledge guide	**Level 3** knows how to apply this knowledge to practice	**Level 4** frequently shows they apply this knowledge to practice	**Level 5** consistently demonstrates application of this knowledge to practice

		Entry criteria	Progression criteria		Completion criteria
	Learning goals	Entry into training *At entry into training, trainees will:*	Specialty foundation *By the end of this phase, trainees will:*	Specialty consolidation *By the end of this phase, trainees will:*	Transition to Fellowship *By the end of training, trainees will:*
	22. Disorders of gait and balance, including disequilibrium, dizziness, and vertigo	**Level 1** has heard of some of the topics in this knowledge guide	**Level 3** knows how to apply this knowledge to practice	**Level 4** frequently shows they apply this knowledge to practice	**Level 5** consistently demonstrates application of this knowledge to practice
	23. Movement disorders	**Level 1** has heard of some of the topics in this knowledge guide	**Level 3** knows how to apply this knowledge to practice	**Level 4** frequently shows they apply this knowledge to practice	**Level 5** consistently demonstrates application of this knowledge to practice

Learning, teaching and assessment requirements

Overview

Requirements over the course of training

What do trainees need to do?	When do trainees need to do it?
Entry	
1 training application	At the start of the specialty foundation phase.
Learning	
Minimum 36 months FTE professional experience	Minimum 12 months FTE during each phase.
1 ANZAN / ESA EEG workshop	Before the end of Advanced Training. Recommended completion before the specialty consolidation phase.
1 electromyography (EMG) workshop	Before the end of Advanced Training.
1 neuropathology and neuroimaging course (ANZAN / BMRI)	Before the end of Advanced Training.
1 neurophysiology logbook	Before the end of Advanced Training.
1 ANZAN Annual Scientific Meeting	Before the end of Advanced Training.
Brain school attendance	Throughout Advanced Training.
RACP Advanced Training Orientation resource	During the first 6 months of the specialty foundation phase.
RACP Supervisor Professional Development Program	Before the end of Advanced Training.
RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource	Before the end of Advanced Training, if not completed during Basic Training. Recommended completion before the specialty consolidation phase.
RACP Health Policy, Systems and Advocacy resource	Before the end of Advanced Training. Recommended completion before the transition to Fellowship phase.
Recommended resources	Recommended completion over the course of Advanced Training.
Teaching	
Nominate 1 research project supervisor	Recommended to be nominated before the specialty consolidation phase.
Assessment	
1 research project	Before the end of Advanced Training. Recommended submission before the transition to Fellowship phase.

Requirements per phase

What do trainees need to do?	When do trainees need to do it?
Learning	
1 rotation plan per rotation	At the start of (or prior to starting) the rotation.
Teaching	
Nominate 2 supervisors per rotation	At the start of each accredited or approved training rotation.
Assessment	
12 learning captures	Minimum 1 per month.
12 observation captures	Minimum 1 per month.
4 progress reports	Minimum 1 every 3 months.

Entry

Training application

Requirement
1 training application, at the start of the specialty foundation phase.
Purpose
The training application supports trainees to: • confirm they meet the program entry criteria • provide essential details for program enrolment, ensuring compliance with RACP standards • establish a formal foundation for their training pathway, enabling access to program resources and support. The application form will be reviewed by RACP staff. Trainees will be able to track the status of applications through the College's new Training Management Platform (TMP). Trainees can submit rotation plans and complete assessments while waiting for their application to be approved.
How to apply
Trainees are to submit a training application for the program using TMP.

Learning

Learning blueprint

This high-level learning program blueprint outlines which of the learning goals *could align* and *will align* with the learning requirements.

