

# New curricula

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## 2025 Learning, teaching, and assessment programs

### Advanced Training in Geriatric Medicine (Adult Internal Medicine)



**RACP**  
Specialists. Together

#### About this document

This document outlines the Advanced Training in Geriatric Medicine learning, teaching, and assessment (LTA) programs for trainees and supervisors.

It should be used in conjunction with the Advanced Training in Geriatric Medicine [curriculum standards](#).

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# Program overview

## CURRICULUM STANDARDS

The [curriculum standards](#) are summarised as 26 learning goals. The learning goals articulate what trainees need to be, do and know, and are assessed throughout training.

<b>BE</b>	1. Professional behaviours
<b>DO</b>	2. Team leadership 3. Supervision and teaching 4. Quality improvement 5. Clinical assessment and management 6. Management of transitions in care 7. Acute care 8. Longitudinal care 9. Communication with patients 10. Prescribing 11. Investigations 12. Clinic management 13. End-of-life care 14. Cognitive assessment and management 15. Comprehensive geriatric assessment 16. Complex family meetings
<b>KNOW</b>	17. Clinical and social sciences 18. Cognition and mental state 19. Falls and mobility 20. Frailty and functional decline 21. Continence 22. Pain management 23. Neurological disorders 24. Specialty medical conditions as they apply to ageing 25. Perioperative assessment and management 26. Rehabilitation of specific conditions as applied to ageing

## 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 or an approved non-core training position.

## LTA PROGRAMS

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

### Entry

1 [entry application](#)

### Learning

Minimum 36 months FTE [professional experience](#)

1 [learning plan](#) per rotation

[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](#)

\*Resource will be available in 2025

# 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

Geriatricians have expertise in diagnosing, prognosticating, managing complex, multifactorial conditions impacting on the physical, cognitive, psychological, social and functional wellbeing of the older person. They have a good understanding of common medical, neurological, psychiatric, orthopaedic and surgical problems affecting older adults.

Geriatricians adopt a comprehensive diagnostic approach to the practice of acute internal medicine to identify reversible and irreversible pathologies, and develop and implement management strategies to improve patients' function and psychological and social wellbeing. Geriatricians use a comprehensive, ongoing person-centred approach to communication about future health care choices and advance care planning with patients, their family members, and/or carers.

**Geriatricians provide holistic clinical care and complex patient assessment and management, working flexibly across settings, including:**

- **Acute medical care of the older patient.** The approach of a geriatrician is to reduce the incidence of post-acute syndromes and functional decline associated with hospitalisation.
- **Managing geriatric syndromes.** Geriatricians manage disorders characterised by the combination of age-related changes, accumulated pathology, polypharmacy, and acute illness. An important component in the management of geriatric syndromes is reducing the threshold for the occurrence of falls, delirium, and incontinence. Geriatricians manage patient, carer, and family goals responsively and flexibly, according to patient needs.
- **Managing pharmacology and polypharmacy issues.** Geriatricians have expertise in the management of older people with complex and/or multifactorial medication requirements.
- **Providing hospital consultation/liaison services.** The role of the geriatrician is extremely valuable across the broad spectrum of health care, including general

geriatric medicine services or highly specialised services, such as orthogeriatrics and perioperative medicine.

- **Outpatient clinics.** Geriatricians deliver geriatric medicine clinics, but also include specialty clinics in areas in which geriatricians have particular expertise, such as cognitive disorders, Parkinson disease, falls, continence, wounds, and chronic pain.
- **Domiciliary care.** Geriatricians conduct home visits and residential aged care facility visits aimed at providing expertise and support to GPs in the care of older people.