	Learning requirements					
Learning goals	**Professional experience**	**Rotation plan**	**RACP Advanced Training Orientation resource**	**RACP Supervisor Professional Development Program**	**RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource**	**RACP Health Policy, Systems and Advocacy resource**
1. Professional behaviours	Could align	Will align	Will align	Will align	Will align	Will align
2. Team leadership	Could align	x	x	x	x	x
3. Supervision and teaching	Could align	x	x	Will align	x	x
4. Quality improvement	Could align	x	x	x	x	x
5. Clinical assessment and management	Could align	x	x	x	x	x
6. Management of transitions in care	Could align	x	x	x	x	x
7. Acute care	Could align	x	x	x	x	x
8. Longitudinal care	Could align	x	x	x	x	x
9. Communication with patients	Could align	x	x	x	x	x
10. Prescribing	Could align	x	x	x	x	x
11. Procedures	Could align	x	x	x	x	x
12. Investigations	Could align	x	x	x	x	x

	Learning requirements					
Learning goals	**Professional experience**	**Rotation plan**	**RACP Advanced Training Orientation resource**	**RACP Supervisor Professional Development Program**	**RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource**	**RACP Health Policy, Systems and Advocacy resource**
13. Clinic management	Could align	x	x	x	x	Will align
14. End-of-life care	Could align	x	x	x	x	x
15. Scientific foundations of neurology	Could align	x	x	x	x	x
16. Pain, including headaches and facial pain	Could align	x	x	x	x	x
17. Disorders of consciousness and sleep	Could align	x	x	x	x	x
18. Disorders of memory, including dementia	Could align	x	x	x	x	x
19. Paroxysmal disorders, including seizures, syncope, and stroke	Could align	x	x	x	x	x
20. Disorders of vision and other senses	Could align	x	x	x	x	x
21. Weakness and sensory change – central and peripheral disorders	Could align	x	x	x	x	x
22. Disorders of gait and balance, including disequilibrium, dizziness, and vertigo	Could align	x	x	x	x	x
23. Movement disorders	Could align	x	x	x	x	x

Learning goals	Learning requirements					
	ANZAN / ESA EEG workshop	EMG workshop	Neuropathology and neuroimaging course (ANZAN / BMRI)	Neurophysiology logbook	ANZAN Annual Scientific Meeting	Brain school attendance
1. Professional behaviours	x	x	Will align	x	Will align	Will align
2. Team leadership	x	x	x	x	x	x
3. Supervision and teaching	x	x	x	x	x	x
4. Quality improvement	x	x	x	x	Could align	x
5. Clinical assessment and management	Will align	Will align	Will align	x	Could align	Could align
6. Management of transitions in care	Could align	Could align	Could align	x	Could align	Could align
7. Acute care	Will align	Will align	Will align	x	Could align	Could align
8. Longitudinal care	Could align	Could align	Could align	x	Could align	Could align
9. Communication with patients	Could align	Could align	Could align	x	Could align	Could align
10. Prescribing	Could align	Could align	Could align	x	Could align	Could align
11. Procedures	Will align	Will align	Will align	Will align	Could align	Could align
12. Investigations	Will align	Will align	Will align	Will align	Could align	Could align
13. Clinic management	Will align	Will align	Will align	x	Could align	Could align
14. End-of-life care	Could align	Could align	Could align	x	Could align	Could align
15. Scientific foundations of neurology	Will align	Will align	Will align	x	Could align	Will align
16. Pain, including headaches and facial pain	x	Will align	Will align	x	Could align	Will align
17. Disorders of consciousness and sleep	Will align	Could align	Will align	x	Could align	Will align

Learning goals	Learning requirements					
	ANZAN / ESA EEG workshop	EMG workshop	Neuropathology and neuroimaging course (ANZAN / BMRI)	Neurophysiology logbook	ANZAN Annual Scientific Meeting	Brain school attendance
18. Disorders of memory, including dementia	Will align	Could align	Will align	x	Could align	Will align
19. Paroxysmal disorders, including seizures, syncope, and stroke	Will align	Could align	Will align	x	Could align	Will align
20. Disorders of vision and other senses	Could align	Will align	Will align	x	Could align	Will align
21. Weakness and sensory change – central and peripheral disorders	Could align	Will align	Will align	x	Could align	Will align
22. Disorders of gait and balance, including disequilibrium, dizziness, and vertigo	Could align	Will align	Will align	x	Could align	Will align
23. Movement disorders	Could align	Will align	Will align	x	Could align	Will align

Professional experience

Approval of a first non-core year of training requires completion of a core year of neurology training to ensure the expected standards are met. Trainees who do not meet this standard may require more time in the foundation phase of training.

Professional experience

- Complete at least 36 months of relevant professional experience in approved rotations.

Location of training

- Complete training in at least 2 different accredited training settings (recommended).
- Complete at least 24 months of training in accredited training settings in Australia and/or Aotearoa New Zealand.

Experiential training

Core training

- Minimum 24 months FTE in accredited core neurology training positions.

Guidelines for trainees – expected professional experiences from core settings (can be completed concurrently):

- direct responsibility for emergency assessment and inpatient care of general neurology patients – minimum FTE 8 months
- on-call for neurological emergencies – minimum FTE 12 months
- neurology consultations within a general hospital – minimum FTE 12 months
- neurology ambulatory care clinics – minimum of 100 per year
- exposure to neuroimaging multidisciplinary team.

Non-core training

- Maximum 12 months in approved non-core training, such as in:
  - rotations directly related to clinical neurology
  - neuroscience research.

The following are guidelines for trainees commencing with non-core training.

- Core training is the foundational phase of neurology training, and it will be difficult to progress the training goals when starting with a non-core year due to the lack of foundation knowledge.
- Neurology trainees are not considered Advanced Trainees until they have been accepted into training via the MATCH process.
- All training must be prospectively approved.
- Non-core training years are approved when a trainee has:
  - demonstrated progression in neurology learning goals
  - met the expected standard as set out in the progression levels to transition to the next phase of training.
- Approval of a first non-core year of training requires completion of a core year of neurology training to ensure the expected standards are met. Trainees who do not meet this standard may require more time in the foundation phase of training.

Rotation plan

Requirement
1 rotation plan per rotation.
Description
The rotation plan is a work-based tool to document details of a training rotation and how a trainee intends to cover their program learning goals over the rotation period.
Purpose
The rotation plan helps trainees evaluate their learning gaps, curriculum needs, and local opportunities to meet expected standards. It is validated by College staff to ensure it aligns with the professional experience requirements for the program.
How to complete it
Trainees can submit a rotation plan in TMP under the 'training plan' tab. Trainees undertaking their first rotation of their training program must select the checkbox labelled 'The rotation start date is also the start date of my Training Program' to record the start date for their training program. If a trainee is expecting a learning goal to be covered during a rotation, they must select 'yes' for 'coverage offered' and outline the learning opportunities available. This information will be used by supervisors and the overseeing RACP training committee to determine the relevance of the rotation to the program's professional experience requirements. Trainees should upload a copy of the position description and any other supporting information that outlines the training position being undertaken. This should include regular / weekly activities the trainee will be undertaking during the rotation (e.g. timetable). Trainees can also set custom goals to define personal objectives they want to achieve during the rotation. These goals should be measurable and align with the trainee's professional objectives, skill gaps, or personal interests. Trainees need to nominate their rotation supervisors in the plan. The supervisors will need to approve the plan in TMP via 'my assigned actions'. For more information on how to complete a rotation plan review the training resources.

ANZAN / ESA EEG workshop

Requirement
1 ANZAN / ESA EEG workshop at least once during Advanced Training. Completion is recommended before the specialty consolidation phase.
Description
The EEG course is provided by Australian and New Zealand Association of Neurologists (ANZAN) and the Epilepsy Society of Australia. It is held over 2 days and provides a theoretical and practical background to the reading and reporting of routine adult and paediatric EEGs. The course is held annually in February in large metropolitan centres, with training centres required to support trainee attendance.
Purpose
The course provides the core trainee with key skills in electrophysiological, practical, and procedural areas related to EEGs. It provides a consistent and safe approach to reading and reporting EEGs for new neurology trainees who may have no experience with EEGs.
How to complete it
Register for the ESA EEG workshop through the ANZAN website. Submit certificate of completion to Neurology@racp.edu.au.