**Geriatricians provide leadership and person-centred care with a focus on communication, respect, and advocacy, including:**

- **Management of aged care services.** Geriatricians are continuously working to improve the care of older people across the health continuum.
- **Assessment of the care requirements.** Geriatricians have expertise in assessing the older person who may require community or residential care, including consideration of ethical issues.
- **Working as an integral part of a multidisciplinary team.** Geriatricians may be called upon to be the team leader and have a collaborative approach focused on building relationships.
- **Coordination and management of rehabilitation.** Geriatricians work with older people who, due to acute medical or surgical problems, have suffered a functional decline.
- **Holistic care of patients and their families.** Geriatricians are comfortable with complex health issues and working in uncertainty.
- **Promotion of healthy ageing and health improvement.** Geriatricians focus on maximising the independence and function of their patients.
- **Promotion of the dignity of the older patient.** Geriatricians promote respect in the care of older patients.
- **Application of a scholarly approach.** Geriatricians use research and evidence in medical care and service development.

## Supervising committee

The program is supervised by the Advanced Training Committee in Geriatric Medicine and the Aotearoa New Zealand Advanced Training Subcommittee in Geriatric Medicine.

## 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 experience, and progression and completion decisions are based on evidence of trainees' competence.

## Entry criteria

<b>Entry attributes</b>	<p>Prospective trainees can demonstrate:</p> <ul style="list-style-type: none"><li>• a commitment and capability to pursue a career as a physician in geriatric medicine.</li><li>• the ability and willingness to achieve the common learning goals for Advanced Training:<ul style="list-style-type: none"><li>• team leadership</li><li>• supervision and teaching</li><li>• the professional behaviours, as outlined in the Competencies</li></ul></li></ul>
<b>Entry criteria</b>	<p>Prospective trainees must have:</p> <ul style="list-style-type: none"><li>• completed RACP Basic Training, including the Written and Clinical Examinations</li><li>• 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.</li><li>• an Advanced Training position in an RACP-accredited training setting or network or an approved non-core training position.</li></ul>

## 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 **26** 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 which allows trainees to demonstrate competence across each learning goal.

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

		<b>Progression criteria</b>		<b>Completion criteria</b>
	<b>Learning goals</b>	<b>Specialty foundation</b> <i>By the end of this phase, trainees will:</i>	<b>Specialty consolidation</b> <i>By the end of this phase, trainees will:</i>	<b>Transition to fellowship</b> <i>By the end of training, trainees will:</i>
<b>Be</b>	<b>1. Professional behaviours</b>	<b>Level 5</b> consistently behaves in line with <b>all 10 domains</b> of professional practice	<b>Level 5</b> consistently behaves in line with <b>all 10 domains</b> of professional practice	<b>Level 5</b> consistently behaves in line with <b>all 10 domains</b> of professional practice
	<b>2. Team leadership:</b> Lead a team of health professionals	<b>Level 2</b> be able to act with direct supervision	<b>Level 4</b> be able to act with supervision at a distance	<b>Level 5</b> be able to provide supervision
<b>Do</b>	<b>3. Supervision and teaching:</b> Supervise and teach professional colleagues	<b>Level 3</b> be able to act with indirect supervision	<b>Level 4</b> be able to act with supervision at a distance	<b>Level 5</b> be able to provide supervision
	<b>4. Quality improvement:</b> Identify and address failures in healthcare delivery	<b>Level 1</b> be able to be present and observe	<b>Level 4</b> be able to act with supervision at a distance	<b>Level 5</b> be able to provide supervision
	<b>5. Clinical assessment and management:</b> Clinically assess and manage the ongoing care of patients	<b>Level 3</b> be able to act with indirect supervision	<b>Level 4</b> be able to act with supervision at a distance	<b>Level 5</b> be able to provide supervision
	<b>6. Management of transitions in care:</b> Manage the transition of patient care between health care professionals, providers, and contexts	<b>Level 3</b> be able to act with indirect supervision	<b>Level 4</b> be able to act with supervision at a distance	<b>Level 5</b> be able to provide supervision
	<b>7. Acute care:</b> Manage the early care of acutely unwell patients	<b>Level 3</b> be able to act with indirect supervision	<b>Level 4</b> be able to act with supervision at a distance	<b>Level 5</b> be able to provide supervision
	<b>8. Longitudinal care:</b> Manage and coordinate the longitudinal care of patients with chronic illness, disability and/or long-term health issues	<b>Level 3</b> be able to act with indirect supervision	<b>Level 4</b> be able to act with supervision at a distance	<b>Level 5</b> be able to provide supervision
	<b>9. Communication with patients:</b> Discuss diagnoses and management plans with patients	<b>Level 3</b> be able to act with indirect supervision	<b>Level 4</b> be able to act with supervision at a distance	<b>Level 5</b> be able to provide supervision
	<b>10. Prescribing:</b> Prescribe therapies tailored to patients' needs and conditions	<b>Level 3</b> be able to act with indirect supervision	<b>Level 4</b> be able to act with supervision at a distance	<b>Level 5</b> be able to provide supervision
	<b>11. Investigations:</b> Select, organise, and interpret investigations	<b>Level 3</b> be able to act with indirect supervision	<b>Level 4</b> be able to act with supervision at a distance	<b>Level 5</b> be able to provide supervision
	<b>12. Clinic management:</b> Manage an outpatient clinic	<b>Level 2</b> be able to act with direct supervision	<b>Level 4</b> be able to act with supervision at a distance	<b>Level 5</b> be able to provide supervision
	<b>13. End-of-life care:</b> Manage the care of patients at the end of their lives	<b>Level 3</b> be able to act with indirect supervision	<b>Level 4</b> be able to act with supervision at a distance	<b>Level 5</b> be able to provide supervision