EMG workshop

Requirement
1 EMG workshop at least once during Advanced Training.
Description
The course is held in large metropolitan centres, with training centres required to support trainee attendance. It is provided by Australian and New Zealand Association of Neurologists (ANZAN). The course is held annually over a weekend.
Purpose
The workshop provides a structured teaching opportunity to ensure all trainees are provided with the important neurophysiology and practical skills to achieve level 1 training. Performing EMG studies alone is not sufficient to achieve this level of training, and the course ensures both didactic and practical teaching of key electrophysiological, practical, and procedural knowledge is provided.
How to complete it
Register for the EMG workshop through the ANZAN website. Submit certificate of completion to Neurology@racp.edu.au.

Neuropathology and neuroimaging course (ANZAN / BMRI)

Requirement
1 neurology and neuroimaging course at least once during Advanced Training.
Description
This is a one-day course encompassing foundational aspects of neuropathology and neuroimaging from consultant neurologists, neuropathologists, and neuroradiologists. The topics covered range from pathology in central and peripheral nervous system diseases, muscle disorders, and neuroimaging in neuroinflammatory, vascular, and epilepsy imaging.
Purpose
The course provides trainees with the foundational skills in recognising and understanding the role of pathology in the investigation and diagnosis of neurological conditions. It covers disorders of the central and peripheral nervous systems and provides an introduction into muscular myo-neuropathology. Foundational neuroradiological concepts essential to day-to-day investigation of neurological disorders, from stroke to neuroinflammation, are provided to the trainee.
How to complete it
Register for the neuropathology and neuroimaging course through the ANZAN website. Submit certificate of completion to Neurology@racp.edu.au.

Neurophysiology logbook

Requirement
1 logbook, completed by the end of Advanced Training.
Description
The logbook is a learning tool that helps trainees capture data about and reflect on specific workplace experiences. The logbook tool is currently under development. More information on the tool and how to complete it will be available in 2025.

ANZAN Annual Scientific Meeting

Requirement
1 attendance of an ANZAN Annual Scientific Meeting before the end of Advanced Training.
Description
ANZAN runs a yearly, 4-day Annual Scientific Meeting that provides trainees a concentrated learning opportunity aligned to the learning goals, as well as provide robust training on subspeciality areas of neurology they may not otherwise experience.

Purpose
Trainees can attend lectures from international and Australian and Aotearoa New Zealand experts in particular subspeciality areas of neurology they would not otherwise experience, and have opportunities to network with colleagues and potential supervisors.
How to complete it
Register for the Annual Scientific Meeting through the ANZAN website. Submit certificate of completion to Neurology@racp.edu.au.

Brain school attendance

Requirement
1 attendance of brain school before the end of Advanced Training. A trainee's inability to attend the course consistently is not a barrier to completion of training.
Description
Paediatric Brain School is a lecture series run in collaboration with the Australian and New Zealand Child Neurology Society (ANZCNS) and RACP. The lecture series spans 3 years and is based around the paediatric neurology curriculum, providing didactic teaching for paediatric neurology Advanced Trainees within Australia and Aotearoa New Zealand. These sessions are delivered via videoconference. Presentations are recorded and can be accessed through Medflix.
Purpose
The series aims to provide trainees with the background theoretical knowledge around common and important issues within paediatric neurology, adding practical knowledge to help them tackle difficult situations on the ward and emergency department, as well as preparing them for future life as a paediatric neurology consultant.
How to complete it
Information on how to register and access recordings can be found on the RACP website. Submit evidence of attendance to Neurology@racp.edu.au.

Courses

RACP Advanced Training Orientation resource

Requirement
1 RACP Advanced Training Orientation resource, completed during the first 6 months of the specialty foundation phase.
Description
This resource is designed to orient trainees to Advanced Training. It covers areas such as transition to Advanced Training, training and assessment, and trainee support. It is a 'one-stop shop' trainees can return to if they ever want to find a useful resource, or need a refresher on the supporting resources, policies, and systems available to them. Estimated completion time: 1–1.5 hours.
Purpose
The resource is intended to support trainees to successfully navigate their transition to Advanced Training and prepare for unsupervised practice as a specialist physician.
How to complete it
Trainees can complete the Advanced Training Orientation resource on RACP Online Learning. Trainees will receive a certificate of completion on RACP Online Learning when they complete the resource. Completion of this requirement will automatically update in TMP.

RACP Supervisor Professional Development Program

Requirement
1 RACP Supervisor Professional Development Program (SPDP), completed by the end of Advanced Training.
Description
The SPDP consists of 3 workshops: • Educational Leadership and Management • Learning Environment and Culture • Teaching and Facilitating Learning for Safe Practice. See Supervisor Professional Development Program for more information.
Purpose
This requirement aims to prepare trainees for a supervisory / educator role in the workplace and supports trainees' learning aligned with the 'team leadership' and 'supervision and teaching' learning goals.

How to complete it

Register for a supervisor workshop.

Trainees can complete the SPDP in 3 ways:

- virtual workshops
- face-to-face workshops
- online courses.

Workshops are free and presented by volunteer Fellows trained in SPDP facilitation.

RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource

Requirement

1 Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource, if not completed during Basic Training.

Trainees must complete the resource by the end of their Advanced Training. Completion is recommended before the specialty consolidation phase.

Description

The Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource teaches best practice medicine for Aboriginal, Torres Strait Islander, and Māori patients through reflection on the trainee's own cultural values and recognition of their influence on professional practice.

Estimated completion time: 2 hours.

Purpose

This resource supports trainees' learning aligned with the 'professional behaviours' learning goal. Specialist training requires trainees to:

- examine their own implicit biases
- be mindful of power differentials
- develop reflective practice
- undertake transformative unlearning
- contribute to a decolonisation of health services for Indigenous peoples.

How to complete it

Trainees can complete the Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource on RACP Online Learning.

Trainees will receive a certificate of completion on RACP Online Learning when they complete the resource. Completion of this requirement will automatically update in TMP.

RACP Health Policy, Systems and Advocacy resource

Requirement
1 RACP Health Policy, Systems and Advocacy resource, completed by the end of Advanced Training.
Description
This resource has been designed for Advanced Trainees as an introduction to health policy, systems, and advocacy. Estimated completion time: 5 hours.
Purpose
The resource aims to support Advanced Trainees in meeting the health policy, systems, and advocacy professional standard and underpinning competencies outlined in their specialty curriculum, and to enable connections between Advanced Trainees' own practice and the nature and attributes of local, national, and global health systems.
How to complete it
Trainees can complete the RACP Health Policy, Systems and Advocacy resource on RACP Online Learning. Trainees will receive a certificate of completion on RACP Online Learning when they complete the resource. Completion of this requirement will automatically update in TMP.

Recommended resources

- RACP Communication Skills resource
- RACP Ethics resource
- RACP Introduction to Leadership, Management and Teamwork resource
- RACP Research Projects resource
- RACP eLearning resources
- RACP curated collections

Teaching

Supervision

Rotation supervisors

Core training

- Trainees are to have 2 individuals for the role of education supervisor who are Fellows of the RACP in neurology.

Non-core training

- 2 individuals for the role of education supervisor:
  - minimum of 1 supervisor per rotation who is a Fellow of the RACP in neurology or an individual with equivalent physician accreditation (this may be a third / remote supervisor).

Nominating eligible supervisors

Trainees will be asked to nominate rotation supervisors as part of their learning plan. Trainees are required to nominate eligible supervisors who meet the above requirements.

A list of eligible supervisors can be found on MyRACP. The list is not available for post-Fellowship trainees. Post-Fellowship trainees can contact the College to confirm supervisor eligibility.

Research project supervisor

Trainees are to nominate 1 research project supervisor over the course of Advanced Training. Nominations are recommended before the specialty consolidation phase.

The research project supervisor guides trainees with their project choice, method, data analysis and interpretation, and quality of written and oral presentation.

More information about this role can be found in the Advanced Training research project guidelines.

Assessment

Assessment blueprint

This high-level assessment program blueprint outlines which of the learning goals *could be* and *will be* assessed by the assessment tools.