		<b>Progression criteria</b>		<b>Completion criteria</b>
	<b>Learning goals</b>	<b>Specialty foundation</b> <i>By the end of this phase, trainees will:</i>	<b>Specialty consolidation</b> <i>By the end of this phase, trainees will:</i>	<b>Transition to fellowship</b> <i>By the end of training, trainees will:</i>
	<b>14. Cognitive assessment and management:</b> Assess and manage patients with possible cognitive impairment	<b>Level 3</b> be able to act with indirect supervision	<b>Level 4</b> be able to act with supervision at a distance	<b>Level 5</b> be able to provide supervision
	<b>15. Comprehensive geriatric assessment:</b> Assess patients using comprehensive geriatric assessment	<b>Level 2</b> be able to act with direct supervision	<b>Level 4</b> be able to act with supervision at a distance	<b>Level 5</b> be able to provide supervision
	<b>16. Complex family meetings:</b> Lead and manage family meetings relating to patients' care	<b>Level 2</b> be able to act with direct supervision	<b>Level 4</b> be able to act with supervision at a distance	<b>Level 5</b> be able to provide supervision
<b>Know</b>	<b>17. Clinical and social sciences</b>	<b>Level 3</b> know how to apply the knowledge in this knowledge guide to specialty practice ( <i>knows how</i> )	<b>Level 4</b> frequently show they can apply knowledge in this knowledge guide to specialty practice ( <i>shows how</i> )	<b>Level 5</b> consistently apply sound knowledge in this knowledge guide to specialty practice ( <i>does</i> )
	<b>18. Cognition and mental state</b>	<b>Level 2</b> know the topics and concepts in this knowledge guide that underpin specialty practice ( <i>knows</i> )	<b>Level 4</b> frequently show they can apply knowledge in this knowledge guide to specialty practice ( <i>shows how</i> )	<b>Level 5</b> consistently apply sound knowledge in this knowledge guide to specialty practice ( <i>does</i> )
	<b>19. Falls and mobility</b>	<b>Level 2</b> know the topics and concepts in this knowledge guide that underpin specialty practice ( <i>knows</i> )	<b>Level 4</b> frequently show they can apply knowledge in this knowledge guide to specialty practice ( <i>shows how</i> )	<b>Level 5</b> consistently apply sound knowledge in this knowledge guide to specialty practice ( <i>does</i> )
	<b>20. Frailty and functional decline</b>	<b>Level 2</b> know the topics and concepts in this knowledge guide that underpin specialty practice ( <i>knows</i> )	<b>Level 4</b> frequently show they can apply knowledge in this knowledge guide to specialty practice ( <i>shows how</i> )	<b>Level 5</b> consistently apply sound knowledge in this knowledge guide to specialty practice ( <i>does</i> )
	<b>21. Continence</b>	<b>Level 2</b> know the topics and concepts in this knowledge guide that underpin specialty practice ( <i>knows</i> )	<b>Level 4</b> frequently show they can apply knowledge in this knowledge guide to specialty practice ( <i>shows how</i> )	<b>Level 5</b> consistently apply sound knowledge in this knowledge guide to specialty practice ( <i>does</i> )
	<b>22. Pain management</b>	<b>Level 2</b> know the topics and concepts in this knowledge guide that underpin specialty practice ( <i>knows</i> )	<b>Level 4</b> frequently show they can apply knowledge in this knowledge guide to specialty practice ( <i>shows how</i> )	<b>Level 5</b> consistently apply sound knowledge in this knowledge guide to specialty practice ( <i>does</i> )
	<b>23. Neurological disorders</b>	<b>Level 2</b> know the topics and concepts in this knowledge guide that underpin specialty practice ( <i>knows</i> )	<b>Level 4</b> frequently show they can apply knowledge in this knowledge guide to specialty practice ( <i>shows how</i> )	<b>Level 5</b> consistently apply sound knowledge in this knowledge guide to specialty practice ( <i>does</i> )