	Assessment tools			
Learning goals	**Learning capture**	**Observation capture**	**Progress report**	**Research project**
1. Professional behaviours	Could assess	Could assess	Will assess	Will assess
2. Team leadership	Could assess	Could assess	Will assess	x
3. Supervision and teaching	Could assess	Could assess	Will assess	x
4. Quality improvement	Could assess	Could assess	Will assess	Could assess
5. Clinical assessment and management	Could assess	Could assess	Will assess	x
6. Management of transitions in care	Could assess	Could assess	Will assess	x
7. Acute care	Could assess	Could assess	Will assess	x
8. Longitudinal care	Could assess	Could assess	Will assess	x
9. Communication with patients	Could assess	Could assess	Will assess	x
10. Prescribing	Could assess	Could assess	Will assess	x
11. Procedures	Could assess	Could assess	Will assess	x
12. Investigations	Could assess	Could assess	Will assess	x
13. Clinic management	Could assess	Could assess	Will assess	x

Learning goals	Assessment tools			
	Learning capture	Observation capture	Progress report	Research project
14. End-of-life care	Could assess	Could assess	Will assess	x
15. Scientific foundations of neurology	Could assess	Could assess	Will assess	x
16. Pain, including headaches and facial pain	Could assess	Could assess	Will assess	x
17. Disorders of consciousness and sleep	Could assess	Could assess	Will assess	x
18. Disorders of memory, including dementia	Could assess	Could assess	Will assess	x
19. Paroxysmal disorders, including seizures, syncope, and stroke	Could assess	Could assess	Will assess	x
20. Disorders of vision and other senses	Could assess	Could assess	Will assess	x
21. Weakness and sensory change – central and peripheral disorders	Could assess	Could assess	Will assess	x
22. Disorders of gait and balance, including disequilibrium, dizziness, and vertigo	Could assess	Could assess	Will assess	x
23. Movement disorders	Could assess	Could assess	Will assess	x

Learning capture

Requirement
12 learning captures per phase of training, minimum 1 per month. *Refer to RACP Flexible Training Policy for information on part-time training (item 4.2).*
Description
The learning capture is a work-based assessment that involves a trainee capturing, and reflecting on, professional development activities, including evidence of work-based learning linked to specific learning goals.
Purpose
The learning capture assists trainees to reflect on experiences, promotes critical thinking, and connects these to a trainee's learning goals and professional development. It is also a valuable mechanism for trainees to enhance their understanding of complex topics and less common experiences that may be difficult to encounter in traditional training.
How to complete it
The learning capture is completed via TMP under the 'assessment requirements' tab. For more information on how to complete a learning capture review the training resources.

Observation capture

Requirement
12 observation captures per phase of training, minimum 1 per month. *Refer to RACP Flexible Training Policy for information on part-time training (item 4.2).*
Description
An observation capture is a work-based assessment which provides a structured process for trainees to demonstrate their knowledge and skills in real-time workplace situations, while assessors observe and evaluate performance.
Purpose
The purpose of the observation capture is to assess skill development, track progress, and provide targeted feedback for improvement for trainees against specific learning goals.
How to complete it
Observation captures are completed via TMP under the 'assessment requirements' tab. For more information on how to complete an observation capture review the training resources.

Progress report

Requirement
4 progress reports per phase of training, minimum 1 every 3 months. *Refer to RACP Flexible Training Policy for information on part-time training (item 4.2).*
Description
A progress report is an assessment that documents trainees' and supervisors' assessment of trainee progress against the training program learning goals over a period of training.
Purpose
Progress reports assess knowledge and skill development, track progress against the phase criteria, and provide targeted feedback for improvement.
How to complete it
Progress reports will be completed using TMP. Instructions on how to complete a progress report will be available in 2025.

Research project

Requirement
1 research project over the course of Advanced Training.
Description
The research project should be one with which the trainee has had significant involvement in designing, conducting the research, and analysing data. Trainees may work as part of a larger research project but must have significant input into a particular aspect of the study. Research projects are not required to be specialty-specific but are required to be broadly relevant to trainees' area of specialty. This can be defined as topics that can enhance, complement, and inform trainees' practice in the chosen specialty. The 3 types of accepted research projects are: • research in human subjects, populations and communities, or laboratory research • audit • systematic review. The trainee must have a research project supervisor who may or may not be one of their rotation supervisors. The research project is marked by the training committee as satisfactory or unsatisfactory and trainees receive qualitative feedback about their project. The research project should be submitted for marking by the end of the specialty consolidation phase to allow time for resubmission in the transition to Fellowship phase if the project is unsatisfactory.