		Progression criteria		Completion criteria
	Learning goals	Specialty foundation <i>By the end of this phase, trainees will:</i>	Specialty consolidation <i>By the end of this phase, trainees will:</i>	Transition to fellowship <i>By the end of training, trainees will:</i>
	24. Specialty medical conditions as they apply to ageing	<b>Level 2</b> know the topics and concepts in this knowledge guide that underpin specialty practice ( <i>knows</i> )	<b>Level 4</b> frequently show they can apply knowledge in this knowledge guide to specialty practice ( <i>shows how</i> )	<b>Level 5</b> consistently apply sound knowledge in this knowledge guide to specialty practice ( <i>does</i> )
	25. Perioperative assessment and management	<b>Level 2</b> know the topics and concepts in this knowledge guide that underpin specialty practice ( <i>knows</i> )	<b>Level 4</b> frequently show they can apply knowledge in this knowledge guide to specialty practice ( <i>shows how</i> )	<b>Level 5</b> consistently apply sound knowledge in this knowledge guide to specialty practice ( <i>does</i> )
	26. Rehabilitation of specific conditions as applied to ageing	<b>Level 2</b> know the topics and concepts in this knowledge guide that underpin specialty practice ( <i>knows</i> )	<b>Level 3</b> know how to apply the knowledge in this knowledge guide to specialty practice ( <i>knows how</i> )	<b>Level 4</b> frequently show they can apply knowledge in this knowledge guide to specialty practice ( <i>shows how</i> )

# 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?
<b>Registration</b>	
1 <a href="#">entry application</a>	At the start of the specialty foundation phase.
<b>Learning</b>	
Minimum 36 months full time equivalent (FTE) <a href="#">professional experience</a>	Minimum 12 months FTE during each phase.
<a href="#">RACP Advanced Training Orientation resource</a>	Available in 2025.
<a href="#">RACP Supervisor Professional Development Program</a>	Before the end of Advanced Training.
<a href="#">RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource</a>	Before the end of Advanced Training, if not completed during Basic Training. Recommended completion before the specialty consolidation phase.
<a href="#">RACP Health Policy, Systems and Advocacy resource</a>	Before the end of Advanced Training. Recommended completion before the transition to fellowship phase.
<a href="#">Recommended resources</a>	Recommended completion over the course of Advanced Training.
<b>Teaching</b>	
Nominate 1 <a href="#">research project supervisor</a>	Recommended to be nominated before the specialty consolidation phase.
<b>Assessment</b>	
1 <a href="#">research project</a>	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?
<b>Learning</b>	
1 <a href="#">learning plan</a> per rotation	At the start of the rotation.
<b>Teaching</b>	
Nominate 2 <a href="#">supervisors</a> per rotation	At the start of each accredited or approved training rotation.
<b>Assessment</b>	
12 <a href="#">learning captures</a>	Minimum 1 per month.
12 <a href="#">observation captures</a>	Minimum 1 per month.
4 <a href="#">progress reports</a>	Minimum 1 every 3 months.

## Entry application

### How to apply

Trainees are to submit an entry application for the program using the College's new Training Management Platform (TMP).

Further information on how to access the TMP will be available in late 2024.

Applications will be assessed against the program [entry criteria](#).

# Learning

## Professional experience

These requirements can be completed in any sequence over the course 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.
- Complete at least 24 months of training in accredited training settings in Australia and/or Aotearoa New Zealand.
- Non-accredited settings: training at non-accredited settings can only be undertaken for non-geriatric medicine rotations.

### Experiential training

The Advanced Training in Geriatric Medicine program allows adequate time for trainees to gain the necessary learning experiences across a range of relevant rotations during the 3-year total training period (36 months FTE).

There is a wide range of training options reflecting the diversity of practice undertaken by geriatricians. Trainees are advised to plan their whole Advanced Training program while maintaining flexibility.

Advanced Training is differentiated from service commitments on the basis that training follows a prospectively approved training plan in accredited settings, under the supervision of an accredited supervisor.

Rotation duration should be enough to ensure that training needs can be met – a minimum of 3 months.

Rotations less than 3 months long, relieving terms or night cover won't satisfy the criteria for training in Australia and Aotearoa New Zealand.

### Specific requirements

#### • Core level A

18-36 months of geriatric medicine rotations across a range of disciplines. A minimum of 18 months must be spent in geriatric medicine rotations, including but not limited to:

- acute aged care
- geriatric rehabilitation
- ambulatory care
- orthogeriatrics
- community care
- perioperative medicine
- geriatric emergency medicine
- stroke rehabilitation

#### • Core level B

0-18 months of training in other complementary disciplines (it is recommended that no more than six months is spent in any one subspecialty unless dual training). These disciplines include but are not limited to:

- general medicine
  - rehabilitation
  - Non-core
  - palliative care
  - psychiatry of old age
- 0-12 months of training in other areas of relevance to geriatric medicine, including research, education, and other subspecialties of relevance.

### Overseas training

If a trainee intends to undertake training outside Australia or Aotearoa New Zealand, they must enquire about the suitability of the training position with the training committee well before the prospective approval of training application period.

A period of overseas training must comply with the requirements of training outlined in the learning, teaching, and assessment programs, including completion of work-based learning and assessments, supervision, and achievement of learning goals as outlined in the curriculum standards for Geriatric Medicine. Once the training committee has confirmed the suitability of the post, the trainee may complete the application process for prospective approval of training as normal.

There are many relief organisations where supervised clinical experience can be gained. This type of experience is believed to enhance trainees' breadth and depth of knowledge and allows for opportunities not possible in an Australian or Aotearoa New Zealand training setting. All trainees, if undertaking such a position, should consider having an Australian or Aotearoa New Zealand co-supervisor they communicate with at least every 3 months.

## Learning plan

### Requirement

1 x learning plan per rotation.

### Description

The learning plan is a work-based learning tool that documents what trainees intend to learn during their rotation.

### Purpose

The learning plan assists trainees in planning their learning for each rotation. It helps trainees to:

- explicitly document self-assessment of their learning gaps, goal setting, and strategies to address and achieve goals
- proactively take control of their learning and career trajectories
- enhance awareness of their own areas of strengths and gaps
- make the most of learning opportunities available in their training setting, including conversations with supervisors.

### How to complete it

Learning plans will be completed using the College's new Training Management Platform. Further information on how to complete a learning plan will be available in late 2024.