Purpose

The research project enables trainees to develop quality improvement skills and gain experience in:

- research methods
- interpretation of research literature
- participation in research at some stage of their career.

Submission of a research project provides evidence of:

- the skills of considering and defining research problems
- the systematic acquisition, analysis, synthesis, and interpretation of data
- effective written communication.

How to complete it

Detailed information on how to complete the research project can be found in the Advanced Training research project guidelines.

Email research project submissions to Research.Project@racp.edu.au by one of the following deadlines: 31 March, 15 June, or 15 September.

Roles and responsibilities

Advanced Trainee

Role
A member who is registered with the RACP to undertake one or more Advanced Training programs.
Responsibilities

• Maintain employment in accredited training settings.
• Act as a self-directed learner:
  ○ be aware of the educational requirements outlined in the relevant curricula and education policies
  ○ actively seek and reflect on feedback from assessors, supervisors, and other colleagues
  ○ plan, reflect on, and manage learning and progression against the curricula standards
  ○ adhere to the deadlines for requirements of the training program.
• Actively participate in training setting / network accreditation undertaken by the RACP.
• Complete the annual Physician Training Survey to assist the RACP and training settings with ongoing quality improvement of the program.

Rotation supervisor

Role
A consultant who provides direct oversight of an Advanced Trainee during a training rotation.
Responsibilities

• Be aware of the educational requirements outlined in the relevant curricula and education policies.
• Oversee and support the progression of Advanced Trainees within the setting:
  ○ assist trainees to plan their learning during the rotation
  ○ support colleagues to complete observation captures with trainees
  ○ provide feedback to trainees through progress reports.
• Actively participate in rotation accreditation undertaken by the RACP.
• Complete the annual Physician Training Survey to assist the RACP and training settings with ongoing quality improvement of the program.

Assessor

Role
A person who provides feedback to trainees via the observation capture or learning capture tool. This may include consultants and other medical professionals, allied health professionals, nursing staff, patients and their families, administrative staff, and consumer representatives.
Responsibilities

• Be aware of the learning goals of the training program.
• Provide feedback to support the progression of Advanced Trainees within the setting:
  ○ complete observation captures
  ○ provide feedback on learning captures as required.

Progress Review Panel

Role
A group convened to make evidence-based decisions on Advanced Trainees' progression through and certification of training. More information on Progress Review Panels will be available in 2025.
Responsibilities
• Review and assess trainees' progress. • Communicate and report on progression decisions. • Monitor delivery of the Advanced Training program. • Ensure compliance to regulatory, policy, and ethical matters.

RACP oversight committees

Role
RACP-administered committees with oversight of the Advanced Training Program in Australia and Aotearoa New Zealand. This includes the relevant training committee and/or Aotearoa New Zealand training subcommittee.
Responsibilities

• Oversee implementation of the Advanced Training program in Australia and Aotearoa New Zealand:
  ○ manage and review program requirements, accreditation requirements, and supervision requirements
  ○ monitor implementation of training program requirements
  ○ implement RACP education policy
  ○ oversee trainees' progression through the training program

    - monitor the accreditation of training settings
    - case manage trainees on the training support pathway
    - review progression and certification decisions on application in accordance with the RACP Reconsideration, Review, and Appeals By-Law.
- Work collaboratively with Progress Review Panels to ensure the delivery of quality training.
- Provide feedback, guidance, recommendations, and reasoning for decision making to trainees and supervisors.
- Declare conflicts of interest and excuse themselves from decision-making discussions when conflicts arise.
- Report to the overseeing RACP committee as required.

Resources

See RACP Online Learning for new curricula training and support resources.

For trainees

- Education policies
- Trainee support
- Trainee responsibilities
- Accredited settings
- Training fees

For supervisors

- Supervisor Professional Development Program
- RACP Research Supervision resource
- RACP Training Support resource
- RACP Creating a Safe Workplace resource