## Courses

### RACP Advanced Training Orientation resource

#### Requirement

1 x RACP Advanced Training Orientation resource.

#### Description

More information on this resource will be available in late 2024.

### RACP Supervisor Professional Development Program

#### Requirement

1 x 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 on the program.

#### 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 three 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 x 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 however it's recommended they complete it 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 the Training Management Platform.

## RACP Health Policy, Systems and Advocacy resource

### Requirement

1 x 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 the Training Management Platform.

## 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

Trainees are to have 2 x supervisors per rotation:

- 1 supervisor, who can be a practising geriatrician or Fellow of the RACP (or relevant College) (as appropriate to the rotation)
- 1 clinical supervisor, who is a practising geriatrician and Fellow of the RACP

No exemptions apply to dual trainees.

### 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 us](#) to confirm supervisor eligibility.

### Research project supervisor

Trainees are to nominate 1 x research project supervisor over the course of Advanced Training. Recommended to be nominated 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.

Learning goals	Assessment tools			
	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. Investigations	Could assess	Could assess	Will assess	x
12. Clinic management	Could assess	Could assess	Will assess	x

<b>13. End-of-life care</b>	Could assess	Could assess	Will assess	x
<b>14. Cognitive assessment and management</b>	Could assess	Could assess	Will assess	x
<b>15. Comprehensive geriatric assessment</b>	Could assess	Could assess	Will assess	x
<b>16. Complex family meetings</b>	Could assess	Could assess	Will assess	x
<b>17. Clinical and social sciences</b>	Could assess	Could assess	Will assess	x
<b>18. Cognition and mental state</b>	Could assess	Could assess	Will assess	x
<b>19. Falls and mobility</b>	Could assess	Could assess	Will assess	x
<b>20. Frailty and functional decline</b>	Could assess	Could assess	Will assess	x
<b>21. Continence</b>	Could assess	Could assess	Will assess	x
<b>22. Pain management</b>	Could assess	Could assess	Will assess	x
<b>23. Neurological disorders</b>	Could assess	Could assess	Will assess	x
<b>24. Specialty medical conditions as they apply to ageing</b>	Could assess	Could assess	Will assess	x
<b>25. Peri- and postoperative assessment and management</b>	Could assess	Could assess	Will assess	x
<b>26. Rehabilitation of specific conditions as applied to ageing</b>	Could assess	Could assess	Will assess	x

## Learning capture

### Requirement

12 x learning captures per phase of training, minimum 1 per month.

Refer to [RACP Flexible Training Policy](#) for further information on part-time training (item 4.2).

### Description

The learning capture is a work-based assessment tool that logs evidence of a trainee's learning experiences and includes their reflective commentary. This tool is trainee-led, with optional input from assessors.

Suitable learning experiences include:

- professional experiences
- courses and workshops
- personal reflection
- readings and resources.

### Purpose

The learning capture helps trainees document and reflect on learning experiences that are relevant to their learning goals. Each learning capture will form one piece of data that will be considered as part of a trainee's overall program of assessment.

Reflection is important for learning and a career in medicine, improving understanding, showing outcomes of learning and promoting lifelong learning. Reflection is also valuable in improving clinical competence and performance and for ensuring continual professional development (Kaufman & Mann 2010\*).

\*Kaufman, D M & Mann, K V 2010. Teaching and learning in medical education: How theory can inform practice. In Swanwick, T (ed.), *Understanding Medical Education: Evidence, Theory and Practice*, ASME: Wiley-Blackwell, Oxford, p. 16-36.

### How to complete it

Learning captures will be completed using the College's new Training Management Platform. Instructions on how to complete a learning capture will be available in late 2024.

## Observation capture

### Requirement

12 x observation captures per phase of training, minimum 1 per month.

Refer to [RACP Flexible Training Policy](#) for further information on part-time training (item 4.2).

### Description

The observation capture is a work-based assessment tool that documents a supervised observation of a trainee's performance undertaking a work-task. A range of assessors can observe a trainee completing a work task and provide them with feedback. It is useful to a trainee's development to seek feedback from a variety of colleagues.

Observation captures can be conducted by a variety of assessors, including those who are not directly involved with supervising the trainee. Assessors can include supervisors, allied health team members, patients, or other colleagues.

### Purpose

The observation capture helps trainees document a supervised observation of their performance undertaking a work-task relevant to their learning goals. Each observation capture will form one piece of data that will be considered as part of a trainee's overall program of assessment.

Direct observation is a key assessment strategy in medical education. Conducting frequent observations provides information on performance specific to the context and moment in time when an activity was observed. This could include a clinical task such as taking a history from a patient or explaining a management plan to a family. Each observation capture is linked to the trainee's learning goals.

### How to complete it

Observation captures will be completed using the College's new Training Management Platform. Instructions on how to complete an observation capture will be available in late 2024.

## Progress report

### Requirement

4 x progress reports per phase of training, minimum 1 every 3 months.

Refer to [RACP Flexible Training Policy](#) for further information on part-time training (item 4.2).

### Description

The progress report documents and assesses trainees' progress towards their learning goals during a period of training.

At the end of the period of training, trainees will complete a self-assessment to rate their level of competence against each of their learning goals. Supervisors will review trainees' evidence of learning and results from work-based assessments, rate and provide feedback on trainees' progress against all their learning goals. At the end of each phase the supervisor will make a recommendation regarding trainees' readiness to progress to the next phase of training.

### Purpose

The progress report provides trainees and supervisors the opportunity to assess and reflect on trainees' progress towards their learning goals.

### How to complete it

Progress reports will be completed using the College's new Training Management Platform from mid-2025. Instructions on how to complete a progress report during the first half of 2025 will be available in late 2024.

## Research project



## Requirement

1 x 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. Broadly relevant can be defined as topics that can enhance, complement and inform trainees' practice in the chosen specialty.

Three types of research projects are accepted:

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

## 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](mailto:Research.Project@racp.edu.au) by one of the following deadlines:

**Australia:** 31 March, 15 June, or 15 September.

**Aotearoa New Zealand:** 31 March, 15 June, or 15 December.

# Roles and responsibilities

## Advanced Trainee

Role
A member who is registered with the RACP to undertake one or more Advanced Training programs.
Responsibilities
<ul style="list-style-type: none"><li>• Maintain employment in accredited training settings.</li><li>• Act as a self-directed learner:<ul style="list-style-type: none"><li>○ be aware of the educational requirements outlined in the relevant curricula and education policies</li><li>○ actively seek and reflect on feedback from assessors, supervisors, and other colleagues</li><li>○ plan, reflect on, and manage their learning and progression against the curricula standards</li><li>○ adhere to the deadlines for requirements of the training program.</li></ul></li><li>• Actively participate in training setting / network accreditation undertaken by the RACP.</li><li>• Complete the annual Physician Training Survey to assist the RACP and training settings with ongoing quality improvement of the program.</li></ul>

## Rotation supervisor

Role
A consultant who provides direct oversight of an Advanced Trainee during a training rotation.
Responsibilities
<ul style="list-style-type: none"><li>• Be aware of the educational requirements outlined in the relevant curricula and education policies.</li><li>• Oversee and support the progression of Advanced Trainees within the setting:<ul style="list-style-type: none"><li>○ Assist trainees to plan their learning during the rotation.</li><li>○ Support colleagues to complete observation captures with trainees.</li><li>○ Provide feedback to trainees through progress reports.</li></ul></li><li>• Actively participate in rotation accreditation undertaken by the RACP.</li><li>• Complete the annual Physician Training Survey to assist the RACP and training settings with ongoing quality improvement of the program.</li></ul>

## 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.

In 2025, until technology is available to support panels, RACP oversight committees will act as panels and continue to be responsible for monitoring and assessing trainees' progression through training.

### 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 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

## 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](#)